Boy # 43569 best# 460273 Murgaret Acenter Wid

That she 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.

She hereby appoints M. V. TIERNEY, WASHINGTON, D. C., her true and lawful attorney to prosecute her claim; and she hereby agrees to how her attorney ten hollars fee upon the allowance of her original That her post office address is the country of the country of the country of the claim of the claim of the country of the claim of the claim of the country of the country of the claim of the clai

Attest M. W. Johnson

Also personally appeared
at / Hubbill / httracka and a hore
at - f www witness here. residing
at I fulfill Mcbracks persons whom I certify to be respectable and
enutled to credit, and who, being by me duly sworn, say that they were present and
Margaret Jesuler the claimant sign her name (or make her mark) to the following
declaration; that they have every reason to believe from the appearance of said claimant and an ac-
quaintance with her of years, and years, and years respectively, that she
is the identical person the represents herself to be; and that they have no interest in the prosecution of
this claim. (M. Jahns on
Signature of Witnesses:

State of Nebraska 388 Thayer Country 388 Africavit of William Hunter of Aubbell. Thayer County nebrassa. Made before sice John In Thompson a Notary Jublice within and for Thayer County and State of hebraska This 23rd day of February 1895. The said William Hunter. deposeth and sayeth that he did not serve in the military or naval service of the United States prior to August 9# 1862. That he enlisted on the 9th day of august 1862 and was discharged October 8th 1863. William Hunter Subscribed and swom to before me John M Thompson. a notary Public in (land for Thayer County newaska 1895. John Mingett. Notary Public.



W. P. L.

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

6 Caslery DIVISION.

RECORD & PENSION OFFICE

1162314

Durfment of the Juterior, Bureau of Pensions,

Washington, D. C. Hely 26", 1895.

Respectfully returned $t {m b}$ the officer in charge of the Record and Pension Office, War Department, requesting a full military and medical history

(Descriptive

of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

Claim 25336 Claim Noun Mounter.

12088—100,000.

2 Enclo

Commissioner.

Record and Lension Office,

WAR DEPARTMENT,

Washington, F.B. 27 1895

Respectfully returned to the

Commissioner of Pensions, with the information that withe case.

of Mellean Trenter (4.20).

(1) Mass. Car. (Capl. Danes.

(c.) 410 Mass. Obs., military.

records from h nothing al.

No medical mend found add the shundled in report dail May 17/87

\$681 86 834

BY AUTHORITY OF THE SECRETARY OF WAR:

Of Chieran of the Colonel, U. S. Army, Chief of Office.

whose postoffice address is well known to me to be reputable and entitled to credit, and who being duly sworn, declares each for himself, in relation to aforesaid case, as follows: [Note-Affiants should state how they gained a knowledge of the facts to which they teatify.] Out. Well decquiquented furth Dulpiann Reserved for liquid and a factor for the facts to which they teatify.] Out. Well decquiquented furth Dulpiann Reserved for free liquinant for the facts to which they teatify.] Out. Well decquiquented furth Dulpiann Reserved for free liquinant for the facts of which they teatify.] Out. Well declared for the facts of the facts to which they teatify. Out of the facts of the facts of the facts of which they are facts of the facts of th		and State of
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	If Athants sign by mark, two persons who can write sign here.]	[Signatures of Affiants.]

years, a resident of...

and State of.

in the County of....

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 executed the same. I further certify that I am in nowise interested in said case, nor am Peoneerned in its prosecution; and that said affiant personally known to me and that the credit person . [In S.] [I	State of Jova County of Caffron, 58.
erased, and the words added, and acquainted with its contents before accepted 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 personally known to me and that accepted 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 personally known to me and that accepted 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 personally known to me and that accepted 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 and formal character.] [L. S.] (L. S.) (Accepted 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 I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant I am in nowise interested in its prosecution; and that said affiant I am in nowise interested in its prosecution;	Sworn to and subscribed before me this day by the above named affiant , and I certify that I read said
added, and acquainted with its contents before executed the same. I further certify that I am in nowise interested in said case, nor am concerned in its prosecution; and that said affiant personally known to me and that the certify that I am in credit person. [I. S.] (I. S.] (I. S.] (I. S.) (I. S.) (I. S.) (Ierk of the County Court in and for aforesaid County and State, do certify that personal 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 thereto is genuine. (I. S.) (I. S.)	
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Witness my hand and seal of office, this	
[L· s.]	
Clerk of the	[L. s.]
	Clerk of the
Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.	Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

WAR OF 1861. ACT JULY 14, 1862. Brief in case of William Hunter a Private of Company "B" 41 thaport after 3 Regiment Map Con Enlisted august 9th, 1862, Discharged Och 8 CLAIM FOR AN INVALID PENSION. Declaration and Identification in due Form. Capt Edward & Noyes 6:18'41 3 Cary map asserts that sain Hunter wer inquired in right lide by horse falling in the retreat from Franklin to Brashear Sa. in the latter fast of May A. D. 1863 which disobility Continued till his discharge
The Certification disability on his descharge says on account of an jugury by falling from horse has vot get recevered from injury "
M. H. Burling Examining Surgeon finds The applicant Conflairs of pain and Sourefof the right side, on any action Hertion, Mine's no Evidence Externally ofinjury but I think that he did row an injury, as he states, in falling from his horse whom his hunsket a crop the lower ribes of the right Side and that it prevents him in a Measure from active labor Degree of disability One third Admitted March 12th October 8th, 1863. 1864, to a pension of \$2.66% per month, commencing One Third Disability Not Permanent. Disabled by injury to right Lide by falling J. B. F. Osgrad R. B. Criffen EXAMINING CLERK. Salem mass

SUPPLEMENTAL DECLARATION OF CLAIM Act of June 27th, 1890. In the matter of , A. D., 189 4, personally appeared before me, a in and for the aforesaid County, duly authorized to administer , aged 73 years, a resident of whose Post-office address is who being duly sworn according to law declares that he who served at least ninety days in Co. Vols., and who is an applicant for Allsonal pension, alleged in his Original Declaration filed on or about He further declares that in addition to the above named disabilities heretofore be is unable to earn a supabove Named Disabili IN HIS CASE AND FOR WHICH PENSION IS CLAIMED. AS EVIDENCED BY STATEMENTS ON FILE He further declares He further declares that none of said disabilities are in any way due to vicious habits and are to the best of his aknowledge and belief of a permanent character and that he has not been in either the Military or Naval Service since and that he makes this declaration for the purpose of being placed on the pension rolls of the United States under the provisions of the Act of June 27, 1890. He therefore requests that this Supplemental declaration be accepted as a part of his Original claim and considered in connection therewith. He hereby appoints M. V. TIERNEY, OF WASHINGTON, D. G. with full power of substitution and revocation, his true and lawful Attorney to prosecute his claim, and hereby agrees to allow his said Attorney the legal fee of TEN DOLLARS when the claim is allowed. (Claimant's Signature.)

hayer bounty Nebrasha 2, persons whom I certify to be a who, being by me duly sworn, say that they were present and carries. Also personally appeared 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 years and 25 and 50 years respectively that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim. Sworn to and subscribed before me this and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and erased and the words strate notified ...added; and that I have no interest, direct or indirect in the rosecution of this chaim. Supplemental Declaration

Supplemental Declaration of Claimant.

Act of June 27th, 1890,

State of Mebraska, County of Chayer, ss.
In the matter of 2hm of unter
late of Co. B. 4/Reg't Chase Vols
PERSONALLY APPEARED on this 2 d day of Decrember A. D., 1893, before me,
a Motary Public in and for the aforesaid County, duly authorized to administer oaths.
Min M lighter aged 72 years, a resident of
Hulfel XEh whose Post Office address is
who being duly sworn according to law declares that he
is the identical
H/, Regt.
No 14 25 33 6 account of
alleged in his Original declaration filed on or about,
He further declares that in addition to the above named disabilities heretofore alleged, he is unable to earn a
support by reason of Fellis Lumbago and Rock
eyes U
AS EVIDENCED BY STATEMENTS ON FILE IN HIS CASE AND FOR WHICH PENSION IS CLAIMED.
He forther declares that all of the palace manel
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He further declares that none of said disabilities are in any way due to vicious habits and are to the best of his knowledge and belief of a permanent character and that he has not been in either the Military or Naval Service since
and that he makes this declaration for the purpose of being placed on the pension rolls of the United States under the
provisions of the Act of June 27, 1890. He therefore requests that this Supplemental declaration be accepted as a part of his Original claim and considered——————————————————————————————————
in connection therewith.
He hereby appoints M. V. TIERNEY of Washington, D. C.,
with full power of substitution and revocation, his true and lawful Attorney to prosecute his claim, and hereby agrees to
allow his said Attorney the legal fee of TEN DOLLARS when the claim is allowed.
Some Potter William Humit
1. Lamuel, Value V. M. (Claimant's Signature.)

Also personally appeared Samuel Patter residing at Hubbell Mebraska and Martin Bowman residing at Houbbell Mebraska, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw the claimant, William Hunter 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 for 25 years and 2 years respectively that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim. Samuel, Patton Martin Bourna (Signature of Witnesses.) December A. D., 1893. Sworn to and subscribed before me this ______ _ day of _____ 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 [SEAL.] erased and the words added; and that I have no interest, direct or indirect in the prosecution of this claim. Coms Lange (Official Signature.) Angel Public

Re-rating and Increase of Fension.

STATE OF Nelraska, COUNTY OF Phelps, ss.
On this
State of resaid, who, being dily sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of
pension was allewed.
service of the United States while a Saldis in Co. B, of the 4/s/ Regiment of Massachusetts Vols. That he believed himself to be entitled to an increase of pension on the account of his rate being unjustly low and disproportionate to his degree of disability. and to mercuse of disability.
He claims that during the time from his discharge to this date his rate has not been in accordance with his disability, nor in proportion to the rate allowed to others for similar and equivalent disabilities, and therefore he asks that his rating be corrected and he be Re-rated from his discharge to date in accordance with law. That he appoints WILLIAM FITCH & CO., of Washington, D. C., his true and lawful attorneys to prosecute his claim; that his Postoffice is Addresse, County of Phelips. State of Polls
Claimant sign here William Harrist
Ale personally appeared John Milson residing at Haldrage, and Liv Rhitt , residing at Huldresons whom
I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and saw
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.
John & Nelson /
Guo Pluce Two Williamor sign hore.
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.] John Melson Signature.
Omning Collect By Win Rank

INVALID,
CLAIM RE-RATING AND INCREASE.

More Harter, Applicant,
Co. B. 41 Regiment of
Afterward 30 Cavalry
No. 2533

WILLIAM FITCH & Co., WASHINGTON, D. C.

Declaration for Increase of Invalid Pension.

ACT OF JUNE 6th, 1866.

