

Dear Patron:

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THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 373683

VETERAN William L. Mahan

RANK Priv

SERVICE Co K, 67th Pa Vol Inf

CAN No. 7860

BUNDLE NO. 13

NOTICE.—This Application may be executed before any officer duly authorized to administer oaths.

JOSEPH H. HUNTER,
ATTORNEY AT LAW,

Solicitor of Pension and Patent Cases,

DECLARATION FOR Increase

State of Penn^a, County of Indiana, ss:

On this 30th day of August, A. D., one thousand nine hundred and one personally appeared before me, a Clerk of the Supreme Court within and for the County and State aforesaid William Mahan, aged 72 years, a resident of the Berd, of Indiana, County of Indiana State of Penn^a, who being duly sworn according to law, declares that he is a pensioner of the United States, under certificate No. 373.682 enrolled at the Pittsburg Pension Agency at the rate of \$14.00 dollars per month, by reason of disability from Rheumatism and resulting disease of heart incurred

in the military service of the United States while a Private Co. K Regt. 67th Vol. Pa

That he makes this application for increase of pension under the general law on account of increase of disability

and when ordered for examination desires to be ordered before the Board of Surgeons at Indiana County of Indiana, State of Penn^a, and he appoints

JOSEPH H. HUNTER, OF WASHINGTON, D. C.,

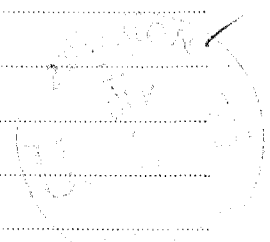
his true and lawful attorney, with full power of substitution and revocation to prosecute this his claim. That his POST OFFICE ADDRESS IS Indiana, County of Indiana State of Penn^a

Claimant's Signature William L. Mahan

ATTEST :

[Two identifying witnesses if claimant signs by mark.]

FILED



Also personally appeared J R Carnahan, residing at Indiana
Perm a, and Ernest Stewart
 residing at Indiana Pa, 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, 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 ac-
 quaintance 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.

J R Carnahan
Ernest Stewart

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

[Signatures of witnesses.]

Sworn to and subscribed before me this 30th day of August, A. D. 1901
 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 _____
 _____ erased, and the words _____
 _____ added; and that I have no interest, direct or
 indirect in the prosecution of this claim.

[L. S.]

James V Stewart
 Signature.
Chief, D. G.
 (Official Character.)

NOTICE.—This application may be executed before any officer duly authorized to administer oaths.

576772



Wm L Mahan, Applicant,

Co. H. 67, Reg't

Pa. Inf., Vols.

Pension Certificate No. 273687-0

CLAIM FOR Increase

FILED BY

JOSEPH H. HUNTER,

Attorney at Law,

—AND—

Solicitor of Pension and Patent Cases,

WASHINGTON, D. C.

BYRON S. ADAMS, PRINTER

41

Declaration for the Increase of an Invalid Pension.

State of Penn, County of Indiana, ss:

ON THIS 26 day of August, A. D. one thousand eight hundred and ~~eighty~~ ninety

personally appeared before me, a Clerk of Orphan Court within and for the County and State
aforesaid William L. Mahan aged 61 years, a resident of
Indiana County of Indiana State of
Pa

who, being duly sworn according to law, declares that he is a pensioner of the
United States, enrolled at the Pittsburgh Pension Agency at the rate of \$ 10
dollars per month, Certificate No. 373.682, by reason of disability from Rheumatism
(Insert No. of Certificate.) (Here name the disability for which

pension was granted.)
incurred in the Military service of the United States, while serving as a Private
(Military and Naval.) (Here state rank, company and regiment,
Co "K" 67th Pa Vol
if in the Army; vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of **increased disability resulting from the disability for which pension was granted.**

I am not able to perform any hard labor being
troubled with shortness of breath and heart failure in-
addition to rheumatism my disability increases with my age
that he hereby appoints, with full power of substitution and revocation,

SOULE & CO., Attorneys and Solicitors of Claims, Washington D. C.,
his true and lawful attorneys, to prosecute his claim.

His Post Office address is Indiana, Indiana Co Pa

Jno. H. Pierce William L. Mahan
S. G. Kennedy (Signature of Claimant.)
(Two witnesses who can write, sign here.)

Also personally appeared Jno. H. Pierce residing at Indiana
Penn and S. G. Kennedy residing at
Indiana Pa 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 William L. Mahan

the claimant sign his name (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]
Jno. H. Pierce
S. G. Kennedy (Signature of Witnesses.)

Sworn to and subscribed before me this 26 day of August A. D. 1890

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 _____
_____ erased, and the words _____
_____ added; and that I have no interest, direct or indirect in the prosecution of this claim.

James McGeer
(Official Signature.)
clerk cc
(Official Character.)

[L. S.]

I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and 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 thereunto is genuine.

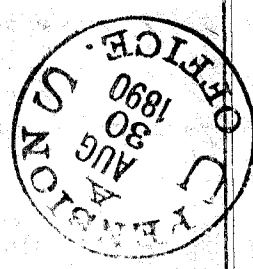
Witness my hand and seal of office, this _____ day of _____, 188 _____

[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.

INVALID.
CLAIM FOR INCREASE.
Wm S. Mahan, Applicant.
Co "K" 67" Reg't.
Pa Vols.
Pension Certificate No. 373.682



Filed by

SOULE & CO.,
Att. neys & Solicitors of Patents & Claims,
P. O. Box 69,
Washington, D. C.
lbt

and re-rating
Declaration for the Increase of an Invalid Pension.

State of Pennsylvania County of Indiana, Pa.

ON THIS 5th day of November A. D. one thousand eight hundred and eighty 7 personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, William L. Mahan
Claimant's name.
aged 58 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 4 dollars per month, under Pension Certificate No. 373.682 by reason of disability resulting from Rheumatism.
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.

incurred in the service of the United States, while serving as a Private in Company K of the 67th Regiment of Pennsylvania Volunteers. That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor as the disability is constantly increasing and his present rate is unjustly low and disproportionate to his degree of disability. He also claims a re-rating from June 1886 to the present time for the reason that the rate allowed him is inadequate and far less than the degree of disability shown by the testimony on file. That under the existing laws and regulations he is entitled to a higher rating for the time stated and prays that the patent and manifest error in his rating be corrected.

He also claims that the Rheumatism has caused general debility and that his rating should be increased on account of Rheumatism and resulting general debility.

That he hereby appoints, with full power substitution and revocation,

U. S. LITZENBERG, of Allentown, Pa., his true and lawful attorney, to prosecute his claim.

His Post Office address is Indiana County of Indiana,

State of Pa.

J. C. Ramsey
J. M. Stuchell
Two persons who can write sign here.

William L. Mahan
Signature of claimant.

Also personally appeared J. C. Ramsey, residing at Indiana Pa., and Jos. J. Stuebel, residing at Indiana Pa., persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw Wm L. Mahan, 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 witness sign by mark, two persons who can write must sign here.

J. C. Ramsey
Jos. J. Stuebel
Signature of witnesses.

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 the applicant and witnesses before swearing, including the words _____, _____, erased, and the words _____, _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

J. A. Findley
Signature
Clerk O.C.
Official character.

NOTE.—If increase of pension be claimed on account of a wound, injury or disease not previously alleged, the law requires that the application be Executed before an Officer of a Court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to administer oaths for general purposes.

Certificate No. 373.682

INVALID.

APPLICATION FOR

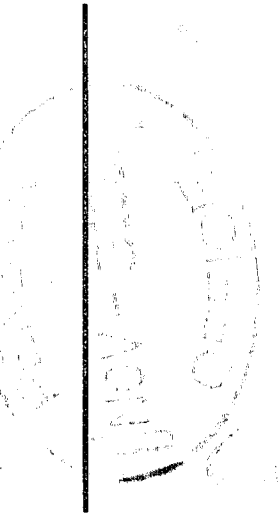
Increase of Pension.

Wm L. Mahan

Wm L. Mahan

Co. H. 67th Reg't,

Private Vols.



FILED BY

U. S. LITZENBERG,

ALLENTOWN, PA.

Declaration for an Original Invalid Pension.

THIS MUST BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF THE SEAL.

State of Pennsylvania, County of Indiana, ss.

ON THIS 7 day of June A. D. one thousand eight hundred and eighty six personally appeared before me Court of the Circuit Court a Court of Record within and for the county and State aforesaid William L Mahan aged 56 years, who, being duly sworn according to law, declares that he is the identical

William L Mahan who was ENROLLED on the 16 day of Oct, 1862, in company K of the 67 regiment of Pv

commanded by Capt. Carpenter & Clark and was honorably DISCHARGED at Halls Hill, Pa on the 14 day of July, 1865; That his

personal description is as follows: Age 56 years; height 5 feet 10 inches; complexion dark hair, black; eyes blue That while a member of the organization aforesaid, in the

service and in the line of his duty at _____ in the State of Pa

on or about the years day of 1863 & 1864, 18____, he From exposure and prostrations sustained as a prisoner of war Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

contracted rheumatism - resulting in general prostration of the system

As his enfeebled condition is the consequence of his hard service, he feels that he has a first claim for pension.

That he was treated in hospitals as follows: _____ Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has not been employed in the military or naval service otherwise than as stated above _____ Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That he has not been in the military or naval service of the United States since the 14 day of July 1865

That since leaving the service this applicant has resided in the Top of White Indiana Co in the State of Pa, and that his occupation has been that of a farmer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a farmer That he is now much disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints with full power of substitution and revocation.

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys to prosecute his claim. That he has not received or applied for a pension; that his residence is No. _____ street _____

and that his post office address is _____

Indiana, Pa
Geo. W. Hood
Thos Lounnan
[Two witnesses who can write sign here.]

William L Mahan
[Signature of Claimant.]

W1

Also personally appeared Geo. W. Hood residing at Indiana

Penna and Thos Lowman residing at

Indiana Pa. 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 William L Mahan

, the claimant sign his name (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.

Geo. W. Hood

Thos Lowman

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

[Signature of Affiants.]

Sworn to and subscribed before me this 7 day of June A. D. 1886

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

erased and the words

added; and I have no interest, direct or indirect, in the

prosecution of this claim.

J. A. Findley

Clerk of the Court

L. S.]

JUN 14 1886
INVALED.

CLAIM FOR PENSION.

ORIGINAL.

Wm L Mahan, Applicant.

Co. B, 67' Reg't.

Pa 97 Vols.

Enlisted Oct 16 1862

Discharged July 14 1865.

FILED BY

SOULÉ & CO.,

Attorneys & Solicitors of Patents & Claims,

P. O. BOX 16,

Washington, D. C.

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 absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase

Pension Claim No. 373,682

Name and rank of claimant.

Wm. S. Mahan

Rank, Private

Claimant's post office address.

Company "K", 67th Reg't Pa Inf

Indiana Pa State,

(Post office address of the Board.)

Indiana Penna

February 15th

1888.

(Date of examination.)

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 in the service, viz:

Cause of disability.

Rheumatism - resulting general debility

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Four dollars per month.

Pulse rate per minute, 55; respiration, 22; temperature, 98.4; height, 5 feet 8 1/2 inches; weight, 132 pounds; age, 59 years.

He makes the following statement upon which he bases his claim for † Increase

Here give the claimant's statement as briefly and as compactly as possible.

Thinks rating insufficient. His disability he says has increased. Says he can not sleep at night by reason of pain. Has pain some days - suffers a great deal from pain in shoulders - some of back of shoulders.

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Emphasis denotes weakness. Rheumatism. Stripping him we find apex beat normal no murmur of heart. Muscles soft, flabby and wasted. This is true of all the muscles of body but more especially of muscles of superior extremities. Biceps, Latissimus dorsi, Deltoid & Infra Spinatus. Shoulder joints, & all the joints can be moved freely but in shoulder joints this gives rise to grating or crackling sound. Joints are not enlarged or stiffened. Right gluteal femoral crease 3/4 of an inch lower than left. General debility. The pulse condition of muscular system and general emphasis denotes debility and condition of muscular system alone would preclude manual labor.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 12/8

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

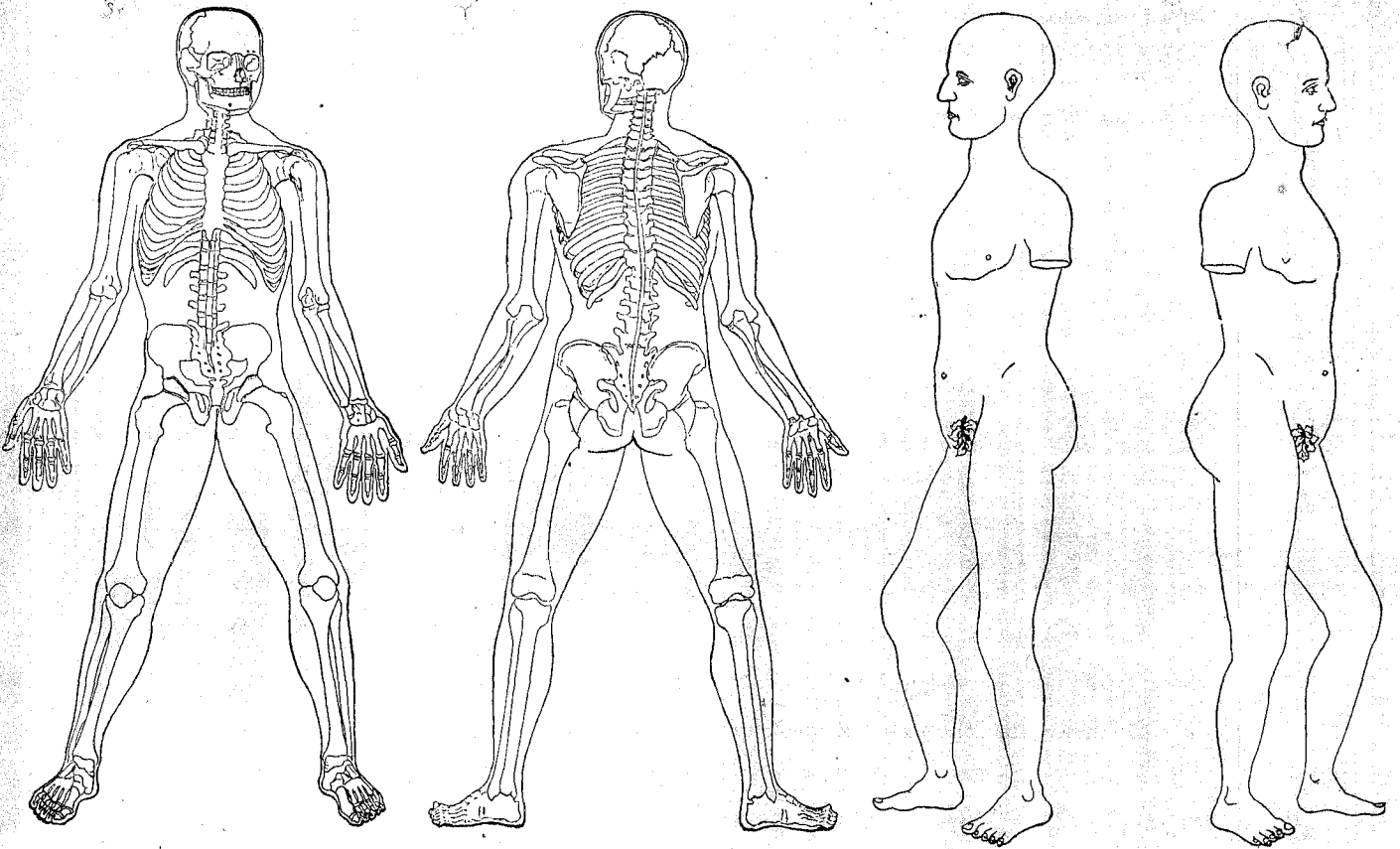
rating for the disability caused by Rheumatism & results, for that caused by, and caused by

* See the back.

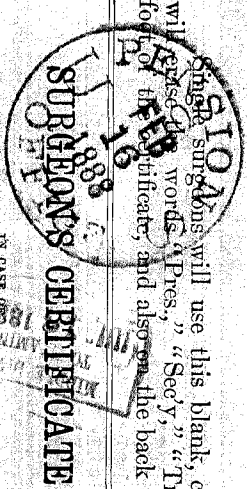
† Here state, whether for original, increase, restoration, or renewal, or for a re-rating.

W. Masack, Pres. Thos. J. Mahan, Sec'y. J. B. Campbell, Treas.

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



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will use the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot for the signatory, and also on the back of the same.



Wm. L. Madson

Co. *K*, 67th Regt. Pa. Vol.

Applicant for License

No. *373.168.2*

DATE OF EXAMINATION:

February 15th, 1888.

Wm. L. Madson, Pres.,

Thos. S. Yule, Sec'y,

J. S. Sampson, Treas.,

BOARD.

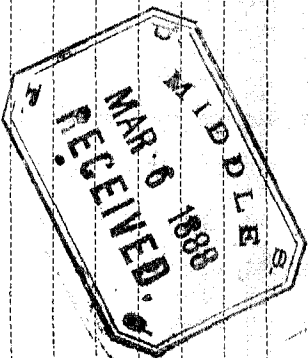
Post office, *Madison*

County, *Madison*

State, *Wisconsin*

P. S. Write your Post-Office address plainly and in full.

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 absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original

Pension Claim No. 576,742

Name and rank of claimant.

Wm. S. Mahan

Rank, Private

Claimant's post office address.

Company "K", 67th Reg't Parole
Indiana Penna

Indiana Pennsylvania State,
(Post office address of the Board.)

October 20th, 1886.
(Date of examination.)

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 in the service, viz:

Cause of disability.

Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month

Pulse rate per minute, 74; respiration, 22; temperature, 98.6; height, 5 feet 8 1/2 inches; weight, 131 pounds; age, 57 years.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for † Original

He was taken prisoner on 15th day of June '64 at Winchester Va. from time of capture he has had rheumatism affects hip joints - affects shoulders and arms. He can not sleep good at night on account pains.

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

His appearance is not good. Is thin. His color good. There is no disease of heart - No murmur. No hypertrophy. Lungs are healthy. His tongue is clean. Stripping him you find muscles of superior extremity are wasted. This is particularly true of Deltoid and Trapezius muscles. The acromion process Spine of Scapulae & clavicles stand out very prominent. He says he has suffered a great deal from pain at point of insertion of Deltoid. There is marked wasting at point in both arms. The muscles of superior extremities are very soft. There is no stiffening of joints no contraction of tendons. No enlargement of joints in either superior or inferior extremities. This man has myalgia which in prison and exposure has been the important factors in causing this condition.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, & c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has

not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 3/4 of total

Rate for each cause of disability.

rating for the disability caused by Myalgia _____, _____ for that caused

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

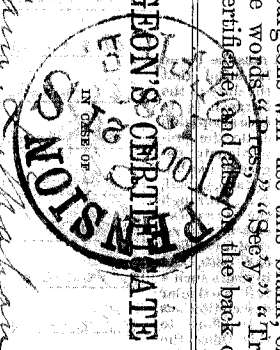
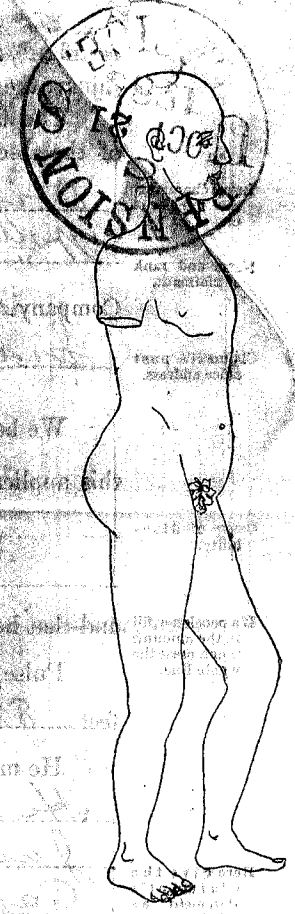
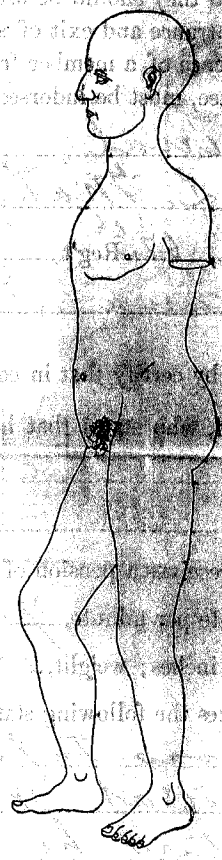
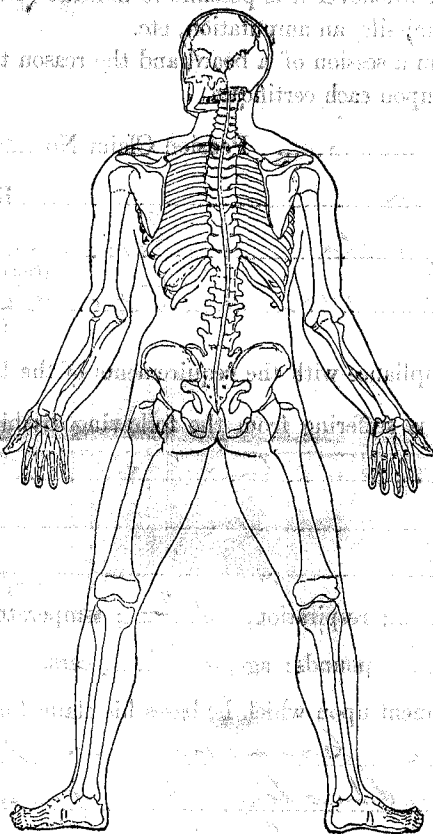
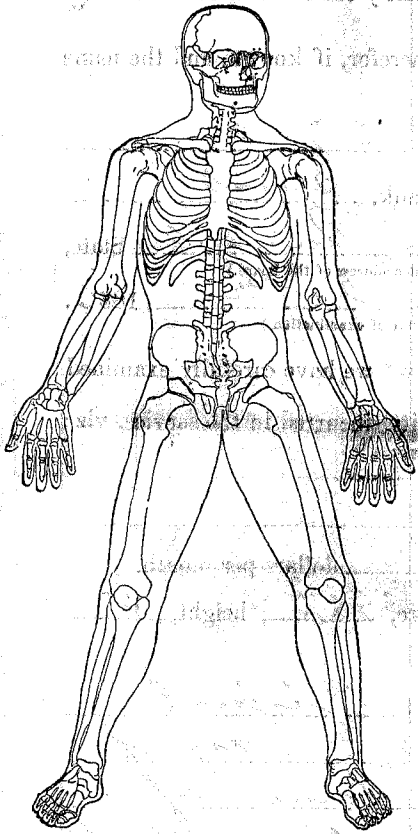
by _____, and _____ caused by _____

* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

W. Hosack, Pres. Thos. Mahan, Sec'y. J. G. Crumpler, Reas.

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



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Press," "Sec'y," "Treas," and "Board" where the words appear, and sign at the foot of the certificate, and also at the back of the same.

