Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

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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,

DECEMBATION FOR CONTRACT		· · · · · · · · · · · · · · · · · · ·	
State of Cenn a	, County of	Indiany	, 55:
On this 30" day of augus	/, A. D., one the	ousand nine hundre	d and on
personally appeared before me, a Alle		uphans les	_
within and for the County and State aforesaid	/ // COMCOBIL CHATAGRE	no executing officer.]	72
years, a resident of the Blad, of	Many,	County of 2M	eliany
State of Penny, who being	duly sworn according	to law, declares that	he is a pensioner
of the United States, under certificate No.3/3	.682 enrolled at the	Ettelung	
Pension Agency at the rate of 14, dolla	rs per month, by reaso	n of disability from	tion for which more and 3
Rheumatism and	resulting	Maine only disability	of was
****	γ		// incurred
in the Military or Naval] service of the United	States while a	valt_co. K	· .
[Military or Naval] Regt,	P,	Vol.	
That he makes this application for in	crease of	Jewin	r muder
the general law	~/	out of	uureass
of disability	\cup		
	·····		
		<u>(</u>	
and when ordered for examination desires to b	on ordered before the	Roand of Surgeons of	Quediana
County of John Lang.	State of LAW	1 A	and he appoints
JOSEPH H. HUNTI			
his true and lawful attorney, with full power of s			
/ h · ·		t i	
Post Office Appress is			
	Claiman Pa Simul	William L.	Mahan
	omemant's Signature		and a wyww
Attest:			

[Two identifying witnesses if claimant signs by mark.]

le	personally appeared / 1 70	anahan residing at Indeana, and Ernest Studard
esiding at	Indiana +	Pa, persons whom I certify to be
_		being by me duly sworn, say that they were present and saw that they have present and the present and t
oregoing dec	laration; that they have every reason	on to believe from the appearance of said claimant and their ac-
_l uaintance wi	th him that he is the identical perso	on he represents himself to be; and that they have no interest in
he prosecutio	on of this claim.	J. R. Coarnahon
	oy mark, two persons who can write must sign here	
		added; and that I have no interest, direct or
[L. S.]		MMUS ON SUBJECT Signature. Conficial Character.)
NOTICE		be executed before any officer duly authorized administer oaths.
4		

Mus. Mahaw, Applicant,
co. M. 67. Regit
Pension Certificate No. 273 682.

CLAIM FOR Manages

FILED BY JOSEPH H. HUNTER,

Attorney at Law,
——AND——
Solicitor of Pension and Patent Cases,

WASHINGTON, D:

Declaration for the Increase of an Invalid Pension. County of. A. D. one thousand eight hundred and eighty Finel who, being duly sworn according to law, declares that he is Pension Agency at the rate of by reason of disability from service of the United States, while serving as 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. my disability increases with my age that he hereby appoints, with full power of substitution and revocation, SOULÉ & CO., Attorneys and Solicitors of Claims, his true and lawful attorneys, to prosecute his claim. whom I certify to be respectable and 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.

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

an		me this	d کے ک	ay of CL	ngmh	<u>A</u>	D. 188-2,	,
	d I hereby certify				Water Committee Committee			
th.	e applicant and with		<u>.</u>		s			
*					at I have no inter			
pr	osecution of this cla	im.			mule D	ie G	egor	
[L. S.]		٠.		(/	(Official S	0e		
Ι,				Clerk o			aforesaid Co	unty
and State, do cer	tify that		and the second s			o has signe	his name t	o the
foregoing declar	ation and affidavit w	as at the time	of so doing				iı	ı and
for said County	and State, duly com	missioned and	sworn; that a	ll his official ac	ts are entitled to fu	ıll faith an	d credit, and	thar
	ereunto is genuine.	seal of office th	nia.	day of		16	: : :	
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of before a JU not on a separat	STICE or NOTAR	Y, then CLER	K OF COUN	TY COURT mi	ist add his certific	ate of char	acter hereon	, and
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J. J.		icate			The Tall		Solic P.	
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	1 / 7 /							
INVALID. LAIM FOR INCREASE	31 2	Pension Certificate No. 373.				0 2	C ney	Washington,

Declaration for the Increase of an Invalid Pension.

State of, Penney louria Jounty of Luciaira, 8%.
ON THIS 5 day of Movembers. D. one thousand eight hundred and eighty.
personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, William L. Melan.
aged 5-8 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
incurred in the service of the United States, while serving as a Crimate in Company
76. 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 therefores The disability is constantly increasing and his present
late is imjustly low and disproportions to his degree of disolities,
Ne also ceains a re-rating from June 1886 to the present Time for
The reason that the rate allowed his is inadequate and for less Thom the
degree of disability thrown by The Testamony on file, That inder the ex-
isting lows and regulations his intitled to a trigher rating for the
Time stated, and prays that the patant and manigest error in his rating be
conected:
Healer claims . that the Munisteries long coursed general debility and
that his raining should be sicroused an account of shormations
and resulting general debitely
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 Ludiana,
State of Pa.
De Ranney William & Mahan

Also personally ap		Raney	, residing at
Ludia	na la.	and Jus. J. St	uehul,
residing at Lud	rana da.	Pa., and Juso. T. Stuchuck, persons whom I certify credit, who, being by me duly sworn, say that they were present and saw they have every reason to believe from the appearance of said claim- with him that he is the identical person he represents himself to be; and the prosecution of this claim. The me, on the day first above written; and I hereby certify that the contents the me, on the day first above written; and I hereby certify that the contents the me, on the day first above written; and including the words personal and the words personal and the words personal and the words personal and that I have no interest, direct or indirect, in the pros- signature Class Combinates Signature Class Combinates Official character. Interest of Record having custody of its seal; otherwise, it may be executed before any officer authorized to admin-	
to be respectable and er	persons whom I certify itled to credit, who, being by me duly sworn, say that they were present and saw that they have every reason to believe from the appearance of said claimance with him that he is the identical person he represents himself to be; and it in the prosecution of this claim. The prosecution of this claim. The prosecution of this claim. The prosecution of this day first above written; and I hereby certify that the contents wration, &c., were fully made known and explained to the applicant and swearing, including the words persons whom I certify that they were present and saw appearance of said claimance with him that he is the identical person he represents himself to be; and it in the prosecution of this claim. The prosecution of this claim. The prosecution of the day first above written; and I hereby certify that the contents wration, &c., were fully made known and explained to the applicant and swearing, including the words persons whom I certify in the present and saw appearance of said claimance with himself to be; and contents that I have no interest, direct or indirect, in the prosecution. The prosecution of the words of the seal; otherwise, it may be executed before any officer authorized to adminish the court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to adminish the court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to adminish the court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to adminish the court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to adminish the court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to adminish the court of Record having custody of its seal; otherwise, it may be executed before any officer authorized to adminish the court of Record having custody of its seal; otherwise, it may be execut		
Tom L. M.	alian	, the claimant, sign his nam	ne (or make his mark)
to the foregoing declar	ation; that they have every	reason to believe from the appear	rance of said claim-
ant and their acquair	stance with him that he is	s the identical person he represen	nts himself to be; and
If witness sign by mark, two person	is who can write must sign here.	J. G. Ja Justinature of	yney witnesses.
Sworn to and subscribe	ed before me, on the day fir	st above written; and I hereby c	ertify that the contents
of the above dec	laration, &c., were fully	made known and explained t	o the applicant and
witnesses before	swearing, including the	words	
	, erased, ar	nd the words	
ecution of this		I. A. C. Clerk	Finally Deli
Executed before an Officer ister oaths for general purposes.	of a Court of Record having custoe	dy of its seal; otherwise, it may be executed befor	FILED BY ALLENTOWN, PA.

Declaration for an Original Invalid Pensicn.

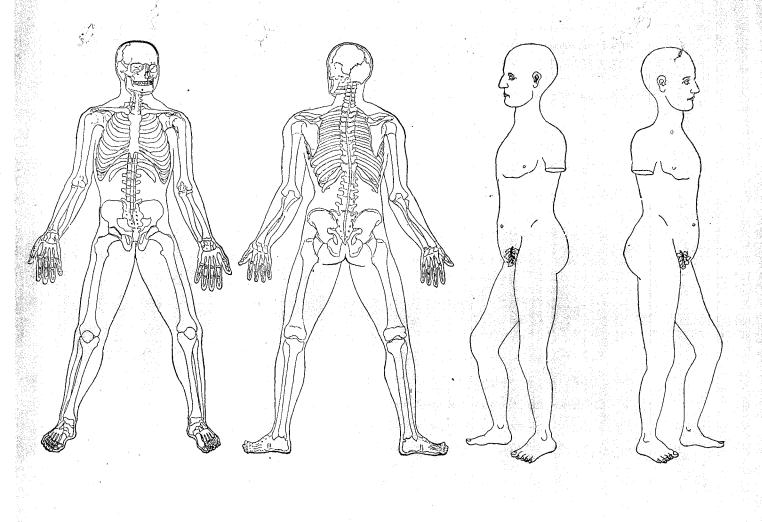
	State of	Pen	ma	, County	of	udia	ua, 55.
	ON THIS	da	y of Sun	л.	D. one thous	and eight hundr	ed and eighty L
	personally appea	ared before me.	Cense	of t	he Osh	hang Co	und a Cours
	of Record wit	thin and for the	county and State af	oresaid Millia	m L	Mahi	w
	aged 50	years,	who, being duly swo	orn according to law, o	leclares that	he is the identic	al
		D. O.	w LM	shaw ,			
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	anmandad by	louber	la Carken	1 00			DISCHARGED at
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	That he has	Here so the military the service the	mployed in the militant to that stated above, a tary or naval servicents applicant has reconstructed, a	rs, and the localities of all arry or naval service of the dates at which it be of the United States sided in the Tark.	herwise than egan and ended.	as stated above	Here state what the
	That he has	Here so Here so Here so here prior or subsequent been in the militing the service the sentry into the so hardward.	mployed in the milita nt to that stated above, a tary or naval service nis applicant has re- service above named Tha	ary or naval service of all and the dates at which it be of the United States a sided in the Tark and that his occupation he was a man of good the is now	herwise than gan and ended. ince the has been the sound, phys	as stated above A day at of a A	Here state what the of July 1865- diana g when enrolled a disabled
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	Suc	diana	_ (X	۶. p	ersons wh	om I cer	tify to be re	spectable	and en	titled to	credit,	and who	
	being by me dul	y sworn, say that	they were pr	resent and	saw	me	liái	u o	2	M	ah	lav	
			- 12.	•		the claim	ant sign his	name (m	ake his	mark)	to the	foregoing	
	declaration; tha	t they have every	reason to bel	lieve from t	the appear	ance of s	aid claiman	t and the	r acqu	aintanc	e with	him that	
	he is the identica	al person he repres	sents himself	to be; and	I that they	have no	interest in	the prose	cution	of this	elaim.	,	No.
		Sw-A. Frob Thos Lournan [Signature of Affiants.]											
	[It Affiants sign b	y mark, two zersons	who can writ	e sign here.1		Ö	thos.	Signatu	e of Aff	ZZ	on		
	Sworn to	and subscribed bef	fore me this.	7	d	ay of	L	m	e	-	А. D.	188	
	and	I hereby certify t	hat the conte	ents of the	above decl	aratioņ,	ა., were fu	ılly made	know	n and e	explaine	d to the	
	$_{ m app}$	licant and witness	es before sw	earing, incl	uding the	words		,		١			
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						a dde	ed; and I h	ave no int	erest, d	lirect or	indirec	t, in the	
	pro	secution of this cla	ւi m .			0	1) _	\mathcal{J}		10		
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	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†	1
olaim,	
of claimant.	Company'M; 67 Reg't Da het Indiana Pa State,
Claimant's post office address.	Company M; 6 / Reg't Pa het Indiana Pa State, Indiana Penna State, (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 disa- bility.	Phumuliam - orsnetting genome debility
If a pensioner, fill in the amount; if not, crase the	and that he receives a pension of dollars per month.
whole line.	Pulse rate per minute, 55; respiration, 22; temperature, 98/12; height, 57
	feet 8/z inches; weight, /3 2 pounds; age, 5-9 years.
	He makes the following statement upon which he bases his claim for † Ancreuse Thinks rating unsufficient this disable
Here give the	= ity he says har increased. Days he can not
claimant's statement as briefly and as	sleep at night by renson of pain
compactly as possible.	Hus pain some duys - suffers a great deal from pain in humder small of buch
	deal from frais in ham dies - small of buch
	J Sha-Colors
	Upon examination we find the following objective conditions:
Here give a full	Eupression devotes weakness Rhoundtim Stripping
symptom pic- ture of the case, embracing all the physical	him un find apen brak normal no murmin
and rational signs, but con- fining it to the	of heart museles Soft- flubby and waster- this
present condi- tion of the claimant.	capeially of runcles of Subinin Entremedies
	Silteria Satissium Donn's Dupour of Infra Sprinatus
It must be borne in mind that the duty of the Surgeon is to	I hould as Joints + are the Jaints can be served
give an opinion as to the pro- portionate de-	frally but in should a Joints This gives rise to grater
gree of disabil- ity, as 1, 1, total, &c., through	a chaking sound frints can not Enlarged an
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	pricence unamed labor
	From the existing condition and the history of this claimant, as stated by himself, it is, in our judg-
	ment, probable that the disability was incurred in the service as he claims, and that it has
Rate for each cause of disa-	not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a
bility. If prolonged by	rating for the disability caused by
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reason for the erasure given.	* See the back.
	t Here state whether for original, increase, restoration, or renewal, or for a re-rating. What ask, Pres. Thus I June L. Sec'y. J. B. Cample Greas.
	N. B.—Always forward a certificate of examination whether a disability is found to exist or not.
	11. D. LEIWay o for ward a constituent of oxamination withouter a discount of exist of 1100