State of L.					
Barre Barre	A S	8,			
COUNTY OF	O: 10)		
On the	Gight	day of	une	187.1, pers	onally appeared before
me 13. C J/2	erman (élerle de	The De	strict	Court within and
for the County and State of one	oraid and by law July an	therinal to administ	on catha for goneral r	mil Mil	liam
for the County and State afore				200	
Carron	7 - 0:	1.	w, declares that he	is aged	20,120
years, and is a resident of		ACounty of	0 / 0	in the State of	Door
and that he is a pensioner of	the United States, duly en	arolled by Certificate	No. 25 3 30 1	t the 130010	m IVIOSO
	Pension Agency, at the ra	ate of UNO	Dollars per m	onth, by reason of dis	sability incurred in the
Military (or Naval) service of	the United States, and the	at he is the identical	Willia	m Hun	nler
()	in Company L.B	mmanded by_Captair	nayeo		in the
41 aflorwa	And Roa (N	raso Car		Thickein	00
Regiment				(
	in the war of 1861 and	1862; and that his p	resent physical condi	tion is such that he be	elieves himself entitled
to receive an increased pension	n of the 1gra	de, provided for in t	he first section of the	Supplementary Pensi	on Act, approved June
6th, 1866. He further declares			//	- 1	0.
He receive	da wa	end of	cm fall	ling fro	on hes
Lonso, CIA Al	ated in	ON ON DOOR	e apple	ation.	The
	l'i Patt		hich he	an linno	2022
ingury com				eo teet	
worse unt	il the c	annot	wente	at any	manual
Cabor estr	eccally in	Curnte	V Fru	nce. You	2 CO NEOGU
1sto on dir	2/2001 200		pacitale	() ()	ranual
lowery act	10 ason of	Daich U	7	700000	Pol-12 Do.
That since leaving the service	. 0	1111 1011	ngon	entect &	alm dere
He hereby constitute	s and appoints	mes W	rood.	, winte	County
Den Ton	d State of House	Alouco his A	ttorney to prosecute	this claim and procu	re a Pension Certificate
My Post Office addre	ss is as follows:		/)		
and State of	<i></i>		11/-00.	n Hu	1
		W	Milian	n 70 M	1000-
				Signati	tre of Claimant.
		. 0 .	0.		
Also personally appe	ared 26140 U	Johnson	and Colsar	les John	1072 residents of
hobana Boni	ared Eliza a ton Co in the Sta	ite of	va	persons whom I certif	y to be respectable and
entitled to credit, and who, b	eing duly sworn, say that	they were present a	nd saw The	liam M	unter
sign his name (or make his	mark) to the foregoing d	eclaration; and the	y further swear that	they have every reas	on to believe, from the
appearance of the applicant,	and their acquaintance	with him, that he is	s the identical person	he represents himsel	f to be; and that he is
disabled substantially in the	manner alleged in said de	eclaration; and they	further swear that the	ey reside as above stat	ed, and have no interest
in this claim either present of	or prospective, nor concern	ned in its prosecution	n.		
		0	Sina A	Johnson	1
				j com	/
			Charles	Johns	ou
			11/1/1/7	h ./.	anne
	Sworn and subscrib	ed before me this eby certify that I ha		or indirect, nor conce	rned in the prosecution
	of this claim.				32.
			3 12 5	homa	
			01.01.10	-vi vince	Clerk.

Here state what grade, whether First, Second or Third.
 Here the declarant will particularly set forth the nature of his disability and the extent to which he is incapacitated for manual labor or dependent upon the personal aid and attendance of others.

INCREASE OF INVALID PENSION. DECLARATION.

ACT OF JUNE 6th, 1866.

IMBO Wood

Benton Co

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Nebaska County of Phills, ss.
On this day of A. D. one thousand eight hundred and eighty Seven
personally appeared before me, a Cherh of Di Eau within and for the county and State aforesa id
Chilliam Stanta aged 66 years, a resident of
Halling of County of Pulls State of
who being duly sworn according to law, declares that he is a pensioner of the United, States
enrolled at the Des Monra Pension Agency at the rate of 3 dollars per month, Certificate
No 23 336 by reason of disability from Effect of Lygury to regular for which
Courself from Jalling from Harse
incurred in the military service of the United States while serving as a Gautal (State your rank.) in Co. B. Vols. That he believes himself
to be entitled to an increase of pension on account of disability resulting from cause account for the follow-
ing reasons, viz: Ou or about March 1863 while Drilling as
dufactry received Lugary to Left truce which duyary
still afists and greatly Disables him from monite
Labor Centrically Suffering Therefrom
He feels that the rate of pension which he now receives is not commensurate with the degree or his disability. He, therefore, files this application for increase of pension, and requests a medical examination by a bility.
board of examining surgeons, to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full powers of substitution and revocation,
M. V. TIERNEY, of Washington, D. C.,
his true and lawful attorney to prosecute his claim.
His postoffice address is Adulther Milliam (State your address in full.)
dalehege Phelps co 10th Milliam Kunta-

, Liso personary	appeared		Hally
and 6 16	0-1/	, residing at Ala Lilley	
	,		
The Ye	ible and entitled to cred	dit, and who, being by me duly sworn,	say they were present and saw
	am journ	the claimant, sign his nar	me (or make his mark) to the
acquaintance with h	im, that he is the identi	y reason to believe, from the appearantical person he represents himself to	be; and that they have no
interest in the prose	cution of this claim.	TOP	
		- Japan	
[If witnesses sign by mark	two persons who can write sig	gn here.] Signatures	of Witnesses.
		NS" n	, A. D. 188 7
Sworn to and st	abscribed before me this		
		y that the contents of the above decla	
FT 93		ned to the applicant and witnesses be	
[L. S.]		383	
		have no interest, direct or indirect, in	
			主要的直接的方式。有时,这些性能和主义的概念是更多自己的主
		(Signat	vec.) Destros Courb aracter.) Pheeps Or M.
			destust coun
		Clerk of	aracter.) Theeps Ou M
		Olech of (Official ch	aracter.) Pheeps Oo M.
e. ————————————————————————————————————	Reg't. Fols.	Q	
2		Q	
U	336	Q	
	336	Q	
2		PENSION CERTIFICATE NOT REQUIRED.	, o. o.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Hebraska County of Philips , 55.
On this by day of January A. D. one thousand eight hundred and eighty
personally appeared before me a Motary Public within and for the county and State aforesa id
Milliam Hountest paged 66 years, a resident of
many the alityacto country of thelps State of
Mely ho being duly sworn according to law, declares that he is a pensioner of the United, States
1 1 1 Moilles lowpension Agency at the rate of 43 50 dollars per month. Certificate
No 25 336 by reason of disability from an injury rest the disease, where or injury for which
from a horse while in actual service, is the army of
the Gulf, 19" army Corps, while on a march to Capalure borh incurred in the military service of the United States while serving as a Privale
in Co. B. Hat he believes himself mid, info
to be entitled to an increase of pension on account of disability resulting from cause aforesaid for the follow-
ing reasons, viz.: What disability to do dator on account
of pain and wrateress on the side injured and
the pain us weatheres is caused by the runny
in my sill also the cup of my kneed was knowled off
While drilling at Balon Rouge Miss, while in the service of
bility. He, therefore, files this application for increase of pension, and requests a medical examination by a
board of examining surgeons, to whom special instructions may be issued, so that the full extent of his disa-
bility may be ascertained. He hereby appoints, with full powers of substitution and revocation,
M. V. TIERNEY, of Washington, B. C.,
his true and lawful attorney to prosecute his claim. His postoffice address is his claim. (State your address in full.)
uebrasia 0
William Hunt
(If claimant signs by mark, two witnesses must sign here.)
Milesian III
IN MIN TOURSE

[Signature of Affiant.]

[If Affiants sign by mark, two witnesses who can write sign here.]

_, residing at/ Also personally appeared Z, persons whom I residing at to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw ..., 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. [If witnesses sign by mark, two persons who can write sign here,] Signatures of Witnesses. Sworn to and subscribed before me this and I hereby certify that the contents of the above declyration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the [L. S.] words : added; and that I have no interest, direct or indirect, in the prosecution of this claim. (Signature.) for Increase. IFICATE NOT REQUIRED EID

relation to aforesaid in the lat he literary Sischarge	Mebras Ra sworn, declared in relation in ent in which they testify. and that the Mill his Sise	and for the aford years, a residence and State of , and who, being of he local me local me local me	entitled to credi	day of Mot ary 6 Amounter The e		aths He
appeared before me orized to administer while left are lation to aforesaid in the lat he like tary discharge	d County duly authorized to of Schole Mebras Ra sworn, declared in relation on the tent on the Mill Lis Sisse	and for the aford and State of years, a residuand State of and who, being of the solution at knowledge of the solution at the solution	entitled to credi	day of Mot ary 6 Amounter The e	N THIS	aths on the Cou
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in the hat he lilitary Sischarge	sworn, declared in relation in ent in which they testify.] and that the Mile his Sise	and who, being of the lain a knowledge of the laim eether	entitled to credi	be reputable and en	nown to me to be	well know
in the hat he lilitary Sischarge	owh hey testify.] and that the Mile	Lo Caim Colaim eethes	hould state how they g			
Wilitary Discharge	and that the Mill his Dise	lolaim either	n exteel	al Mel	1	\ /
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Sischarge 3	100 100 100 100 100 100 100 100 100 100	ACTION OF THE PROPERTY OF THE PARTY OF THE P		et beer	is not	abt
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not made in the later		P V. May	1. Ouwell		1 ost office a	
Melon.	· lo ne	D Colley	70 000	ce address is	Post Office a	н

(over character.)

Sworn to and subscribed before me this de to said affiant, including the words	before — A — executed the sar	I certify that I read said affice the certify that I read said affice the certify that I am in
To be executed before any perso	n authorized to administer oaths	s, one having a seal preferred.
VIDENCE 336	AFFIDAVIT OF	FILED BY M. V. TIERNEY, ATTORNEY AT LAW, WASHINGTON, D.

Pe Be

Co.

Brief of Slaim to Ancelease INVALID PENSION A in the case of Milliann Munder Enlisted august 9, 1862. Discharged October 8, 1863. 51. Centre Joint - Linn 60 POST OFFICE ADDRESS: WAROI
ACT JULY 14, 1862. Served afterward from

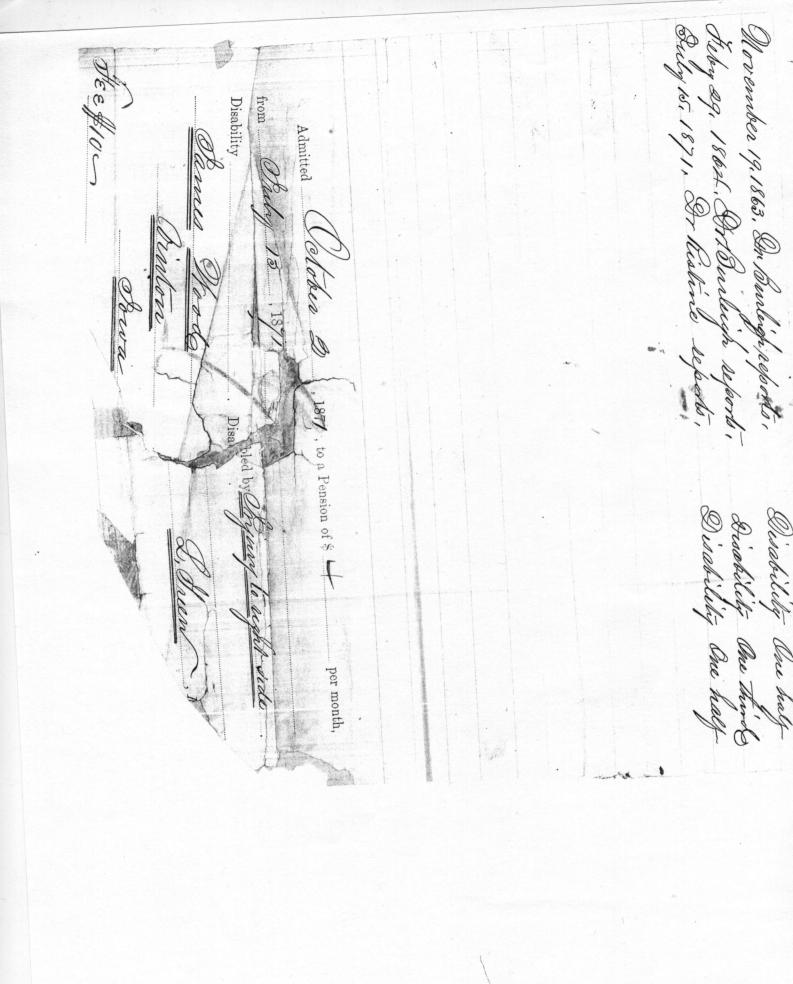
ALLEGES DISABILITY FROM Faying to right- Icau,

Declaration and identification in due form, filed " June 22 , 1871.

Gensioned March 17, 1864, al- \$243 Ahom Oct 8, 1863.