SURGEON'S CERTIFICATE

William S. Chapman

Co. 67th Reg't. *Parola*

Applicant for *Original*

No. *576742*

DATE OF EXAMINATION:

October 20th, 188*6*.

Wm. L. Starch, Pres,
Geo. H. Shacker, Sec'y,
J. B. Campbell, Treas.,

BOARD.

Post office, *Indeville*

County, *Butler*

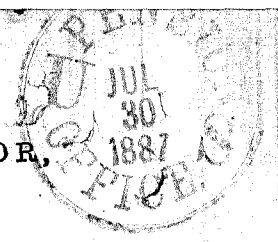
State, *Missouri*

P. S.—Write your Post-office address plain and in full.

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.]

Middle Riv.
Ind Riv.
Mailed No. 576,442
William L. Mahan
Co. K Regt. 67th Pa. Vols

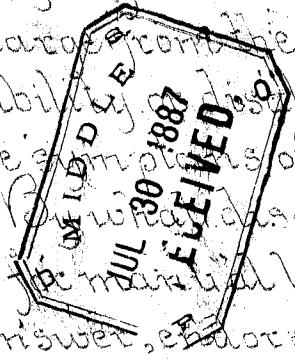
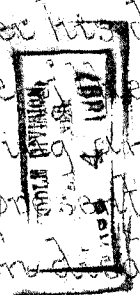
DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
WASHINGTON, D. C.,



July 14 1887.

Sir:

Be kind enough to state, in your own handwriting, when and where you first saw the above mentioned soldier after his discharge from the service, and to describe the nature of the disability or disabilities with which he was suffering, and the symptoms of the same which his case then presented. To what disability and to what extent has he been disabled for manual labor during each year since? Your early answer, endorsed upon the back of this letter will be appreciated.



Very respectfully,
John C. Black
Commissioner.

Mrs. James Spence
Indiana
Pa

July the 27, 1887

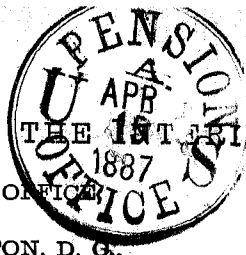
I saw William L. Mahan After he
Was Discharged from the service
I think it Was in August 1865
I saw him at his own Place and at his mothers
shortly after he came home I live a near
Neighbor to him and has known him for 40
years and he was a sound man when he went into
the service as far as I know
since he came home he has Been Broken down
constitution Loss of flesh and complaint of rheumatism
I have worked with him on the farm and in the
Neighborhood and to judge it I would
say that he would Not be able to do more
than a half a days work in a Day

James Spence

2019

Middle Dix.
Ind RO Exc.
No. 576,742
William L. Mahan
Co. K Regt. 67th Pa Vol.

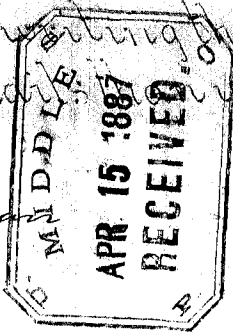
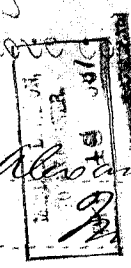
DEPARTMENT OF THE INTERIOR,
PENSION OFFICE
WASHINGTON, D. C.



March 24 1887

Sir:

To further aid this Office in determining the merits of the claim above entitled, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit on file affords.



Very respectfully,

John C. Mack
Commissioner

Ms. Alexander Cochran
Indiana
Pas.

When did you first see William L. Mahan after he returned from the army, and how do you fix the date?

Ans:

Was he then suffering from any disability?

Ans:

Of what did he complain, and how was he affected?

Ans:

How frequently have you seen him since your first acquaintance?

Ans:

Has he continued to suffer with such disability?

Ans:

To what extent has he been disabled for manual labor thereby during each year within your knowledge?

Ans:

My means of knowing the facts of the case are these:

He told me that he had the Rheumatism is doant know any thing more about it is know him for along while if there was any thing

The Commissioner of Pensions

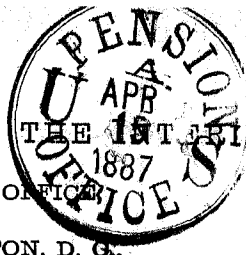
(Signature)

Washington D.C.

more but in the papers there is say He is doant know any thing about it just freely

Middle Dix.
2nd RD Ex.
No. 576,742
William L. Mahan
Co. K Regt. 67th Pa Vol.

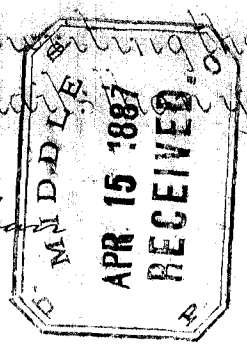
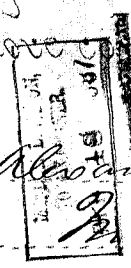
DEPARTMENT OF THE INTERIOR,
PENSION OFFICE
WASHINGTON, D. C.



March 24 1887

Sir:

To further aid this Office in determining the merits of the claim above entitled, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit on file affords.



Very respectfully,
John C. Black
Commissioner

Ms. Alexander Cochran
Indiana

When did you first see William L. Mahan after he returned from the army, and how do you fix the date?

Ans: Was he then suffering from any disability?

Ans: Of what did he complain, and how was he affected?

Ans: How frequently have you seen him since your first acquaintance?

Ans: Has he continued to suffer with such disability?

Ans: To what extent has he been disabled for manual labor thereby during each year within your knowledge?

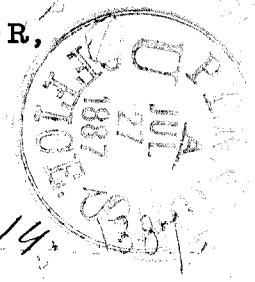
My means of knowing the facts of the case are these:
He told me that he had the Rheumatism is doant know any thing more about it is know him for along while if there was any thing
The Commissioner of Pensions
Washington D.C.

more but in the papers there is say He is doant know any thing about it just freely

Alex^W. Coebsan

Liddle E. ...
MORR ...
Mailed No. 546,742
William L. Mahan
Co. K. Regt. 67th Pa. Vol.

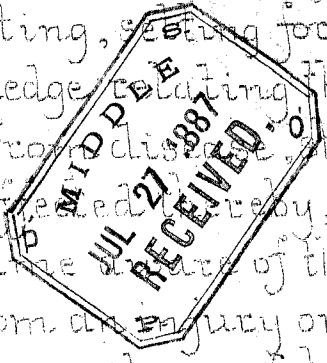
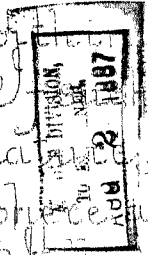
DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
WASHINGTON, D. C.,



July 14

Sir:

To further aid this Office in the adjudication of the above entitled claim for pension in which you have testified that Wm L Mahan became disabled while in the U. S. service, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relating thereto. If the disability resulted from disease, state its name or nature, how claimant was affected thereby, and when, where and how you first became aware of the fact. If the disability resulted from an injury or a wound, state whether you were an eye-witness of its origin, and whether you saw the affected part. If so, describe the injury or wound, give its location, date of incurrance and time of your first seeing the same.



Your early answer endorsed upon the back of this letter will be appreciated.

Very respectfully,
John C. Black
Commissioner.

Mr John R. Carnahan
Indiana
Pa

Providence Pa July 25 1887

When W. S. Mahan returned
to the Regt after being in Rebel prison
it was in November 1863 he had lost
flesh and was suffering with
Rheumatism and appeared to be
broken down generally during that same
winter he was sick in quarters with gonorrhoea
and other things now there is
Pain ⁱⁿ and after that after when we
were on marches he would fail with
Rheumatism and would ~~lose~~ strength
and he has never recovered his health and
strength yet and can not do half days
work

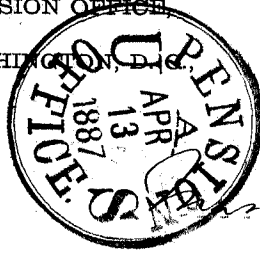
John R. Carralson

2013

Middle Div.
No 20 Cxc.
Mailed No. 576.742
William L. Mahan
Co. H. 6th Regt. Pa Vols

DEPARTMENT OF THE INTERIOR,

PENSION OFFICE
WASHINGTON, D. C.



March 24 1887

Sir:

To further aid this Office in the adjudication of the above entitled claim for pension in which you have testified that William L. Mahan became disabled while in the U.S. service, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relative thereto.

MIDDLE DIVISION
APR 15 1887

MIDDLE DIVISION
APR 19 1887
RECEIVED

If such disability resulted from a disease, state its name or nature, how claimant was affected thereby, and when, where and how you first became aware of the fact.

If the disability resulted from an injury or a wound, state whether you were an eye-witness of its origin, and whether you saw the affected part. If so, describe the injury or wound, give its location, date of incurrance and time of your first seeing the same. Your early answer endorsed upon the back of this letter will be appreciated.

Very respectfully
John C. Black
Commissioner

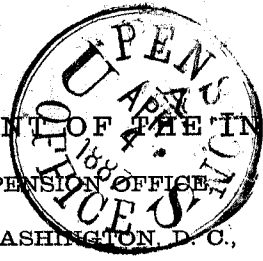
Mr Joseph J. Duncan
Indiana
Pa

April the 1864
Indiana County Pa
Indiana Po

Mr Black Commissioner of Pension
i first got acquainted with W L Mahan
at Camp Curtin in 62 and he was around
Meant at that time in til he was
taken prisoner at Winchester Virginia June
63 and was taken to Richmond and
put on Bell island and was Perold and
he got the intermitia fever and he
was alway complaining after that and he
seems to be awfully broken down now
so that is all i can do at present i know
he has suferd a grate deal i have no
intent whaver that all
for i cant iney more for some very sick
at present so i quit

Joseph G. Duncan

Middle Civ.
Ind Ro. Civ.
Mails No. 576742
William L Mahan
Co. K. Regt. 67th Pa Vol.



DEPARTMENT OF THE INTERIOR,
PENSION OFFICE,
WASHINGTON, D. C.

March 24 1887

Sir:

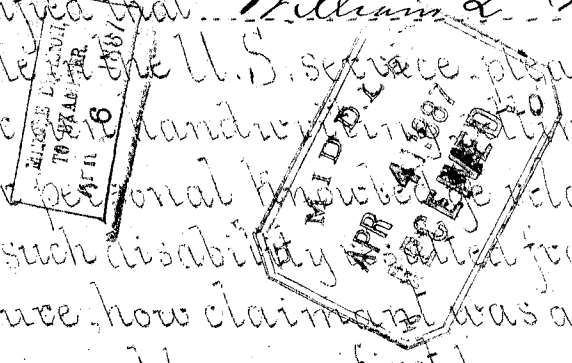
To further aid this Office in the adjudication of the above entitled claim for pension in which you have testified that William L. Mahan became disabled while in the U.S. service, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relating thereto.

If such disability resulted from disease, state its name or nature, how claimant was affected thereby, and when, where and how you first became aware of the fact.

If the disability resulted from an injury or a wound, state whether you were an eye-witness of its origin, and whether you saw the affected part. If so, describe the injury or wound, give its location, date of incurrance and time of your first seeing the same. Your early answer endorsed upon the back of this letter will be appreciated.

Very respectfully
John C. Black
Commissioner.

Mr John S Fleming
Creek Side
Pa



Creek Side April 1st
In regard to the within clause I would say
My affidavit is about all information I can
give I know he was taken prisoner in June
1863 at Winchester and was prisoner on Belle Island
I was with all the time and he complained of
rheumatism I saw him before he went to the army
and I believe he was a sound man
I never heard him complain until after he was
taken prisoner I was with all the time
the time we was prisoners was ^{August} July 1864
he was a prisoner one month and 3 days

Yours & J. S. Fleming

Creek Side

Pudana pa

m8

INABILITY AFFIDAVIT.

To be executed only by the Claimant.

This blank is printed for the exclusive use of SOULE & CO., of Washington, D. C.

State of Penna, County of Indiana, ss:

In the matter of Invalid Pension Claim No. 576742

of William L. Mahan

THIS 10 day of Feb A. D. 1887, personally appeared before me

Clerk of the Orphan Court and for the aforesaid County, duly authorized to administer oaths,

William L. Mahan a resident of White Top

in the County of Indiana and State of Pennsylvania

whose Post Office address is Indiana Pa.

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as

follows: That he is unable to comply with the requirements of the Pension Office as to Medical
Testimony for the reasons hereinafter stated

for reason that Sergeon Robert Barr is dead and when those other Sergeons named over in your letter to me of Jan 12th at the time they were in service with the 67th pa regt. I was on detached duty as a Nurse or attendant at the Division hospital in the field (3 division 6 Corps) excepting a part of Dr Carson's time before I was detached and I remained with that hospital until after Lee's Surrender, I some times got advice or some attention from some of the Sergeons in Charge there when I could not get along well on a march but was never in it as a patient but on duty all the time

That he is unable to prove his condition from date of discharge up to the year 1870 or 71 by medical testimony for the reason that Dr Thomas St Clair who treated me when I was at home during the time I was parolled says that his recollection of it is so indistinct that he cannot make an intelligent statement in regard to it after so long a time and cannot say much about my condition up to the year 1870 or 71 and from that time until 1886 Dr Purrington has been my family physician I wish to state here that no Doctor so far as I can recollect either in the army or at home ever told me that he could cure me of rheumatism but on the contrary they would say they could not do much for it

He respectfully requests that the testimony of Robert M. McKee and Alex Cochran be accepted in lieu of the medical testimony required by the department as they are witnesses whose credibility is unquestioned.

no 3

William L. Mahan

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

[Signature of Affiants.]

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 _____

and acquainted him with its contents before I 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 is personally known to me and that he is a credible person.

J. A. Findley
[Official Signature.]
Clerk C.C.
[Official Character.]

[L. S.]

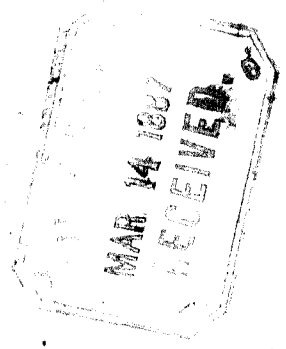
I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine

Witness my hand and seal of office, this _____ day of _____, 188 _____

[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.



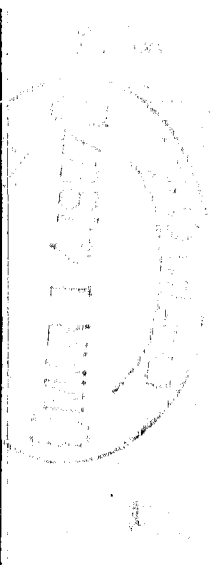
Middle Div

ADDITIONAL EVIDENCE.

Inability Affidavit.

Claim of
Mr L Mahan
No 67 Pa State
Original Pension
No 576,742

Affidavit of Claimant.



en

FILED BY

SOULÉ & CO.,
Attorneys & Solicitors of Patents & Claims

P. O. BOX 16,

Washington, Pa D. C.

Declaration for Increase and Re-rating.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Indiana, County of Indiana, SS:

ON THIS 27th day of May, A. D. one thousand eight hundred and eighty five

personally appeared before me, a Clerk of Supreme Court within and for the County and State

aforsaid, W. L. Mahan aged 60 years, a resident of

Indiana County of Indiana State of

Pa., who, being duly sworn according to law, declares that he is a pensioner of

the United States, enrolled at the Pittsburg Pension Agency at the rate of \$8

dollars per month, Certificate No. 373682; by reason of disability from Rheumatism
(Here name the disability for which pension was granted.)

incurred in the Military service of the United States, while serving as a Private

Co. K. 67 Pa. Vols. Here state rank, company, and
regiment, if in the Army; vessel if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of increased disability
resulting from the one for which pension was granted.

He also claims a re-rating of his pension on the ground that the
rate originally allowed was too low and not commensurate with the ex-
tent of his disability, and therefore requests that he be allowed the
same rate drawn by others for similar or equivalent disabilities.

that he hereby appoints, will full power of substitution and revocation,

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys, to prosecute his claim.

His Post Office address is Indiana Pa.

Samuel Cunningham
John A. Scott

William S. Mahan
(Signature of Claimant.)

(Two witnesses who can write, sign here.)

Also personally appeared John A. Scott residing at Indiana
Indiana Co. Pa. at Samuel Cunningham residing at
Indiana Pa. 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 William L. Mahan

....., the claimant sign his name (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 Affiants sign by mark, two persons who can write sign here.) John A. Scott
Samuel Cunningham
 (Signature of Affiants.)

sworn to and subscribed before me this 25 day of May A. D. 1889

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.....
 erased, and the words.....
 added; and that I have no interest, direct or indirect in the
 prosecution of this claim.

W. H. Lindley
 (Official Signature)
W. H. Lindley
 (Official Character.)

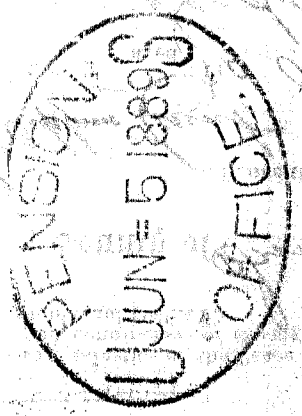
[L. S.] I, Clerk of the County Court in and for aforesaid County
 and State, do certify that....., Esq., who has signed his name to the
 foregoing declaration and affidavit was at the time of so doing..... in and
 for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and
 that his signature thereunto is genuine.

Witness my hand and seal of office, this..... day of....., 188.....

[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.

INVALID.
Claim for Increase and Re-rating.
Wm. G. Mahan, Applicant.
 Co. K Reg't. 67
Pa. Vols.
 Pension Certificate No. 373682



Filed by
SOUTHERN & CO.
 ATTORNEYS,
 WASHINGTON, - - D.C.
 Printed & available by J. H. SOULE, Washington, D.C.

Feb. 1, 1905.

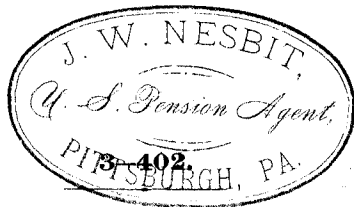
Hon. W. O. Smith,
House of Representatives.

Sir:

In response to your inquiry of recent date relative to pension claim, certificate #373,682, of William L. Mahan, late of Co. K, 67th Pa. Vol. Inf., who resides at Indiana, Pa., I have the honor to advise you that the claim is under consideration with a view to final adjudication, the result of which will be communicated to the claimant at an early date.

Very respectfully,

Acting Commissioner.



Certificate No. 373682

Name, William Mahan

Department of the Interior,

BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

W. H. Evans

Commissioner of Pensions.

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

Answer. yes Mrs Sarah Mahan Mrs Sarah Duncan

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

Answer. December 16th 1858 White S. P. by Rev^d David Blair

Third. What record of marriage exists?

Answer. Family Bible and other witnesses

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

Answer. No

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

Answer. yes Three, William Meeder born June 2nd 1864 now a Captain in the 5th Pa Infantry U.S. Vol. Clara May born March 8th 1867, Minnie Laura born May 2nd 1869

William L. Mahan

(Signature.)

Date of reply, July 4th, 1898

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or Notary Public, the certificate of the Clerk of the Court, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and delay.