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SURPLICATE

Oo. A., L.) Reg't. A. Trees,

Applicant for Received.

No. 3, 3, 3, 4, 2, 5

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Darts or Examinating:

State,

County,

Post-Office address plainly and in full.

Post office, Surple post-office address plainly and in full.

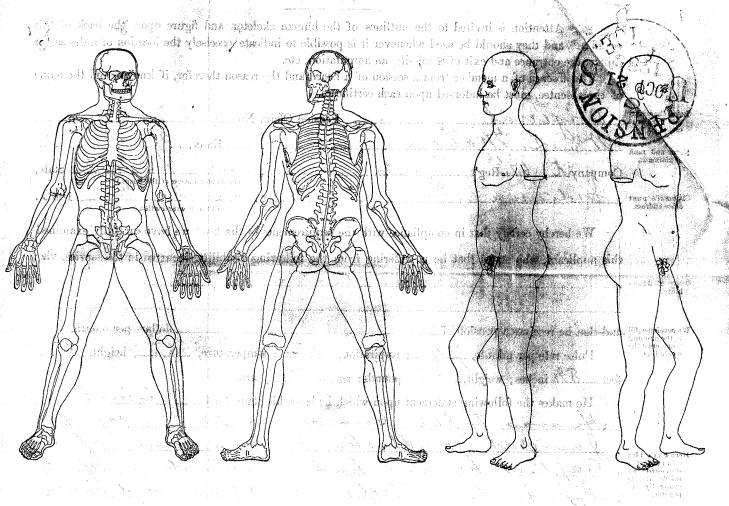
PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, 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 absence, must be indorsed upon each certificate.

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laimant's post office address.	maine -		(Date of examination.)	≟, 188¢
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if not, erase the whole line.	Pulse rate per minute.	4 : respiration, 22	; temperature, 98.6 ; hei	$_{ m oht}$ \mathcal{S}^-
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Middle En DEPARTMENT OF miles 10 576.742 BUREAU OF PENSIONS, William & Braham WASHINGTON, D. C., Luly 14 138%. e hind enough to state, in your own hand writ ing when and where you first saw the above mentioned soldier after his discharge from
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I saw Milliam L'Mahan After he think it May in August 1865
saw him of his own Place soud at his m own Place dond at his moth Edime home Leighbor to him and has known him for 40 ears and he was Asound man when he went ente service offar as i know since he cance home he has Been Broken Down constitution fols of flesh and conju I have worked with him on the farm and Neighborhage doud to Sordage it i would ay that he would sof he spile to Do insience than I half I tays work in A Day ames Spiner

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Vo. L Regt. 67 KPa Vals. Musch 24 1887. Six: Do further aid this Office in determining the merits of the claim above entitled be kind enough to an extreme. suer in your own hand water of the following questions. diving move on plete details and fidant on file m. Alexander Cochran & B. J. When did you first see Alliam L. Inchan after he returned from the army, and how do you fix the date? Was he then suffering from any disability? f what did he complain, and how was he affected? How frequently have you seen him since your first acquaint-ance? Ons: Has he continued to suffer with such disability? To what extent has he been disabled for manual labor there-by during each year within your knowledge? My means of knowing the facts of the case are these: He Tasiane that He Had the Rememble is board Man Eng thong iner about it is threw Him bes The Commissioner of Lensions (signhere) Washington D.C. more but in the bahr then is day Heas in board thro Englithing about it yout free!

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Alt. W. Calksan

DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS, Filliam & Mahan Co. K. Negt. Gy RPa Valg Washington, D. C., July 14. To further aid this Office in the adjudication testified that Braham became disabled while in the U.S. service, please furnish a statement in your own handwriting, getting forth all the facts within your personal knowledge colution mather, how claimant was affected breby, and when, where find how you first became when of the fact. . I the disability resulted from a injury or a wound, state whether you were an eye-witness of its origin, and whether you saw the affected part. Of so, describe the injury or wound, give its location, date of incurrence and time of your first seeing the same. your early answer endoused upon the back of this letter will be appreciated. Very Lespertfully. Mr John Ro Curnahan Indiana Va

molicing Da July 25 1887 When I. S. Mahan Retioner it was in November 1863 he had last If lesh and was Suffering Witch Alemanthan and appoint to led lenoken down generally during that Some Winter he was sick in quotees with youndice and outher Hings Now then House Reviler and after that of ten When we Ware on mosches he would fail Wite Mhunestismend Word & of Strength and he has Never Recovered his helth and Strenth yet and been Not don half clays Work John H. Carnalon

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Middle Siv. maled . 576.742 DEPARTMENT OF THE INTERIOR Milliam L Braham Dir. To further aid this Office in the adjudication of the above entitled claim for pension in which you have recurred disabled Tified that Milliam L' Graham Lecume disabled within estate in the U.S. service spease turnish a state ment in four personal knowledge Iclanto Miserita. if such disability resulted projects, state its name or ture, how claimant was affected thereby, and when, nature how claimant was at where and how you first became aware of the fact. If the disability resulted from an injury or a mound, 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 it's location, date of inclure ence and time of your first seeing the same. Hour early answer endorsed whon the back of this letter will be appreciated. y respectfully Lu C Mark In Jarish J Duncan

judiana Colenty Sa Judiana Colenty Sa Black Commishines of Demsion Got agricinted With Why wahan at Comp Constin in 62 and he Was asound Man at theat your in til he was Gund Was tecken yo Bilchmond and put on Bell iland and Was Detrold and he he for the intermition fiver and he was alway Complaining after that and he seems to Bee anfulre Broken Sown Now yo that is al ind i can so at preent i sow he has suferd a grate Beal i have No intout whaver that all for i Count inen choose for imme very sicke at Bresent To i gatt Joseph Buncan

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Nours & J. S. Illeming

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INABILITY AFFIDAVIT.

To be executed only by the Claimant.

\Box	State of Germa, County of Sudiana, 55:
,,,,,,	In the matter of Invalid Pension Claim No. 576742
) U	
tc.	of Milliam L. Mahan
00 U	THIS day of Tech A. D. 188 personally appeared before me
P.	Clerk of the Ciphau Court and for the aforesaid County, duly authorized to administer oaths,
[3S]	William L. Mahan a resident of While Two.
\sim	
	in the County of Sudiana and State of Jennsylvania
of	whose Post Office address is Sudana Ca.
:	well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as
\bigcirc	follows: That he is unable to comply with the requirements of the Pension Office as to Medical
\bigcirc	
\approx	Testimony for the reasons here mafter Stated
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	for reason that Lorgeon Robert Barr is dead and when
\mathbf{S}	Those other Gergeons named over in your letter to
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Ģ	Detaled and I remained with that hospital until after
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G.	That he is unable to prove his condition from date of discharge up to the year 1870 or 7/ by medical testimony for
G	the reason that Ir Thomas It Clair who treated me when I was at
th	home during the time I was paralled Days That his recol-
Ĭ	Lection of it is to indistinct that he cannot make un inteligent talement
Q U	in regard to it after to long a time and cannot Jay much about my
Q	condition up to the year 1870 or 71 and from That Time
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$\frac{1}{2}$	Mars for all
9	alex Cochian be accepted in lien of the medical
15	Testimony required by the department. as they are virtuesses whose credibility is unquestioned.
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	STATE OF Pennsulvania	COUNTY OF Sud	iana	88.
	Sworn to and subscribed before me this day by the above			it to said
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				added
	and acquainted him with its contents before	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	2 personally kno	wn to me
	and that her a credible person.		7	1-
			[Official Signature.]	
	[L. S.]	Ole,	K OC	
			[Official Character.]	
and the second of	I.	Clerk of the Coun	ity Court in and for aforesa	id County
	and State, do certify that	, 1	Esq., who has signed his na	me to the
	foregoing declaration and affidavit was at the time of so doin	ng		in and
	for said County and State, duly commissioned and sworn; the	at all his official acts are entit	tled to full faith and credit,	and that
	his signature thereunto is genuine Witness my hand and seal of office, this	dovr of	180	
	witness my hand and sear of omice, this			
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Declaration for Increase and Re-rating.