Jensson Certificate summoteredo.

Certificate of Disability refets, Diardroed which has followed him In weeks, an account of an injury by falling from a horses. Has not-get recovered from injury, He is unfit for O. H. C.



Medical Division.

Department of the Interior,

BUREAU OF PENSIONS,
Chashington, D. J. Nov. 5, 189 5
No. Claim, 25 336.
Claimant, William Hunter
Co. 19, 3 Reg't Mars Vol
• • •
Respectfully returned to the CHIEF
of the Bd. Of Renew with
the opinion that a ratable disability,
under the ACT OF JUNE 27, 1890, is
shown in this case from disease
of rooture and serile debity (Orace 299.)
debity (Oran 299.)
Medical Examiner. Approved: The the windows hard
✓ Medical Examiner.
Approved:
This, takesonery

Medical Referee.

nems

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of affiant; the marginal instructions must 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. State of... in the army; or in and for the aforesaid County M. D., a citizen a whose Post-Office address is well known to me to be reptutable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: That he is a Practicing Physician, and that he has been acquainted with said soldier for about years, and that Kis known to affiant in accordance with the marginal instructions.

while calman was home on travogrip, that fact should be stated. The claimant's his regimental surgeon or times should not ritrough; that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.

24. If the has treated solders since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time. With complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

35. The extent or degree to which claimant has been unable to perform manual labor during each year from

X

GENERAL AFFIDAVIT.

State of Netraska	, County of Chelps 55:
In the matter of . // Luce	en Hundler
ON THIS 25 thay of A	A. D. 1889, personally appeared before me
px clerk Dist Court	in and for the aforesaid County duly authorized to administer
paths William Hunter	aged 68 years, a resident of
4 4	and State of Mebraska
vell known to me to be reputabl€ and entitled to	o credit, and who, being duly sworn, declared in relation to aforesaid
case as follows:	
	how they gain a knowledge of the facts to which they testify.]
1	
· · · · · · · · · · · · · · · · · · ·	his Regimental Surgeon
is torcario he	and had find out
where he is and	balewas him to be
Lead.	
Hoo the reason	The can not furnish
islicerony of h	is hysician is bream
e has not had	'and treatment for
injury to left to	End since leaving
the service That	I the myrry is in such
hope that treat	went would do no
3000	
. 69	A second
:	
, , , , , , , , , , , , , , , , , , , ,	
His Post-Office address is Holk	rege, Nebraska
further declare that	no interest in said ease and not concerned in
S prosecution.	
	11000 4
	William Hunte

	State of Nebraska, County of Chellos, ss: Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to claimed affiant, including the words. erased, and the
	wordsadded
	and acquainted River with its contents before Re 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 personally
	known to me and that he is a credible person.
	[L. S.] L. S.] [Official Signature.] Ought Belt Disk Court [Official Character.]
	Deba Belt Died Court
	[L. S.] [Official Character.]
	I,
	and State, do certify that, Esq., who has signed his name to the
	foregoing declaration and affidavit, was at the time of so doing
	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, thisday of, 18
	[L. S.] Clerk of the
	Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COURT must add his certificate of character hereon, and not on a separate slip of paper.
1	ADDITIONAL EVIDENCE. CLAIM No. 25 336. CLAIM No. 25 336. CLAIM No. 25 336. AFFIDAVIT OF AFFIDAVIT OF FILED BY M. V. TIERNEY, ATTORNEY AT LAW, WASHINGTON, D. C.

GENERAL AFFIDAVIT.

A P
STATE OF THAT YEAR, COUNTY OF Thayer ss:
to the matter of Ils Margaret Hunter willow of
(M-2011 to OP 11) Mars 7/40
and Out in
ON THIS day of A.D. 189 7, personally appeared
before me, a Notary Public In and for the aforesaid County and
Maria Palacel 165
TO LIE OF THE PROPERTY OF THE
years, a resident of that the County of Wefulle
and State of Naus (whose Post-Office address is Lame Houbbill Neb
and Charles Johnson aged 57
years, a resident of Atthetic Crack Fin the Country of Republic
and State of Xaus / The whose Post-Office address is same Houbbell Nel
and who, being duly sworn, declares each for himself, in relation to aforesaid case,
as follows:
It have know the claimant for 29 years
Note.—Affiants should state how they gained a knowledge of the facts to which they testify.
732 years respectfully lived near to her during
ald that til a land use know it is ale til
wall estate value about & 8 000 Shi assessed I
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ner place of which there is about 65 acres of chilerate
land 1 which barely pay the lanes and refeares and
during the year 1895 (1896 she received withing Sh,
has thersofial property values about 50 and flie is
so afflicted with pheumatism that she cannot
lator to get a cent loward. a living
The has not somarried since the
deathof her husband and that they were never
dirord from each other but lived together until
survive from were and new used frogether unite
date of the death of said It - Hunter These facts
are personally befrom to us from living near neigh-
how to the clasmant and her husband and seeing
them often and seeing her sence the death of
and the same we have the same well and the
soldiel and as an Jacquaintance and from
personal observation. The further declair that neither
soldier or claimant were from married pur to their
manage to each other. In making this affect out we were not
I Immale in this alfeld and we were not
uded or prompted fly any houten or printed statement.
or rectal prepared the facts were made known to
the writer knowthen from our statements to him.
Murther declares that we have interest in said case and ask not concerned in its
prosecution.
maries Jamson
x dou a long klain Frio P. Welcox, (Signature of Affiant.)
v A mill Come by Land (Signature of Affiant.)

Note: In the execution of evidence, whenever a witness signs by X mark, two persons WHO CAN WRITE, MUST attest the signature by signing their names opposite,

State of Mebr	County of Thayer ,ss:
	e me this 22 md day of April , A. D. 189.7.
Sworn to and subscribed before	
	and I hereby certify that the contents of the above affidavit was fully made
	known, explained and read over to the above affiant before swearing, including the words Hubbell + Hubbell - Nebr. + Neb. James James one erased, and the words Rose Creek Jp. Republic Ks. + Rose Creek Jp. Republic Ks
[SEAL]	
	added: that affiant access to be reputable and entitled to
	credit as witnesses, and that I have no interest, direct or indirect, in the prose-
	eution of this claim. Official character.
If executed before an officer i	e sworn to before a Clerk of Court, Notary Public or Justice of the Peace. not using a seal, his official character should be certified to by a Clerk of Court, unless. Bureau a general certificate, covering his present term, and if said certificate has been site his signature.
Re	ad This Before You Fill Out Blank.
DEPARTMENT OF THE	INTERIOR, BUREAU OF PENSIONS,
Order No. 229.	Washington, D. C., June 19, 1893.
and not merely formal must l	imony in support of claims in pension cases all statements affecting the particular case be written, or prepared to be type-written, in the presence of the witness, and from his

oral declarations then made to the person who then reduces the be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing [as the case may be], in the presence, and only from his oral statements then made; or prepared for type-writing [as the case may be], in the presence, and only from his oral statements then made; stating also the time, place and person, when, where and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony.

Any needless delay in the preparation of such testimony after such oral statements by the witness, or in forwarding the same to the Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

Approved: HOKE SMITH, Secretary.

WM. LOCHREN, Commissioner.

Maket and in con-

WASHINGTON, D. C. C. A. BECKERT & CO. PRINTERS 605 1-2 E STRETE N. W. Affidavit of

GENERAL AFFIDAVIT.

STATE OF.	Nebraska, COUNTY OF Thayer ss:
In the matter of	of the claim of Margaret Hunter
	anth of the
ON THIS	XI P P P P P P P P P P P P P P P P P P P
	ized to administer oaths Margaret Lecuter, aged 25
	mean Hubbell in the Country of Thayer
and State of	Nebruska, whose Post-Office address is Hulbell
Sebra	Asa and A Miller aged 52
years, a resident of	
as follows:	and who, being duly sworn, declares each for himself, in relation to aforesaid case,
070 1"	OTE.—A ffiants should state how they gained a knowledge of the facts to which they testify.
Corisist	s of one this hargaret haver
on her	lighty atre farm consisting
of suc	third of sixty acres of rorn
amous	iting to about eighthundred bushe
The ma	sket wall of which would not
exclla	one hundred Hollars. The remainder
of the	Slady acres being in frasture from
This	being by the second 1994
The c	chang statement is made
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Living	hear said Margeret Huller
Los	will that she is in Fossession
Tues	it of Correlated and the
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to the	Ise and that the the to to la la grade
Y.	at Tweet is 14 to 13 Cervello
	Ster bushel
Bal	11 00 1 0
further dec	Miller and O. H. Buscl
S /	lare that Mag. have no interest in said case and att. not concerned in its prosecution.
	PEN Margness Denter
1	Affiant's signature.
If affiant sign by me sign bere	ark, two persons who of write Z Affiant's signature.
	The State signature

Sworn to and subscribed	before me this 30 the day of Betsher , A. D. 1897.
	and I hereby certify that the contents of the above affidavit was fully made
•	known, explained and read over to the above affiant before swearing, includ-
	ing the words
[SEAL]	erased, and the words
	added: that affiant is well known to me to be reputable and entitled to credit
	as witness, and that I have no interest, direct or indirect, in the prosecution of
	official character.

filed, he should state so opposite his signature.

WASHINGTON, D. C. Maloney & McCurdy, 605% ESt., N.W., Washington, D.C. Filed by ATTORNEY AT LAW,

GENERAL AFFIDAVIT.

tate of Meba	Claim of AMAR	aarel Her	UCL
In the matter of Pension	Claim 01	Julie Julies	
	,Co,	Reg't	Vol.
Personally came before m	10 a Notare	y Public	in and for said County
1 ersonally came verore in	81 11	1 11 11	no Precinct
State, Harve	y Ford a	ssessor for Hulbe	aged 5 years,
tizen of Luby	Cour	nty of Thaile	2 and State of
Post Offic	e Address.]		
Vebrast	who, being	duly sworn, declares in relation	to aforesaid claim as follows;
O A NOTE-	Affiant should state how he gains	s a knowledge of the facts to which he	testifies.
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ll of 1	largare	L Sunler's	Jurdonal
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your all	July July	Marie William	
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and wa	128800	This compar	ises her
and wa	\$ 1280 - for 1821 .	This compar	ises her moherty
and wa thre assi	\$ 1280 - for 1821 ,	This comfar Therewas	ises her no property multinte
and wa thre assi ssessed	for 1821,	This compare Therewas	is es her no property Museute
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and son thre assil ssessed for 1897	1288° - Jon 1821 , in the	This compare	is is her no property Mundent
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		interest in said claim and	1 not interested in its
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State of Nebraska Count	y of hayer, or):
Sworn to and subscribed before me this day by the above name		
acquainted him with its contents before he execute		
interested in this case, nor am I concerned in its pr	osecution; and that said affiant is personally know	n
N. B. A referred in the	community.	
Officer will please fill out blank line marke	d N. B. in his own hand writing.	
(a) State whether or not witness is a creditable person, and so	reputed in the community in which he resides.)	
Witness my hand and official seal this 25	day of 1897	
OFFICIAL SIGNATURE (Sign here)	Quine Matter	
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M; Commission expires		
Note.—This should be sworn to before a CLERK OF Co. If executed before an officer not using a seal, his official characte there is on file in the Pension Bureau a general certificate, coverfiled, he should state so opposite his signature.	r should be certified to by a Clark of Court	
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Chaim Not 5 to 15	JED BY TERNEY, y at Law, gton, D. C.	
NAL EVIDENCE. Chaim Not 50 15- Phinte 73 4 1 aegi. Mark 1 1018.	FILED BY TIERNEY, riney at Law, ashington, D. C.	
TIONAL EVIDENCE. Claim Not 50 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FILED BY V. TIERNEY, Attorney at Law, washington, D. C.	
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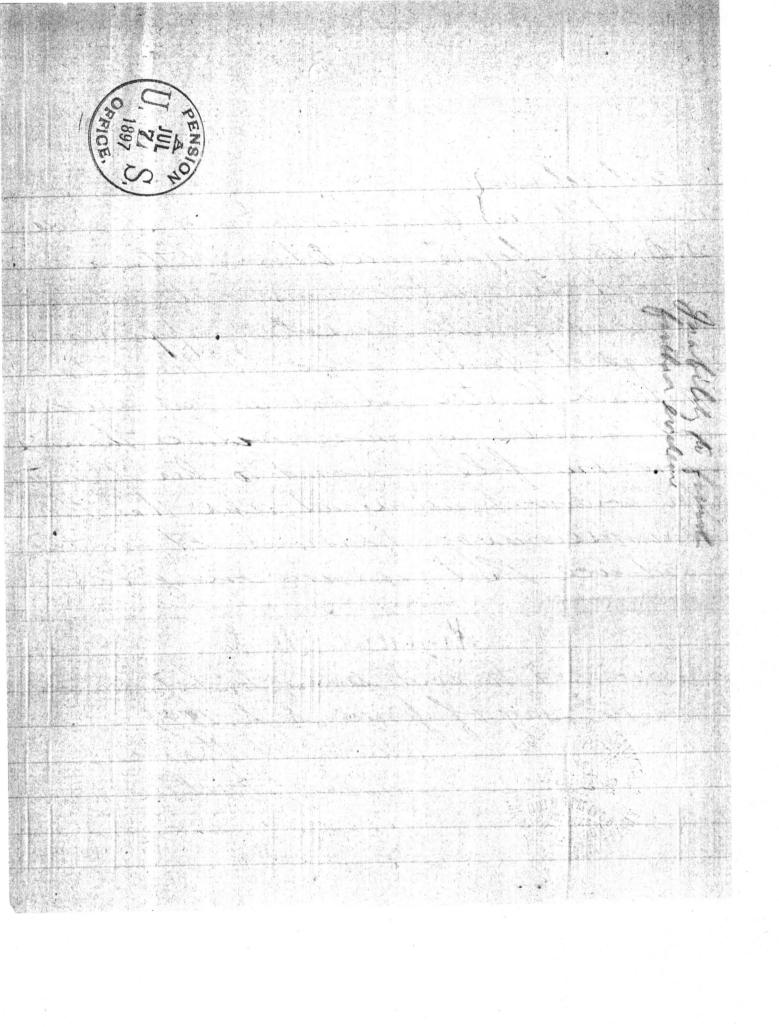
GENERAL AFFIDAVIT.