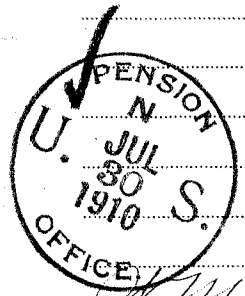
State of Pennsylvania, County of Indiana, ss.
On this 28th day of July A. D. one thousand nine hundred ten, personally appeared before me, a

within and for the County and State aforesaid,
William L. Mahan aged 81 years, a resident of Indiana, County of Indiana, State of Pennsylvania, who being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Pittsburg Pension Agency at the rate of Thirty dollars per month, certificate No. 373682, by reason of disability from Rheumatism and resulting disease of heart and resulting partial paralysis of left side
(Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a private
Co. K 67th Regiment Pennsylvania Vol. Inf.
(Here state rank, company and regiment, if in the army; vessel, if in the navy.)

That he believes himself to be entitled to an increase of pension on account of greatly increased disability from the cause for which the present pension was granted, the applicant being
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of the hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)
now and for some time past unable to walk or stand on his legs, or to dress himself or care for himself in any way, so that it is necessary for him to have some one to nurse and attend him at all times.

And that he is unable to appear before a board of examiners for examination, and therefore respectfully requests that an order be made for an examination at his place of residence, 924, Wayne Avenue, Indiana, Pa.



that he hereby appoints with full power of substitution and revocation, W. L. Mahan of Indiana, Pa. his true and lawful attorney, to prosecute his claim.

His Post Office address is 924 Wayne Avenue Indiana, Pa.

Witness to myk
Geo. E. Duncan
Frank M. Duncan
(Two witnesses who can write, sign here.)

his
William L. Mahan
(Signature of claimant)
mark

ATTORNEY FILED
LAW DIVISION

Also, personally appeared George E. Duncan residing at Indiana, Pa. and Frank M. Duncan residing at Indiana, Pa., 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, ~~sign his name~~ (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.

Geo. E. Duncan
Frank M. Duncan

(If affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

Sworn to and subscribed before me this 28 day of July

A. D. 1910, 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

erased, and the words

[L.S.]

added, and that I have no interest, direct or indirect in the prosecution of this claim.

J. W. Wilson
(Official Signature.)
Notary Public
(Official Character.)

My Commission Expires Jan. 21, 1911

I, J. Fair Sutton, Clerk of the County Court in and for aforesaid County and State, do certify that J. W. Wilson, Esquire, who has signed his name to the foregoing declaration and affidavit, was at the time of so doing a Notary Public 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 29 day of

July 1910

J. Fair Sutton
Clerk of the Orphans Court

[L.S.]

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

Declaration and
power of attorney valid
as to execution.
S. A. Cuddy,
Chief, Law Division,
per SAU

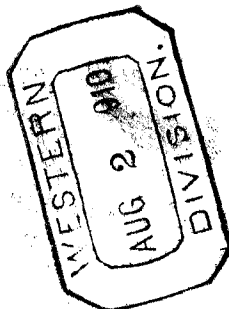
INVALID CLAIM FOR INCREASE.

Applicant,

Reg't,

Vol.

Pension Certificate No.



SAU

Physician's Affidavit.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the 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 so stated.

State of Pennsylvania, County of Indiana, ss.

In the Pension Claim No. _____ of William L. Mahan
late of Co. K 67th Regt. Pa. Vol. Inf.
(Company and regiment of service, if in the army; or vessel and rank, if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid
County and State Wm. A. Simpson MD, a citizen of said County & State,
whose Postoffice address is Indiana, Pa. well
known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to
aforesaid case as follows:

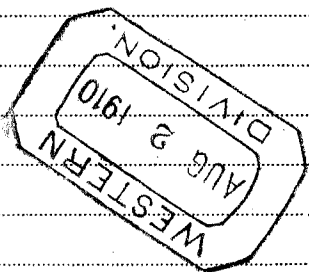
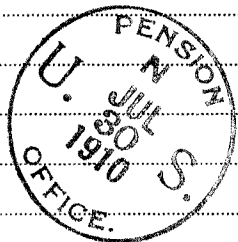
That he is a Practicing Physician, and that he has been acquainted with said soldier for about
15 years, and that About six years ago

(Here embody all the facts known to the affiant in accordance with the mar-
ginal instructions. No erasures or interlineations will be permitted, unless the magistrate certifies in his jurat that they were made before
executing the paper.)
he had a cerebral apoplexy which left
him partially paralyzed. At present

NOTES.

The Physician's affidavit must show the following facts:
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately; what opportunities he has had of observing physical condition, whether as family physician or as a neighbor; and how near he has lived to him. If he knew the soldier was a lame man at enlistment, he should so state, and if true, it had been found, he should have owned it.
2d. If he treated the soldier while in service either in his regimental hospital or while on furlough, that fact should be stated. The soldier's physical condition at such times should be clearly shown, well as the nature of his disability and dates of treatment.
3d. If he has treated the soldier since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time, with a complete diagnosis of the disability; the period during which he treated him; and the dates as near as possible, of the descriptions.
4th. The extent to which the soldier has been able to perform manual labor during each year from discharge to the present time.

he is in such an enfeebled physical and mental condition as to require constant attendance services. He, at present, is unable to stand on his feet or to dress or undress himself or to care for himself in any way. During the past year or two his condition is gradually becoming more & more enfeebled. He is unable to appear before our examining board.



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He further declares that he has been a practitioner of medicine for 15 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Wm. R. Simpson M.D.
(Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 28 day of July A. D. 1910
and I hereby certify that the affiant is a practicing physician in good professional standing: that the contents of the above declaration, &c., were fully made known to him before swearing, including the words
erased, and the words
added: and that I have no interest direct or indirect, in the prosecution of this claim.

[L.S.]

J. W. Wilson
(Official Signature.)
Notary Public
(Official Character.)
My Commission Expires
Jan. 21, 1911

I J. P. Fairclough Clerk of the County Court in and for aforesaid County and State, do certify that J. W. Wilson, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing

a Notary Public in and for said County and State, duly commissioned and sworn; that all of his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and the seal of office, this 29 day of July, 1910

[L.S.]

J. P. Fairclough
Clerk of the Cyphar Court

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.

Medical Evidence.
AFFIDAVIT OF
CLAIM OF
FOR
No.



W. M. MAHAN
ATTORNEY-AT-LAW
MARSHAL BUILDING
INDIANA, PA.

TELEPHONE NO. 220

Indiana, Pa., July 29, 1910.

COMMISSIONER OF PENSIONS,
Washington, D. C.

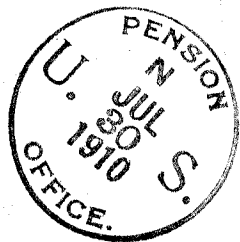
Sir:

Enclosed herewith please find application for increase of pension # 373682, in the case of William L. Mahan, late private Co. K 67th Regt. Pa. Vol. Inf. Also medical affidavit in support of same.

I would respectfully state that this is a case in which if any increase is granted, it would need to be done soon in order to be much benefit to the applicant, as he will probably not need a pension long. I trust therefore that you will act on the matter without delay.

Very respectfully,

W. M. Mahan



373.682
Pills

~~Rec & Retiring~~ **INVALID PENSION.**

Claimant,

William L. Hobson

P. O., Indiana Rank, Private
County, " Company, K
State, Pa Regiment, 1st Pa Vol Inf

Rate, \$ 8 per month, commencing February 15, 1888.

Disabled by

Rheumatism

RECOGNIZED ATTORNEY:

Name, M. S. Sitzenburg Fee \$ 10, Agent _____ to pay.
P. O., Allentown Pa Articles filed _____, 18 ____

APPROVALS:

Submitted for July 23, 1888. Evans J. G., Examiner.

Approved for Rheumatism Approved for Rheumatism \$18 from Feb 15, 1888. Car B

Claim for writing report to Genl

Refuse

Refusing not warranted

July 26, 1888, Paine, Legal Reviewer. Aug 1, 1888, Hubaupflee, Medical Referee.

Discharged July 14, 1865 Last paid to _____, at \$ 4

Pensioned from Jan 14, 1886 at \$ 4, for Rheumatism

Original declaration filed June 14, 1886; alleged Rheumatism

Arrears allowed from _____, 18 __, to _____, 18 __, at \$ _____

PRESENT CLAIM.

Declaration filed Nov 9, 1887 alleged same

Private

ORIGINAL INVALID CLAIM.

No M. C.

13682
Pitts.

Soldier, William L Mahan

P. O., Indiana Rank, Private

County, Indiana Company, K

State, Penn Regiment, 67th Pa Vol Infantry

Rates, \$ 4 per month, commencing June 14th 1886

Pensioned for

Rheumatism

RECOGNIZED ATTORNEY.

Wm Messrs Souls & Co Fee, \$ 2.5; Agent W.C. to pay.

P. O., Washington D.C. Articles filed June 24, 1886

APPROVALS.

Approved for Chronic Rheumatism

Submitted for admission Aug 3, 1887 Dr R. D. Pflay, C.S. Examiner.

Approved for Rheumatism.

Approved for Rheumatism

~~7/4~~ 1/2

claimant wants

Sept 7, 1887, Peck, Legal Reviewer. W. T. Tupper Med. Ex'r. Calloch Med. Reviewer,

Evans, Re-Reviewer. Sept 14, 1887, John Campbell, Med. Referee.

IMPORTANT DATES.

Enlisted Oct 16, 1862 No prior service from _____

Mustered _____, 18 ____ to _____, 18 ____, in _____

Discharged July 14, 1865

Declaration filed June 14, 1886 Not in service since July 14th, 1865

BASIS OF CLAIM.

Alleges in Declaration filed June 14th 1886,
that in 1863 and 64, while a prisoner of war
he contracted Rheumatism

HISTORY OF ATTORNEYSHIPS.

1st appointment June 7, 18 86, Name and P. O. Sonli & Co. Washington D.C.
By Rec'd Declaration Recognized, or why not Recognized
2d appointment _____, 18 _____, Name and P. O. _____
By _____ Recognized, or why not _____
3d appointment _____, 18 _____, Name and P. O. _____
By _____ Recognized, or why not _____

576742

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, May 9th, 1887.

Respectfully returned to the Commissioner of Pensions.

_____ a _____ of Company _____
_____ Regiment _____ Volunteers, was enrolled on the
_____ day of _____, 186____ at _____
and is reported: _____

22

Roll Company "K" 67, Pa. Vols. for May & June 1863 reports Joseph J. Duncan and John S. Fleming privates absent prisoners of war captured at Winchester, Va. June 15, 1863. Roll July & August 1863 the same reports. Station of Company June 30, 1863 Maryland Heights, Va. & July 31, 1863 near Warrenton, Va. Prisoner of War Record sheet. Duncan captured at Winchester, Va., June 15, '63, Conf'd at Richmond, Va., June 23, '63. Paroled at City Point, Va., July 19, '63. Reported at College Green Park, Md., July 20, '63. Sent to Camp Parole, Md., July 25, '63, where he arrived the same day. His name appears on a list of members from Camp Parole, Md. between August...

o 3-020.

[Signature]

20/8

PD

576.742

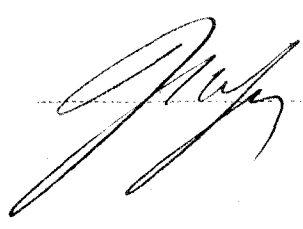
1st 63. 10th 1863, exact date not given. Att'd Nov 28/63.

Said records also show Fleming captured at Winchester, Va. June 15. '63. Conf'd. at Richmond, Va. June 23^d 1863. Paroled at City Point, Va. July 19. '63. Reported at College Green Pk's, Md. July 20. '63. Sent to Camp Parole, Md. July 25. '63.

W.C. M.M. when he arrived the same day, sent to regiment Oct 5, '1863, whereabouts other than above stated, not shown by said records.

R. C. DRUM,
Adjutant General.

By



o 3-620.

P.O.

$\frac{C 20}{8}$

INVALID

Cert. No. 373,682

Name, William L. Mahan

Rank, Pvt.; Service, Co. K, 67th Pa. Vol. Inf.

Original Roll: Pittsburgh

Agency: Transf'd 1 to

Issued Mch. 13-1911

Mailed 15

Rate and period, \$72.00, from Feb. 17-1911

Fee, \$

Deductions:

Disability:

Issued

Mailed

Rate and Period, \$ from

Fee, \$

Deductions:

Disability:

DEAD.

Issued

Mailed

Rate and period, \$ from

Fee, \$

Deductions:

Disability:

Issued

Mailed

Rate and Period, \$ from

Fee, \$

Deductions:

Disability:

INDORSEMENTS.

DROPPED

Mch 8 1912

Send - M.H.

INVALID

Cert. No. 373,682

Name, William L. Mahan

Rank, Pvt.; Service, Co. K, 67th Pa. Inf.

Inf.

Agency: Original Roll: Pittsburgh
Transf'd . . . 1 . to . . .
" . . . 1 . to . . .

Issued Mch. 13 - 1911

Mailed 15

Rate and period, \$72. . . from Feb. 17 - 1911

Issue. Class Fee, \$

Entered C-8 - S - & A Fee, \$

Deductions:

Disability:

Issue. Class Fee, \$

Entered

Disability:

DEAD.

Issued

Mailed

Rate and period, \$ from

Issue. Class Fee, \$

Entered

Disability:

Issue. Class Fee, \$

Entered

Disability:

Issue. Class Fee, \$

Entered

Disability:

Issue. Class Fee, \$

Entered

Disability:

Issue. Class Fee, \$

Entered

Disability:

Issue. Class Fee, \$

Entered

Disability:

INDORSEMENTS.

DROPPED

Mch 8 1912

Strad - M.H.

[3-216.]

Ind RO Ex'r. INVALID.

No. 576,742

Acts of July 14, 1862, and March 3, 1873.

old jacket inside
July 14/87. Spent for
✓ Doctor's fee, also Pension
Pension certificate & Service
& Examination

William L Graham
P. O. Indiana
Indiana Co Pa.
Service: Paid by WPA 10/6

Enlisted: Oct 16, 1862
Discharged: July 14, 1865

Application filed: June 14, 1886

Alleges: Rheumatism

Re-enlisted:

July 15/87. A G. Province
Cassingham

PA.

Ohio.

Mich.

Attorney: Smith & Co

P. O. Washington D.C.

REVIEW
SEP 2 1887

Recognized. Contract.

Cert. of Dis. Searched for, 18

(7013-5 M.)

NO

3-1081.

PENSIONER DROPPED.

DEPARTMENT OF THE INTERIOR
UNITED STATES PENSION AGENCY
PITTSBURGH, PA.

Mar 8, 1912

Certificate No. 373687

Class Invalid

Pensioner William L. Mahan

Soldier
Service Pvt K 67 Pa Inf.

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$ 72, to 4 Jan, 1912
has been dropped because of Death
Mar - 1912

Very respectfully,

W. A. Howard

United States Pension Agent.

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

6-2249

FINANCE DIVISION
MAR 9 1912
BUREAU OF PENSIONS

RECEIVED
MAR 9 1912
BUREAU OF PENSIONS

U. S. DEPARTMENT OF THE INTERIOR
BUREAU OF LANDS
OFFICE
MAR 9 1912

[3-216.]

V 24.

Offley Ex'r, INVALID.

No. 216, H2

Acts of July 14, 1862, and March 3, 1873.



William L Mahan

P. O. Indiana
Indiana Co, Pa.

Service: W. K. 67 "Pa Inf.

Enlisted: Oct 16, 1862

Discharged: July 14, 1865

Application filed: June 14, 1866

Alleges: Phen.

Re-enlisted:



Attorney: Soule & Co.

P. O. City

FILED

Recognized Contract.

Cert. of Dis. Searched for 18

(3000-18 M)

Notified 6-23-86
Sept 24-86. A-178 treatment
No. 28 - 3rd Indiana Pa
June 6/87. Atty. S. ~~arrived~~ G.
✓ Jan 1st 2nd Call on a G.
Jan 12/87. Atty. S. 3077 for ~~book~~



✓ ~~book~~ 3078 for ~~begin~~ and
✓ ~~book~~ 3474 for ~~continuance~~.
✓ ~~book~~ 3079 for ~~history of debt~~
PA. ~~use acceptn~~ e.c.

✓ ~~book~~ 25/87. a G. presence
✓ ~~book~~ Duncan & Leming
✓ ~~book~~ Cookman, Purington,
✓ ~~book~~ ~~Leaming~~ & Duncan for
✓ ~~book~~ Index of facts e.c.

OHIO.
✓ ~~book~~ ~~Protn.~~ ~~credibly~~ ~~Duncan~~.
✓ ~~book~~ ~~Cookman~~, ~~Leaming~~, ~~Leaming~~

✓ May 14/87 atty. S. for ~~add~~
✓ ~~book~~ ~~ev.~~ ~~Argues~~ ~~Continuance~~

MICH.



No.

INVALID. (Series

Cert. No. 373682

Name, William L. Mahan

Rank, Pvt.; Service, Co. H 67th Pa.

Agency: Original Roll: Pithsburg
Transfd, 190 #0
" , 190 , to

5" Issue. Class *Unc.*
Entered
Issued June 19¹⁹⁰², 1902
Mailed " 30, 1902
Rate and Period, \$17, from Feb. 19, 1902

Deductions:
Disability: *Rheum. and resulting disease of heart.*

5" Issue. Class *Unc.*
Entered
Issued _____, 190
Mailed _____, 190
Rate and Period, \$ _____, from _____, 190
Deductions:
Disability:

Class *Proc*
Entered
Issued Jan. 24, 1905.
Mailed " 30, 1905.
Rate and Period, \$30, from Dec 23, 1904.

Class *Proc*
Entered
Deductions:
Disability: *Rheumatism & res. dis. of heart & res. partial paralysis of left side*

Class *Proc*
Entered
Issued Sept. 2, 1910.
Mailed SEP 5, 1910, 1910.
Rate and Period, \$50, from Aug 13, 1910.

Class *Proc*
Entered
Deductions:
Disability:

INDORSEMENTS.

INVALID. (Series _____)

Cert. No. **373682**

Name, *William L. Graham*

Rank, *Pvt*; Service, *1st Co 1st Regt*

Original Roll: *Pittsburgh*

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

" _____, 18____, to _____

Issued _____, 1888

Mailed _____, 1888

Rate and Period, \$ *4*, from *June 4*, 1888

Deductions: _____

Disability: *Rheumatism*

Issued *No.* *Aug 15*, 1888

Mailed *11 21*, 1888

Rate and Period, \$ *8*, from *Feb 15*, 1888

Deductions: _____

Disability: *Rheumatism*

Issued *Apr 12*, 1890

Mailed *" 21*, 1890

Rate and Period, \$ *10*, from *Feb 26*, 1890

Deductions: _____

Disability: *Rheumatism*

Issued *July 3*, 1892

Mailed *10 12*, 1892

Rate and Period, \$ *14*, from *Feb 7*

Deductions: _____

Disability: *Rheumatism & dis. of heart*

INDORSEMENTS.

for 8/91 lone eye camp & atty

Vertical text on the left margin: *Class #10*, *Entered*, *Rec'd*

373682
Pills

Increase INVALID PENSION.

Claimant, William L. Mahan

P. O., #924 Wayne Avenue
County, Indiana
State, Pennsylvania

Rank, Private
Company, K.
Regiment, 67th Pa. Vol Inf

Rate, \$ 72 per month, commencing February 17, 1911

Pensioned for Rheumatism & rest. dis. of heart & resulting partial paralysis of left side
NO RECOGNIZED ATTORNEY.

Name, _____; Fee, \$ _____; Agent to pay.
Articles filed _____, 1

APPROVALS.

Submitted for March 1, 1911

Scott, Examiner.

Approved for Rheumatism and resulting disease of heart and resulting partial paralysis of left side

Approved for rheumatism and resulting disease of heart and resulting partial paralysis of left side, \$50 per month \$72 from February 17, 1911
J. S. [Signature]

Alleges constant aid and attendance.

Condition due in part to senile degeneration

Mich 2, 1911, J. Morrison
Legal Reviewer.

Wilson, Staples
Medical Examiner. Medical Reviewer.

Re-Reviewer _____, 1911

March 3, 1911, C. J. Whitney
Medical Reviewer.

Enlisted Oct 16, 1867 Discharged July 14, 1865 Last paid to Rice

Pensioned at \$ 57 per month for Rheumatism and resulting disease of heart and resulting partial paralysis of left side

PRESENT CLAIM.

Declaration filed Jan 30, 1911 Increase - requires the constant aid and attendance of another person.

Claimant does not write.

J. N. Langham
M. C.

CIVIL WAR

GENERAL LAW.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Pennsylvania }
COUNTY OF Indiana } ss:

On this January day of January A. D. one thousand nine hundred and eleven personally appeared before me, a Notary Public within and for the county and State aforesaid, William L. Mahan, aged 82 years, a resident of Indiana, County of Indiana State of Pennsylvania, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Pittsburg Pension Agency at the rate of Fifty dollars per month, by reason of disability from Rheumatism and resulting disease of heart, and resulting partial paralysis of left side. (Here name the disability for which pensioned.)

incurred in the Military service of the United States while a private in Company K 67th Regt. Pa. Vols. (Here state rank, and company, and regiment, if in the Army, or vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of increased disability from cause for which pension was granted, that in his condition he is entitled to more than he at present receives, as he is unable to walk, dress or care for himself, and requires the constant attention of another person. (Here state the reason for applying for increase.)