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that he is the identical person he represents himself to be; and that they have no interest in the prosecution of that the is the identical person he represents himself to be; and that they have no interest in the prosecution of that the is the identical person he represents himself to be; and that they have no interest in the prosecution of that they have no interest in the prosecution of Afflants.) Sworn to and subscribed before me this day of A. D and I hereby certify that the contents of the above declaration, &c., were fully made known and to the applicant and witnesses before swearing, including the words. Crased, and the words adder, and that I have no interest, direct or ind prosecution of this claim. Clerk of the County Court in and for afores and State, do certify that . , Esq., who has signed his respectively.	foregoing a with him this claim. explained rect in the
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Sworn to and subscribed before me this 25 day of 20 day of A. D. and I hereby certify that the contents of the above declaration, &c., were fully made known and to the applicant and witnesses before swearing, including the words. ———————————————————————————————————	explained rect in the
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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, 67" 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.3/368 Department of the Interior,
Name, Alliam XIII 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,
Mehry Evans
Commissioner of Pensions.
Answer. 1983 Mrs. Mahan Mrs. Jarah Duncan Second. When, where, and by whom were you married? Answer. December 16#1868 Mhite D. Pely Rever David Blair Third. What record of marriage exists? Answer. Manily Bible and other Matrices. 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.

Peclaration for the Increase of an Invalid Pension.

cuted before a Justice of the Peace or Notary Public, the certificate of the Clerk of the Court, as to the nature of such officer must be attached. Neglect to comply with this requirement will cause trouble ennsylvania, Country of hundred-len appeared before me, a... within and for the County and State aforesaid, service of the United States, while serving as a That he believes himself to be entitled to an increase of pension on account of , to prosecute his claim. his true and lawful attorney His Post Office address is EM Dun can. Two witnesses who can write, sign here.)

	itled to credit, and who being by me duly sworn, say that they were present of	
believe from the	his name (make his mark) to the foregoing declaration; that they have every appearance of said claimant and their acquaintance with him, that he is the sents himself to be, and that they have no interest in the projecution of this claim that they have no interest in the projecution of this claim that they have no interest in the projecution of this claim.	identi-
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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.

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•	and I hereby certify that the affiant is a practicing physician in good professional stan	
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Medical Evidence.

AFFIDAVIT OF

CLAIM OF

FOR



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

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,

M. Mahau

(3-145.)VALID PENSION. Regiment, per month, commencing 23,1888. Approved for 4., 1886; alleged , to, 18 Arrears allowed from, 18 PRESENT CLAIM. ,1887. Olleyed Dame Declaration filed (10133—75 M.) 6—221

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P.O. Shington		•		
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(7013—5 M.)				
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3-1081.

PENSIONER DROPPED.

DEPARTMENT OF THE INTERIOR

UNITED STATES PENSION AGENCY

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s Service	Carl	1 IX 6	7 (°	' Du	ļ.
		er of Pensio		*****	

SIR: I have the honor to report that the above-named pensioner who was last paid has been dropped because of

Very respectfully, United States Pension Agent. \checkmark

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

MAR 9 1912



[3-216.] Hey Ex'r, INV No. J. Acts of July 14, 1862, and March	
Milliam I M. P. O. Indian	ahan na Pa,
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Invalid Pension.

Claimant, William Z.	Mahan_
P. H 924 Wayne avenue	
	Company, K. Regiment, Gy" Va. Vol Inf
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Rate, \$ per month, commencing.	Orania Lang fly fly
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Pensioned at \$ per month for Puller	To I and Cosulting
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PRESEN	T CLAIM.
Declaration filed 1911	Increase requires
the constant and and a	ttendance of onother
Claimant does W write.	
04	, M. C.
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GENERAL LAW.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF	yfrania)
COUNTY OF	ediana 88:
On this	day of tanuary A. D. one thousand nine hundred and eleven
personally appeared be	\mathcal{L}
State aforesaid,	Illiam L. Mahau , aged 82 years,
a resident of	ndiana , County of Indiana
State of Annylva	ma, who, being duly sworn according to law, declares that he is a pensioner
of the United States, e	nrolled at the Sittsburg Pension Agency at the rate
of Sifty dollar	rs per month, by reason of disability from Khuumatism
and resu	lting disease of heart, and resulting
partial	paralysis of left side,
incurred in the	service of the United States while a furvit in
Company 1	Charles take rank, and company, and regiment, it in the
	olf to be entitled to an increase of pension on account of uncreased
disability of	rom Cause for which pension was granted
	condition he is entitled to more than he at
	eives, as he is unable to walk, dress or care
	nd requires the conclant attention of another person.
That he was en	mployed in the military or naval service prior to Close of war in , 1863
That he has not be	en employed in the military or naval service since Cloud of war
(Here state v	hat the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)
That the number of hi	s pension certificate is 373682
	dress is 924 Mayne avenue, Indiana
a is bed	
County of South	iana State of Cennsylvania
County of	iana , State of Gennsylvania
	Milliam & J. Mahan
	Milliam & J. Mahan
	Milliam & J. Mahan
ATTEST: (1) Alice (2) Ju	M. Droncan, State of Cennsylvania Milliam & L. Mahem Milliam & L. Mahem M. Droncan, Milliam & L. Mahem
ATTEST: (1) Alice (2) Also personally ap	M. Duncar, State of Cennsylvania Milliam & Mahan Milliam & Mahan Mearingnature.) Depeared Alice M. Duncan, residing at Indiana, Pa
ATTEST: (1) Alice (2) Also personally ap	M. Duncar, State of Cennsylvania Milliam & Mahan Milliam & Mahan Mearingnature.) Depeared Alice M. Duncan, residing at Indiana, Pa
ATTEST: (1) Cluck (2) Ju Also personally ap and Lorge En certify to be respectable	M. Duncar, State of Clemnylvania M. Duncar, Whitehature.) peared Alice M. Duncan, residing at Indiana, Pa Duncan, residing at Indiana, persons whom I e and entitled to credit, and who, being by me duly sworn, say they were present and
ATTEST: (1) Alice (2) July Also personally ap and Leorge En certify to be respectable saw Milliam X	M. Duncar, State of Chiningly Mahau. M. Duncar, William X & Mahau. peared Alice M. Duncau, residing at Indiana, Pa. peared and entitled to credit, and who, being by me duly sworn, say they were present and Mahau. The claimant, sign his name (or make his mark) to the fore- t they have every reason to believe from the appearance of said claimant and their
ATTEST: (1) Alice (2) July Also personally ap and Leorge En certify to be respectable saw Milliam X	M. Duncar, State of Chiningly Mahau. M. Duncar, William X & Mahau. peared Alice M. Duncau, residing at Indiana, Pa. peared and entitled to credit, and who, being by me duly sworn, say they were present and Mahau. The claimant, sign his name (or make his mark) to the fore- t they have every reason to believe from the appearance of said claimant and their
ATTEST: (1) Cluck (2) July Also personally ap and Scorge Education and Scorge Education acquaintance with him person he represents here	M. Director, State of Clemnylvania Milliam X Moheur Manau, residing at Indiana, Da, persons whom I e and entitled to credit, and who, being by me duly sworn, say they were present and Mahau, the claimant, sign his name (or make his mark) to the forest they have every reason to believe from the appearance of said claimant and their of years and years, respectively, that he is the identical imself to be; and that they have no interest in the prosecution of this claim.
ATTEST: (1) Cluck (2) July Also personally ap and Scorge Education and Scorge Education acquaintance with him person he represents here	m. Duncare. State of Children Mahan. Milliam X L Mahan. Meand Mice M. Duncare, residing at Indiana, Pa. peared Alice M. Duncare, residing at Indiana, Pa., persons whom I e and entitled to credit, and who, being by me duly sworn, say they were present and mahan. Mahan, the claimant, sign his name (or make his mark) to the forest they have every reason to believe from the appearance of said claimant and their of 10 years and 11 years, respectively, that he is the identical imself to be; and that they have no interest in the prosecution of this claim. Alice M. Duncare.
ATTEST: (1) Cluck (2) July Also personally ap and Scorge Education and Scorge Education acquaintance with him person he represents here	m. Duncare. State of Children Mahan. Milliam X L Mahan. Meand Mice M. Duncare, residing at Indiana, Pa. peared Alice M. Duncare, residing at Indiana, Pa., persons whom I e and entitled to credit, and who, being by me duly sworn, say they were present and mahan. Mahan, the claimant, sign his name (or make his mark) to the forest they have every reason to believe from the appearance of said claimant and their of 10 years and 11 years, respectively, that he is the identical imself to be; and that they have no interest in the prosecution of this claim. Alice M. Duncare.
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(Official Maracter.)
INV COMMISSION EXPINES
JAN. 21st 1915.

6—836

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.

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	In the Pensi	on Claim No&	373 682	, , ,	1 /le cur	1	anaw Isla
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	· ·	ume before me, a . W. H.	Rollary	fisen a citi		In and for	r the aforesaid
	County and Star		Le la mari	PA +	ndian		u () G
	whose Postoffice known to me to		-	-		,	s in relation to
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		ye	ears, and that	(Here embody all	the facts known	to the affiant in accor	dance with the mar-
	ginal instructions. No	suffered or interline	from eations/will be permit	ted, unless the mas	malistrate certifies	m And in his jurat that the	y were made before
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			o of (Affie	MCM. ont's Signature. Give	e rank and service, i	•
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[L.S.]				/ // // (Offici	al Signature.)	
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[L.S.]						
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Nore.—This	s should be sworn to	before a clerk of Court, No of character hereon, and no	otary Public or Justic	ce of the Peace. If be	efore a Justice or N	otary, then Clerk of
and the second second	· ·	of children in the control in the same	your to sopurate or size	1 pulpot.		
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Medical Evidence.

AFFIDAVIT OF

CLAIM OF

FOR

Claimant does M. write.

PRESENT CLAIM.

Declaration filed May 2

1904 moreale

Claimant does write.

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M. C.