State of Nebrasha County of Thayer, 00:
In the matter of Pension Claim of Margarel Acuter wickors of the las
Personally came before me, a Notary Public in and for said County
and State, Educin Mathismi aged 25 years, a citizen of Hubbell County of Thanks and State of
a citizen of Authority County of Thay and State of Post Office Address.] Albrasha, who, being duly sworn, declares in relation to aforesaid claim as follows;
Note.—Affiant should state how he gains a knowledge of the facts to which he testifies. Millian Hunter and Margaret
28rd A.D. 1840 in Gastle Dergh County of Styran Dreland by The Rev. John
Somstrong simister of the brespaterian
was born Sovember 25th 1844 Alexander Auster Their youngest
child was four buly Bell 1861
Down Mattisin certify that the above is a true and exact copy of the
Vanily bible and from the appearence
expired to have been made about the
le fautes given. Bible tom so that date of print could further declares that I have no interest in said claim and an not interested in its
prosecution.
Signature of Affiant.)
NOTE - In the execution of evidence, whenever a witness signs by Y may two passages Wyord Wyord Publice

A Nelson las		76	2.000
State of Alebraska	County of 2	mayor	, 55:
Sworn to and subscribed before me this day by the a	bove named affiant ar	nd I read the affidavit to sa	id affiant and
acquainted him with its contents before	he executed the same	. I further certify that I	am in no wise
interested in this case, nor am I concern	ed in its prosecution;	and that said affiant is pers	onally known
to me and that he is a			a
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N. B. Stolay white - Mu			
Officer will please fill out blank ir			
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OFFICIAL SIGNATURE (SI	gn here)	Centler	;
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			<i>L</i> .C
My Commission expires			
Note.—This should be sworn to before a CLE	ERK OF COURT, NOTA	RY PUBLIC OR JUSTICE OF	THE PEACE.
If executed before an officer not using a seal, his offici there is on file in the Pension Bureau a general certifi	al character should be cate, covering his pres	sent term, and if said certif	icate has been
filed, he should state so opposite his signature.			
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		0000	V. TIERNE Attorney at Law, Washington, D. C.
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ADDITIONAL CO.			M. V. TIERNEY Attorney at Law, washington, D. C.
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and the same of th			

Monte

State of Nebrasha) County of Thayer I an This 15th day of June A.D. 1893 before me Edwin Mattison a Notary Public duly commissioned and residing in said county personally appeared Margaret Ameter widow of the late William Sunter and declares that she can not furnish any more evidence than is now one file in regard to her application for widow functions and asks that the commissioner of pensions act on the evidence that is now one file Hargeallest Senter Subscribed to and swom to before me this 15th Day of June 4. D. 1893 Edwin Matteson Notary Public



GENERAL AFFIDAVIT.

STATE OF Webracka, COUNT	Y OF Thager ss:
In the matter of Margaret Acc	uter widow of the,
late William Jun	+
a and 11	, personally appeared
1 00	in and for the aforesaid County and
State, duly authorized to administer oaths Mazga	
years, a resident of Hubbell in the	40
and State of Webasha, whose Post	011 11 11 11
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Note.—Affiants should state how they gained a know	
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further declares that no interest in prosecution.	said case andnot concerned in its
• 0 000 0 0000 0000 000	burgasest Hunter
	(Signature of Affiant.)
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		State of	Kels	a ska-	County of	Th	ane	2> 00:
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		DEPARTMENT Order No. 229	T OF THE I	NTERIOR, BUR		SIONS,)	,	
		and not merery i	ormai must be v	ony in support of overitten, or prepare	elaims in pension	cases all staten	ango of the wite	1.1
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		stating also the t	time, place and p	erson, when, wher	, in the presence	e, and only from	his oral state	ments then made:
		dictated by any	other person; an	nd not attached as	apted by any wri	tten or printed	statement or re	eital, prepared or
		mg the same to t	the Bureau, and HOKE SMITH,	eparation of such t any material alter Secretary	ation or erasure	will be cause fo	r rejecting such	testimony.
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Act of June 27, 1890.

William Hu	nter_
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Discharged: Od- & "	, 186.3.
Application filed: Dec 3	, 189 4
Alleges:	
Any other Claim filed: 25	336
Numerical No.	
Attorney: M. V. Tren	ney
P. O	Thity
Recognized.	
Cert. of Dis. Searched for	, 189

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Chicago Ill from 4.3 To Dr Ristine Hilliam Journey Rank Kriva 10 Company 15 Regiment 412 16 & Not after 3rd hegt hop be Ohieago Boolow Agency Rate per month \$ 2.66 Commencing Ochober 8th 1863 Ver " we dated March If the 4 13 of Orgonal end sent Veralem Act of 14 July, 1 265 Book & Not 5 Page 56 L. a. anderman Clork



ACT OF JULY 14, 1862.

WAR OF 1861.

Vol. 3, page

William Hunter-Lawrence Essex Co. mass Priv lo B. 41th mass, Jols, after 3 ms. Cav.

Discharged Oct 8 , 1863.

St. 166 per month dear Col 8. 1863 R. B. Crippen Coll

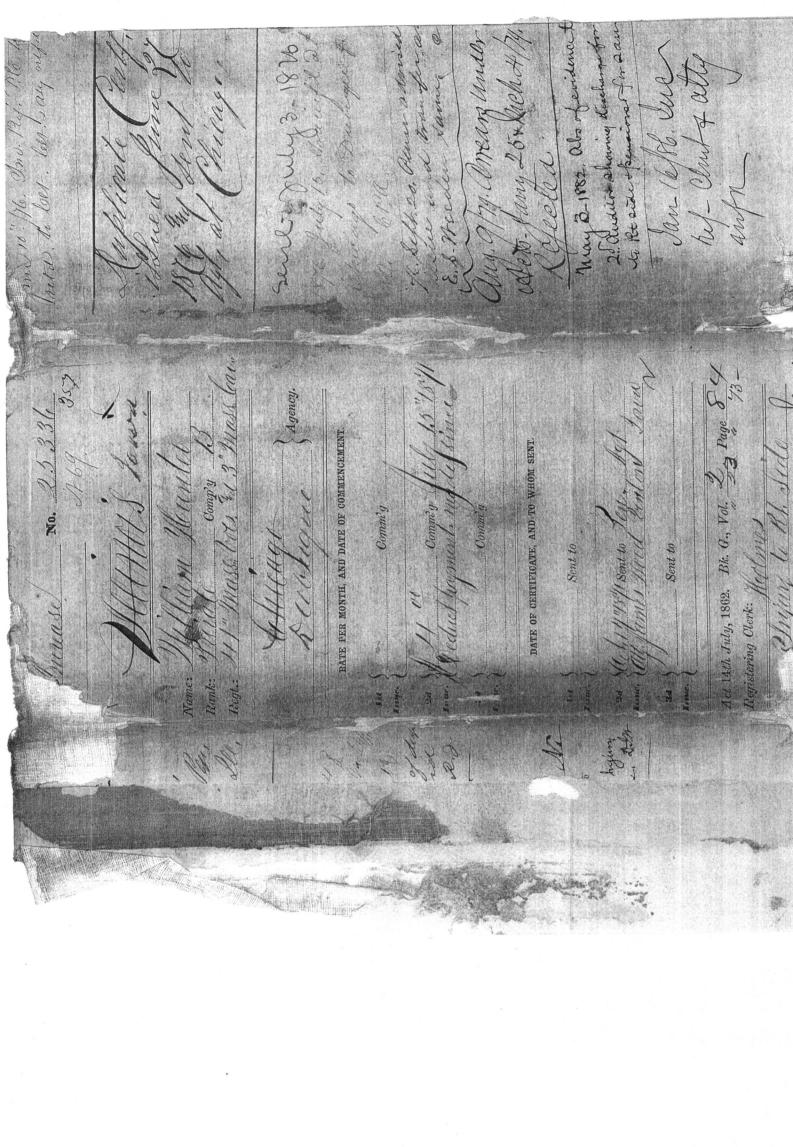
Joseph dd. Banett

Commissioner,

Beccibed, Nov. 25 - 1863. Joseph 13.7 Osyvod Salem

news

Vent to De Burlighter the degree for trying tang



To The Honorable The Commissioner of Pensions Mashington Da I Wieliam Aunter a Sensioner 25.336 hereby apply for the arrears due me under the. Act of Congress granting arrears of Pensions approved January 25 Aproved January 25 1879
My Post Office accress
is Juniata Lexams County erecrasta 3 William Hunter Witnesses John Galusha Job Tanner State of Mebranta County of Haamy 355 by William Hunter who is Known to me to be he forson he ascriber himself to be and at the same time he Exhibited to me his Pension artificate which is numbered 2,5 776 J. A. H. Gramet Clerk of the District Court, in and for said County,

County.

County.

Clerk of the District Court, in and for said County, do hereby certify, that the annexed instrument is executed and proved, or acknowledged in due form, according to the laws of the State of Nebraska, to entitle it to be recorded therein. Also, that the before whom the same was proved and acknowledged, was, at the time of taking such proof or acknowledgment, a before whom the same was proved and acknowledged, was, at the time of taking such proof or acknowledgment, a before whom the same was proved and acknowledged, was, at the time of taking such proof or acknowledgment, a before whom the said County, duly qualified and authorized to take the same. And I further certify, that I am well acquainted with the handwriting of the said.