That he was not employed in the military or ~~naval~~ service prior to close of war in 1865. That he has not been employed in the military or naval service since close of war in 1865.

(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That the number of his pension certificate is 373 682. That his post-office address is 924 Wayne Avenue, Indiana County of Indiana, State of Pennsylvania

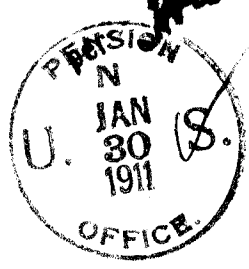
ATTEST: (1) Alice M. Duncan (2) Geo. E. Duncan William L. Mahan (Signature.)

Also personally appeared Alice M. Duncan, residing at Indiana, Pa. and George E. Duncan, residing at Indiana, Pa., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw William L. Mahan, 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 of 10 years and 15 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.

Validity accepted as to execution S. A. Cuddy, Chief, Law Division.

Alice M. Duncan
Geo. E. Duncan (Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 28 day of January, A. D. 1911 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



J. Wilson (Signature.)
Notary Public (Official character.)
MY COMMISSION EXPIRES JAN. 21st 1915.

Physician's Affidavit.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the 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 so stated.

State of Pennsylvania, County of Indiana, ss.
In the Pension Claim No. 273 682 of William L. Mahan
late of Co. K 67 Regt. Pa. Vols
(Company and regiment of service, if in the army; or vessel and rank, if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid
County and State William L. Simpson a citizen of Indiana Pa
whose Postoffice address is 27 S. 7th St. Indiana, Pa. well
known to me to be reputable 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
15 years, and that the said Wm L. Mahan
(Here embody all the facts known to the affiant in accordance with the mar-
ginal instructions. No erasures or interlineations will be permitted, unless the magistrate certifies in his jurat that they were made before
executing the paper.)
has suffered from rheumatism and
resulting heart disease. About six years

NOTES.

The Physician's Affidavit must show the following facts:
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.
2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, 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.
3d. If he has treated soldier 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.
4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

ago he had a cerebral hemiplegia which partly paralyzed the left side of the body. Since that time his paralysis has increased to an extent that he is now almost helpless. He is unable to dress or undress himself and cannot care for himself in any way except to feed himself and this he accomplishes with his right hand. His mind is unimpaired as well as his body and he is in a condition that requires the constant attention of an attendant.

He is unable to appear before any board for purpose of an examination.



Medical Evidence.

AFFIDAVIT OF

CLAIM OF

FOR

No.

He further declares that he has been a practitioner of medicine for 15 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

William R. Simpson M.D. (Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 28th day of Jan A. D. 1911 and I hereby certify that the affiant is a practicing physician in good professional standing: that the contents of the above declaration, &c., were fully made known to him before swearing, including the words erased, and the words added: and that I have no interest direct or indirect, in the prosecution of this claim.

[L.S.]

J. H. Nelson (Official Signature) Notary Public (Official Character)

MY COMMISSION EXPIRES JAN. 21st 1915.

I Clerk of the County Court in and for aforesaid County and State, do certify that, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing

in and for said County and State, duly commissioned and sworn; that all of his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and the seal of office, this day of, 190

[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.

mu
373682
Pills

3-355.

Certificate No. 373,682.

INCREASE. INVALID PENSION.

Claimant, William L. Mahan,

P. O., 924 Wayne Avenue, Indiana,
County, Indiana,
State, Pennsylvania

Rank, Private,
Company, K,
Regiment, 67 Pa. Vol. Inf.

Rate, \$ 50. - per month, commencing August 13, 1910.

Pensioned for Rheumatism & res. dis. of heart & resulting partial paralysis of left side

RECOGNIZED ATTORNEY.

Name, W. M. Mahan,
P. O., Indiana, Pa.

Fee, \$ 2 ; Agent to pay.
Articles filed, 1

APPROVALS.

Submitted for Aug 24 " 1910, M. Martinez, Examiner.

Approved for Rheumatism and resulting disease of heart and resulting partial paralysis of left side. \$50. from August 13, 1910.

Condition due in part to senility.

Aug 25 1910 J. H. Hensley, Legal Reviewer.

Aug 30 1910 Taylor, Medical Examiner. C. Whitney, Medical Reviewer.

Enlisted Oct. 16 " 18.62 Discharged July 14 " 18.65 Last paid to Pensioned at \$ 30 - per month for rheumatism and resulting disease of heart and resulting partial paralysis of left side

PRESENT CLAIM.

Declaration filed July 30 " 1910, increase

Claimant does not write.

J. N. Langham, M. C.
aw K-P

mom
373682
Pitts

Increase INVALID PENSION.

Claimant, *William L. Mahan*

P. O., *Indiana* Rank, *Private*
Company, *K*
State, *Pennsylvania* Regiment, *67 Pa. Vol. Inf.*
Rate, \$ *30* per month, commencing *December 23-1904*

Pensioned for *Rheumatism resulting disease of heart & resulting partial paralysis of left side*

RECOGNIZED ATTORNEY.

Name, *J. H. Hill* Fee, \$ *2*; Agent to pay.
P. O., *Indiana Pa* Articles filed _____, 1

EASTERN

APPROVALS.

Submitted for *Ad. Jan. 11*, 190*5*, *W. L. Mahan*, Examiner.

Approved for *Rheumatism and resulting disease of heart, resulting partial paralysis of left side, 2nd ~~3rd~~ grade, from Dec. 23, 1904*

Condition due in part to other than pensioned causes

Aug 18, 1905 Legal Reviewer. *Sudler* Medical Examiner. *Loth* Medical Reviewer.

Jan 20, 1905 Re-Reviewer. *Mason* Medical Referee.

Enlisted *Oct. 16*, 18*62* Discharged *July 14*, 18*65* Last paid to _____, 1
Pensioned at \$ *17* per month for *Rheumatism and resulting disease of heart.*

PRESENT CLAIM.

Declaration filed *May 2*, 190*7*, *Increase*

Claimant does _____ write. _____, M. C.

373682
Pitts

3-355.
(Old No. 8-145.)

Certificate 373682

INVALID PENSION.

Claimant, William L. Mahan,
P. O., Indiana, Rank, Private
County, Indiana, Company, K
State, Pennsylvania, Regiment, 67. Pa Vol. Inf.

Rate, \$ 13 per month, commencing February 19, 1902,

Pensioned for ...

RECOGNIZED ATTORNEY.

Name J. H. Hunter, Fee, \$ 200, Agent to pay.
P. O. Washington, D. C. Articles filed 1

APPROVALS.

Submitted for June 11, 1902 M. J. Ramsey, Examiner.

Approved for Rheumatism and resulting disease of heart
Approved for Rheumatism and resulting disease of heart 17/18 from February 19, 1902.

Present condition due in part to other than pensioned causes

June 13, 1902 B. W. Lesion Legal Reviewer.
W. A. ... Medical Examiner.

June 16, 1902 ... Medical Referee.

Enlisted Oct 16, 1862 Discharged July 14, 1865 Last paid to 1
Pensioned at \$ 14.00 per month for rheumatism and resulting disease of heart.

PRESENT CLAIM.

Declaration filed Sept 4, 1902 increase of pensioned cause

Claimant does ✓ write.

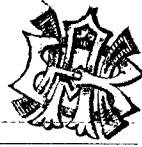
20, M. C.

373682
Pitt

Increase - INVALID PENSION.

Claimant,

William L. Mahan.



P.O., Indiana.

Rank, priv.

County, " Pa.

Company, 1 Co.

State, Pa.

Regiment, 67 Pa Vol Inf.

Rate, \$ 14 per month, commencing February 10, 1892

Disabled by

Rheumatism and resid. dis. of heart

RECOGNIZED ATTORNEY:

Name, [Signature] Fee \$, Agent to pay.

P.O., Articles filed , 18 .

APPROVALS:

Submitted for May 16" , 18 92 Matteson , Examiner.

Approved for Rheumatism - Heart-disease and resulting dimness of vision alleged as results, and referred to Medical Referee. Approved for rheumatism and resulting disease of heart 14/18 from Feb. 10. 1892. No other results.

June 14 , 1892 , Mays , Legal Reviewer. June 24 , 1892 , [Signature] , Medical Referee.

Discharged July 14" , 18 65 Last paid to , at \$ 10 .

Pensioned from June 14" , 18 86 at \$ 4 , for rheum -

Original declaration filed June 14" , 18 86 , alleged rheum .

- Inc to \$8. fr Feby 15-88 -
- Inc to \$10 fr " 26-90.
- Inc reg Aug 18-91.

Arrears allowed from , 18 , to , 18 , at \$.

PRESENT CLAIM.

Declaration filed Dec 23" , 18 91. Original & resulting

heart-trouble & head trouble - dimness of

vision result of heart-trouble. Wills

Increase **INVALID PENSION.**

Claimant, *William L. Mahan*

P.O., *Indiana* Rank, *Pri.*

County, *"* Company, *44*

State, *Pa.* Regiment, *67 Pa. Vol. Inf.*

Rate, \$ _____ per month, commencing _____

REJECTED.

Disabled by *Rheumatism.*

RECOGNIZED ATTORNEY:

Name, *Sonté & Co.* Fee \$ *10*, Agent _____ to pay.

P.O., *D.C.* Articles filed _____, 18 _____

APPROVALS:

Submitted for *MAY 25*, 18 _____, Examiner: *M. S. Jones*

Approved for *Rheumatism.* Approved for *Rheumatism '98 no increase, no special results.*

Claims die of heart as rec'd

June 29, 1891, *Wells*, Legal Reviewer. *Byrne M.B.* *Wells*

Aug. 18, 1891, _____, Medical Referee.

Discharged *July 14*, 1865. Last paid to _____, at \$ *10.00*

Pensioned from *June 14*, 1886, at \$ *4*, for *Rheu.*

Original declaration filed _____, 18 ____; alleged _____

Jan. 8 fr. *Feb. 15/88*

" 10 " " *26/90*

Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Declaration filed *Aug. 30*, 1890. *Same with character of heart & heart failure.*

373682
Pitts

Increase INVALID PENSION.

Claimant, William J Mahan

P.O., Indiana Rank, Private
County, Indiana Company, 4
State, Ind Regiment, 67th Ind Inf

Rate, \$ 10 per month, commencing February 26, 1910

Disabled by Rheumatism

RECOGNIZED ATTORNEY:

Name, Souli & Co Fee \$ 10, Agent _____ to pay.
P.O., City Articles filed _____, 18 _____

APPROVALS:

Submitted for March 20, 1890 Bauzof, Examiner.

Approved for Rheumatism Approved for _____

The rating not con- Rheumatism 10 from Feb. 26
sidered. Order of rank 1890. 18

15/89
Franklin Bennet
Feb 22, 1889, Legal Reviewer. Feb. 21st, 1890, Medical Referee.

Discharged July 14, 18 65. Last paid to _____, at \$ 80

Pensioned from June 14, 18 86, at \$ 4, for rheumatism

Original declaration filed June 14, 18 86; alleged rheumatism

inc. to \$8 from Feb 15/88

Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Declaration filed June 5, 18 89 claims - same

Wites

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer, must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Pennsylvania, County of Indiana, ss:

ON THIS 21 day of December, A. D. one thousand eight hundred and 91

personally appeared before me, a Judge of the Appellate Court within and for the County and State aforesaid, Wm L. Mahan aged 62 years, a resident of Indiana County of Indiana State of Pennia

who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Pittsburg, Pa Pension Agency at the rate of ten

dollars per month, Certificate No. 373682, by reason of disability from "Rheumatism" (Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a Private (Here state rank, company, and regiment, if in the army; vessel if in the navy.) Co. K 67th Pa. Inf.

That he believes himself to be entitled to an increase of pension on account of increased disability from rheumatism and resulting heart trouble, and head trouble, dimness of vision resulting from heart trouble. (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

that he hereby appoints, with full power of substitution and revocation, himself of his true and lawful attorney, to prosecute his claim.

His Post Office address is Indiana, Indiana Co. Pennsylvania

Jno. T. Smith William L. Mahan
Jno. G. Cameron (Signature of Claimant.)
Two witnesses who can write, sign here.)

Also personally appeared Geo I. Stuebel residing at Indiana Pa
 and Geo G. Cameron residing at Indiana Pa
 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 William G. Malton
 the claimant, sign his name (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.

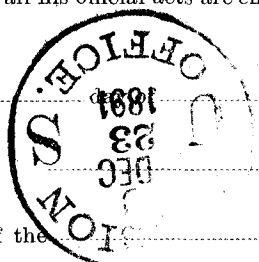
Geo I. Stuebel
Geo G. Cameron
 (If Affiants sign by mark, two persons who can write sign here.) (Signature of Affiants.)

Sworn to and subscribed before me this 21st day of December, A. D. 1891
 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
 erased, and the words
 added; and that I have no interest, direct or indirect, in the
 prosecution of this claim.

[L. S.] James M. Greger
 (Official Signature.)
Clerk of Ct.
 (Official Character.)

I, _____, Clerk of the County Court in and for aforesaid County
 and State, do certify that _____, Esq., who has signed his name to the
 foregoing declaration and 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 thereunto is genuine.

Witness my hand and seal of office, this _____, 18____
 [L. S.] Clerk of the _____



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

<p>INVALID. CLAIM FOR INCREASE.</p> <p><u>Wm L. Mahan</u>, Applicant. <u>Co. A</u> <u>Pennia Inf.</u> Reg't, <u>37th 6th</u> Vols. Pension Certificate No. _____</p>	<p>Filed by <u>Soldier</u></p>
---	-------------------------------------

Printed and for sale by J. H. SOULE, Washington, D. C.

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or Notary Public, the certificate of the Clerk of the Court, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and delay.

State of Pennsylvania, County of Indiana, ss.

On this 29 day of April A. D. one thousand nine hundred and four, personally appeared before me, a

within and for the County and State aforesaid, William L Mahan aged 75 years, a resident of Indiana, County of Indiana, State of Pennsylvania

, who being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Pittsburgh Pension Agency at the rate of seventeen dollars per month, certificate No. 373,682

by reason of disability from Rheumatism and heart failure the result of muscular Rheumatism
(Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a Private
Co K. 67 Pa Inftry
(Here state rank, company and regiment, if in the army; vessel, if in the navy.)

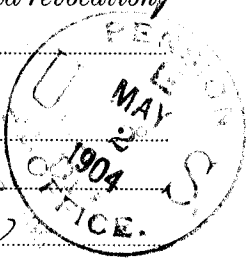
That he believes himself to be entitled to an increase of pension on account of an increase of the pensioned disability and cannot get any relief
am now unable to do any work
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described.)

If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of the hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

John A Hill that he hereby appoints with full power of substitution and revocation John A Hill of Indiana his true and lawful attorney, to prosecute his claim.
His Post Office address is Indiana Pa.

John W. Carl
Johnston Dunspead
(Two witnesses who can write, sign here.)

William L Mahan
(Signature of Claimant.)



Also, personally appeared G. Wild Carl residing at Indiana and Johnston Moorhead residing at Indiana, 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 William L Mahan the claimant, sign his name (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 affiants sign by mark, two persons who can write sign here.)
G. Wild Carl,
Johnston Moorhead
 (Signature of Affiants.)

Sworn to and subscribed before me this 29th day of April

A. D. 1904, 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

erased, and the words

[L.S.]

added, and that I have no interest, direct or indirect in the prosecution of this claim.

H. C. Lowrey
 (Official Signature)
Clerk
 (Official Character.)

I, _____, Clerk of the County Court in and for aforesaid County and State, do certify that _____ Esquire, who has signed his name to the foregoing declaration and 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 thereunto is genuine.

Witness my hand and seal of office this _____ day of _____ 19_____.

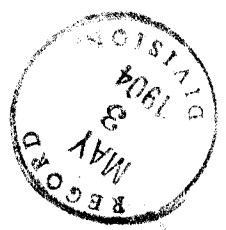
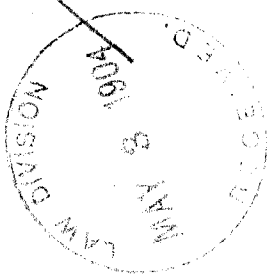
[L.S.]

Clerk of _____

INVALID.
 Claim for Increase.

William L Mahan Applicant,
Co. K 67 Pa Infy, Reg't,
9th Vols.
 Pension Certificate No. 373,684

91



RECORDED
 MAY 3 1904

Indiana Pa Jan 18th 1887

Mr John Back
Commissioner of Pensions

Dear Sir, in compliance with your orders of January 12 in regard to my claim for pension No 576,742. I will now try to give you the information you ask for my place of residence has been the same ever since I was discharged from the army, my post office address has always been the same (Indiana
(Indiana County Pa)

My occupation ever since I was discharged has been farming (on a small scale) now in regard to the history of my disability it commences with the month of June 1869 with Gen. Milroy's defeat at Winchester Va. for some two or three days and nights before I was captured by the enemy along with many others. I had been in very hard service marching and fighting. our Regiment was at Berryville

when the rebels attacked Winchester
and we were put there by a circuitous route
then after I was captured and a day or
two had passed we were taken by the
rebels on our long march to Richmond
like a lot of cattle (but not near so well
provided for) on this march I got dysentery
and of course getting no medicine and little
or no food I suffered a great deal
lying out under drenching rains at night
without any shelter whatever and no cloth-
ing but pants and blouse,

then at Richmond we were kept on
Bell Island in the James river exposed
to the weather the scorching sun by day and
the heavy rains and chilly dew of night
without any bed but the wet sand to
lie on in a state of starvation.

then after I was sent to paroll camp
near Annapolis Md. during the time
I was under parole I went home and

after I got home I got sick and F
Dr Thomas St. Blair of Indiana Town
treated me, he is living and practicing
medicine here yet

Dr - Durrington has also treated me and
prescribed for me on several occasions within
the last fifteen years but not especially for
rheumatism alone for I never got any
encouragement from doctors that they could
do much or any thing for that disease
Doctor St. Blair and Dr Durrington both
reside in Indiana Town and that is their
post office address, but Dr Burr who was
the Surgeon of my regiment is dead
well during 1864 & was not able to stand duty in
the ranks and carry the load that the soldiers
in the ranks had to carry and I was detailed
to go to the field hospital helping to

uncommon

occupation on account my disability
I must say I have never since the war
been able to follow it successfully but
had to do what little I could to get a living
there has frequently been times when I could
not perform any labour for a day or two but
these dates I cannot now give, I always had to
get some one else to do the hard work and pay
them for it as best I could and do as much of the
light work myself as I could although working all the
time in pain, but I find that as the
years of my life increase my disability
grows worse for I am now not able to do
a days work at all but by practising rigid
economy and doing what turns I can I have made
out to get along to this time, I might say to
you that I get but little sleep or rest at night
this I think is all I can tell you
very respectfully

William S. Mahan

James S. Suber

INABILITY AFFIDAVIT.

To be executed only by the Claimant.

State of Pennsylvania, County of Indiana, ss:

In the matter of _____ Pension Claim No. _____
of William L. Mahan

ON THIS 14 day of March A. D. 1887; personally appeared before me

Clerk of Orphans Court in and for the aforesaid County, duly authorized to administer oaths,

William L. Mahan a resident of White Township

in the County of Indiana and State of Pennsylvania

whose Post Office address is Indiana, Indiana Co. Pa.

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as

follows: That he is unable to comply with the requirements of the Pension Office as to obtaining
the testimony of a Commissioned Officer
or 1st. Sergeant of his Company

for reason that there is no Commissioned Officer
or 1st. Sergeant of his Company
in this part of the Country
nor he does not know whether there
are any of them yet alive and
most respectfully request that the
evidence of the two enlisted men
John S. Fleming and Joseph J.
Duncan be accepted in lieu of
such testimony as above required

That he is unable to prove his condition from date of discharge up to the year _____ by medical testimony for

the reason that _____

He respectfully requests that the testimony of _____
_____ be accepted in lieu of _____

W L

William L. Mahan
[Signature of Affiant.]

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

STATE OF Pennsylvania COUNTY OF Judania ss:

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 him with its contents before he 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 is personally known to me

and that he is a credible person.

[L. S.]

J. A. Finley
[Official Signature.]
J. A. Finley
[Official Character.]

I, _____ Clerk of the County Court in and for aforesaid County

and State, do certify that _____, Esq., who has signed his name to the

foregoing declaration and 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 thereunto is genuine

Witness my hand and seal of office, this _____ day of _____, 1887

[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.

MIDDLE DIVISION,
TO THE CLERK,
APR 13 1887

MIDDLE
APR 11 1887
RECEIVED

Middle Div

ADDITIONAL EVIDENCE.

Inability Affidavit.

Claim of

William L Mahan

No 67 Pa Wole

Original Pension

No 576.74-2

Affidavit of Claimant.

PENSION
APR 11 1887
OFFICE

FILED BY

FILED.

SOULIE & CO.

Washington, D. C.

Printed and for sale by J. E. SOULIE, Washington, D. C.

576-742

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Jan 8, 1887.

Respectfully returned to the Commissioner of Pensions.