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	73682
Certificate	13002
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INVALID PENSION. Colombia Milliam Linaham P. O. Carticana L. Company R. Regiment. 67 On Wolf lay Regiment. 67 On Wolf lay Regiment. 67 On Wolf lay Remond for RECOGNIZED ATTORNEY. Sand M. Muntler, J. G. Approval of Article filed. Approval for Approval for Approval for Approval for Approval for Approval for Turning disease of heart Purel Constitution de Remonder Resonance Approval for	70	(Old No. 8—145.)
Entry Indiana, Bank Private Company & Company	The second secon	INVALID PENSION.
State. Plenning Company, Regiment, 67 Car Alol Day Bate, 8 per month, commercing Pensioned for RECOGNIZED ATTORNEY. Stam J. Ho. Agent to pay. Approval for June 1/1922 Approval top be formed from Approval for June 1/1922 Approval top be formed from Approval for June 1/1922 Approval top be formed from Training disease of heart, June 13,160 L. Dw., June 1/1922 Approval top be formed from Pensioned at 8 L. L. ger month for Memory June 1/1/18 Some June 1/18 Some June 1/1/1	Claimant William L.	nahan,
Bitte, 8 per month, commenting Pensioned for RECOGNIZED ATTORNEY. (Name of Mashington, D. C., Articles filed. Approved for June 11, 1942 Approved for June 11, 1943 Pensioned for June 12, 1944 Pensioned for June 13, 1944 Pensioned for June 14, 1945 Eallisted Old 16, 1863 Discharged June 14, 1865 Last paid to 11 Pensioned at 8, 1444 pensioned at 8, 1444 pensioned at 8, 1444 PRESENT CLAIM. PRESENT CLAIM. Causel Claimant down write.		
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RECOGNIZED ATTORNEY. Super J. He. Maintle, To a Mashington, S. C. APPROVALS. Submitted for June 11,1862 In a Ramely Examiner. Approved for Thermalian and Approved for Humanitary discovered for Maintenance of Knowledge of Maintenance of Mai	Rate, \$per month, commen	cing 7.6952,
RECOGNIZED ATTORNEY. Super J. He. Maintle, To a Mashington, S. C. APPROVALS. Submitted for June 11,1862 In a Ramely Examiner. Approved for Thermalian and Approved for Humanitary discovered for Maintenance of Knowledge of Maintenance of Mai	13-	
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June 13, 190 2 Bw. Liston Legal Reviewer. Medical Examiner. Medical Examiner. Medical Examiner. Medical Examiner. Medical Examiner. Medical Reviewer. Medical Examiner. Medical Reviewer. Medical Examiner. Medical Reviewer. Medical Examiner. Medical	Menualism (gud wantly discore of heart
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0-4	Claimant doeswrite.	- ····································
	0-4	40, M. C.

Increase INVALID PENSION.

Claimant, William L	Mahan
P.O., Indiana	Rank,
County,	7
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	Aug. 18-, 1891, Medical Referee.
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6—221	7.
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, at \$..... Arrears allowed from ______, 18 , to ______, 18 PRESENT CLAIM Declaration filed

(15299-50,000.) 6-221

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 Tenneys anistounty of Tendrana, 55:
ON THIS day of Allemyes, A. D. one thousand eight hundred and
personally appeared before me a SUN of My Ophiem Court within and for the County and State aforesaid Managed — 02— wears a resident of
aforesaid years, a resident of State of
who, being duly sworn according to law, declares that he is a pensioner of the
United States, enrolled at the
dollars per month, Certificate No. O / O, by reason of disability from (Here name the disability for which pension was granted.)
Mem
incurred in the multiply service of the United States, while serving as a Morate (Here state rank, company, and
regiment, if in the army; vessel if an the navy.)
That he believes himself to be entitled to an increase of pension on account of Anellasea Allabellut Low Manuscation and
(Here state reasons for applying for increase. Hon account of increase in the disability of which already pensioned, that should be described. If Well the wind head that the control of t
on account of disability or which for 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.)
h issuate')
that he hereby appoints, with full power of substitution and revocation,
that he hereby appoints, with full power of substitution and revocation, Munself of his true and lawful attorney, to prosecyte) his claim.
hunself
his true and lawful attorney, to prosecute his claim.
his true and lawful attorney, to prosecute his claim.

Also personally appeared mo I Shueliell residing at Inchean a Re	2
Also personally appeared no Stuebell residing at Include and from Glamewa residing at	
McLique 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 Alluan S Mallon, 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.	
Just Ouchel	
(If Affiarts sign by mark, two persons who can write sign here.) (Signature of Affiants.)	
Sworn to and subscribed before me this 2/ day of Secarely, A. D. 189	
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	
added; and that I have no interest, direct or indirect, in the	
prosecution of this claim.	
[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	
Witness my hand and seal of office, this	
S 88 1	
[L. S.] Clerk of the C. T.	
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.	
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P3claration for the Increase of an Ir alid Pension.

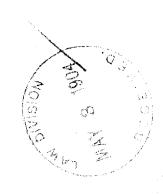
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s nearly as possil	Jawful ar	torney	that he h	hereby appoint of	nts with full				

ne claimant, sign hi	ded to credit, and who being by me duly sworn, say that they were present and saw
ne claimant, sign hi	$\lambda = \lambda = \lambda$
7 7 * /* 17	is name (make his make) to the foregoing declaration; that they have every reason
= :	opearance of said claimant and their acquaintance with him, that he is the identi-
u person ne represei	nts himself to be, and that they have no interest in the prosecution of this claim.
	O Sold Color
(If affiants sign by mark,	two persons who can write sign here.) (Signature of Affiants.)
Sworn to and subs	scribed before me this 29th day of Art
	A. D. 19 \circ $+$, 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.
	(Official Signature)
	O.C. A. C.
	(Official Character.)
<i>I</i> ,	, Clerk of the County Court in and for
	d State, do certify that
	ned his name to the foregoing declaration and affidavit, was at the time of so doing
	in and for said County and State, duly commissioned is official acts are entitled to full faith and credit, and that his signature thereunte
s genuine.	
	Witness my hand and seal of office thisday of
F. 7. 1	
[L.S.]	Clerk of
Note.—This can be execu	ted before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of ry. If no seal is used, then such certificate must be attached.

INVALID.
Chim for Increase.

Muland Mahamapphicant,
co. K & the hyty, Regit,
Pension Certificate No. 373, 68.11





Indiana Da Jan 18th. 1887

Mr John Back commissioner of frensions

Dear Lir, in complyene with your orders of january 12 in regard to my claims for pension Na 5 76.748 I will now the pension of the information you ask for my place of residence has been the same ever time I was discharged from the army, my post office address has always been the Jame (Indiana)

been farming (on a small scale)
now in regard to the history of my disability
it cornences with the month of June
1869 with Gen- (Milroys defeat
at winchester ba for Jone los do thee
at winchester ba for Jone los do thee
by the enemy along with many others
I had been in very hard Lervice marching and pighting, our regiment was at Berrying and pighting, our regiment was at Berrying and pighting.

when the refer attacked Winchester and we were for there by a circuition would 1 Then & after I was captured and a day or too had passed we were taken by the rebels on our long march to Richmond like a lot cattle (but not new to well provided for on this march got dysentary and of course geting no medicine und little or no food I Inferred a great deal bying out under drenching rains at night without any shelter whatever and no clothing but parts and blouble Then at richmond we were kept on - Bell Island in the Games river exposed To the weather the Screning Lune by day and The heavy rains and chilly dever of night tie on in a duce of danvation, then after I was den't to paroll camp new Anapolis () Hd during the Time I was under parole I went home and

after I got home I got Vick and F Dr Thomas St. Clair of Indiana Town treated me, he is living and practing medicine here yet Dr - Durrington has also treated me and prescribed for me on Several occasions within The last sipteen years but not pecially for Theumalist alone for I nover got any encouragement from doctors that they could do much or any thing for that diseuse Doctor It blair und De o'wring ton both reside in Indiana Town and that is their post office address, but Burrowhowas the Leryeon of my regiment is dead 10220 during 1864 & row not able to Stand duty in The ranks and curry The loud that the Sold in the ranks had to earry and I was detaled I at The hield hospital helping to

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occupation on account my disability I must Lay I have never since the war been able to follow it Juccessfully but had to do what bittle I could to get a living there has prequently been times when I could not perform any lalour for a day or too but These dates I cannot now give palways had to get some one else to do the hard work and pay Them for it us best I could and do as much of the - light work my self as I could withough working all the lime in pain, but I find that as the years of my tiple increase my dis ability grows worse for I am now not able to do a days wood at all but by practising rigid e conenny and doing what Turns I can I have made out to get diving to this line , I might day to you that I get but little sleep or rest at night This I think is all I can tellyou grery respectfully illiam SoMahan

Desam & Rubach

INABILITY AFFIDAVIT.

To be executed only by the Claimant.

itate of Em	vyevann,			3D .
In the matter of	<i>V</i>	Pension Claim No.		
Wille	am L. M	lahan		4,
on this /4	day of Mar	-ch A.I	o. 1887; personally appea	red before me
Clerk of Or,	thous Couchin	and for the aforesaid Coun	ty, duly authorized to adn	inister oaths,
William L	Mahau a re	sident of Zohe	te Lowns	hip
1	diana		myev	•
nose Post Office address is	Ludiana	- Ludeni	a Co. 6	Pa.
ell known to me to be reputs	able and entitled to credit, and	who, being duly sworn,	leclares in relation to afo	resaid case as
	comply with the requirements			
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STATE OF Jennsylvania	\mathcal{Q}	
	e-named affiant, and I certify that I read said affidavit to said	
	erased, and the words	
	added	
and acquainted Line with its contents before	executed the same. I further certify that I am in nowise	
interested in said case, nor am I concerned in its prosecution	n; and that said affiant personally known to me	
and that Le Lacredible person.		
•	[Official Signature.]	to the second
[L. S.]	[Official Character.]	
	Clerk of the County Court in and for aforesaid County	
	Esq., who has signed his name to the	
and State, do certify that	ing in and	
for said County and State, duly commissioned and sworn; th	hat 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		
[L. S.]	OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE.	
NOTE.—This should be sworn to before a Charles of before a JUSTICE or NOTARY, then CLERK OF Count on a separate slip of paper.	OF COURT, NOTARY PUBLIC or JUSTICE OF THE TEACH.	
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L EVIDENCE 1. Affidavit. 1. Affidavit. 2. C. M. 2. C. 74 2. C. 74 of Claimant.	LED BY THEE THEE TINGTON,	a 08 24
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In In Signature		ted and
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Mar Department,

ADJUTANT GENERAL'S OFFICE. Washington, and, 8, 1887 Respectfully returned to the Commissioner of Pensions. William Le Mouhan, a private of Company "K", 6.1 Regiment Sa Volunteers, was enrolled on the 16 day of October, 1862, at Indiana Par Byrans and is reported: on rolls to April 30/63 present On subsequent rolls to aug. 3/63 absent, prisoner of war captured at Min = chester, Va, June 15, 1863 Sept. and Oct. 1863" absent without leave" Nor. My Dec. 63 present with remark Erroneously reported absent without leave on last muster. Crescut in subsequent rolls to June 30 1865, Mustered out with Co. at Halls Kill, Va July 14, 1865. Co. morning reports prior to Juny, 64 mg Co returns prior to Feb. 1864 are not on file Hospital records covering period from July 1/60 to apr. 28/64, Co Morning reports subsequent to Jany 64, "y other records of organization furnish no evidence of allegeds disability or Who Va. June 15/63, long id at Ruchmond, Va, June 23 +24.

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CDnice Assistant General.

497/29

INDIANA, PA., hus 30 th 190 4

Commissione of Peurenie Marhine land Dele,

Dem sii:

I hereby certify that

Mr. L. Mahan bumpung K. 67

Pa Inf. is slill "physically mable

to leave his have". He has had

partial paralysis of left side and

the trushe is likely to cardine

for a much of marths. Whe

disability may be presented.