Witness my hand and the seal of said Court, at the said of A.D. 187.9

This day of Mand and the seal of Said Court, at the said of A.D. 187.9

25. 236

Die Och 8, 1863

Pen Jum " " "

APPLICATION FOR TRANSFER OF PENSION.
STATE OF Llings
County of Stalls (ss.
On this 23 day of July Lembur, A. D. 186 J, before me, a Claranth Titles club of the Country and Styte above named, personally appeared William Juntum , a resident of Lawrence Court to , State of Marrachulette - aged 48 years who being duly sworm according to law dealers that
the identical would follow , who was a vrival — in Company "O", commanded by Captain Edward L Fragus , in the 3 Regiment of Mass — Car — Volunteers, commanded by Colonel Chiefenia , in the service of the United States; that his name was placed on the pension roll of the State of Massachusett.
Months, from whence he has lately removed; that he now resides in May fuld Dekall medicage thing and wishes his pension to be there payable in future. The following are his reasons for removing from Manachusett to Minus.
believing that he could make a living more early and would be better for his Health
He makes this declaration for the purpose of having his pension transferred as above stated, and he hereby constitutes and appoints.
attorney, to effect such transfer. Millian Hounter
mean founder
Sworn to, subscribed and acknowledged before me, the day and year first above named, and on the same day personally appeared. Alexanda aged be years, and hilliann about a ged years, residents of the years, and who being by me duly sworn, say that they are personally acquainted with who has made and subscribed the foregoing declaration in their presence; and 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; that they reside as above stated and are disinterested in this claim.
Niliam et Hunter Signatures of Witnesses.
Sworn to and subscribed before me; and I certify that I am not interested in this claim or concerned in its prosecution; that I believe the affiants to be credible witnesses and the claimant is the possible represents himself to be. On the Detail Co. It has 23 day of September 1860.
STATE OF COUNTY OF SS. San County Officer. SS. San County Officer.
COUNTY OF SS.
I,
affidavits were made and who has thereunto signed his name, was, at the time of so doing, a
named, duly commissioned and sworn, that all his official acts as such are entitled to full faith and credit, and that his signature thereto is genuine.
In testimony whereof, I have hereunto signed my name and affixed my official seal, this

APPLICATION FOR TRANSFER OF PENSION.

William Henter go. B: 3rd Reg't Mass Ceavaby

Printed and for sale by Tribune Co., 51 Clark Street, Chicago.

U. S. Pension agency Boston 7th June 1866

Sir

In reply to yours of 5th respecting the case of Wm Hunter, of By camor De Kalb Co Ill, an applicant for transfer from this agency; I have to say that the oath of allegiance required of him has been received and forwarded to the S. andilor to be filed with bol' Burne's Vouchers, and that a letter mailed 22. March contained Statement of the fact -

Very Respectfully your Obs Sos G. C. Trumbull Pension agent

Hon' fo. H. Barrett Com. of Pensions Washington

25.336 Bunker

Surgeon's Gertificate

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

	State: Lova County: Sound
	Post Office: Marion march 4 41878
Peusiener s ser-	hereby certify That & have carefully examined
V100.	William Hunter , who was a Private
	in the war 1861 and was
Be particular to	granted an Invalid Pension under Certificate No. 25/836, to be paid now
	at the Agency in Des Proises by reason of alleged
to be paid.	disability resulting from Enjiny of Right Lung.
	which he states to have been received in the line of duty while he was in the military
	service of the United States.
State	•
State whether disability continues; and, if so, ts present de-	In my opinion the said Pensioner's disability, from the cause aforesaid, continues at 35 Thru dollais per month
gree.	A more particular description of the Division of the
Particular de-	A more particular description of the Pensioner's condition is subjoined: Height, 5-3'z; weight, /35; complexion, Light; age, 58;
cription.	respiration 19; pulse, 71.
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DUPLICATE.

SURGEON'S CERTIFICATE

Periodical Examination

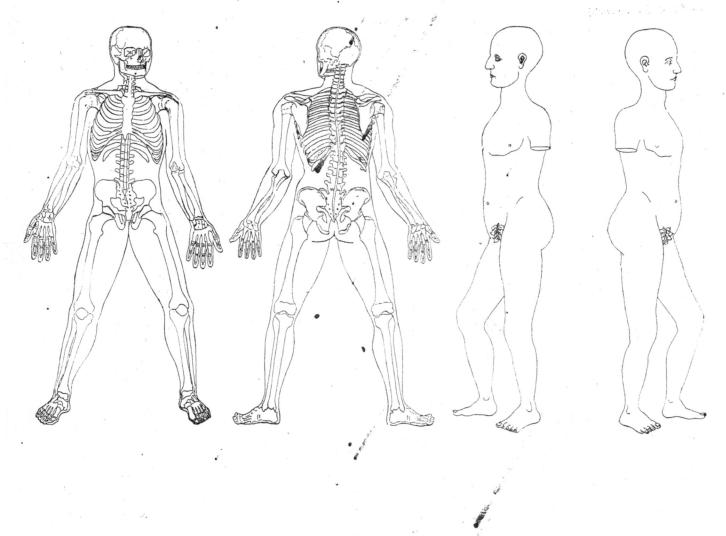
IN CASE OF

DATE OF EXAMINATION:

Matine.
Examining Surgeon.

Post Office, Manon County, P. S. --Write Post Office address plain and in full

State,





GENERAL AFFIDAVIT.

State of Nel	Jagka County of Trayer, 55:	•
In the matter of Odd	of Busion Ch ho 26 36 of	
(man)	Sunter	
ON THIS 13 Lay	y of July 4, A. D. 1889, personally appeared before me, a	a
Justief of The	, A. D. 1889, personally appeared before me, a	s .
torias go	washing aged 43 years, a resident of . Again the	
in the County of	Beforeblind State of Rouses	
	Highbell Nebr and	
	aged years, a resident of	
whose postoffice address is	and State of	
	and entitled to credit, and who, being duly sworn, declares each for himself, in	a
relation to aforesaid case, as follow		
	should state how they gained a knowledge of the facts to which they testify.]	
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not concerned in its prosecution.		
	Charles Johnson	
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[If Affiants sign by mark, two persons who can write sign here.]

[Signature of Affiants].

state of Aebras	Ma County	of T	Tiay	or. 88:
Sworn to and subscribed before me	e this day by the above	e-named affiant	, and I certif	fy that I read said
fidavit to said affiant , including the wo	ords			
ased, and the words				
dded, and acquaintedwith its co	ontents before e	executed the same	. I further o	ertify that I am in
owise interested in said case, nor am I con	4 2			
ersonally known to me and that Le-	io a credible pe	erson .		
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	£	J. A. [Office	vial Signature	aces -
L. S.]		// /	ice of	The Reac
		[0]	ficial Charactey.	
I,	, Clerk	of the County Co	ourt in and fo	r aforesaid County
nd State, do certify that				
oregoing declaration and affidavit was at	the time of so doing	a	·····	in and
or said County and State, duly commiss				
redit, and that his signature thereto is a				
Witness my hand and seal	of office, this			
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[L. s.]			÷ * * * * * * * * * * * * * * * * * * *	
Note.—This should be sworn to before a				HE PEACE. If before
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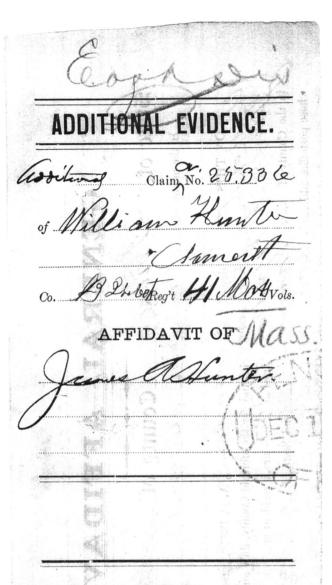
State of Webruska Phelps County is ! I what water's claim for Inv. Pension No 15336_ a private of Bo. B. 41 Reg. Mass Vals, Ou this 5" Say of Oat, 1889 - personally appeared State of Moraska, Jas B. Huzman aged 6 years. a resident of Holdings, in the County of thelps and State of Mraska will know bue the reputable and sutilled to andit, and who bring deely server decland in relation traformaid case as follows I have known the said damant for lew years he and I both residing in said Phelps County for the part teregrans, a good portion of the line in liney within 3/2 miles geach other During said lew years I han seen danuant often, han visited hein often and during a portion of said time with heir work gerry lecenday, To my Kuroledge during each of said lew years. Land Orece and has been afflicted with an uping in his left Kuce, the cap of his ruce having been Knocked off + destroated while withe senice of the W.S. as I understand. This has x hors now desable him from work so that during said time he has not been able to perform mon how one forth the worse of an able bodied man I know these facts from personal observation and I have us welenst in said case and am not concerned in its prosecution, Sames & Hangman

Stat of chraska Phelps bounty son Sever to and subvaribed before we this day by
the above named afficient and I certify that I read
said affidavit to said afficient and acquainted
hum with the contents before he execute atter face.
I father certify that I am in mise in:
lensted in raid case, nor am I concerned in its prosecution, and that afficient is personally Known to me and that he is a and ible person. Date this Och, 5"1889.

Les P. Rhead County Judge.

9 RECE 15. that to efully an formity GENERAL AFFIDAVIT. nebraska County of A. D. 18 personally appeared before mein and for the aforesaid County duly authorized to administer cox aged 2 ... years, a resident of. in the County of well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: E lame in the HAR Post Office address is Wuttell 9 further declare that of have no interest in said case and and not concerned in its prosecution. fewing agency trespectors use many [If Afflants sign by mark, two witnesses who can write [Signature of Affiant.] sign here.] retain a

		// .	am I concerne		ntion; and that	said affiant	ie	personal
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L. S.						Note Official C	my	Publ
#æ ⊤To	be execut	ed before a	iny person ai	ithorized to	administer o	oaths, one	having a	seal preferre
n. 4			144 E			A. See		
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EVIDENCE.	25.336		\$	34EO C	f for the alprivation, a residual state of a partial duly to the state of a partial duly to t	nt of the first of	BY.	RNEY, AT LAW,
I EVIDENCE.	24. 25.336	ne-	\$	LO COOLS	PE)	A D III	CED BY.	MERNEY, Y AT LAW,
ONAL EVIDENCE.	1 No. W. 25 336	Current -	muse	34EO C	PENSON DE PENSON	entra decita Brid County	FILED BY	V. TIERNEY, NEY AT LAW,
DITIONAL EVIDENCE.	SLAIM NO. CY, 25.336	Mante	muse	34EO C	DEN DE STOLE OF STOLE	second declar	FILED BY	M. V. TIERNEY, JORNEY AT LAW,
ADDITIONAL EVIDENCE.	CLAIM NO. OF 25.336	Jan Hunler	muse	34 EO C	PENG.	A VI A D II Brid County of the County of the County of the County	FILED BY	M. V. TIERNEY, ATTORNEY AT LAW,



FILED BY

M. V. TIERNEY,

Attorney at Law,

WASHINGTON, D. C.

BYRON S. ADAMS, PRINTER

GENERAL AFFIDAVIT.

State of Joura Con	unto of Cathorn . 88:
In the matter of William	Quiter
ON, THIS day of Movem	, A. D. 1887, personally appeared before me, a or the aforsaid County, duly authorized to administer oaths
James A Hunter aged 3	or the aforsaid County, duly authorized to administer oaths years, a resident of a minimum of the county of the co
	and State of Sove

Examining Surgeon's Certificate.