William L. Mahan, a private of Company "K",

67 Regiment Pa Volunteers, was enrolled on the

16 day of October, 1862, at Indiana Pa. 3 years,

and is reported: on rolls to April 30/63 present. On subsequent

rolls to Aug 31/63 absent, prisoner of war captured at Win-

chester, Va., June 15, 1863. Sept 4th Oct. 1863 "absent without leave"

Nov 4th Dec. 63 present with remark "Erroneously reported

absent without leave on last muster. Present on sub-

sequent rolls to June 30 1865. Mustered out with Co. at

Halls Hill, Va. July 14, 1865. Co. morning reports prior to

July, '64th Co returns prior to Feb. 1864 are not on file

hospital records covering period from July 1/63 to Apr. 28/64,

Co Morning reports subsequent to July 64, and other records of

organization furnish no evidence of alleged disability or

treatment

Prisoner of War records show him captured at Winchester

Va. June 15, 63, Conf'd at Richmond, Va. June 23 & 24, 63

105572 = 1886.

200
800

no 6

no 6

W. D. Miller
Assistant Adjutant General

497/29

576.742

Paroled at City Point, Va. July 19. '63. Reported at Belle
Green Pk. Md. July 20. '63. Sent to and report at Camp
Parole Md. July 25. '63. His name appears on a list
of deserters from said Camp between August 1 and 10. '63. ex-
act date not given. "The Charge of desertion on Papers
of War Records is removed. He was absent without leave
PFC from about Aug 5. '63. to October 20. '63." No evidence of
M.M. disability and no further information on said records.

ms b
[Signature]

[Signature]
Assistant Adjutant General
[Signature]

497/29

OFFICE OF
A. F. PURINGTON, M. D.,
923 PHILADELPHIA STREET,
TELEPHONE 25.

INDIANA, PA. Nov 30th 1904

Commissioner of Pensions
Washington D. C.

Dear Sir:

I hereby certify that
Mr. L. Mahan Company K. 67
Pa Inf. is still "physically unable
to leave his home". He has had
partial paralysis of left side and
the trouble is likely to continue
for a number of months. The
disability may be permanent.
He has been ill since Oct. 13th 1904

Very respectfully

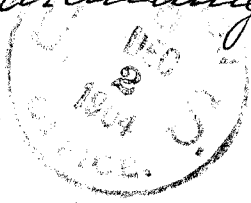
A. F. Purington M. D.

Sworn to before me
this 30 day of Nov 1904.

Attending Physician

W. R. Balkam

Prothy



Physician's Affidavit.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the 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 so stated.

State of Pennsylvania, County of Judecum, ss.

In the Pension Claim No. 343,682 of William L. Mahan

late of Company K, Sixty Second Penna
(Company and regiment of service, if in the army; or vessel and rank, if in the navy.)

Dr. A. S. Purinton
Personally came before me, a Justice of the Peace in and for the aforesaid County and State A. S. Purinton M.D. a citizen of Judecum whose Postoffice address is Judecum Pa well known to me to be reputable 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 thirty six or six years, and that he has been his family physician

for about the same number of years.
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted, unless the magistrate certifies in his jurat that they were made before executing the paper.)

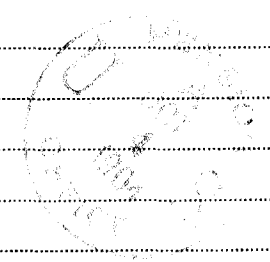
That he has treated said soldier for various affections up to the present time, the nature of which he cannot give at this late date. The start of the date of treatment was not more available. Prescribed for him Dec 5th 1900. The last treatment was for acute bronchitis from Dec 23rd 1902 to June 12th 1903.

For many years he said soldier, has been afflicted with Chronic Rheumatism; and he claims that for the last few years his disabilities have increased. Affiant believes this claim is correct. He has pains in his legs accompanied with cramping of the muscles. Also in the upper extremities. The cramping in the hands is extremely as well as annoying. For about two years or more he has often complained of dizziness especially when exercising actively and on a temporary basis is probably due to the heart trouble for which he is now pensioned. He also has left injured hearing for which he is obliged to wear a truss all the time.

He is totally disabled from performing manual labor. In addition to the above soldier says he often has severe pains in the lumbar region; muscles are sore and stiff.

NOTES.

The Physician's Affidavit must show the following facts:
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.
2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough 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.
3d. If he has treated soldier 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.
4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.



PROOF OF DISABILITY.

NOTE.--This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of *Pennsylvania*, County of *Indiana*, ss:

ON THIS *Eighth* day of *February* A. D. 188*7*; personally appeared before me a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,
John S Fleming aged *53* years, a resident of *Creek Side*
in the County of *Indiana* and State of *Pennsylvania* and
aged _____ years, a resident of _____

in the county of _____ and State of _____ who being

duly sworn according to law, state that *he is* acquainted with *William S. Mahan*
applicant for Invalid Pension, and know the said *William S Mahan* to be the identical

person of that name who enlisted or volunteered as a *Private* in Company *K. 67th*
Regiment of *Penn^a* vols., and who *was Discharged*
[Died or was discharged.]

at *Halls Hill Va* on or about the *14th* day of *July*, 186*5*

by reason of *close of War*
[Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said *William S Mahan* while in the line of his duty, at or near
Winchester in the State of *Virginia* ~~was~~, on or

about the *15th* day of *June*, 186*3*, became disabled in the following manner, viz:

was taken prisoner, and on the march to Richmond
[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body

wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the
privations, with little or no food and compelled
sickness, and how it affected him.]

to make forced marches through the hot sun

and exposed to drenching rains at night without

any shelter, and was confined in Libby Prison for

a short time and then on then sent to Belle Isle and

was compelled to lie on the wet sand in a state of

starvation his health and strength gone and was reduced

to a skeleton, this brought on Rheumatism and other

infirmities from which I think he has never recovered

claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical

treatment for his disability while in the service should be stated, giving time and place, if possible.]

That the facts stated are personally known to the

affiant from the fact of being captured at the

time and place and was with him until Paroled

WJ

And deponent further state that *he is* w. acquainted with the claimant, having known him for at least *thirty years* and further, that *his* knowledge of the facts above stated *are* derived from said acquaintance, and from having served as *Private* of Company *K.* of the *67th* Regiment of *Pennsylvania* volunteers from the *16th* day of *Sept* 1862 to the *fifth* day of *July* 1865 And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as *he* knew, and that *he is* totally disinterested in this claim.

Post office address of affiant is *Creek Side Indiana Co Pa*

John S Fleming

*Post Office Address
Creek Side
Ind. Co. Pa.*

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

[Signature of Affiants.]

STATE OF *Pennsylvania* COUNTY OF *Indiana*

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 *him* with its contents before *I* 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 *is* personally known to me and that *he* credible person.

R. B. Carroll

[Official Signature.]

J. P.

[Official Character.]

I, *J. A. Frazier* Clerk of the County Court in and for aforesaid County and State, do certify that *R. B. Carroll*, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing *a Justice of the Peace* 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 *10* day of *Febr* 188*7*

J. A. Frazier
Clapham Co. Pa.

[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.

Middle Div

ADDITIONAL EVIDENCE.

PROOF OF DISABILITY.

CLAIM OF

William L. Mahan

No 67th Pa. Pole

Original Pension

No. *576,742*

Affidavit of

John S Fleming

in
FILED
FEB 10 1887
INDIANA CO. PA.

SOULÉ & CO.

Washington, D. C.

Printed and for sale by J. H. SOULÉ, Washington, D. C.

PROOF OF DISABILITY.

NOTE - This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of Pennsylvania, County of Juniata, ss:

ON THIS Eighth day of January A. D. 1887; personally appeared before me a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Joseph J. Dussman aged 56 years, a resident of Juniata Borough in the County of Juniata and State of Pennsylvania and aged _____ years, a resident of _____

in the county of _____ and State of _____ who being

duly sworn according to law, states that he is acquainted with William S. Mahan

applicant for Invalid Pension, and know the said William S. Mahan to be the identical

person of that name who enlisted or volunteered as a Private in Company sk 67 Reg

Regiment of Pennsylvania vols., and who was discharged

[Died or was discharged.]

at Halls Hill, Pa. on or about the 14 day of July, 1865

by reason of The Close of the War.

[Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said William S. Mahan while in the line of his duty, at or near

Winchester in the State of Virginia did, on or

about the 15 day of June, 1863, become disabled in the following manner, viz:

Was taken prisoner, and by reason thereof, by exposure,

[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body

ill treatment and starvation, contracted Rheumatism,

wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the

and a general breaking down of his nervous

sickness, and how it affected him.]

system, from which he has never recovered,

and, from present appearances, never will fully

recover.

That the facts stated are personally known to the affiant by reason of his having been with the

[Here state whether affiant was with the command at the time the

command, at the time of claimant's capture, and was

claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical

also captured at the same time,

treatment for his disability while in the service should be stated, giving time and place, if possible.]

Aug

And deponent further state that he is well acqu with the claimant, having known him for at least twenty five years and further, that his knowledge of the facts above stated he derived from said acquaintance, and from having served as private of Company K of the 87 Regiment of Pennsylvania volunteers from the 29 day of October 1862 to the 14 day of July 1865 And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that he is totally disinterested in this claim.

Post office address of affiant is Indiana, Indiana County, Penna
E. P. Hildebrand Joseph J. Duncan

[If Affiants sign by mark, two persons who can write sign here.] [Signature of Affiants.]
 STATE OF Pennsylvania COUNTY OF Indiana 88: P. O. address given to A. J. S.

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 him with its contents before he 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 is personally known to me and that he is a credible person.

E. P. Hildebrand
 Justice of the Peace
 [Official Signature.]
 [L. S.] [Official Character.]

I, J. A. Hudley Clerk of the County Court in and for aforesaid County and State, do certify that E. P. Hildebrand Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace 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 10 day of July 1887

J. A. Hudley
 Clerk of the Orphans Court
 [Seal: MAR 12 1887 RECEIVED]

[L. S.] 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.

Medical Div
 ADDITIONAL EVIDENCE.
 PROOF OF DISABILITY.
 CLAIM OF
Opp L Mahan
No "67" Pa Note
Original Pension
No. 576.742
 Affiant of
Joseph J. Duncan
 In absence
 FILED BY
 FILED.
 SOUTHERN CO
 WASHINGTON
 Printed and for sale by J. H. SOULÉ, Washington, D. C.

PROOF OF DISABILITY.

N. B.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of Pennsylvania, County of Indiana, ss:

ON THIS 30 day of June A. D. 1887 personally appeared before me a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths

Joseph J. Durren aged 57 years, a resident of Indiana Borough

in the County of Indiana and State of Pennsylvania and

aged _____ years, a resident of _____

in the county of _____ and State of _____ who being

duly sworn according to law, state that _____ acquainted with William S. Mahan

applicant for Invalid Pension, and know the said William S. Mahan to be the identical

person of that name who enlisted or volunteered as a private in Company K. 67

Regiment of Pennsylvania vols., and who _____

[Died or was discharged.]

at _____ on or about the _____ day of _____, 186

by reason of _____

[Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said _____ while in the line of his duty, at or near

_____ in the State of _____ did, on or

about the _____ day of _____, 186 _____, become disabled in the following manner, viz:

[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body

wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the

sickness, and how it affected him.]

I feel satisfied that the applicant acquired his disability, or Rheumatism whilst in the service of his country, and was a sufferer of Rheumatism on his return from the rebel prison, and still continues to be a sufferer, and is unable to do more than half a man's work.

That the facts stated are personally known to the affiant by reason of his being in the Company

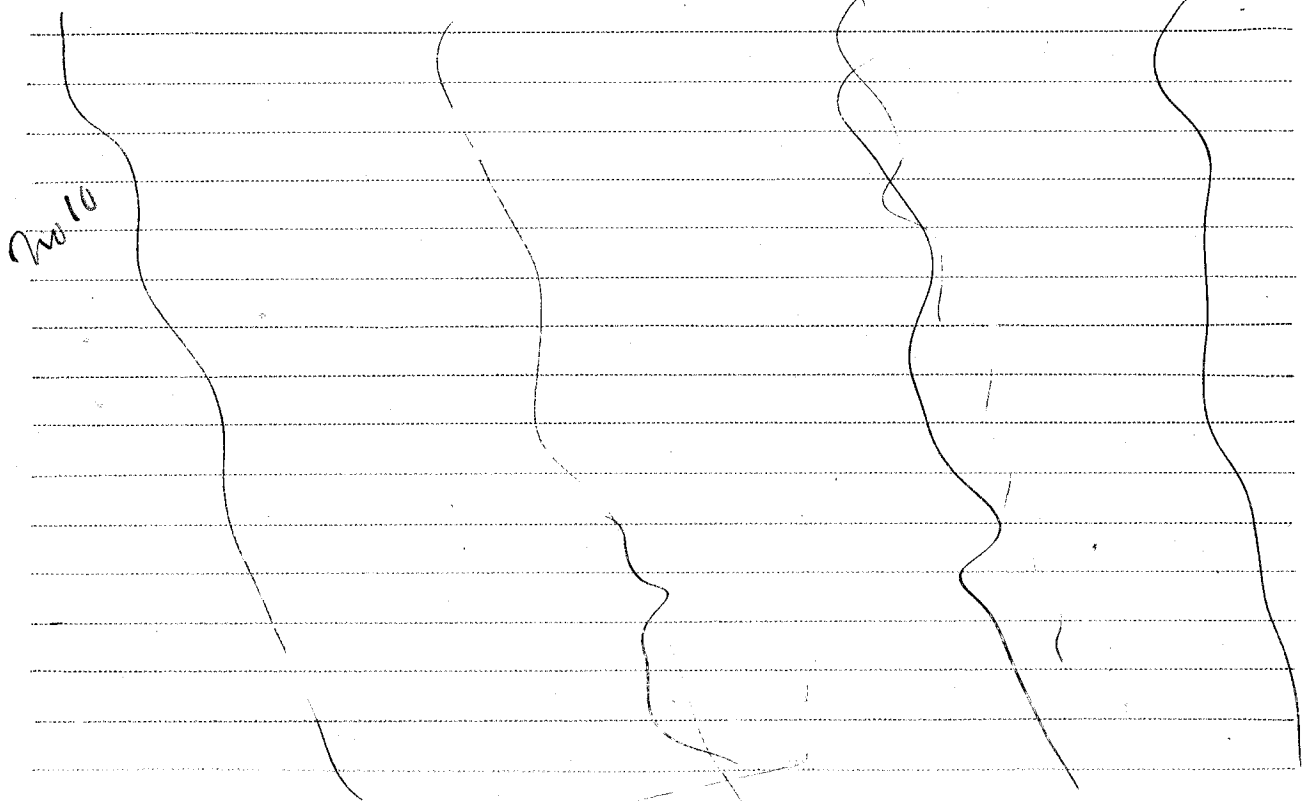
and Regiment, and at the time claimant contracted his disability

claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical

and was discharged from the service at the same time.

treatment for his disability while in the service should be stated, giving time and place, if possible.]

W. L. D.



And deponent further state that he is well acquainted with the claimant, having known him for at least twenty five years and further, that my knowledge of the facts above stated is derived from said acquaintance, and from having served as private of Company K of the 67 Regiment of Pennsylvania volunteers from the 29 day of October 1862 to the 14 day of July 1865. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that I am totally disinterested in this claim.

Post office address of affiant is Union Station, Pa. Joseph J. Duncan
E. P. Heidebrand

[If Affiants sign by mark, two persons who can write sign here.] [Signature of Affiants.]
STATE OF Pennsylvania COUNTY OF Indiana ss.

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 him with its contents before I 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 is personally known to me and that he is a credible person.

E. P. Heidebrand
(Official Signature.)
Justice of the Peace
(Official Character.)

[L. S.] I, J. A. Findley Clerk of the County Court in and for aforesaid County and State, do certify that E. P. Heidebrand Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace 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 4 day of June, 1887.

[L. S.] Clerk of the J. A. Findley
County Court

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.

Middle River
ADDITIONAL EVIDENCE.

PROOF OF DISABILITY.

CLAIM OF William J. Mahan

H " 67 " Pa Vale

For Original Pension

No 576742

Affiant of Joseph J. Duncan
In Service

Filed by SOULTE & CO.
Washington, D. C.

Printed and for sale by J. H. SOULE, Washington, D. C.

PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of Pennsylvania, County of Indiana, ss:

ON THIS 21st day of June A. D. 1887; personally appeared before me a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths

John R. Casmahon aged 59 years, a resident of West Indian Borough

in the County of Indiana and State of Pennsylvania and

aged _____ years, a resident of _____

in the county of _____ and State of _____ who being

duly sworn according to law, state that he is acquainted with William S. Mahan

applicant for Invalid Pension, and know the said William S. Mahan to be the identical

person of that name who enlisted or volunteered as a private in Company K, 67th

Regiment of Pennsylvania vols., and who was discharged

[Died or was discharged.]

at Hull's Mill, Pa. on or about the 14th day of July, 1865

by reason of close of the War.

[Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said William S. Mahan while in the line of his duty, at or near

Manchester in the State of Bergeria did, on or

about the 15 day of June, 1865, become disabled in the following manner, viz:

[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body

wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the

sickness, and how it affected him.] Was captured and made prisoner,

and after his exchange and return to his Company
in 67th Reg. Pa. Vols he was much broken down
physically, by evident symptoms of Rheumatism,
and since that time to the present day, has been,
and now is a sufferer with Rheumatism, and cannot
do half a Man's Work by reason of his affliction

That the facts stated are personally known to the affiant by reason of an intimate acquaintance

of forty years and over, and also was a Member

claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical

of Company K, 67th Regiment Company Volunteer

treatment for his disability while in the service should be stated, giving time and place, if possible.]

of which the said applicant was a Member

and that he, since his return from the Army

has lived within a radius of two Miles

from the Affiant's residence

July

War Department,

ADJUTANT GENERAL'S OFFICE,

576.742

Washington, Aug 19, 1887.

Respectfully returned to the Commissioner of Pensions.

John R. Barnahan, a Pvt. of Company "K",
167th Regiment Penna. Volunteers, was enrolled on the
day of _____, 186, at _____

and is reported: on roll for May 27 June 63 absent on
detached service in G. M. Dep. 3^d, Brig. 2^d, Div. 8th.
A. G. roll July 20 Aug. 63 present with remark
Returned to duty July 25/63. Return for May
63 reports him on extra or daily duty in Brig.
G. M. Dep. Return for July 63 does not report
him absent. Station June 20/63 Maryland
heights Va. 25 July 31/63 camp near Warrenton
Va.

R. L. Drum

Assistant Adjutant General.
(2.)

By *W. Evans*

E. P. O.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Pennsylvania, County of Indiana, ss.

In the matter of the application for pension of William L. Mahan

ON THIS Eight day of February A. D. 1887; personally appeared before me, a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths

Abraham Cochran aged 55 years, a resident of White Township

in the County of Indiana and State of Pennsylvania

whose Post Office address is Indiana, Indiana County Pa and

aged — years, a resident of —

in the County of — and State of —

whose Post Office address is —

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with William L. Mahan

for 35 years, and — years respectively, and that he has lived about

one and a half Miles from said Applicant

in White Township Indiana County Pa, for a

period of about 22. Years, I have well and

personally acquainted with the said William

L. Mahan, previous to his enlistment,

and know his physical condition good

previous thereto. I have met and seen him

at least, an average of once a month,

and oftens two and three times a week.

I know, that since his return from the Army,

he has complained and suffered from Rheumatism,

and general debility. I cannot say that his

debility has confined him to house work,

or entirely disqualified him from doing Manual

labor, but, I do know that he is not now

able to do a heavy Manual labor, nor

has he been since his return from the Army

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Instructions—read carefully.
The witnesses must state:
1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.
2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.
3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

W14

he further declare that he has no interest in said case and is not concerned in its prosecution.

E. P. Kildebrand

Alexander Cochran
[Signature of Affiants.]

(If Affiants sign by mark, two witnesses who can write sign here.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Pennsylvania COUNTY OF Dauphin 88:

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 him with its contents before he 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 is personally known to me and that he is a credible person.

E. P. Kildebrand
(Official Signature.)

Justice of the Peace
(Official Character.)

[L. S.]

I, J. A. Trindley Clerk of the County Court in and for aforesaid County and State, do certify that E. P. Kildebrand Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Justice of the Peace 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 10 day of July, 1887

J. A. Trindley
Orphan's Court
Clerk of the _____

[L. S.]

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.

Michelle Lin
ADDITIONAL EVIDENCE.
CLAIM OF
W. L. Mahan
No. 67 Pa. Note
Original Pension
AFFIDAVIT OF
Alexander Cochran

No. 576,742

Resubscribed

FILED BY
SOUTHERN CO.
Washington, D. C.

Printed and for sale by J. H. SOULE, Washington, D. C.

Ord. No. 373.682
Co. K. 67 Reg't Pa. Vol. Inf.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON, D. C.

FEB 6 1911, 191

William L. Mahan,
924 Wayne Ave.,
Indiana, Penna.

Sir:

You are informed that an order has this day been issued, directing a member of the board of United States examining surgeons at Indiana, Pennsylvania, to examine you at your home with reference to your claim for pension.

The doctor should fill in the spaces below, after which you will return this notice to the Bureau.

Very respectfully,

J. C. Thompson

Commissioner.

Examination made by me this 17 day of Feb, 1911

J. D. Stephens
Examining Surgeon.

Penn Penn

(P. O. Address of Examining Surgeon)

Pa



GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Pennsylvania, County of Indiana, ss.