He has him ill since Oct. 13th 1904

During lower to before me. attricting physician this 30 days por 1904.

Michael Michae

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.

tate of Fennyluma, County	of Luinu , 55
In the Pension Claim No. 3 7.3 6 8 2 of M.	
late of Learney and reciment	of service, if in the grmy; or vessel and rank, if in the navy.
Recel's Industria.	7-7-
Personally came before me a Procheriola	in and for the atoresaid
ounty and State Figuringling M. D. a ci	tizen of Indiana
rose Postoffice address is Judecius Pa	wel
nown to me to be reputable and entitled to credit, and wh	o, being duly sworn, declares in relation to
oresaid case as follows:	
That he is a Practicing Physician, and that he has be	en acquainted with said soldier for about
Les about the Secret sure less the special instructions. No crasures or interlineations will be permitted, unless the special instructions.	all the facts known to the dilant in accordance with the mar
A instructions. No crasures or interlineations will be permitted, unless the in	agistrate certifies in his jurat that they were made before
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He is totally disabled for	uc purpossine leanuel las
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NOTES.

The Physician' Affidavit mus show the following facts:
Ist Whether on the knew the soldier prior tends the time. The length of time has known him how intimatel and what opportunities he ha had of observin his physical condition, whether a his family physical condition, whether a his family physical condition, whether a his family physical condition as a heigh hor; and how neal he has lived the him. If he knew the soldier was sound man at endit the sound man at endit the sound man at endit the sound man at endit and he been unsound, how ould so stated adding, if tructate claimant while it the service eithe as his regiment; surgeon or while claimant while it the service eithe as his regiment; surgeon or while claimant while it the service eithe as his regiment; surgeon or while claimant while it he stated. The claimant's physical condition as such times should be clearly shown as well as the na ure of his disability and dates of the first treated and the since discharge to during which he time, with complete diagnessis of the disability; the perioduring which he time, which he time, which he time which he h

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	er declares that he has bee no interest, either direct or		//	years, and
01000 100 10008	io incerest, comer an est or		A 4 Puring law int's Signature. Givey ank and serv	-0.53-11.8M
		(Affia	ant's Signature. Give fank and serv	
Sworn to and	l subscribed before me this	t the afficent is a property	lay of	A. D. 19 OY
			, &c., were fully made kn	
	swearing, including the	words		
	erased, and the words			
	added: and that I have	no interest direct or in	direct, in the prosecution	$of\ this\ claim.$
[L.S.]			(Official Signature.)	
			(P)	rt
			(Official Character.)	
			· -	
	State, do certify that			
	the foregoing declaration o		_	
	sofficialactsareentitledto	-	ů	
Witness	ny hand and the seal of offi	ce, this	day of	, 190
[L.S.]		${\it Clerk}\ of\ the$		
Note.—Thi County Court mu	should be sworn to before a clerk of st add his certificate of character here	Court, Notary Public or Justiceon, and not on a separate slip o	ce of the Peace. If before a Justice of paper.	or Notary, then Clerk of
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Vid	OF.			
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al Evid	CLAIM OF	ROA	,	
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Medical Evid				

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

State of Pennsylvania, County of In	diana, 55:
ON THIS Eighth day of Fishmany A. D.	
Justice of the Reace in and for the aforesaid Cou	nty, duly authorized to administer oaths,
John Sterring aged 5 3 years, a resident of	
in the County of Andiana and State of Le	unsylvania 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 Will applicant for Invalid Pension, and know the said William &	
person of that name who enlisted or volunteered as a	
Regiment of volume who enlisted or volunteered as a volume in Company	~
	[Died or was discharged.]
at Halls Hill The on or about the 14th day of by reason of Close of Har	y uly , 186 3
Here insert the reason of the soldier's discharge, if known; if not known,	
That the said William & Mahan	
Win ahester in the State of Visc	
was taken prisoner, and on the	<i>a</i>
[Here state the time and place and manner in which the wound or other injury was received. Describ	e the wound or injury, the part of the body
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ADDITIONAL EVIDENCE.

PROOF OF DISABILITY.

OLLAING OF

No. 576, 14.2

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

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 1272 12 5 phane, County of Indian A. D. 1887; personally appeared before me a in and for the aforesaid County, duly authorized to administer oaths, aged 56 years, a resident of children aged years, a resident of acquainted with Williams. S. duly sworn according to law, states that 12 person of that name who enlisted or volunteered as a first in Company Regiment of Tess 22 5 7 12 2 vols., and who was at Afalls Afill . Bu, on or about the 14 by reason of The Close of The Was:
[Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.] while in the line of his duty, at or near in the State of about the 15" day of Inne Wastasker present the boy 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 affected him.] That the facts stated are personally known to the affiant by reason of his harry been that the [Here state whether affiant was with the command at the time the Comment 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 trine, treatment for his disability while in the service should be stated, giving time and place, if possible.] my

And deponent further state that he is we	ell acqu with the claimant, having known him to
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further state that the claimant was a sound and able-bodied man	at and prior to enlistment, so far asknew, and
that he is totally disinterested in this c	elaim.
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[If Affiants sign by mark, two persons who can write sign here.]	[Signature of Affiants.]), 6
STATE OF 1272 72 5 2 LY 2 72 12 COUNTY	
Sworn to and subscribed before me this day by the above-named	affiaint , and I certify that I read said affidavit to said
affiant , including the words	erased, and the words
1.	added
and acquainted ** with its contents before ** Re-	executed the same. I further certify that I am in
nowise interested in said case, nor am I concerned in its prosecution	; and that said affiant personally known
to me and that he is credible person.	
	J. Clark Commission (1) (Official Signature.)
[L. S.]	on the other
	[Official Character.]
1 & a. Andley	Clerk of the County Court in and for aforesaid County
and Note, do certify that E. P. Hilde	braud Esq., who has signed his name to the
thregoing declaration and affidavit was at the time of so doing	
tor said County and State, duly commissioned and sworn; that all h	is official acts are entitled to full faith and credit, and that
his signature thereunto is genuine	Hali
Witness my hand and seal of office, this	188
•	2 dindley
[L. S.] Clerk de	De Corphans Court
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If before a JUSTICE or NOTARY, then CLERK OF COUNTY not on a separate slip of paper.	COURT Infit add his certificate of character hereon, and
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N 'E.—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 Connex of rance, County of Constant , 55: A. D. 188 7 personally appeared before me a in and for the aforesaid County, duly authorized to administer on the Duren aged 5 / years, a resident of du diana in the County of ... aged years, a resident of duly sworn according to law, state that _____acquainted with William S. Maham applicant for Invalid Pension, and know the said Willia person of that name, who enlisted or volunteered as a printe in Company K. 62. Regiment of Jassus plramia [Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.] while in the line of his duty, at or near That the said... in the State 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.l I feat Satisfied that the applicant acquired his desatility, or their ation whilst in the Server of his County, a sufferer of Othermatism un his return from the rabel prison, and Strik Continues to be claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical from The Leavis at the some uns discharge treatment for his disability while in the service should be stated, giving time and place, if possible.]

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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 Clerk of the Caracter County Co		foregoing declaration and affidavit was at the time of so doing a Justice of the React in and
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OTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence ben two of the soldier's comrades should testify. comesoflance, County of chain A. D. 1887; personally appeared before me a in and for the aforesaid County, duly authorized to administer oaths Carraham aged 59 years, a resident of West In them Dornugh duly sworn according to law, state that /24 applicant for Invalid Pension, and know the said William person of that name who enlisted or volunteered as a 702'12-1-Regiment of 1222250 LVB 721 in the State of... . 186 3, 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.] after his Exchange and return to his Combing 67' Reg. Fo. Volis he was much booken down Insically, by wident Sym I tom of Othermaters That the facts stated are personally known to the affiant by reason of of furt gens and ver, und claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical of the soldier's medical or the soldier's medi treatment for his disability while in the service should be stated, giving time and place, if possible.] which the smid applicant was <u>()~()</u>

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	[If Affiants sign by mark, two persons who can write sign here.]		[Signature of Affiants.]
	STATE OF (27)7257/207212	COUNTY OF	72-11-0720 88:
	Sworn to and subscribed before me this day by the ab	ove named affiant, and I cer	rtify that I read said affidavit to said
	affiant , including the words	7 7	erased, and the words
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	nowise interested in said case, nor am I concerned in its pro	secution; and that said affiant	t 45 personally known
	to me and that 22 25 credible person.		
		6.1.19	1. L de bound
			(Official Signature.)
	[L. S.]	Oustre	(Official Character.)
	I. A. Amdley	Clerk of the Con	haluse My Court in and for aforesaid County
	E. P. Hojo		Esq., who has signed his name to the
		. 0 -	
	foregoing declaration and affidavit was at the time of so do		\mathcal{U}
	for said County and State, duly commissioned and sworn; t	hat all his official acts are enti	tled to full faith and credit, and that
	his signature thereunto is genuine.	1/	-11
• 	Witness my hand and seal of office, this	day of	7, 188/.
w _i		2, 2	L'andler
	(L, s.)	Clerk of the	phans Court
	Note.—This should be sworn to before a CLERK If before a JUSTICE or NOTARY, then CLERK OF CO	OF COURT, NOTARY PUB OUNTY COURT must add hi	LIC or JUSTICE OF THE PEACE. is certificate of character hereon, and
	not on a separate slip of paper.		
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Mar Department,

576.742

ADJUTANT GENERAL'S OFFICE,

	Washington, Juny 19., 188).
	Respectfully returned to the Commissioner of Pensions. AM R. Company "K",
	——————————————————————————————————————
	and is reported: on well for man at June 63 alsent on detached service in a M Deft 3d, Brig. 2d, Div 8th
	Returned to duty July 25/63. Return fra May
2	63 reports him on efter or daily duly in Brig. G. M. Delph Feltern for July 63 dows not report him absent. Glattin Jung 30/63 Maryland
	Toeighis vy. au July 31/63 banns near Marrenton Va.
•	
	$\mathcal{D} \mathcal{A} \mathcal{A}$
-	Assistant Adjutant General. (2.)
<u>></u>	2 Po.

GENERAL AFFIDAVIT.