	Lawrence Ins. Jov. 192 1863
	J hereby Certify, That I have carefully examined
Applicant's service.	I Felliam Hunter, late a moute Co. B. 3d mos
	Cavaling (late 412 Infanty) Cafet / Poys -
	in the service of the United States, who was discharged
	at Gort Hulin , on the 8th day of October,
	1863, and is an applicant for an invalid pension, by reason of
	alleged disability resulting from Chronic Drownhow & Intermettent How
	In my opinion the said Irellium Kunter
Dogree of disability.	is One half incapacitated for obtaining his subsistence by
	manual labor from the cause above stated
	Judging from his present condition, and from the evidence
Origin.	before me, it is my belief that the said disability was incurred
	in the service aforesaid in the line of duty
Probable duration.	The disability is Temperary
	The more particular description of the applicant's condition
	is subjoined:
Particular escription.	The applicant is now subject to Diorrhou also
	to a rever lough from Bronchittes, also has sever from
	in the right side, which he states was accommend of a
Ø	all from his how is much small and
	Sullow and his constitution is shottened Excelently
	Mr. Le Buley (mi)
	Examining Surgeon.

Menter B. 30 Maps Cary

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate, 25.336

	Plate: of Jacoa County: af Buchana
,	Post Office: Dula frenches se , 1876.
	It is hereby certified That William Heenles
	formerly a Private of Captain E, Lo, Noyes Company,
t	in the 41. Regiment of Mass, Tols 43 Cav, in the war of Releaselliers
1	who is now paid at Oliceago Agency at the rate
•	of Figur dollars per month, on account, as he states, of Musical To the
	Hight side
	while in the line of duty in the military service of the United States, on or about the
	day of, 1863, at a place called Cloxazidica
	in the State or Territory of Louiskaica
	is still suffering in consequence of said of ngus of to he's Ande
	The disability originates entirely from the injury or disease on account of which he
	was originally pensioned, as follows:
	Height, 5 fr.; weight, 45; complexion, leght
	age 5% : respiration 63 ; pulse, S.C.
	His house fell whom him with his mushet
	under him by which he was bucky bruised
<	in the right side over the live I be access
,	The is not caused or protracted by tree ans
	habits Disability is permanent
	The is more desabled beg an injury
	To the Ruce which he days he received in
	the Lowier of his country but which he
	has not stated in his application
	1
	One Ile (84,0)
	John G. Harese Examining Surgeon.
	Lucinition of Surgent

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.

William Hunter Co. B. 41 Reg't, Mass, Vols

APPLICATION FOR INCREASE.

No. 25836

DATE OF EXAMINATION,

March 812, 1846

Examining Surgeon.



GENERAL AFFIDAVII.

State of Jebrastea, County of Thayer, ss.
In the matter of the Pension Claim No. 1763 of William Hounter
In the matter of the Pension Claim Ro. 1 late of Co. B., 3rd Reg't 4/27 Mass. Vols.
ON THIS / day of January , A. D., 189 5, personally appeared before me, a
Notary Public in and for the aforesaid County, duly authorized to administer
oaths, Nevada Wilcox, aged 24 years, a resident of
Rose sack Louis ship in the County of Republic, and State of
whose Post-office address, is to wooled. There
and Granse J. Johnson, aged 24 years, a resident
W Man Aller
We the undersigned afficients
We the matter of the
hereby certify that in the matter of the
hereby certify that in the Midavit, That preparation of the within affidavit, That
preparation of the within the by any we were not aided or prompted by any we were not aided or prompted by any
written or printed statements, or recital
written of potter by any other person
written or fruited statements, of ther person prepared or dictated by any other person and not attached as an exhibit to our
Tournous. Therada Wiles
Tournous. Tevada
The heldolmson
State of newaskal 85 Thayer Country John M. Thompson a
Thayer Country I John M. Thompson a John Thayer Country and Notary Public m' and for Thayer Country and State of Newraska do hereby certify that the State of Newraska do hereby certify that the State of Newraska do hereby certify that the hereimto
Thayer county of my Thompson a
John Thayer Country and
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the same persons who executed the holeson the same persons who executed the holeson whereof attached affidavit. In testimony whereof attached affidavit. In hand and notarial
The same officavit. In land notarial
allagente for the set mentioned
and the Houbbell within the at The longer ary 1895
The same fellowit. In lestimony where factorise attached affidavit. In hand and notarise attached shere into set my hand and notarise seal at fourbell within the above mentioned seal at fourbell within Ind day of February. 1895 Country and State. This 2nd day of February. 1895
John Manyson,
Molany subtre
Maraa Mixey
Frank g follows (Signature of Affiants.)
(Signature of the affiants signs by mark, two witnesses who



GENERAL AFFIDAVII.

State of Jebras	ha a company	Thayer	
			£1, 88.
In the matter of the Pension Cla		William	Sounter
	late of Co. 13,	3 rd Reg't 4/210	Mass, Vols.
ON THIS day of	January	, A. D., 189 5, personally ap	peared before me, a
notary Pay	blic in and for th	e aforesaid County, duly autho	orized to administer
	Wilcox		years, a resident of
Rose creek Lours	ship in the County of	Republic.	and State of
Kansas	whose Post-office address is		
	ranse f. you	0 /	years, a resident
of Rose creek To	wuship in the Jounty of	Republic	
and State of Kaus	whose Post-office	ce address is Houb	bell,
nebr.		1	
being duly sworn, declare in relation	, // // \		
acquanted t	ould state how they gain a knowledge	e of the facts to which they testif	y. //
//	fifteen year	. //	him to be
	eiform mai	4	ou account
/)	is in right s	// / //	
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	5 by John	2 (1)	. // //
/	J J	- /	
We further declare	that We have no in	nterest in said case, and $\mathcal A$	not con-
cerned in its prosecution.		nevada Wi	Can
		Frank dolo	
		fil K doha	harson

(If either of the affiants signs by mark, two witnesses who

	brastea	the 1	Thay	A. D., 189
worn to and subscribed before	re me this	day of	anna	
	and I hereby certify	that the contents	of the foregoing	ffidavit were fully ma
	known and explained	to the witnesses	before swearing, in	acluding the words
[SEAL.]	erased and the words			
[BEAD.]		added; that the	affiant is to me wel	l known and entitled to o
				indirect in the prosecut
			100 /	7/
	of this claim.	(lake	, 1/1 0/	Gransman
		YOU	[Official Signature.	0
men - The same		1 m	Mary	Jublie
341		K	Official Character	[]
			,	
To be executed bei	ore any person autho	rized to admini	ister oaths, one l	having a seal preferr
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A. Div. ENCE.	Co. Co. K			NEY,
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Each Div. AL EVIDENCE.	Hurles Co. B Mark vols.	IDAVIT OF	/- III ~ Y	ILED BY I E R N E Y, ey-at-Law, INGTON, D. C.
NAL EVIDENCE.	Hare	FFIDAVIT OF	/- III ~ Y	FILED BY T I E R N E Y, TARY-AT-LAW, SHINGTON, D. C.
TONAL EVIDENCE. Claim Fig. 25236	Hare	AFFIDAVIT OF	NO.121	FILED BY TIERNEY, OFFICE BY WASHINGTON, D. C.
STTIONAL EVIDENCE.	Hare	AFFIDAVIT OF	/- III ~ Y	FILED BY V. T I E R N E Y, btorney-at-Law, washington, D. c.
EVIDENO Fo 253	Lin Hunter Co. O. (1) Reg't Mark Vols.	AFFIDAVIT OF	NO.121	M. V. T I E R N E Y, Attorney-at-Law, washington, D. c.

Address "The Officer in charge of the Record and Pension Division"

War Department, Washington, D. C."

War Department,

Record and Pension Division,

Washington APR 2 1892 , 18

Respectfully returned to the

Commissioner of Pensions.

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~	N	Major an	ad Surgeon, U.	S. Army.
	Per			

GENERAL AFFIDAVIT.

State of New	, ,	~ //	Thelps 55:	
In the matter of			of bom B	
41. Pag1-	- Mass T	Vol	/	
ON THIS 28	day of Septe	inler A. D.	18 55, personally appeared before me	
			County duly authorized to administer	
oaths Williams A	Shenter aged	44 years, a residen	nt of Kearney	
in the County of Jac	Kaco	and State of	Dibrasta	
well known to me to be reputable	e and entitled to credi	t, and who, being duly s	worn, declared in relation to aforesaid	
case as follows: In Care cof	Wille aire	Hunter of	bompany B	
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* 0			1	
H Post-Office address is	Welliam A	Gunter /2	army Buffals Co helm	
and I further declare	that I have		(/	
its prosecution.			pt.	y ^{the} .
George I Webs	e -	Wie	liam A. Hunt	ter
Molary Paul	es who can write sign here l	, , , , , , , , , , , , , , , , , , ,	[Signature of Affiants.]	

	STATE OF Theraska, COUNTY OF Mulps, 55.	
	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	
	words added	
	and acquainted him with its contents before free 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 personally	
	known to me and that he is a credible person .	
	Lange of Religion	
	[Official Signature.]	
	[L. S.] [Official Character.]	
in the same of the	John Melson Clerk of the County Court in and for aforesaid County	
	and State, do certify that Deo O Wiliston, Esq., who has signed his name to the	
	foregoing declaration and affidavit, was at the time of so doing Devine Market of C. 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 Oeff, 185.7	
	Witness my hand and seal of office, this day of , 185.	
	formal fleton	1
4	[L. S.] Clerk of the Phelips Committy Cepul	3/
	Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.	7
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" J.		
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	ONAL EVIDIONAL EVIDIONAL EVIDIONAL EVIDIONAL ASPETUANT OF AFFILED BY V. TIERNE RNEX AT WASHINGTON, D. C.	
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	ION IM IM IM IN IM IN IM	
	CLAIM NO. CLASS. CLAIM NO. CLASS. CLAIM NO. CLASS. WHERTONIE BY FILED BY FILED BY TTORNEY AT I WASHINGTON, D. C.	
	CLAIM NO. CORP.	

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate,

	State: Juna County: Sum
	Post Office: Manin July 15, 1871.
	It is hereby certified That William Hounter
	formerly a Muale of Captain UNIS Company,
	in the 41 Regiment of Mas Vol, in the war of 1861
	who is now paid at Marton Gona Agency at the rate
	of 2 13 dollars per month, on account, as he states, of an my
	of the night Dide.
	while in the line of duty in the military service of the United States, on or about the
	day of
	, in the State or Territory of Down 104 a
Here specify	is still suffering in consequence of said My fury
7.	
	The disability originates entirely from the injury or disease on account of which he
	was originally pensioned, as follows: Sleight, 5 & weight, 140; complexion, hair
	uge, 53 ; respiration, 17 ; pulse, 72
re state fully	1
character of pensioner's ability, and	Complains of pain in the lover love of orghs ling
who is at sent affected reby; also, e whether	with ten destress on pursue in mediately brother hider
disability is manent in its sent degree,	the false nos which is increased on clerk insporation
been in any ree caused protracted by	or Eyer eise is piceathy who in a storping posture
ous nabits.	The result of an arriver of the long received for
	hale from a horse couring inflammation, & proba
	bly resulting in allachment of the pleura.
	actue manual babes has increased the disability
	Hality Good
	<u> </u>
	Thur deleas per mult.
	nous aplears per march,
	A Ristine
	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.

SURGEON'S CERTIFICATE 3

IN CASE OF

Co.B., 41 Regt, Mas

APP ICATION FOR INCREASE.

No.

DATE OF EXAMINATION, July 15 1871

A Ristine

They

Examining Surgeon.

Gramining Surgeon's Certificate.