In the matter of the application for pension of William S. Mahan

ON THIS Eighth day of February A. D. 1887; personally appeared before me, a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths

Robert M. McKee aged 58 years, a resident of White Township

in the County of Indiana and State of Pennsylvania

whose Post Office address is Indiana, Indiana County, Penna and

aged — years, a resident of —

in the County of Indiana and State of Pennsylvania

whose Post Office address is —

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with William S. Mahan

for 40 years, and — years respectively, and that he has lived about

one Mile from the said applicants residence

in White Township, Indiana Co. Pa, for a

period of Ten years, the previous thereof,

a distance of 2 1/2 Miles for a period of

Thirty years. Was well acquainted with him

before his enlistment and know his physical

condition to have been good up to time of

enlistment. Have met and seen him

at least once a month during war and

intimate acquaintance, and occasionally

as often as two and three times a week.

Know, that since his return from the army,

he has complained and suffered from Rheumatism

and general debility. Cannot say that his

alleged disability, has confined him to the

house or bed, or disqualified him from performing

Manual labor, but, I found, in working side

by side with him, (farming) that he was

unable to do heavy Manual labor.

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Instructions—read carefully.
The witnesses must state:
1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how long they have known him.
2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.
3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollect when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{2}$, or as the case may have been; what his actual earnings were, and whether or not the wages were less than others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

He further declare that *he has* no interest in said case and *is* not concerned in its prosecution.

E. P. Kildebrand

Robert M. McKee

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

[Signature of Affiants.]

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF *Pennsylvania* COUNTY OF *Indiana* 88:

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 *him* with its contents before *he* 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 *is* personally known

to me and that *he is a* credible person.

E. P. Kildebrand
(Official Signature.)

Justice of the Peace
(Official Character.)

[L. S.]

I, *J. A. Finley* Clerk of the County Court in and for aforesaid County and State, do certify that *E. P. Kildebrand*, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing *a Justice of the Peace* 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 *10* day of *July*, 188*7*

J. A. Finley
Clerk of the *Orphans Court*

[L. S.]

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.

Middle Div
ADDITIONAL EVIDENCE.
CLAIM OF
William L. Mahan
No 670 Pa Note
Original Pension
AFFIDAVIT OF
Robert M. McKee

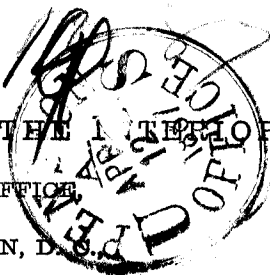
No 576 742

Remedy done

FILED BY
FILED
BOUTWELL & CO.
Washington, D. C.
Printed and for sale by J. H. SOULE, Washington, D. C.

Middle Dix.
Int RO Exc.
Anno. No. 542
William L. Mahan
Co. H Regt. 67th Pa Vols

DEPARTMENT OF THE INTERIOR
PENSION OFFICE
WASHINGTON, D.C.



APR 15 1887
OFFICE OF THE COMMISSIONER OF PENSIONS

March 24 1887

Sir:

To further aid this Office in determining the merits of the claim above entitled, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit on file affords.

Very respectfully,

John C. Mack
Commissioner.

Mr Robert M. McKee
Indiana
Pa

When did you first see William L. Mahan after he returned from the army, and how do you fix the date?

Ans: I can not fix the date of when I first saw W. L. Mahan after he came home from the army. But being personally acquainted with him of course I looked him up soon.

Was he then suffering from any disability?

Ans: yes know he was from my acquaintance with him before he went to the army.

Of what did he complain, and how was he affected?

Ans: He complained of Rheumatism and was some what drawn out of shape and could not sleep at night.

How frequently have you seen him since your first acquaintance?

Ans: on an average I would say once a month up to this present day.

Has he continued to suffer with such disability?

Ans: yes and still getting worse.

To what extent has he been disabled for manual labor thereby during each year within your knowledge?

Ans: I would not think half a hand at labour of any kind.

My means of knowing the facts of the case are these:

Having been acquainted with Wm L Mahan personally from we were small boys and have helped one another at work by times: gave me a good chance to know his abilities about performing manual labour and from what he has told me of himself.

Very respectfully,
(sign here) Robert M. McKee

The Commissioner of Pensions
Washington D.C.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldiers (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Pennsylvania, County of Lyons, ss.

In the matter of the application for pension of

William S. Mahan

ON THIS 4th day of June A. D. 1887, personally appeared before me, a

Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths
James Spence aged 63 years, a resident of Indiana

in the County of Indiana and State of Pennsylvania

whose Post Office address is Indiana, Indiana Co. Pa. and

aged years, a resident of

in the County of and State of

whose Post Office address is

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with William S. Mahan
for 40 years, and years respectively, and that Before the said

applicant was in the service, he was, as far as I could see, physically sound, and could do a large amount of work daily. After his return from the Army he was very much broken down in health and strength and continues to be unable to do a half day's work. These facts are known to me, because I have crossed side by side with him to 522 The Farm, both before he entered the Service and since his return from the Army, and have lived a near neighbor to him for over thirty years, and within about five miles of him for ten years past, and see him almost every week, and can see that he is mostly affected physically

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.
2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.
3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

W/S

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

James Spence

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

[Signature of Affiants.]

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF *Pennsylvania* COUNTY OF *Allegheny* ss:

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 *him* with its contents before *he* 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 *is* personally known to me and that *he is a* credible person.

E. P. Heidebrand
(Official Signature.)

[L. S.]

Justice of the Peace
(Official Character.)

I, *J. A. Friedley* Clerk of the *Allegheny* County Court in and for aforesaid County and State, do certify that *E. P. Heidebrand*, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing *a Justice of the Peace* 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 *4* day of *June*, 188*7*.

[L. S.]

J. A. Friedley
Clerk of the *Allegheny* Court

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.

Middle Div
ADDITIONAL EVIDENCE.
CLAIM OF
Mrs. L. Mahon
N. 67" Pa Vals
Origh Partition
AFFIDAVIT OF
James Spence

No 576,742

ance Justice

Filed by

FILED.
SOUTHERN & CO
Washington, D. C.

Printed and for sale by J. H. SOULE, Washington, D. C.

JUL - 5 1887

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the 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 Penna, County of Indiana SS:

In the Pension Claim No. 5-76742

of William L. Mahan Private late of
Co. K. 67th Regt Pa. Vols.
(Company and Regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Clerk of the Orphan Court in and for the aforesaid
County and State A. F. Purinton citizen of Said County
whose Post Office address is Indiana Pa.

well known to me to be reputable 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 17 years, and that he has been his family physician since 1871.
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)
That he has treated him occasionally for various difficulties, the last time about three years ago for a catarrhal affection of the bile ducts; has heard him complain of rheumatism but never treated him for it. He has the appearance of one prematurely old, and has had that appearance ever since I have known him.

NOTES.
The Physician's Affidavit must show the following facts:
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.
2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE or HIS DISABILITY and dates of treatment.
3d. If he has treated soldier 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.
4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

W 20

He further declares that he has been a practitioner of medicine for 23 years, and that he has no interest
direct or indirect, in the prosecution of this claim.

A. F. Purinton A. S. U. S. A.
[Affiant's Signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this 10 day of July A. D. 1887

and I hereby certify that the affiant is a practising physician in good professional standing; that the
contents of the above declaration, &c., were fully made known to him before swearing, including the words
erased, and the words

added; and that I have no interest, direct or indirect
in the prosecution of this claim.

J. A. Fuller
[Official Signature.]
Clerk. D. C.
[Official Character.]

[L. S.]

I, _____ Clerk of the County Court in and for aforesaid County
and State, do certify that _____, Esq., who has signed his name to the
foregoing declaration and 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 thereunto is genuine

Witness my hand and seal of office, this _____ day of _____, 1887

[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.

Middle Div

MEDICAL EVIDENCE.

AFFIDAVIT OF

A. F. Purinton M.D.

CLAIM OF

William L. Mahan

No. 5761742

for
Original Pension

CLERK I. A. B.

No. 67 Pa. Vol.

*Mr. Purinton
9 Dec 1871*

Filed by

*307113 307113
Washington, D. C.*

Printed and for sale by J. H. SOUTER, Washington, D. C.

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. Increase Pension Claim No. 373682
Name and rank of claimant. William J. Mason, Rank, Private
Company K, 67th Reg't Pa Ar | Indiana Pa State,
Claimant's post office address. Indiana Pa | February 26th, 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 in the service, viz: Rheumatism

If pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Eight dollars per month.

Here give the claimant's statement as briefly and as compactly as possible. He makes the following statement upon which he bases his claim for Increase unjust rating and increased disability.
He has pain all the time, can not sleep well - weak - unable for any violent exercise - He is disabled 3/4 day for manual labor

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 24; temperature, 98.4; height, 5 feet 8 inches; weight, 130 pounds; age, 60 years.

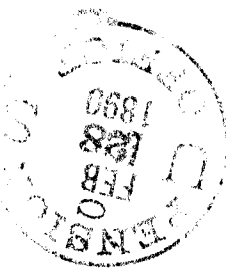
Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889. General appearance not good - expression of weakness - Anæmic - Muscles wasted - Skin clean - On stuffing him are found general muscular atrophy - Hips flattened - Right gluteo femoral crease 3/4 inch lower than left - Hip lengthened - The Scapular muscles are especially wasted - There is no Ankylosis of any joints or swelling - or contraction of tendons - Heart action weak, Pulse intermittent, No murmur - Muscular action of heart is weakened - There is no disease of spinal cord. Muscular coordination & Sensation normal - His disability is rheumatism

Rate for EACH cause of disability. He is, in our opinion, entitled to a 12/18 rating for the disability caused by Rheumatism, for that caused by _____, and _____ for that caused by _____

W. H. Huntington Pres. W. Hosack, Sec'y. J. H. ... Treas.

Continue record of examination here.

Lined area for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Wm L Mahon
Co. H, 67th Reg't Pa. Col

Applicant for *release*

No. *273,688*

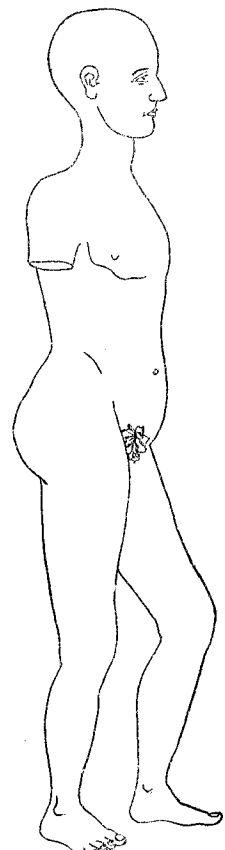
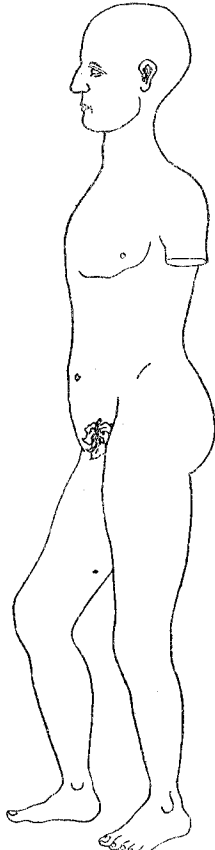
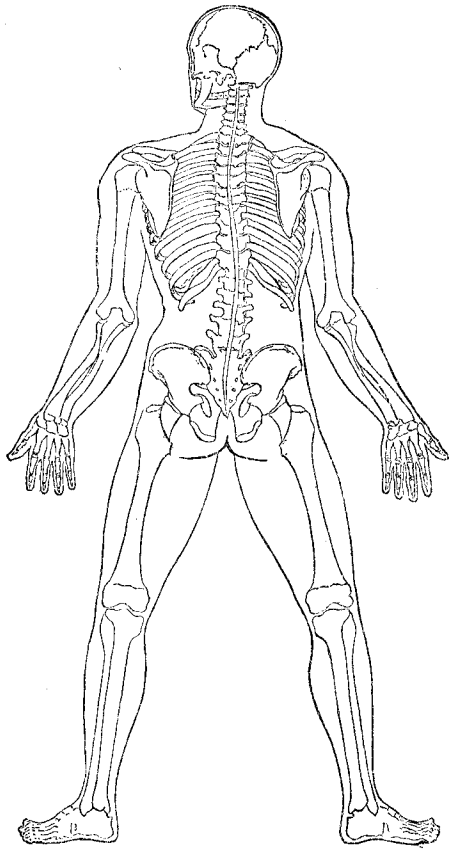
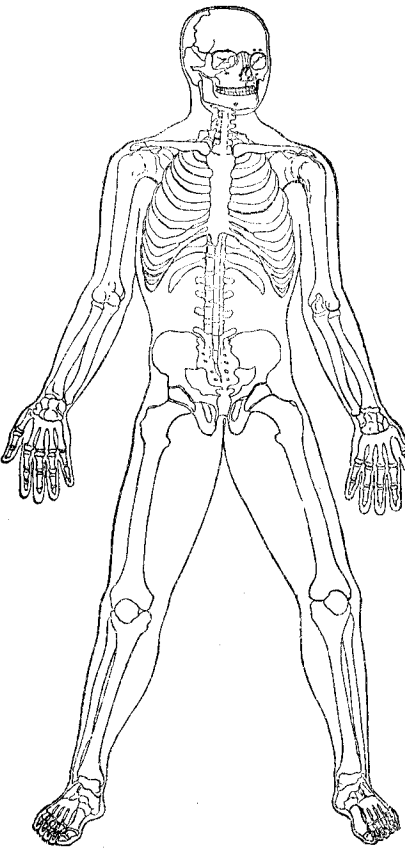
DATE OF EXAMINATION:
February 26, 1890.

A. Huntington, Pres.,
W. H. Hoack, Sec'y,
H. ..., Treas.,
BOARD.

Post office, *Indianapolis*
County, *Indianapolis*
State, *Indiana*

P. S.—Write your Post-office address plainly and in full.

W. H. Hoack



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. [Excerpt 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. Inc Pension Claim No. 373682
[State above whether for original, increase, or restoration.]
Name and rank of claimant. Wm L Mahan, Rank, Pvt
Company K, 47th Reg't Pa Inf | Indiana Pa State,
[Post office address of the Board.]
Claimant's post-office address. Indiana Pa | April 8th, 1891.
[Date of examination.]

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: Rheumatism - heart failure

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Ten dollars per month.

He makes the following statement upon which he bases his claim for Inc
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Disability increased by age, Pain & aching in back & limbs, weakness. Head dizzy weak trembling spells which he attributes to heart failure - 1/2 disabled

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 24; temperature, 98.5; height, 5 feet 8 1/2 inches; weight, 130 pounds; age, 41 years.

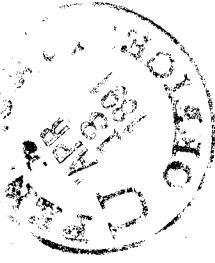
Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889. General appearance denote weakness Pale. Muscles small. Soft - tongue coated. Tender on pressure over stomach. Alleges pain on pressure over sacro spinous. Hips flattened. Muscles of back wasted. Tender on pressure. No joints stiffened but alleges general muscular weakness. Heart regular. Spleen & apex heart normal. Rheumatism is the only disability now existing here that which is due to age

Rate for EACH cause of disability. He is, in our opinion, entitled to a 10/18 rating for the disability caused by Rheumatism, for that caused by _____, and _____ for that caused by _____

Robert Eric's, Pres. W. H. Sosa, Sec'y. H. P. Earfield, Treas.

Continue record of examination here.

Lined area for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Mrs L. Mahan
Co. H, 67th Reg't Pa Inf

Applicant for *Service*

No. *273,682*

DATE OF EXAMINATION:

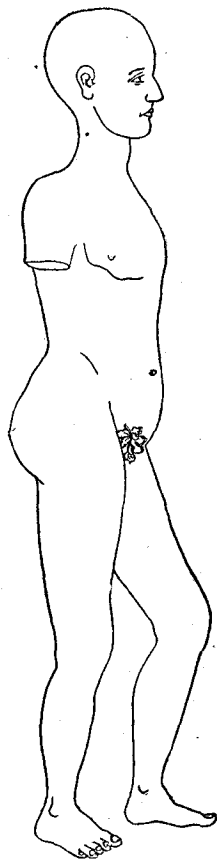
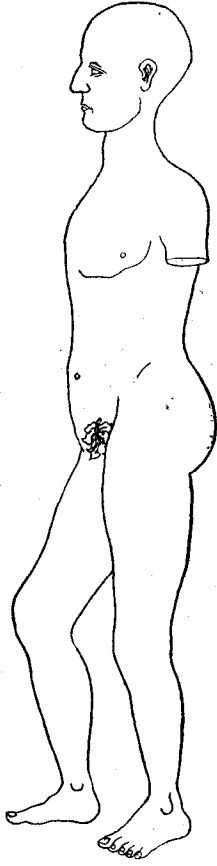
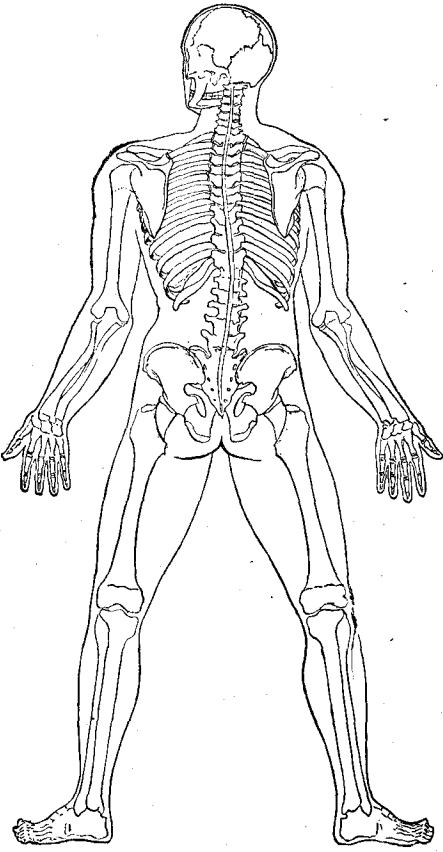
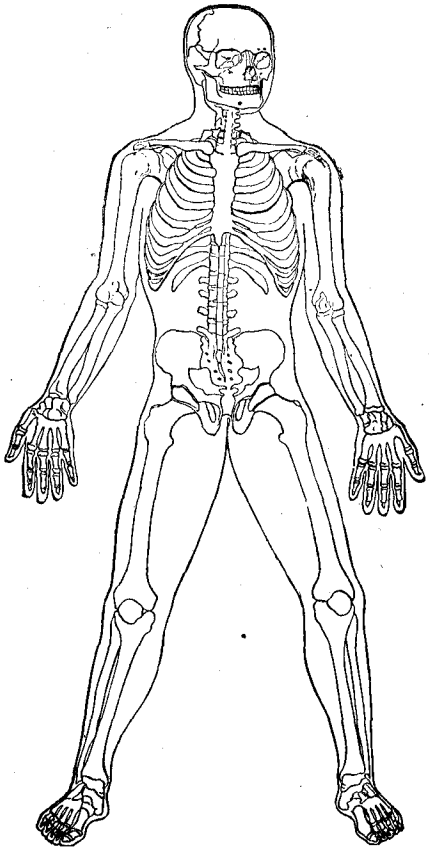
April 8th 1891

Abner S. Sick Pres.,
Wm. S. Bennett Sec'y,
H. J. Ehrenfeld Treas.,
BOARD.

Post office *Indianapolis*
County, *Indiana*
State, *Indiana*

P. S.—Write your Post-office address plainly and in full.

TEOC



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. *Increase* Pension Claim No. *373,682*
Name and rank of claimant. *William A. Mahan*, Rank, *Private*
Company *B, 67* Reg't *Pa Inf - Greensburg Pa* State,
Claimant's post-office address. *Indiana, Indiana, Pa. Feb'y 10*, 189*2*
[Date of examination.]

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 in the service, viz: *Rheumatism & vs. heart disease & head trouble & dimness of vision*
and that he receives a pension of *Ten (10)* dollars per month.

If pensioner, fill in the amount; if not, erase the whole line. He makes the following statement upon which he bases his claim for *Increase*
Here give the claimant's statement as briefly and as compactly as possible. *Has rheumatic pain in nearly every part of the body, suffers most in crowd of back and hips - The pain is so severe as to deprive me of a great deal of sleep, Am subject to dizzy spells and shortness of breath, My vision is defective - Has a discharge from the nose -*

Upon examination we find the following objective conditions: Pulse rate, *80*; respiration, *20*; temperature, *99*; height, *5* feet *18* inches; weight, *132* pounds; age, *33* years. *One half (1/2) loss of motion in both shoulder & marked stiffness in both elbow joints. with slight crepitation in the shoulder joints on passive motion. Wrist joints normal. Marked stiffness in both hips & 1/4 loss of motion in both knee joints. Tenderness along the entire course of the spine most marked over the lumbar vertebra muscles on both sides. There is very marked atrophy of all the shoulder, back, lumbar, & gluteal muscles. Can't touch the floor with the hands within 10 in without bending the knees. No enlargement of joints. No contraction of tendons. Eight Eighths for Rheumatism. Apex heart beat cannot be located either by inspection or palpation. Area of dulness is very markedly diminished downwards & upwards. No crepitation but the heart sounds are most intermittent missing one beat in every four. Exercise runs up the pulse rate to 140 beats per min. Six Eighths for disease of heart. There is marked Post-Naso-phar Catarrh, The uvula is elongated and thickened. Mucous membranes engorged, thickened. Eustachian tubes patulous.*

Rate for EACH cause of disability. He is, in our opinion, entitled to a *8/8* rating for the disability caused by *Rheumatism* *8/8* for that caused by *dis. of heart*, and *7/8* for that caused by *Post-Naso-phar. Catarrh*, *4/8* *Dis of eyes*.