	For the testimony of EMPLOYERS him before his enlistment, or since hi	s or NEAR NEIGHBORS of soldies s discharge and return from t	r, (other than relatives) who hav the army.	e known
	State of Lennespha		Josephan	, SS.
• • • • • • • • • • • • • • • • • • •	In the matter of the application for po			
*	In the matter of the application for po	511510H 01	•	
	ON THIS English day of	A. tom	A. T. 100 5, paragrally appeared be	form ma
	Headerstone of the		A. D. 1887; personany appeared be	rote me, «
e	Layandar Cohoms			
	in the County of	-		
	whose Post Office address is			<u> </u>
				and ,
		aged years, a resident		
:	n the County of	and State of		
	whose Post Office address is	y 1 3 - 4 1		
	well known to me to be respectable and e	,		
	case as follows: That have been	well and personally acquainted	with Milliam S. Man	hm
	for years, and years r			
	me and a half	- Miles form	Smd Apple	and .
Instructions_read	in White Journ			No. of Street,
carefully.	parial of ato	w/ 22. Mem	of the well	<u>e</u>
and occupation; the length of time they have known the soldier, and in what	L. Makan,	mounted wer	L'a en fisterne	Him
worked with or for him, or lived in the same neighbor-		/ .	,	
hood with him, and how near to him. 2d. If they knew him be- fore his enlistment what his	nievin There		The state of the s	
physical condition was at that time, and that he was then sound and free from	at land			0
disability, and especially free from the diseases for which he claims pension. 3d. If they have employed	and of ans		<i>^</i> .	- Comment of the second
or worked with him since his return from the army, they should state where it was, and at what business,	strong, ones are	,	,	(/ /)
or if they have known him as neighbors only, they should state about what distance from him they	he has compla		•	
lived; how frequently, on an average, each week month, or year, they saw	district has	· , ·		
him and conversed with him, and how intimate they were with him during this time, and from what dis	112 entires disg	, , ,		•
ease or disability he has suffered during all the time they employed him, worked with him, or lived near	labor, but, a	it is stream Y.	that he is not	Tun,
with him, or lived near him, and how severely whether at any time during this period he was obliged to stop work, was confined	arce is is a	,	_	
to his bed or house, or was wholly unable to do any manual labor because, o his alleged disabilities, and	and he view a	me mes ne	Im for the N.	Lund
give dates as near as recol lected when such attack occurred, how long the				
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 abou what proportion of a sound able-bodied man's work h	t 1			
was able to do—whether 4, 14, 14, 14, 14, 14, 16 or as the cas may have been; what hi actual earnings were, and				
whether or not the wage paid him were less in amount, and how much les				
on account of his inability to labor, than were paid to others physically sound and doing the same kind of	i			· · · · · · · · · · · · · · · · · · ·
work. They should als state how they are able t say what his disabilitie have been and are now, an	s			
they should describe full and clearly the symptom as they appear to them in his case; in fact, describ	W14			WEST THE R. P. L.
his case; in fact, describ his physical condition full during each year of thei acquaintance with him.	y			

	further declare that he has no interest in said case and a not concerned in
	its prosecution.
	E. V. alfier de band
	Alexander Corchian
	(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 27272 5 7 Lyania County of 2111 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
	4-
	and acquainted here with its contents before 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 afflant personally known
	to me and that he is a credible person.
	to me and that the branch
	(Official Signature.)
	[L. S.]
	(Official Character.)
	1. Clerk of the County Court in and for aforesaid County
	and State, do certify that E. P. Hildsbrand Esq., who has signed his name to the
•	foregoing declaration and affidavit was at the time of so doing a justice of the React 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
	a. Fridley
	[L. 8.] Clerk of the Chaus Cottoos
	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.
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Examination made by me this 17 day of Tell

O Steph

(P. O. Address of Examining Sir

GENERAL AFFIDAVIT.

•	For the testimony of EMPLOYERS OF NEA him before his enlistment, or since his discha-	ar neighbors of soldier, arge and return from the	(other than relatives) who ha e army.	ve known
	State of lennesglums	County of	Indiana	, ss.
	In the matter of the application for pension of	110/1/1077	S. Mahan)
	In the matter of the application for pension of	NO I I I I I I I I I I I I I I I I I I I		
				
	ON THIS English day of			
	Instice of the Vence			
K.	Flant, M. McKee age			
	in the County of Indian	and State of	Temoghan	
	whose Post Office address is		, / . /	and the state of t
		years, a resident o	·	
	in the County of Onderson			
	in the County of	and State of	02121207	
•	whose Post Office address is			
	well known to me to be respectable and entitled t		A	
	case as follows: That have been well an	d personally acquainted w	ith William S, Mr	ahan
	for 40 years, and years respective			
•	me Mile from I			
	in White Jumship	L.		
Instructions—read	m morte omnibile	2 - 11	(m, 1)	2
carefully. The witnesses must state 1st. Their respective age	period of Jan			
and occupation; the length of time they have known the soldier, and in what	the Board Branch		,	
year or years of the said period they have employed worked with or for him, or lived in the same neighbor				
hood with him, and how hear to him. 2d. If they knew him be fore his enlistment what his		,		
physical condition was a that time, and that he wa	of Enlutiment	C	•	<i>ID</i> .
then sound and free fron 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	intimate acquain	,	, '	•
they should state where i was, and at what business or if they have known him	anoften as two a			,
as neighbors only, the should state about wha distance from him the lived; how frequently, or	Stream. That Since			
an average, each week month, or year, they say him and conversed with	he has complained	and suf	fored from PCh	enmater
him, and how intimate the were with him during thi time, and from what dis	and govern deboles	Cann	of sony that	his
ease or disability he ha suffered during all the tim they employed him, worke with him or lived nea	alleged disability			
with him, or lived nea him, and how severely whether at any time durin this period he was oblige	d much of many			•
to stop work, was confine to his bed or house, or wa wholly unable to do an	Marian Labor,			,
manual labor because, on his alleged disabilities, an give dates as near as recollected when such attack	d by side with him	in (faring	ing) That he	- mnz
occurred, how long the lasted, and how severe the were. In this connection	y unte to do	herry.	Mannal 1	abov.
if the witnesses have bee his employers, or hav worked with or for him	e			
what proportion of a soun able-bodied man's work h was able to do—whether h	d re			
%, %, %, or as the cas may have been; what h actual earnings were, an		<u> </u>		
whether or not the wage to labor, final were less in others physically some	si ni			
work. They should also state how they are able	of so			
horre been and disabilitie	· · · · · · · · · · · · · · · · · · ·	or more assessment in a particle by the Burney of		
they should describe full and clearly the symptom as they appear to them is his case; in fact, describ his physical condition full)
during each year of thei sequaintance with him.				
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14c further declare that Le	L	· · · · · · · · · · · · · · · · · · ·	
its prosecution.	no interest i	n said case and	not concerned in
\mathcal{L}	7	$\rho \nu$. ρ .	0.
6,8,094 stde home		Robert M	moree
· · · · · · · · · · · · · · · · · · ·			
[If Affiants sign by mark, two witnesses who can wri	te sign here.	[Signature of Affiants	s.]
	•		
Note.—The witnesses, if not themselves equal of the Peace, or other officer or competent personal transfer of the Peace, or other officer or competent personal transfer of the Peace, or other officer or competent personal transfer of the Peace, or other officer or competent personal transfer of the Peace, or other officer or competent personal transfer or competent pers	on, and have the blank fi	lled out and properly executed.	Notary Public, Justice
STATE OF E 727259 Long	County o	r emiliani	88:
Sworn to and subscribed before me this da	y by the above named a	affiant , and I certify that I read	said affidavit to said
affiant , including the words			erased, and the words
2	. 7		added
and acquainted with its conte	ents before he	executed the same. I further	er certify that I am in
•			T
nowise interested in said case, nor am I concern	ed in its prosecution; ar	nd that said affiant	personally known
to me and that he is a credible	person.	60.	0
	-	6. f. coldelle	board
		(Official Signature	.)
[L. S.]		Justice of the	· lence
1 - 4.		(Official Character	·.)
if de den	Mely	Clerk of the County Court in an	d for aforesaid County
E. P.	To odolo		
and State, do certify that	roxageori	Esq., who has	signed his name to the
foregoing declaration and affidavit was at the ti	me of so doing a	Justice of the	Reactin and
for said County and State, duly commissioned a		Main acts are entitled to full faith	and and that
for said County and State. duly commissioned a	nd sworn; that are his o	meral acts are envired to full fait	and creati, and that
his signature thereunto is genuine	Y0	$\mathcal{L}_{\mathcal{I}}$	
Witness my hand and seal of office	e, this	day of Seley	, 188
		Ja. Ch	ually
// O.3	Clerk of the	Orphan	
[L. 8.]	•	/	DO THE DEACH A
Note.—This should be sworn to before a febror a JUSTICE or NOTARY, then CLI	ERK OF COUNTY CO	URT must add his certificate of	character hereon, and
not on a separate slip of paper.			
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J. J. Z. Z. J.) (n		, <u>*</u>
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ADDITIONAL EVIDENCE.

ADDITIONAL EVIDENCE.

CLAIM OF Marken.

M. G. Y. Re. Parl.

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FILED BY

William & Mahan swer in your own handwriting the following questions, or ties bit a support of this state of the second privile his Robert In In Kee In Jeann When did you first see Dellam & Man erod bira, prometo sult most beingutes I dean not fix the date of suchen spiret some love & making after to came home from the army but being persony acquainted with him of care blooked him up soon Was he then suffering from any disability Ins. yes know he was from my arguentine with him be fore he event to the corny I what did he complain, and how was he affected? How frequently have you seen him since your first acquaint ance. (M.S. on an avarge I would say once a month up to This present day Itas he continued to suffer with such disability! And yes and The getting avone To what extent has he been disabled for manual labor thereby during each year within your Knowledge? Mis: Lwould not thim half ahand at labour of anny circl I'lly means of knowing the facts of the case are these: Hoabing bean acquainted with low I maken personly from we were small boyo and have helped one another at work by times gave one a good chance to know his abilities a bout performing and from what he has toldme (Signhere) Robert M. M.Ku JOHNMUSSVONIEC OF Washington D.C.

GENERAL AFFIDAVIT.