	Lawrence Us. 726.29-, 1864
	I hereby Certify, That I have carefully examined
Applicant's service.	William Hunter, Pale a frivate Co. B. I a Mafs. Reg. Cavaly, Volunt. Capit. Noyes
	in the service of the United States, who was discharged
	at Port Hudson, on the 8th day of October,
	1863, and is an applicant for an invalid pension, by reason of
	alleged disability resulting from a fall from his house
	In my opinion the said William Hunter
Degree of disability.	is One Third incapacitated for obtaining his subsistence by
	manual labor from the cause above stated
	Judging from his present condition, and from the evidence
Origin.	before me, it is my belief that the said disability was incurred
	in the service aforesaid in the line of duty
Probable luration.	The disability is Temporary
	To more particular description of the applicant's condition
	is subjoined:
Particular escription.	The applicant complains of Jeans
	and Sounefs of the right side, on any actur exertion.
	There is no evidence, Externally of injury, but I think
	that he did receon an injury, as he states, in fullery from
	my normy upon his murhat; acroff the lover who, of the
	his horn, when his murket; acrofs the lower ribs, of the right sich and that it present him in a meoner from action lobor -
	,

SE OF PENSION INCREASE

Claim No. 25-336

Name of el	aimant, 1 m 26 autor	
	\mathcal{D}	ADDRESS OF THE BOARD: 2
1	Pm	Post office, Gasting
Company,	41 mass	County, Cellaus
Regiment,		State, Netrasthu
Post-office	address, Phelps Centre nel	Date of examination, Oct 28, 1885.
12	WE HEREBY CERTIFY that in compliance	with the requirements of the law* we have carefully exam-
Degree now paid and for what disability.	ined this applicant, who states that he is now of safure of why	paid 3/8 wiel dollars per month on account
Reason for claiming in- crease and degree claim- ed.	and that he is now disabled to	degree for earning his subsistence by manual labor.
		this respiration 6, this temperature 78/2; inches; he weighs 70 pounds, and he states that he
	is 6 6 years of age.	
	alatament.	for asking an increase of pension, he makes the following
Here give the claimant's statement of his reasons	Inercasa	ing desability
for claiming an increased rating as ful-	bre find who	t has evidently beend
ly and as com- pactly as pos- sible.		tu 10 11 4 14 ubs in
	, , ,	line with very marked
	depression of	side un Mis regione
	Ne full no	unjung to lung but
	et am mation	I time Thomas hus
	organ to be	J'hun shows this way much atrophud thaty any internal
	he belewe.	Thaty any interice)
	Upon examining this applicant we find the	e following objective conditions which, in our judgment, do
Here give a	entitle him to an increased rating:	(, -)
full descrip- tion of the conditionsby	lugury Clerioce	1 from the fracture
which the claimant is now disabled,	of ubs at the	lune of accident was chi injung was in this see no reason to
and compare his present condition	manifest Sta	che mying was in this
with that which exist- ed when the	organ tre	see no reason to
present ra- ting was al-	manual la El	Jug
lowed.		
		,
	From the existing condition and the histo	ry of this claimant, as stated by himself, it is, in our judg-
	ment, probable that the disabilit	y was incurred in the service as he claims, and that it
Rate for each cause of disa-	has not been prolonged or aggravated by vicious	s habits. He is, in our opinion, entitled to a
bility, and state the aggregate.	rating for the disability caused by	for that caused
gregate.	by, and	caused by,
	the sum of which aggregates	
	* See the back.	
	· · · · · · · · · · · · · · · · · · ·	Tho A. Mrguhart, Pres.,
		John Cootie, Sec'y, BOARD.
		Marield (Alegrens.,)

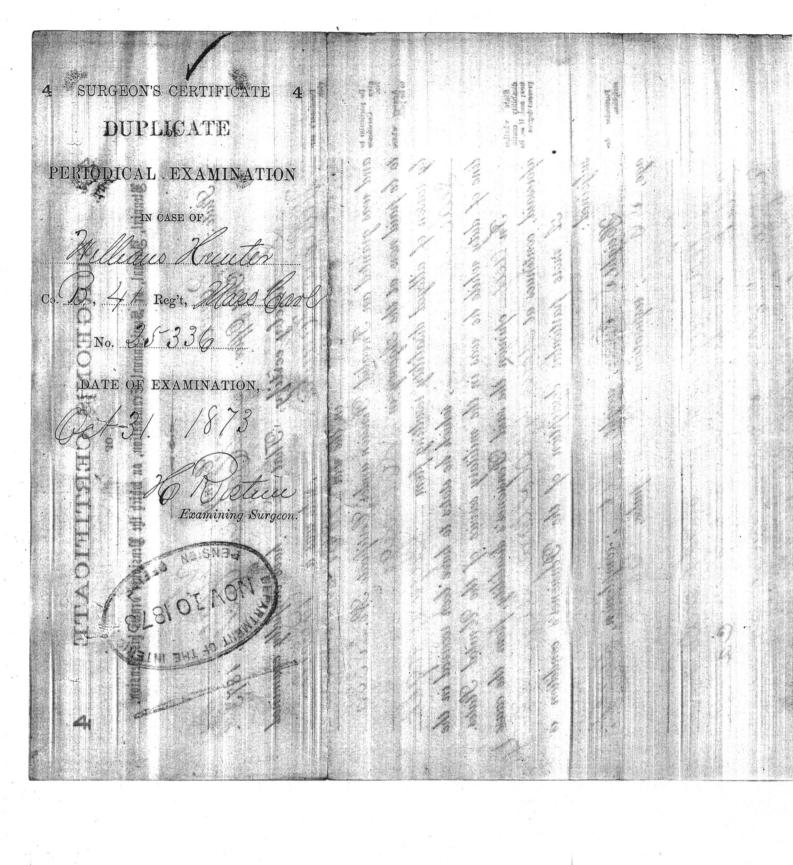
and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July description of the physical condition of the claimant at the time, which shall include all the physical PROVIDED FURTHER, That all examinations shall be thorough and searching, and the cer Application for Increase. P. S.—Write your Post-office address plain and in full. Co. M. HI Reg't Mus. Date of examination: State, ...

. 02

SURGEON'S CERTIFICATE

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension. Country: Post Office: Marion Wet31, 1873.

hereby certify, That I have carefully examined , who was a Pouale elliam Tourier in the war 1861 and was granted an Invalid Pension under Certificate No. 25336 to be paid now at the Agency in Quickly by reason of alleged disability resulting from Lugury orgi , which he states to have been received in the line of duty while he was in the military service of the United States. In Welf opinion the said Pensioner's disability, from the cause aforesaid, continues at Hour 14/ Olollace Per mouth A more particular description of the Pensioner's condition is subjoined: ; weight, _____ complexion, 56 respiration, 18 ; pulse, al enjured in organ repulling from my lundamination Retino Examining Surgeon.



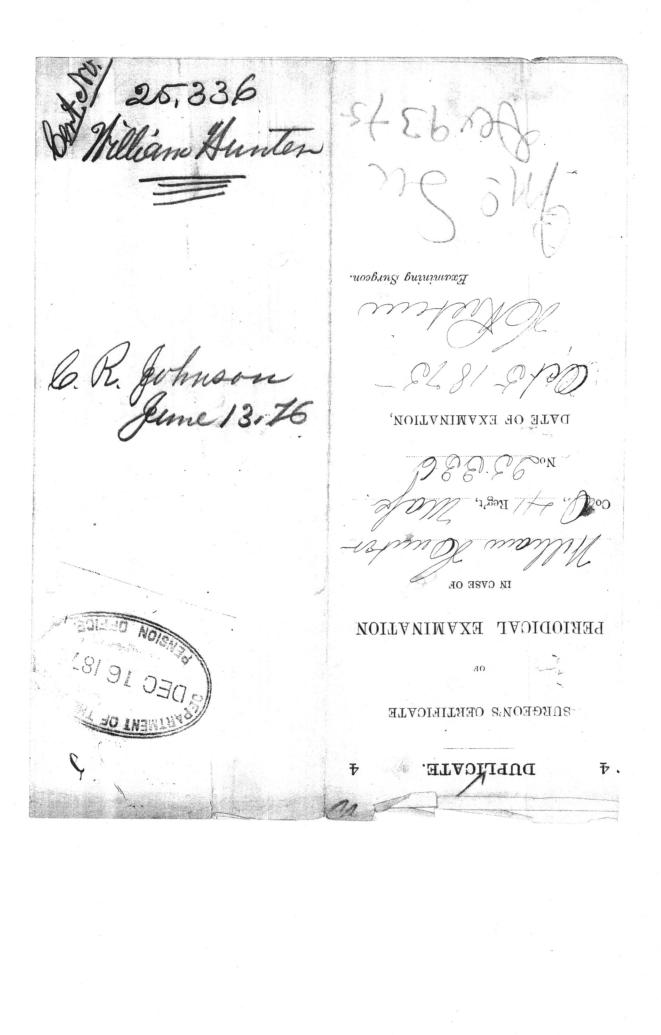
DUPLICATE

SURGEON'S CERTIFICATE

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

	\mathcal{L}
	State: Jona. Gunto: A ULL
	Post Office: Marioce OCT 9 , 1873
Pensioner	hereby certifies That have carefully examined
service.	William Muller who was a herate
	in the war 1861 and was
Be particular	granted an Invalid Pension under Certificale No. I & G., to be paid now
cate No.	at the Agency in Opicago , by reason of alleged
ю ве рац.	disability resulting from Sufury nght Cheek
	which be states to have been received in the line of duty while he was in the military
	service of the United States.
State whether	In My opinion the said Pensioner's disability, from the cause aforesaid,
disability con- tinues; and, if so, its present degree.	continues at Our half Viour dollars for mount
	A more particular description of the Pensioner's condition is subjoined:
Particular des-	Height, Q - 0/2 weight, / C; complexion, age. 0).
eription.	respiration. 6: pulse, 00

nae infund ow or ght eids of theet. fall four a horse Cauciera are infung eus a as endecale of by bails order



State of babraska County of Thaner) 55 In the matter of add'l Pension et br 25336 of On this 26 - day of October a D 1885, personally affected before me, a fretinof the Peace in and for the afores aid leaunty, duly anthonized to administra outher, Eliza a. Johnson agrel 40 years & resident of State of Kanen bounty of Republic whose post office addin is Hubbell Thayer las Ital. well known to me to be reportable and entitled to enalit and who, being duly soom declarer for herself in relation to the aforesaid case se follows: I saw the above anamed William Hunter in 1863 when he came From the Army here was other disffering from Infurg de left kence he bomplained of intense pain in said knee which would become Sliff and sand ing him much pains it was worse in damp and West Weather he has always been troubled with that lene I should say about one fourth of the time I further declare that I have no interest in said east and am not concerned in its prosecution Elija A Johnson Subscribed in my presence and sworn to before me this 26th day of October AD 1889 Frank Stone Justice of the Peace

State of Mhaska Thayer County or: Illyron S. Thillips bless in and for Alore Esq. who has signed his name to the forgoing affi-dant was at the time of sodoing, a Justice of the Rease in swow, that all his official acts an gutitled to feell faith and mather signaline Menuito is geneine Milies suy hand and official seal of office this Luy of November 1889 Myron S. Phillips County derk

Addl Dension.

No. 25. 336

No. 76 union.

Riad by
Rashuriey.