H. L. Dammery, Sec'y. *N. E. Pietz*, Treas.

Continue record of examination here.

Two Eighteenths for Post. Noso-phar. Catarh,
There is a pterygium (double) at eye, well marked,
They do not extend over the iris or pupil. There is a slight
Catarh condition of lachrymal gland ducts at eye,
Reads + Emery at 20 feet, both eyes. C.C. left eye, same
with at as with both eyes. Reads No. 8 both eyes, and
15 with left, and 10 with at eye, at 15 in, There is
slight astigmatism, Four Eighteenths for dis-
of eyes. Claimant is anemic, emaciated and
debilitated, poorly nourished, which in our
opinion, in a great measure, is due to rheuma-
tism orig. disease of heart disease.
No other disability is found to exist.

SURGEON'S CERTIFICATE

IN CASE OF

William S. Mahan
Co, *W. 67* Reg't *Pa. Inf.*

Applicant for Anemia

No. *373682*

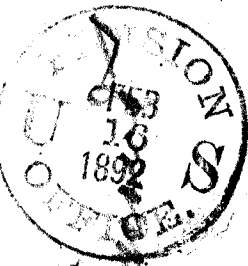
DATE OF EXAMINATION:

Feb. 10, 189*2*

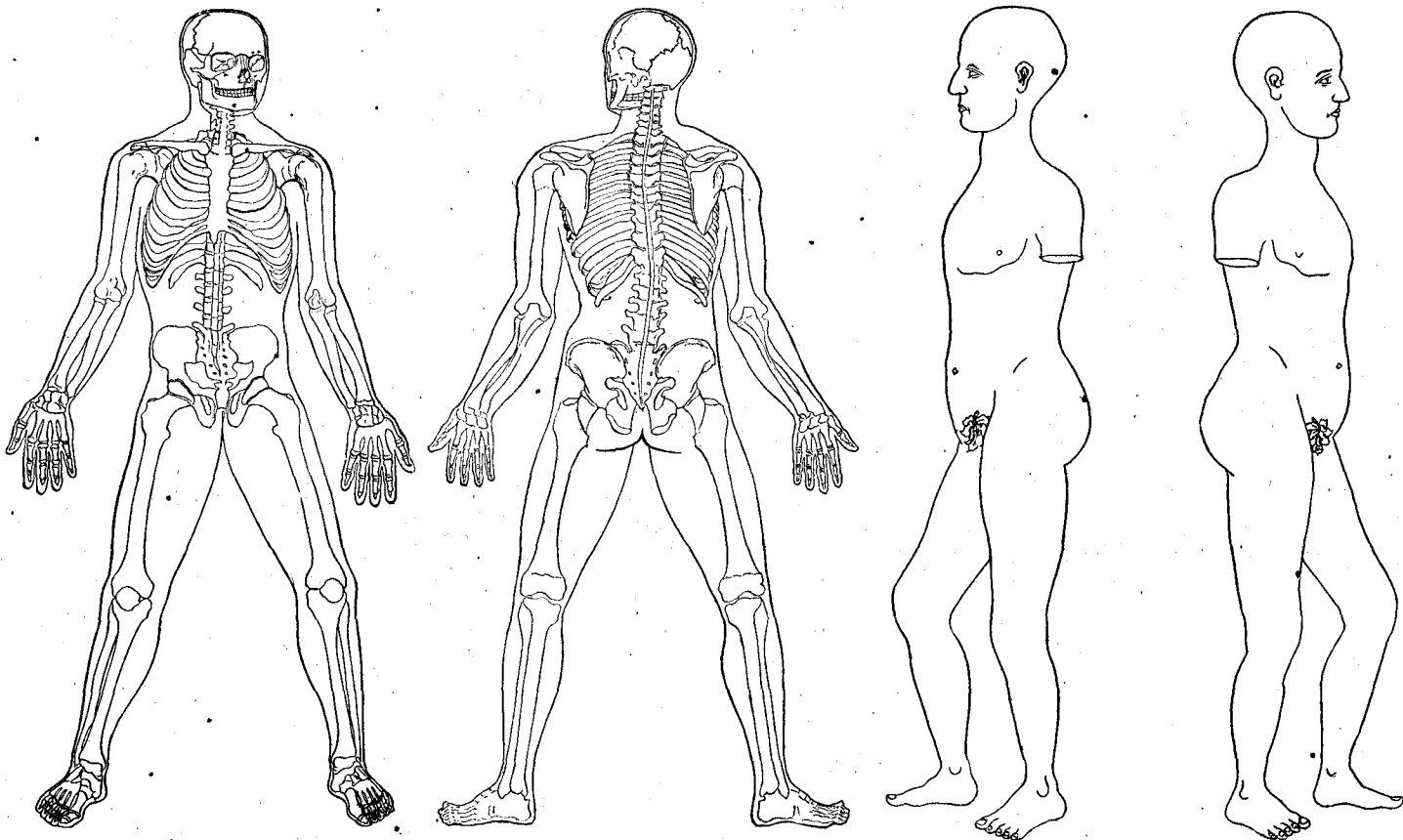
W. S. Mahan Pres.,
D. E. Smith Sec'y,
J. A. Smith Treas.,
BOARD.

Post office, *Greensburg*
County, *Westmoreland*
State, *Pennsylvania*

P. S.—Write your Post-office address plainly and in full.



J. A. Smith



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.]

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 373682
 Name of claimant. William L. Mahan Address of Board. Indiana P. O. Greene State. Indiana Pa
 Company K. 67 Reg't Pa Cal February 19, 1902
 Claimant's post-office address. Indiana Pa [Date of examination.]
 Cause of disability. Rheumatism & resulting disease heart

He receives a pension of 14 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.
 He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Is unable to any work or any kind of business. He reasons of weakness and pain. Has frequent dizzy spells and regular staggers. Suffers much from pain in joints and stiffness. Heart palpitates.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace Washington Ind India Pa; age, 72 years; height, 5ft 9; weight, 125 pounds; complexion, fair; color of eyes, blue; color of hair, gray; occupation retired; permanent marks and scars other than those described below, no more

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 70 86 110; respiration, 22 24 28; temperature, 98;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of Instructions.
 Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found, should be stated. Whenever disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Rheumatism. General appearance denotes debility. No thin in flesh. Pale, weak and expression of distress in his face. Stopped shoulders. Motion of shoulder joints agrees pain and motion limited by thickening of ligaments. Thigh and knee joints the same. Thigh and shoulder joints crepitat on motion. Motion of no other joints limited. Suffers pain in hip and extending down leg at times. Also in shoulders and intercostal muscles and muscles of back. Heart: Percussion dullness not increased. No heat evident to palpation when in a stooped position. No rales heard. Pulse weak, intermittent - arteries hard - begins full. There is a systolic murmur - mitral insufficiency - not loud, heard best at apex. Sounds are weak. Rhythm irregular. There may be some dilatation of left side of heart. Walking a few times across floor of office causes pallor and cordial depression. Skin cyanotic. He is totally disabled for manual labor or any kind of business - The claimant is so disabled from Rheumatism and resulting heart disease, as to be incapacitated in a degree equivalent to the loss of a hand or foot for the purposes of manual labor and is entitled to \$14 a month.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.
We find the beginning of a double hydrocele - as yet it is not disability. Excepting that which is due to a natural decline we find no disability existing other than those above described. The general muscular atrophy is partly due to age and partly to stagnation. Outside of our disability he is otherwise disabled from age. No evidence of any vicious habits.

Lo. M. Egan, Pres. Wm. Hosack, Sec'y. Abent, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____."

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Wm J Mahan, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. C. M. McQueen and Dr. Amptosaek, the examining surgeons here present (waiving examination by full board), on this 19 day of February, 1902."

Witnesses to mark. _____

(Signature of Applicant.) William J Mahan

Ramsey
PENSION
FEB 21 1902
SURGEON'S CERTIFICATE

IN CASE OF
William J Mahan
Co. K, 67th Reg't Pa Inf.

APPLICANT FOR increase

No. 2731682

DATE OF EXAMINATION:
February 19, 1902

BOARD.
C. M. McQueen, Pres.,
Amptosaek, Sec'y,
Robert, Treas.,

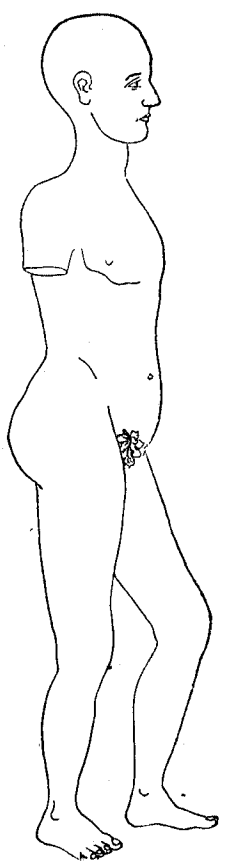
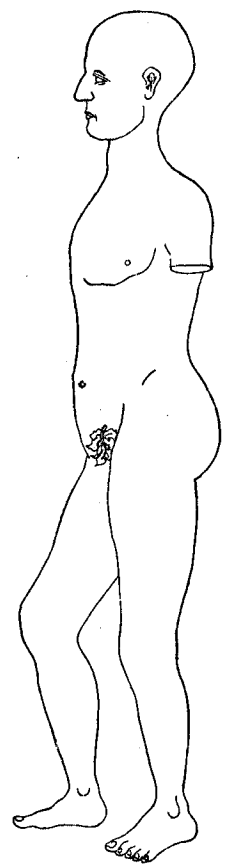
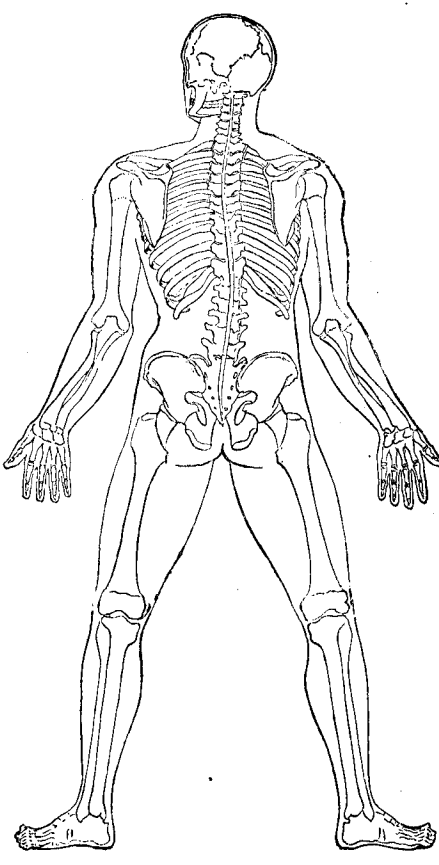
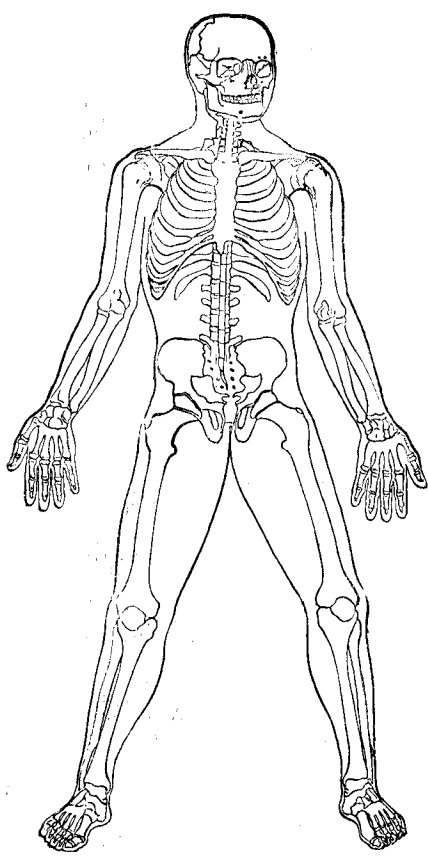
Post office, Arcton

County, Indiana

State, Ohio

P. S.—Write your Post-office address plainly and in full.

MAR 3 1902
PENSION



Single surgeons will use this blank, changing "we" to read "I." 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.

"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.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Ins. Pension Claim No. 873682
 Name of claimant William S. Mahan Address of Board Indiana P. O. Pa
 Company K 67 Reg't Pa vol Infy State. Pa
Indiana, Pa, Dec, 23rd, 1909
 [Date of examination.]
 Names of disabilities Rheumatism & resulting disease of heart

He receives a pension of 7.17 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Claimant states that he contracted rheumatism & disease of heart while in the U.S.A.

Birthplace, Indiana Co. Pa; age, 75 years; height, 6-7; weight, 122 pounds; complexion, fair; color of eyes, Blue; color of hair, gray; occupation, farmer; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 90 108 —; respiration, 24 36 —; temperature, 98 —;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Rheumatism - Shoulder joints give crepitus on passive motion limited. Elbow joints give crepitus on passive motion limited. Muscles of shoulder joint contracted. Hip joints limited. Knee joints, tendons at knee joint contracted. General muscular atrophy. No acutely inflamed or swollen joints. But joints described above are tender on manipulation & on passive motion give pain.

Heart - apex impulse 6th inter costal space 4 in, out side nipple line. Evident to inspection. Plainly evident to inspection. Area of cardiac dullness increased down ward & to the left. Rhythm irregular increased in force with prolonged rest & sporadic contraction of ventricle - c.v. sounds louder than normal slow pitched. Mitral systolic murmur heard with systole. Regurgitant. Heard with greatest intensity at apex impulse. Transmitted to left axilla & back. Also friction friculus heard with contraction of ventricle. Showing results of pericarditis. Hypertrophy of left ventricle. Edema of feet & ankles, also lower eye lids. No cyanosis. Blood vessels atherosclerotic.

Why this man cannot leave home will be shown in the answer to the following question. Paralysis of what portion of body.

History - This claimant gives a history that for 5 to 6 yrs. when out walking at different times he would find himself going off to the left side like a man intoxicated. He states that he would discern himself going off, however at left side but could not prevent it except by stopping. Some times would succeed in getting home without help & sometimes require help. He also stated that when he would get home & lie down by next day he would be all right again. Until the last attack which he states was the worst.

_____, Pres. R. F. Mahoney, Sec'y. _____, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____."

(Signature.) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, William S. Mahan, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. R. F. McNemy and Dr. _____, the examining surgeons here present (waiving examination by full board), on this 23rd day of Dec, 1904"

Witnesses to mark. { _____

(Signature of Applicant.)

William S. Mahan

DEC 13 1904

HOME

JAN 9 1905

SURGEON'S CERTIFICATE

IN CASE OF

William S. Mahan

Co. H 67 Reg't Pa Inf.

APPLICANT FOR inc

No. 373.682

DATE OF EXAMINATION:

Dec 23rd, 1904

BOARD.
Pres., _____
Sec'y, R. F. McNemy
Treas., _____

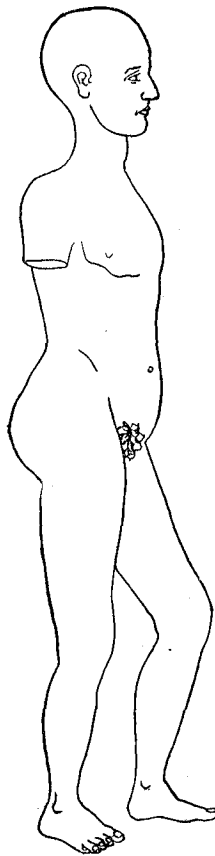
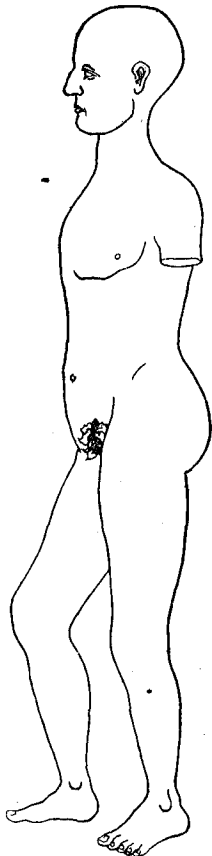
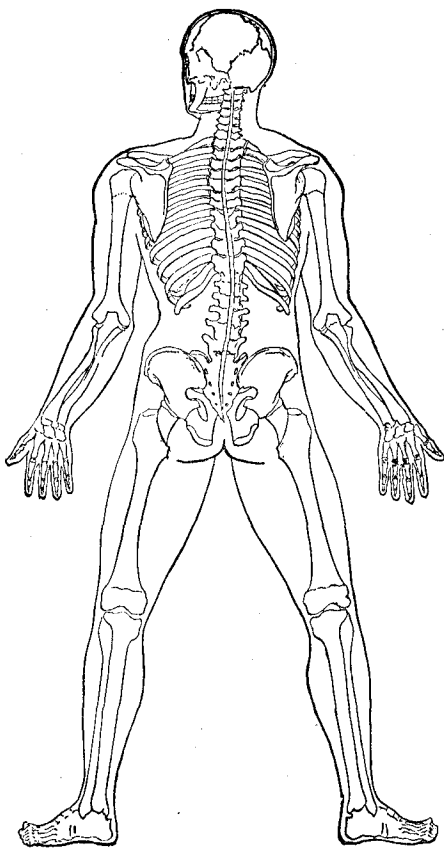
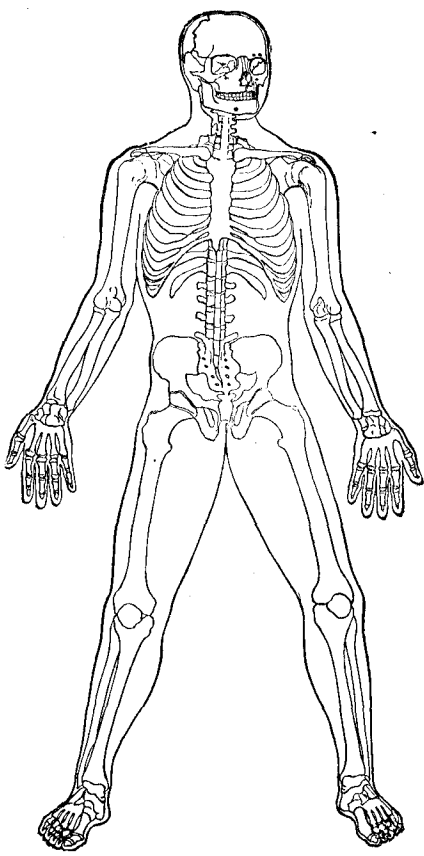
Post office, Durham

County, Indiana

State, Pa

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a

J. P. D.



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

Paste this to back and upper margin of preceding sheet.

3-156.
(Old No. 3-111 g.)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant. Pension Claim No. 873682
William D Mohon
18, Company 67, Reg't Lawdy
Indiana Pa

Address of Board. Indiana, Pa
Dec 23rd, 1904
 [Date of examination, not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Condition: marked anemia, weakness, vertigo to such an extent that claimant is not safe in his weakened condition to stand alone, when he attempts to stand has a tendency to fall to left side. Claimant complains of constant headache. Partial anæsthesia of right side of face & of left arm whole left side of body, left thigh, leg, foot, and I should state left foot, arm & hand as near as I can state, if this anæsthetic condition by testing with pins thoroughly sensation is reduced & compared with right side.

Power of fingers in left hand compared with right & assisting him when attempting to walk, which he can do with the aid of a cane or person but not safely alone, although does not realize his danger, he drags or trails his leg to after him instead of lifting it naturally as in health. Speech is slow & hesitating also slightly slurred. Claimant complains of a distended feeling in his stomach but states that he does not vomit. He also states that he has never been completely unconscious with any of these attacks.

Pupils average normal size equal & react to light. Power of fingers in left thigh, leg & foot at least 1/2. Claimant states that he has much better sensation in left extremities than when first affected. In my judgment claimant temporary paralysis but times & thus time permanent partial paralysis is due to an embolic occlusion of a branch of the middle cerebral artery. Possibly other cerebral arteries are given off. This claimant is so disabled from rheumatism & resulting disease of heart & partial paralysis of left side so to be incapacitated for performing any manual labor and is entitled to \$30. per mo.

Marginal entries must never be made.

Cerebral Embolism Senile cerebral lesions of blood vessels of Brain

1 absent 1. Cerebral softening with enfeebled nerve function
 2. occlusion 2. Rupture or occlusion of vessel

_____, Pres. R. F. M. Sec'y. _____, Treas.

Do not use the back of this blank for any purpose except as indicated.



SURGEON'S CERTIFICATE

IN CASE OF

William L. Mahony

Co. *H*, *67* Reg't *Paradise*

Applicant for *Inc*

No. *873682*

DATE OF EXAMINATION:

Dec 23rd, 190*4*

_____, Pres.,
R. M. Hany, Sec'y, } BOARD.
_____, Treas., }

Post-office, *Indiana*

County, *W*

State, *Pa*

Fill all blank spaces above.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Inca,

Pension Claim No. *873 683*

Name of claimant.