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

2.4	State of Jennsylvania	County of	of france SB.
	7	1.11.	Mahay
	In the matter of the application for pension of	man V	, muraw
. €	ON THIS day of	A. D. 188	personally appeared before me, a
	sisting of the leave in and	for the aforesaid County, duly	authorized to administer oaths
C	amos Shance aged 63	years, a resident of	diana
	in the County of elization		'
		- 1 ,	
	whose Post Office address is	17.01.032A ()	and and
	aged	rears, 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, dec	clare in relation to the aforesaid
	case as follows: That have been well and persons		2 -
	for 40 years, and years respectively, and	,	1
		· Some,	he was, ho
Instructions—read carefully.		physically Son	
Ist. Their respective ages and occupation; the length	1	from d.	ily_cAfter Ino
of time they have known the soldier, and in what year or years of the said period they have employed	retime from our choring	he mas	vary much
worked with or for him, or lived in the same neighbor hood with him, and how	booken down in.	healt med	Strangth
near to him. 2d. If they knew him before his collistment what his	and Continues to	e unah	le to do r
physical condition was a that time, and that he was then sound and free from	halter dance work. e	These facts	we Norm
disability, and especially free from the diseases for which he claims pension. 3d. If they have employed	to the same of the	•	sal side by
or worked with him since his return from the army they should state where i		112 The fa	rom both before
was, and at what business or if they have known him as neighbors only, they		,	ed since his
should state about wha distance from him the lived; how frequently, or an average, each week		Armo,	a. 1 h
month, or year, they say him and conversed with him, and how intimate the			to him for
were with him during this time, and from what dis ease or disability he ha	s or the Manne	neightor	the short for
suffered during all the time they employed him, worked with him, or lived nea- him, and how severely	di .	- ten na	no bust, and
whether at any time during this period he was oblige to stop work, was confine		- every was	L, and Com
to his bed or house, or wa wholly unable to do an manual labor because, o		marty a	phito
his alleged disabilities, and give dates as near as recol- lected when such attack	1 francisco		
occurred, how long the lasted, and how severe the were. In this connection if the witnesses have been	y		
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what proportion of a soundable-bodied man's work he was able to do—whether he	d e		
%, %, %, %, or as the cas may have been; what hi actual earnings were, an	ie is d		
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on account of his inabilit to labor, than were paid to others physically sound and doing the same kind of	0	}	
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dn ing each year of their squaintance with him.		<u></u>	
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	further declare that	no interest in said case a	nd not concerned in
its prosecution.			
*		James &	Mence
[If Affiants sign t	by mark, two persons who can write si	gn here.}	[Signature of Affiants.]
Note.—The w	itnesses, if not themselves equal	to the task of drawing the affidavits	should go to some Notary Public, Justice
or the Peace, or	other officer or competent person	, and have the blank filled out and	properly executed.
STATE OF	211200 /20 121	COUNTY OF	22 4 2 4 22 2 88;
	•	N .	I certify that I read said affidavit to said
affiant , includ	ing the words		erased, and the words
	American and second 1	,	added
and according by	Linz with its contant	to hefore he	d the same. I further certify that I am in
ona acquamited	with its content	w wordsexecute	, , , , , , , , , , , , , , , , , , ,
nowise interested	d in said case, nor am I concerned	in its prosecution; and that said af	fiant personally known
to me and that	Le is a credible pe	rson.	
		E.F.	Statile brand
	•	<u></u>	(Official Signature.)
[L. S.]		Dust	ie of The leave
	, _ J .		(Official Character.)
I,	a Fre	Clerk of the	County Court in and for aforesaid County
	E P	Al land	
and State, do cer	tify that O'	Occasorans	Esq., who has signed his name to the
	ation and affidavit was at the time	of so doing a furt	ce of the Readin and
foregoing declara	and State, duly commissioned and	sworn; that all his official acts are	entitled to full faith and credit, and that
			1
for said County a	ereunto is genuine.	1.7	//
for said County a	*	thisday of	nue , 188 7.
for said County a	ereunto is genuine.	his day of	a Andles
for said County a	ereunto is genuine.	this day of	a, Fridle
for said County a his signature the Wit	ereunto is genuine.	this day of Clerk of the	a Frudley Sphans Comp
for said County a his signature the Wit [L. S.]	ereunto is genuine. tness my hand and seal of office, to should be sworn to before a	Clerk of the CLERK OF COURT, NOTARY	A, Friedley Chaus Court
for said County a his signature the Wit [L. S.] Note.—This If before a JUs	ereunto is genuine. tness my hand and seal of office, to the seal of office, the seal of offi	Clerk of the CLERK OF COURT, NOTARY	PUBLIC or JUSTICE OF THE PEACE.
for said County a his signature the Wit [L. S.] Noty.—This If before a JUS	ereunto is genuine. tness my hand and seal of office, to the seal of office, the seal of offi	Clerk of the CLERK OF COURT, NOTARY	A Mudley Coult CUBLIC or JUSTICE OF THE PEACE. d his certificate of character hereon, and
for said County a his signature the Wit [L. S.] Noty.—This If before a JUS	ereunto is genuine. tness my hand and seal of office, to the seal of office, the seal of offi	Clerk of the CLERK OF COURT, NOTARY	A, Andley Chaus Coul PUBLIC or JUSTICE OF THE PEACE. d his certificate of character hereon, and
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for said County a his signature the Wit [L. S.]	ereunto is genuine. tness my hand and seal of office, to the seal of office, the seal of offi	Clerk of the CLERK OF COURT, NOTARY	A Mudley Chaus Court PUBLIC or JUSTICE OF THE PEACE. d his certificate of character hereon, and
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for said County a his signature the Wit [L. S.] Notz.—This If before a JUI not on a separate	ereunto is genuine. tness my hand and seal of office, to the seal of office, the seal of offi	Clerk of the CLERK OF COURT, NOTARY	d his certificate of character hereon, and
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ADDITIONAL EVIDENCE.

ADDITIONAL EVIDENCE.

M. & Mahan

M. & Mahan

ALTER.

Piled by

Washington, D. C.

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

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.

	7 4
State of Genna	, County of Sudiana 55:
	In the Pension Claim No. 5-76742
of William X:	Mahan Brown late of
Co. 76. 67 the 7	e, if in the army; or vessel and rank if in the navy.)
	of the Ospham Combin and for the aforesaid
County and State Q' F. Puring	glace citizen of Said County
whose Post Office address is	ua Ca.
well known to me to be reputable and entitled to cred	lit, and who, being duly sworn, declares in relation to aforesaid case as
follows:	
	been acquainted with said soldier for aboutyears, and that
(Here embody all the facts known to the afflary in accordance)	with the marginal instructions. No erasures or interlineations will be permitted
unless the magistrate certifies in his jurat that they were made ber	for executing the paper.)
difficulties, the last him	is about this years ago
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heard how cumplane of	I whenmatim but never
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	become him
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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 kad 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 physic condition at sur times should be stated. The claimant of the claim and the 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 displayed for the manual labor furning each year from discharge to which claimant has been unable to perform manual labor furning each year from discharge to the present time.

The further declares that he has been a prescriptor of medicine for		
His further dockares tast he has been a prescritioner of mollisins for		
tio fastbor declares that he has been a practitioner of medicine for		
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He further declares that he has been a practitioner of medicine for all years, and that he has no interest direct or indirect, in the prosecution of this claim. Sworm to and subscribed before me this. and I hereby certify that the affairt is a practicing physician in good professional standing; that the contents of the above declaration, de., were fully mode known to him before awearing, including the words. added; and that I have no interest, direct or indirect in the prosecution of this claim. Contains the prosecution of the prose		
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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. L. S. Clerk of the Coacey Court in and for aforesaid County and State, do: certify that		The few 1200 7
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[U. S.] [Official Signatures] [Official Characters] [Official Characters] [Official Signatures] [Official Characters] [Official Cha		, added; and that I have no interest, direct or indirect
I	in the prosecution of this claim.	1 2 4 · · · ·
I		Cofficial Signature 1
Clerk of the County Court in and for aforesaid County and State, do certify that	en e	
Glerk of the Coanty 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, in any of the system to before a CLERK OF COUNTY COUNT must add his certificate of character hereon, and not on a separate slip of paper. The short of the Coanty Court in and for aforesaid County and State, who has signed his name to the foresaid County and State, and that the signature thereunto is genuine Witness my hand and seal of office, this, in any of the county county county county county and signature thereon, and not on a separate slip of paper.	[L. S.]	
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Witness my hand and seal of office, this day of 188 [L. 8.] [L. 8.] Clerk of the NOTARY PUBLIC or JUSTICE OF THE PEACE. Defore a JUSTICE or NOTARY, then CLERK OF COUNTY COUNTY must add his certificate of character hereon, and not on a separate slip of paper.		
Witness my hand and seal of office, this day of		
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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.

and number of claim.	chronuse	Pension Claim No.	373682
Name and rank	[State above whether for original, increase, or restoration.]	, Rank,	Private
of claimant.	Company/Y, 67 Reg't Va Myl	Indiar	state,
Claimant's post	Indiana Ja	Post-office address o	26", 1890
onlog authoris.	We hereby certify that in compliance w	[Date of exami with the requirements of the	
	examined this applicant, who states that he		-
Cause of disa-		maism	wing disability, incurred
bility.	In the service, viz.		
If a pensioner, fill	and that he receives a pension of E	icht-	dollars per month.
in the amount; if not, erase the whole line.	He makes the following statement upon	F	<i>i</i> 1
	In makes the innowing statement upon	/ /	[Original, inorease, restoration &c.]
Here give the claimant's statement	He has hash an	It the Time	an granding
as briefly and as compactly as possible.	Sleep reld- Weap	- unable for	any Cislent
an pone	Exerciso - He is	disabled 3/2	dky for
	manuel labor	, /	
			No.
	Upon examination we find the following		
	respiration, 24; temperature, 98, 6; pounds; age, 60 years.	neight, feet	inches; weight, / JU
	Grueral afferran	ce mut good	L'Expressive
Here give a full description of the disabili-	of reakings - ancien	uc- Muscle	o masted
ties, in accord- ance with pars. 5, 6, 51, 52, &c.,	Iskin clean- In	Stripping him	are find
of Book of In- structions for 1889	general musculor	- abriffy - H	is flattened
	Right Shits femoral	created 3/4 with	he forer than
	Haft - Fig langthined	- the scape	lor musels
	Our ispecially neur	ell- there is	no anchillores
	Te Mars Hy mis or	retin 910 als-	Pulse internet
	no muranin - ma	esculor actus	r of heart
	is neakened The	u is as di	seare of
	Spinal Cord Mis	reular Coopels	nahar &
	Sepsation normal-	- His disa	belet is
	Sheumatism		

	<u>, , , , , , , , , , , , , , , , , , , </u>		
Rate for EACH		He is, in our opinion, ent	, , ,
cause of disability.			for that caused
	by, and	for	that caused by
		D Int	2 111
	A F. Pusington Pres / Ho	soul, Secy. Jun	10" (Tarly Lettreas.
	N. B.—Always forward a certificate of exam	nination whether a disability	is found to exist or not.

Continue record of examination here.									-
BON OF THE PARTY O	SURGEON'S CERTIFICATE	May Mahon. Coft, by "Reg't fa lul.	Applicant for Characau	No. of IS. b & & Date of Examination:	A Allewighted, Pres., Bosen	7	County, Chredianue State, County	P. S.—Write your Post-office address plainly and in full.	