No. 0. Marriey.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used when ver 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 then	refor, if known, and
	the name of the absentee, must be indorsed u	pon each certificate.	
Insert character and number of	le	Pension Claim No. 25 33	6
claim.	[State above whether sporiginal, increase, or restoration.]		
Name and rank of claimant.	William Cluster	, Rank	1
or cramant.	Company B 4/ Reg't Mass V Suf	Muden 1	State,
Claimant's post-	Muffer Thouse & hele	[Post-office address of the Box	, 189Z
office address.	- Children Ruger	[Date of examination.]	
	We hereby certify that in compliance w	ith the requirements of the lav	w we have carefully
	examined this applicant, who states that he	is suffering from the following	disability, incurred
Course of diss-	in the service, viz: Lange	Sight Side al	so 1/
bility.	in the service, viz.		
	left Knul ()		1
If a pensioner, fill in the amount;	and that he receives a pension of	me	dollars per month.
if not, erase the whole line.	He makes the following statement upon	which he bases his claim for	lucrease
	Mily low love mounted		iginal, increase, restoration, &c.]
Here give the claimant's	0 101 111 1	1 0 /1.	thrown from
statement as briefly and	If 1863 While in line	1 ./	
as compactly as possible.	My horse fulling on	ing night pich an	od myhore
	falling reforme in	torffring my my	Tride
	Was fint It Balon Ro	with La Wushih	no Hoceks
	My Sime was infuned	In 1862 by falling	gonarock
	notice on Louble Juck	Time "	1
	Upon examination we find the following	g objective conditions: Pulse r	ate, 26
	respiration, 15; temperature, 98/2;	height, 5 feet 4/2 inc	hes; weight /39%
	pounds; age, 7/ years.		, , ,
	pourus, ego,	1	
Here give a full description of	LO' Project Did'	Claimant h	40/
the disabilities, in accordance with Book of	Jaffing of Jugar James	- Communi ji	
Instructions.	The same of a side	1:0 1 1	0 //
	sugurouge It organ	in promas	and of
	the Maintalie,	Cype by horse	
	falling on him	11/11/1863.	
	We think him le	titted to link	t lightentho
	borden bags	nihr Rill	
	for consider for if		
	h 1 Mit	Km. 1/1	i a
	thing of the	your, joined,	
24	and the state of	+ 1 0 -	11
	playalin of all	the legionents,	5
1 445	Knu font more	especially of	
	the ligamente	und patillae 1	hu
	is no Tim him to	a plusiona	the '
	di zi d'an	el There a	re
	1000 1	Secretar Con	1.5'
Y MATERIAL STREET	I is some specific	gun con	
	to find,	-0	
	<u> </u>		7
	<i>f</i> .	He is, in our opinion, entitled	to a
Rate for EACE cause of disability.	rating for the disability caused by	bugo Marght Ride	for that caused
o.n.s.	by, and	for that	caused by
	1		

MH Johnson, Pres. Ja Mastin, Secy. H.

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

N. E.—Always forward a certificate of examination whether a disability is found to exist or not. (0207-300,000.) 6-552

Continue record of examination here.			
22			
PE ANOSA CE	Applicant for Lease and No. 25-336 Date of Examination: And 3 , 1892	Post office, Chura	P. S.—Write your Post-office address plainly and in full.

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 cond ion 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.]

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.

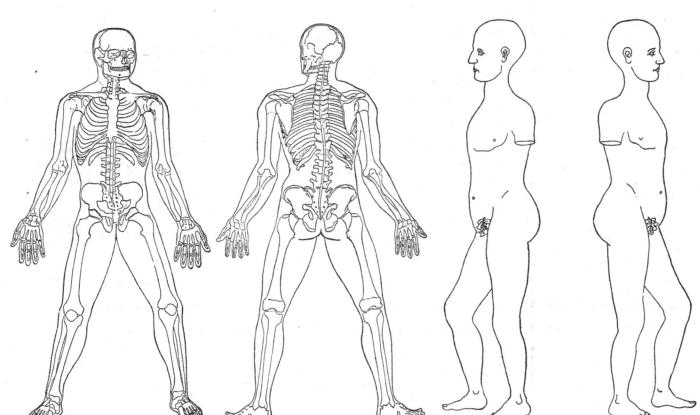
The absence of a member from a session of a board and the reason therefor, if known, and

the name of the absentee, must be indorsed upon each certificate.

(12474—100,000.)

Insert character and number of claim.	Incr. Pension Claim No. 25,336
Name and rank	(State above whether for original, increase, or restoration.) (Kullian Kunter, Rank, Crut.)
of claimant.	Company B, 4/"Reg't Mass. Suft. Lesson Messer Mass. State, [Post-office address of the Board.]
Ulaimant's post- office address.	Hubbill VEbr. Upr. 4", 1894.
	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
Cause of disa- bility.	Piles Lumbago and Son Efect
If a pensioner, fill in the amount; if not, erase the whole line.	and that he receives a pension of
	Right Side was hurt while in Service by horse
Here give the claimant's statement as briefly and as compactly as possible.	was discharged, Lift fonce cak was knocked off
	They come down and bleed, friquely Back bothers a great deal
	Hus Dan deal in Life tax for 12 or 15 frank
	Upon examination we find the following objective conditions: Pulse rate,
	respiration, 6; temperature, 98/2; height, 5 feet 4/2 inches; weight, 43 pounds; age, 72 years.
Warrandon o fall	To local signs at point of injury of Right side
Here give a full description of the disabilities, in accordance with Book of	Except some muderness about on mente vilous
Instructions.	peternaturely moveable. No enlargment and
	he magnitudes from 14 to 1/4 in In dumelen
	and our small ulcer 1/3 x/4 du in demeter
	There is some linderness on pourer
The actual or	a bandage of flamel, all of the home
probable origin of every exist ing disability	to a series in tracks
must be full; set forth. Whenever a disa bility is shown or is believe	There is Chronic Granulas Conjunctivities
to be due to o aggravated b vicious habit	other structures of Eyes normal.
the opinion of the board nous be stated	Neart: apri impules Endeut to instruction
When not du to such habit this fact mus	is and jewy annu in the
be stated.	Cardiac dullness 4/2 x 6 In at base
	Other many Except as above you wal.
	the organic except as about horniac
	dried Servery which when remove pestond
	the normal hearing
	These gonditions are not caused by
	could not Earn a living by manuel labor
	AMBirdsulf, Pres. EM Dutherland Bec'y. H. E. In " faw, Treas.
	N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

inue rec- examina- ore.				,									
2	:								2	-			
												· ·	
			nfr.				, for	BOARD.			in full.		
0 S	SURGEON'S CERTIFICATE	Funter	Mass. I	•	336	AMINATION:	(Ch. Pres.,)	d, Sec'y,	on on	hayen	ate, P. S.—Write your Post-office address plainly and in full.		
FICTO	FON'S CE	IN CASE OF	H. Reg't	nt for	No. 20,33	DATE OF EXAMINATION:	Finda	Whateu 3.4.Ca	Heb		e your Post-office		
	SURG	hill	S. 3	Applicant for		6	Sold Sold Sold Sold Sold Sold Sold Sold	HO	Post office,	County, —	State, P. S.—Write		



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.]

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.	Additional Pension Claim No. 25356
Name and rank of claimant.	William. Hunter , Rank, Orin
	Company O, H/" Reg't Mass of the Board. [Post-office address of the Board.]
Claimant's post- office address.	Hubbill Thayer to JEbr. Aug 21", 1890.
	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
Cause of disability.	in the service, viz: Injury Knew and Right side
	Kumbago Olde and Bore Oiges
If a pensioner, fill in the amount; if not, erase the whole line.	Diriti 2
whole fine.	He makes the following statement upon which he bases his claim for Madition of [Original, increase, restoration, & [Original, increase,] & [Original, in
Here give the	Sibilt- Com a rock of the district and a set of the
statement as briefly and as compactly as possible.	pain war sines Hadsmy lide hurt by hors Jalling houngh midge
in	1863 Have not been able to do a mans work maccount of any side
and	of back for 12 years Nave had folles Evers since the deat sud
M	in keep me from bring on feel very much, Had sore hip
	Mey are well how the Lord bund them for me
	Upon examination we find the following objective conditions: Pulse rate, 72 respiration, 2; temperature, 99; height, 5 feet 4/2 inches; weight, 140
	pounds; age, 74 years.
Here give a full	There are no outward indications that there cor was an
description of the disabilities, in accordance with Book of	the right side Cannact complains of
Instructions.	will seed be the chere when brown is made the
	I'mid 9" rife at that bourt.
	The patilla of left fence can be moved from side tosid
	very freely much more so Than the right one the
	Jatilla was dislocated while clamant was in the service
	Eulargment motion of Jense frint and no
	Clamants back priorits no abnormal londitions
	There is slight bridgeness over the spines of the
	last two lumbar vertrabras
	The Rictum contains 6 internal himanhoider
	and our ula The himanhordes measure from
	1/4 to 3/4 In. in description and the also is 1/3 / 5
	Heart apor foulsating is neither visable nor palpable
	1/4 and 1/4 In to right of left nipple area of
	Cardiae dullness & 5/2 x 5/4 In. at- base
	There is a mitral regargitant murmur well
Rate for EACH	He is, in our opinion, entitled to a
cause of disa- bility.	by Armanhoides 18, and Heast 18 for that caused by
	by tor that caused by
	Anot 1 2134.21
Market Comments	N. B.—Always forward a contificate of examination whether a disability is found to

(7567—200,000.) 6—552

comarkedly diminished Continue rec-ord of examina-tion here. P. S.-Write your Post-office address plainly and in full. Applicant for Lada No. 25,336 Post office,

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.]

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 absence, must be indorsed upon each certificate.

Insert character+ and number of	Additional	Pension Claim No. 25-2	336
claim.	Win Stunten	Rank	Private
Name and rank of claimant.	Company B 41 Rec't Mass Vol	Plum Crest	- Yeek a
	Company 1, 7/ Reg't Mass Wood		f the Board.)
Claimant's post	Holdredge Phelps Co Rebs	3- Med Apr	el 20", 188).
	We hereby certify that in compliance with th		
	this applicant, who states that he is suffering fro	n the following disability, incu	rred in the service, viz:
Cause of disa-	Jujury to right	side & resul	t ES
	injury of left street		
If a pensioner, fill in the amount;	and that he receives a pension of	Three	ollars per month.
in the amount; if not, erase the whole line.	Pulse rate per minute, /2 ; respiration		
	feet 3/2 inches; weight, 15/ pounds; a	6 6	, morging
	reetpounds; a	e, years.	edition of
	He makes the following statement upon which	he bases his claim for the bas	1-1
	Thinks his rating on hen	1 11) , 1 . (
Here give the	air one muther too low nor too	- //	
statement as	renseon for injury of left knee.	ulisted about Aug	9"/862 Discharged
possible.	Det 8"/863, litary the middle of	Septo 1863 while and	will be about
Jus	15 7863 while on drill in C	up at Baton Rouge	he fell on some
haro	I body ES injured his left A	ner Recons treats	nent for it althou
he was	unable & do long duty for a whole	week, At dimes he	can anot sleep at migh
raccou	,	Dwalk yrow same	onial J.
	Several affearance go		1 Level Led En
Here give a full symptom pic-	. 14: 25 80. 1	Chest full 4	
ture of the case, embracing all the physical	The state of the s	- 711 1 0	The Expiration
and rational signs, but con- fining it to the		on = 38/2 inches	normal
present condi-	resonance Es rearmal res	Ceratory Murmu	y our every
claimant.	hast of both lungs. He	art normal i	every way
It must be borne	abdominal priscera a	ll normal	Jugury &
in mind that the duty of the Surgeon is to	right side Is quite,	sensitive to for	ceme one
give an opinion as to the pro-	12h net an night side	Can Raising the	um above the
portionate de-	head causes hain an vig	I side no d	formity of
&c., through the grades, without any re-	rially side discoverable	Has two inte	wal hemorrha.
gard to dollars and cents, and	of orbital when the real to	der now diele	and & Blind
full particular description as	July X l. 11 No	1 The Consti	waible.
will afford to this Office the ground for in-	I want to the	Lauren &	10 4000 +
telligent opin- ion and action in rating.	and since is centary	greater to	· 2. 1
	of Rue joint can be	effected pass	well out
	can not perform any	of them volum	larry) as well
	on left side as an oigh	I no evidence	i of rheumalism in
any	of the joint, Simps to When a	alking	
~ 0	From the existing condition and the history o	this claimant, as stated by him	self, it is, in our judg-
	ment,probable that the disability		
			RI A F
Rate for each	not been prolonged or aggravated by vicious habi	of the is, in our opinion, entitle	7,
cause of disa- bility. If prolonged by	rating for the disability caused by yury to hug	wrow ; 78	for that caused
vicious habits, the word not should be	by my and from	tal caused by hemo	moval
erased and the reason for the			
erasure given.	* See the back. t Here state whether for original inerge	Se, restoration, or renewal or for a	re-rating.
	2 4 4 1/12 VIII	iden Sec'y Minm	Jones of Treas.
	Lyla flillan, Pres,		
eri i	N. B Always forward a certificate of examinat	on whether a disability is foun	a to exist or not.