William S. Mahon

Address of Board. *Indian* P. O. *Pa* State.

Claimant's post-office address.

Pat Company *A 67* Reg't *Lawley*
[Rank] *Indian, Pa*

Dec 23rd, 190*4*
[Date of examination.]

Cause of disability.

He receives a pension of _____ dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

He makes the following statement upon which he bases his claim for _____
[Original, increase, restoration, etc.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, _____, respiration, _____, temperature, _____,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
height, _____ feet _____ inches; actual weight, _____ pounds; age, _____ years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Emboli *Senile Changes*
3 *Partial paralysis right* 3 *apoplexy Permanent paralysis*
severe partial or complete
4 *no loss of consciousness* 4. *Loss of consciousness*
is not so marked maybe 6 *muscular wastes of head & limbs*
absent. *unless entire loss of motion*

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Heart in this case *Senile Heart*
1 *Enlarged in size* 1 *Regeneration of cardiac sub-*
stance, weak
2 *cardiac dyspnoea* 2 *cardiac dyspnoea*
3 *Irregular rhythm* 3 *Irregular rhythm*
4 *Friction pericarditis* 4 *absent*

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Arthritic lesions in *Senile Arthritic Lesions*
This case
1 *Inflammation of syn-* 1 *Stiffening from hardening*
ovial membrane *of cartilages tendons & muscles*
of joints - with roughening
2 *Pericarditis at times* 2 *Pain due to neuritis*
relieved when joint is quiet *rather than rheumatic*
with increased motion. *as a rule not acute but*
constant

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

no vicious habits
I realize that many of the above conditions found
in this claimant are found in senile conditions
alone but how differentiated them to the best of
my ability.

_____, Pres. *R. F. Moseley*, Sec'y. _____, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

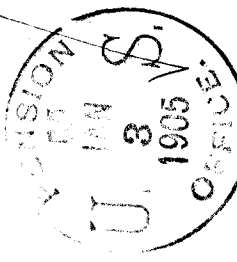
"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 ."

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190 ."

(Signature.)



HOME

SURGEON'S CERTIFICATE

IN CASE OF

William D. Mahon
Co. A. 87 Reg't Pa. Inf. Div.

APPLICANT FOR *Inc.*

No. *87368*

DATE OF EXAMINATION: *Dec 23rd*, 190*4*

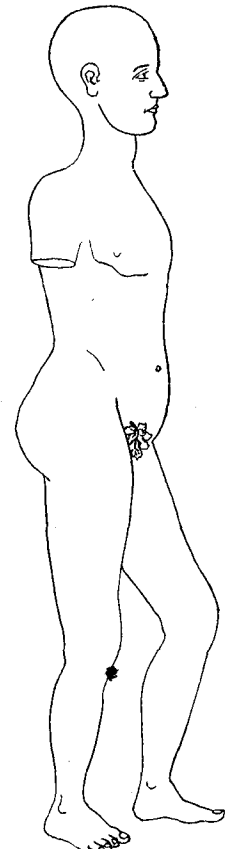
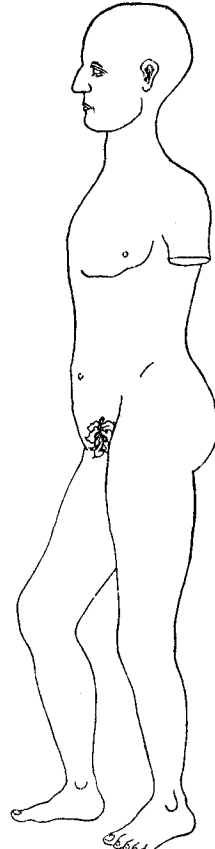
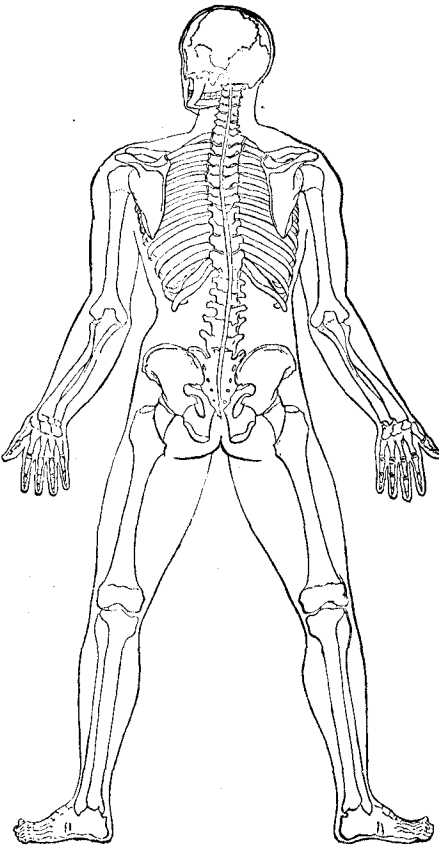
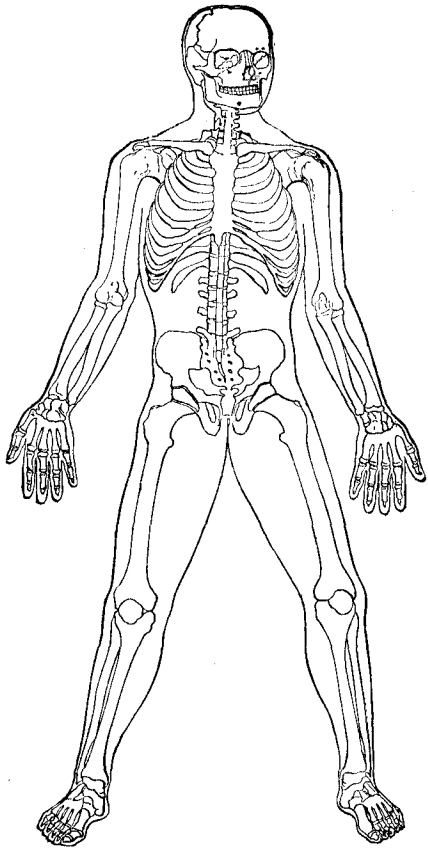
BOARD.
Pres., *R. F. Mackay*
Sec'y, _____
Treas., _____

Post office, *Leeds*

County, *Pa*

State, *Pa*

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the bottom of the certificate, and also on the back of the same.

"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.]

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 378682
 Name of claimant. William L. Mahan Address of Board. Indiana P. O. Perma State.
 Company K. 67 Reg't Pa. Cal. Inf.
 Claimant's post office address. Indiana, Indiana Co, Pa Aug. 13th, 1940
(date of examination.)

Names of disabilities. Rheumatism, Disease of heart Partial paralysis of left side. He receives a pension of 30 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.
 He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism began when in the service resulting in heart disease and paralysis

Birthplace Indiana Co Pa; age, 81 years; height, 5ft 8in weight, 120 pounds; complexion, fair; color of eyes, gray; color of hair, gray; occupation, farmer; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 78 - - - ; respiration, 21 - - - ; temperature, 97.4;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.
Rheumatism. Shoulder joints limited in motion 1/8. Right elbow 1/8. Left elbow 1/4. Right knee 1/4. Left 3/4. Stays about obtuse angle. Heart. Skin cyanotic, dyspnoea on abrupt excitement or motion. Feet oedematous. B.P. 112 pressure. Apex beat not evident to sight or palpation. Aerial dullness appears to be normal. There is a mitral regurgitant murmur - very distinct. No apparent hypertrophy or dilatation. The left arm & left leg are paralyzed - unable to put hand to face. Is unable to stand, is lifted in and out of bed. Can not button or unbutton his clothes. Can not urinate without help. Is lifted on end of the stool. When asleep urine 6 or 7 times passes in his bed - no cystitis or enlarged prostate gland. Contractile power of bladder is weak or paralyzed. He is a great charge. Requires constant aid of another person. And a woman is unable to do it. The disability is due to pensioned cause which is Rheumatism, heart disease and resulting paralysis and is entitled to \$72. per month. No disease of lungs, chest measures at rest 32 in. Forged inspiration 33 - expiration 31 1/2. No disease of kidneys - Urine 920 color brown - no albumen or sugar. There is marked senile debility. Mind is weak and general muscular emaciation. But this does not affect the validity of his disability for which pensioned. His stroke 4 years ago resulted from heart disease for which pensioned. This disables him as to need constant aid of another person.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

W. H. Asack, Pres. _____, Sec'y. _____, Treas.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 ."

(Signature.) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190 ."

Witnesses to mark. _____

(Signature of Applicant.) _____

AUG 11 1910

HOME U. S.

SURGEON'S CERTIFICATE

IN CASE OF

William L. Mahan

Co. K, 67 Reg't Pa. W. Inf.

APPLICANT FOR *Shenan*

Case No. *373,682*

DATE OF EXAMINATION:

Aug 13th, 19*10*

Mytoback, Pres.,
_____, Sec'y,
_____, Treas.,
BOARD.

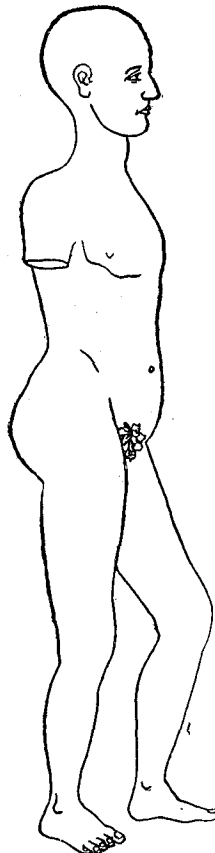
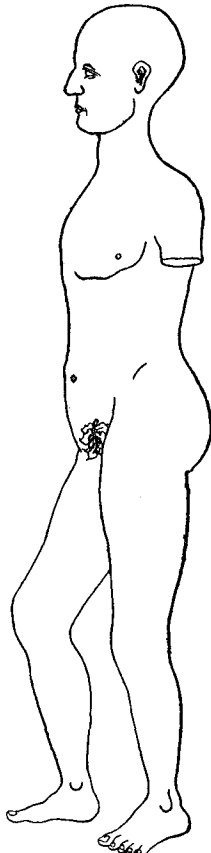
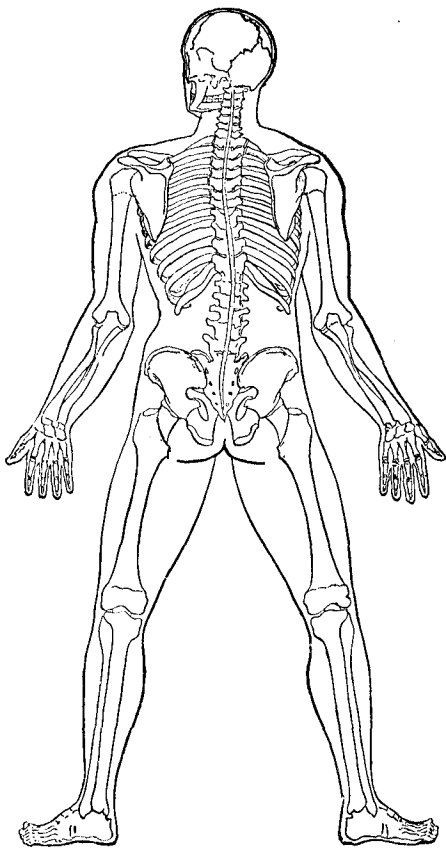
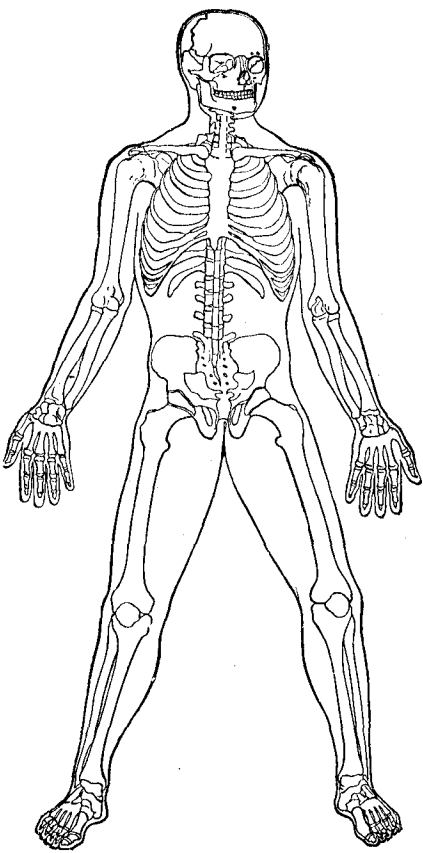
Post office, *Madison*

County, *Indiana*

State, *Illinois*

Do not use backs of envelopes or any paper other than indicated by printed matter thereon. 6-52a

AUG 20 1910
DIVISION.



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 373682
 Name of claimant. William L Mahan Address of Board. Indiana Pa P. O. State.
 Company K 67 Reg't Pa Vol Inf. Date of examination. Feb 17, 1901
 Claimant's post-office address. 924 Wayne Ave Indiana Pa
 Names of disabilities. Rheumatism disease of heart and partial of left side
 He receives a pension of 20 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.
 He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism & disease of heart. paralysis developed later

Birthplace, Indiana Co; age, 82 years; height, 5ft 10; weight, 115 pounds; complexion, Fair; color of eyes, Blue; color of hair, gray; occupation, Farming; permanent marks and scars other than those described below, large mole above lip

We hereby certify that upon examination we find the following objective conditions:
 Pulse rate, 96; respiration, 24; temperature, 98.3
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.
 I found him lying in bed could not take pulse or respiration only sitting being impossible to stand upon his feet or take any exercise. I made an effort to have him stand upon his feet and I am satisfied that he cannot get his height but give his former height which was 5ft 10 inches I could not weigh but I judge he will weigh about 115 lbs.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.
 I had him make an effort to get out of bed but am satisfied that he cannot do so without assistance. He is confined to bed all the time except when lifted out of bed and set upon a chair. I had him make an effort to put on his clothing and am positively satisfied he cannot. He cannot utter a word of nature without assistance of another party who lifts him out of bed and places him upon a commode cannot stand. I am positive he can pass urine without use of catheter. Examination revealed evidence of enlarged Prostate gland. evidence of mural Arterio Sclerosis.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.
 Rheumatism entire left side in a paralyzed condition. Left foot & toes drawn deformed & contracted. Left ankle ankylosed stiff motion completely destroyed. Left knee stiff and ankylosed flexed joint enlarged & deformed and cannot be extended. I used force motion of knee completely destroyed. Hamstrings tendons contracted and hard. Left thigh stiffened motion limited at least 1/2 degree. Left hand and wrist drawn cannot hold or grasp anything in left hand had him try to do so. Left elbow deformed & flexed & enlarged motion limited

Pres. J D Stephens, Sec'y. _____, Treas.

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____."

(Signature.) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190 _____."

Witnesses to mark. _____

(Signature of Applicant.) _____

FEB 6 1911

FEB 23 1911

HOME OFFICE

SURGEON'S CERTIFICATE

IN CASE OF

William A. Mahan

Co. K, 67 Reg't Pa. Vol. Inf.

APPLICANT FOR *Discharge*

Reg. No. *373.682*

DATE OF EXAMINATION:

Feb 17, 1911

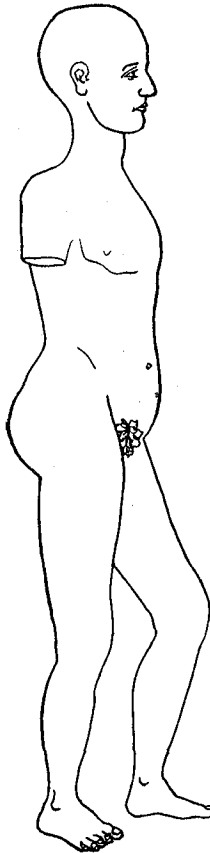
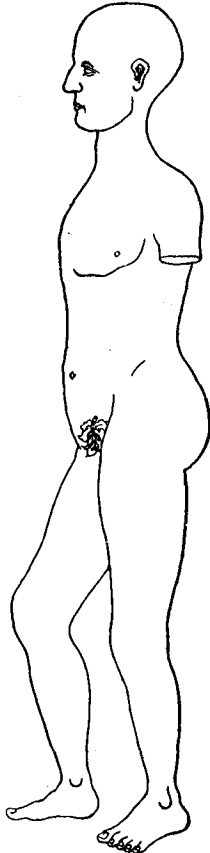
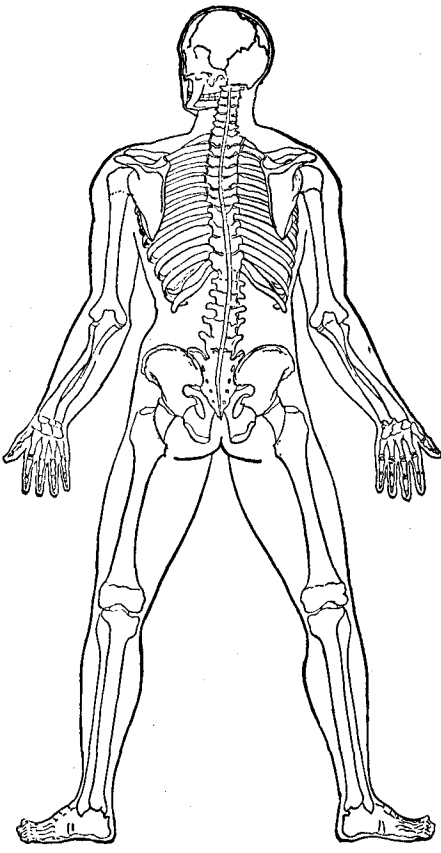
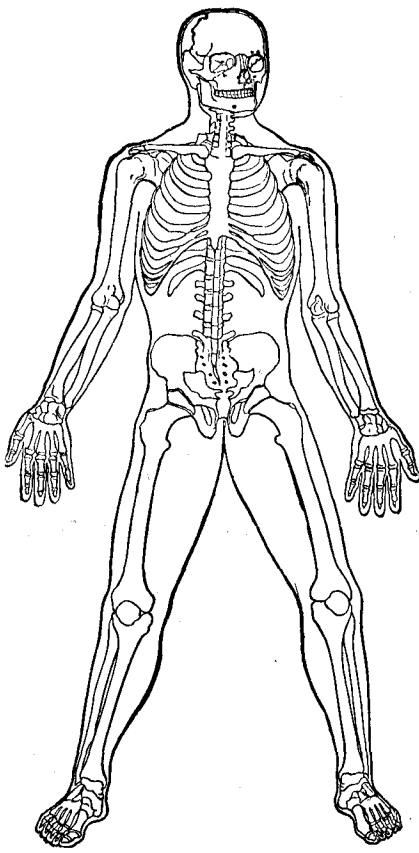
BOARD:
Pres., *J. D. Stephens*
Sec'y, _____
Treas., _____

Post office, *Rein Run*

County, *Indiana*

State, *Pa.*

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Pension Claim No. 373682
 Name of claimant. William G Mahan
 _____, Company _____, Reg't _____

Address of Board. _____

 _____, 191
 [Date of examination, not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

3/4 of degree Left shoulder stiff crepitates & painful on motion motion limited 1/2 degree muscles of back of neck stiffened & contracted neck drawn forward cannot straiten neck Right shoulder crepitates motion ~~limited~~ ^{limited 1/2 degree} can hold a glass or cup in right hand. can move right leg and lift same up off the bed cannot either get out of or back into bed from chair or combodly or put on or remove any part of his clothing without assistance of another party.

Heart apex beat not located by inspection or palpation rhythm weak & rapid area dullness not increased no murmur that I could detect. Lung at rest 33 deep expiration 32 full inspiration 34 auscultation & percussion negative Kidneys negative

General appearance man of pale & anemic muscles wasted away some evidence of Senility but not to such an extent to prevent him from walking around and waiting upon himself if it was not for disabilities from Rheumatoid causes namely Rheumatism and paralysis or uselessness of left side as direct results of Rheumatism he can take a drink himself but cannot feed himself unless his food is all cut & prepared for him then he can partially feed himself when he is able to be lifted out on chair when lying in bed cannot. I am positive that he cannot remove or put on clothing himself no matter what effort he makes owing to stiffened & paralyzed condition of left side and stiffness of right shoulder His mental condition is good considering his age Senility is not a factor in his helpless condition He needs the services of an attendant every time to attend to calls of nature. every time to get out and into bed every time he eats and to put on and remove clothing

Marginal entries must never be made.

_____, Pres. T O Stephens, Sec'y. _____, Treas.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Pension Claim No. 372682

Name of claimant. William L Mahan Address of Board. _____

_____, Company _____, Reg't _____

_____, 190_____

[Date of examination, not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

His general physical condition is fairly good for a man 82 yrs of age excepting the helpless paralyzed condition of left side which is results of Rheumatism

Rating \$72 per month
This claimant is so totally and permanently helpless from Rheumatism and resulting paralysis of left side that he requires the regular personal aid and attendance of another person and is entitled to \$72 per month not due to any vicious habits

Marginal entries must never be made.

_____, Pres. J. D. Stephens, Sec'y. _____, Treas.