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

Provided further, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical 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	Inc	Pension Claim No. 373 682
claim.	[State above whether for original, increase, or restoration.]	
Name and rank of claimant.		, Rank, Ari
•	Company/7, 67 Reg't La fr	Postoffice address of the Board.
Claimant's post-	Indiana Ja	april 8, 189/.
office address.		[Date of examination.]
	We hereby certify that in complian	ce with the requirements of the law we have carefully
	examined this applicant, who states tha	t he is suffering from the following disability, incurred
Cause of disa-	in the service, viz: Rheur	natism heart failure
bility.	in the service, viz.	· · · · · · · · · · · · · · · · · · ·
•		
If a pensioner, fill in the amount;	and that he receives a pension of	dollars per month.
if not, erase the whole line.	He makes the following statement u	pon which he bases his claim for Increm
	Disability increa	Original, increase/restoration, &c.
Here give the claimant's		
statement as briefly and	in bueld thinks,	medenes. Head diggif
as compactly as possible.	nede trembling spe	elsorhich he attributes to
•	hear fulure - f	- % devolled
•		
	_	owing objective conditions: Pulse rate, 72;
	respiration, 24; temperature, 218,	5; height, 5 feet 8/2 inches; weight/80
	pounds; age, & years.	
Hana riva a full	Lemenal	2 appearance denote reakness
Here give a full description of the disabili-	Vale Muselo Small	Soft- Tungue Coated,
ties, in accord- ance with pars.	Les de la laresmen	ner Strandal alleges having
5, 6, 51, 52, &c., of Book of In- structions for		1 1 10 100
1889	on fressing over son	no foramen hips offellened
	Musiles of buck marle	d. of Center on pseuson
	to joint suffered	Intallyes general prusador
	Sherrers, Hant re	gular, sorpudo & apox lest
	normal Rheund	ation is the only dischilety
	December Stand Son	that which is large to about
•	the factorial and	and the second s
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Rate for EACH	, <u> </u>	He is, in our opinion, entitled to a 10//8
cause of disa- bility.	rating for the disability caused by	heunistum, for that caused
	by, and	for that caused by
	<u> </u>	
	al al mhi	1 1 4 4 1 1 1 .
-	Corent-Enda, Pres. Ohyt	vsal, Sec'y. A. L. Enrufeld, Treas.
	N. B.—Always forward a certificate of a	xamination whether a disability is found to exist or not.
	(3504—300,000.) 6-552	

SURGEON'S CERTIFICATE IN CASE OF	Mahan co. K. 67 'Reg't Ga fry Applicant for Anc	No. 373,682 Date of Examination:	abread 2 2 et , 189/. My gaugh, Sec'y, BOARD.	M. Tr. Chrufell, Treas.,) Post office, Indiana	County, Chrohama. State, Genne	P. S.—Write your Post-office address plainly and in full.	

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

Provided further, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical 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.]

this certificate, and they should be used whenever it is possible to indicate precisely the location

Attention is invited to the outlines of the human skeleton and figure upon the back of

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 rame of the absentee, must be indorsed upon each certificate. Insert character and number of claim. Pension Claim No. 3 State, 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 If a pensioner, fill in the amount; and that he receives a pension of if not, erase the whole line.

He makes the following state following statement upon which he bases his claim for Here give the claimant's statement as briefly and as compactly as possible. Upon examination we find the following objective conditions: Pulse rate, respiration, ____; temperature, height, Cubro Satulburge is, in our opinion, entitled to a Rate for EACH cause of disability caused by Thurinaterno by disability.

Bate for EACH rating for the disability caused by Thurinaterno by disability caused by Thurinaterno by disability. for that caused by

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

(6287-300,000.) 6-552

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Pleads + Emeling of to fut but eyes. C.C. left ye, Danie
with at as with both eyes. Pleads No, 8 both eyes. and
is with left, and 10 obith of eye, at 15 in, Three is
Olight astig maticin, Jour & oftenich for dis;
of eyes, Claimant is armic. Emaciatra and
debititated, to orly mounted. Which in our
opinion in a great maguer is due to rhumation org. disease of heart disease.
No other disability is facual to spirt.

SURGEON'S CERTIFICATE

IN CASE OF

COM, 67 Reg't Alaced

No. 373.682

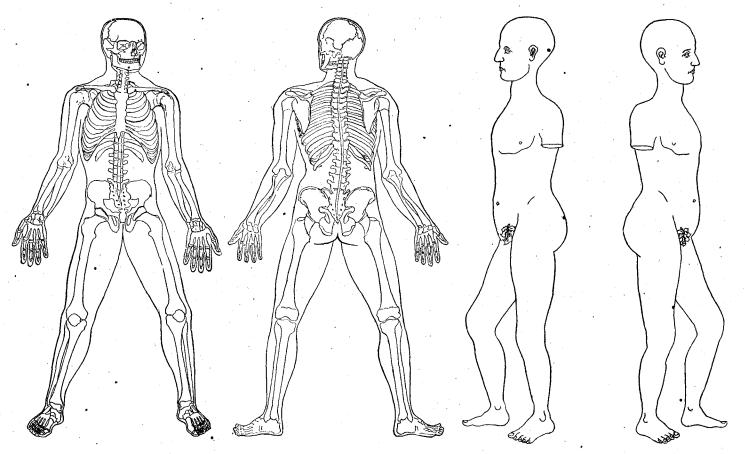
DATE OF EXAMINATION:

DATE OF EXAMINATION:

RECOUNTY, MUMINIMENT OF Treas,

State, County, Multium Multium

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



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

Provided further, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical 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.		im No	373682	
Name of claim- ant.	1, no Pul	Address \	Indian	P. U.
	Company K. 67 Reg't Par lul	of Board. (Prima	State.
Claimant's post- office address.	Rhumatin v uniter	discor :	Ebucay [Date of examination , heart	190 2
Canse of disa- bility.				
e P	He receives a r	ension of	dc	ollars per month
Here give the	He makes the following statement in regard to the		/	
claimant's statement (as briefly and as	discoursed by him to the to	- 1	// .	4
compactly as possible) in re- gardto thedate	be reason of beariness and the	in- Has		Lizery Shells
of origin and cause of his dis- abilities and	and regular. Staggent. Shill	es much	for has	i the joint
the manner in which they	De Stille out - He all the chitathe		0 /	
affect him.	/0 /			
of a disease of	ines of the human skeleton and figure upon the back of this cer or injury, the entrance and exit of a missile, an amputation, et	tc.		
*	Birthplace, Cashington Ift Judico Pa	; age, / 2	years; heig	ht, 1/2 9;
,	weight, 125 pounds; complexion, face	' ;	color of eyes,	Rile;
	color of hair, gray; occupation () Rel		; perm	anent marks and
	scars other than those described below,			
	We hereby certify that upon examination we find Pulse rate, 70 86 //0; respiration,		- •	00
Here give a full	[Sitting, standing, after exercise.]			Prost of
description of the disabilities, in accordance	Their is board - boule well care	sance c	response de	Troming
with Book of Instructions.	Parce: Blowhood Shouldered.	Matin	of Share	der joints
,	Iggres frain and system, lin	inted /	I by Their	ceringel
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thereof, rela- tive to the cause of any	the other state senectic se	effect	Jan fy	hopo -
disability found should be stated.	and latter Contacting Acres.	Could he	useles of h	a e s 3.
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to be due to or aggravated by vicious habits	to halfation when in a slooped	fasition	- 1/2 wiches	leluniffle,
the opinion of the board must be stated.	Ville heals, intermittent- astest	ies hard	R- leggs for	of There is
When not due to such habits this fact must	a system murming - munal infine	Cherency	- not land	yeard lest
be stated.	of whay should are week. his	least	Topoli .	ne may le
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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 \$\frac{3-156}{80.3-111.9}\$) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6-552

"I hereby certify that Dr. Dr. examination of of (This certificate to be filled in by the applicant "I, Um J. Mahan to in this medical certificate, hereby Dr. Mydvsack, the	emember of the board acting as secretary, and signed, when a full board is not present.) , the applicant for (increase or original) pension is consent to be examined by Dr. C. M. C. M. C. S. C.	aresent.), and d in theday d by the referredand
SURGEON'S CERTIFICATE IN CASE OF IN CASE OF Co. K. 6 7" Reg't Ga Lule Co. K. 6 7" Reg't Ga Lule APPLICANT FORCELLE	Date of Examination: Language 19°C, 1902 Chi Might Sec'y, Board. Post office, Liedane. County, Charles. State, County.	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 foot of the certificate, and also on the back of the same.

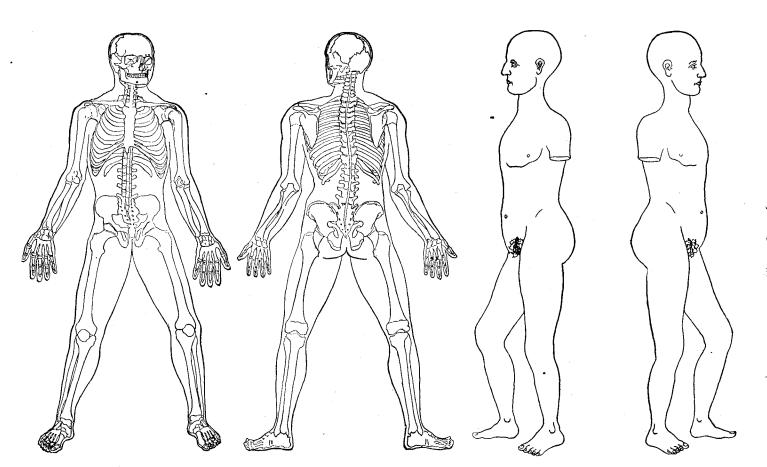
"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

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SURGEON'S CERTIFICATE. Insert character and number of claim. 3736 Pension Claim No. -Name of claim-ant, P. O. $\mathbf{Address}$ State. Claimant's post-office address. Names of disa-bilities. He receives a pension of 2/12 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 Slales itiat discovered by him: Alaimanh rheumation & disease 2184 __; age, __**>6**__ years; height, _**6**__ _ pounds; complexion, foir _; color of eyes, ________ color of hair, com ; permanent marks and ; occupation, Januar scars other than those described below, _ nous We hereby certify that upon examination we find the following objective conditions: ; temperature, respiration, Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate para-graph for each disability. Facts within the knowledge of the Board, or any member thereof, rela-tive 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. not yours to by seep by stoffing. Done Times would staced in getting home without he sometimes signing home the also stated that when he would get home & lir down by weetlay be worst the last attack which he states was the worst, , Pres. R. F. Maxlery, Sec'y. ____, Treas.

		by the secretary when		
		, Dr		
		ersonally present and ac		
		, the claimant in thi	s case, on	day
	, 190 ." *			
	(Signatur	e.) .		
is certificate to be fille	ed in by the member	of the board acting as full board is not present	secretary, and sig	gned by
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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.

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 claim-	Pension Claim No. 273 (82	
ant.	Molion & Molion (Company 67, Reg't landy	Address of Board.
	Indiana Pu	Llee 23 rd , 1904
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SURGEON'S CERTIFICATE

IN CASE OF

Co. K., 67 Reg't Parally

Applicant for Jrc

No. 373 (82

DATE OF EXAMINATION:

Alex 23 and 1904

Pres.,

Pres.,

Post-office,

County,

State,

Fill all blank spaces above.

SURGEON'S CERTIFICATE.

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	We hereby certify that upon examination we	e find the fo	ollowing obj	jective condition	ns:
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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.

	e filled in and signed by the secretary when the full board is present.)
•	at Dr, Dr, and
	, were personally present and actually participated in the the the the thing case, on day
of	•
	(Signature.)
This certificate to be fille	ed in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)
΄ (Τ	the applicant for (increase or original) pension referred
	eate, hereby consent to be examined by Dr
	the examining surgeons here present (waiving examination by
full board), on this	day of, 190 ."
•	(Signature.)
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是 为 当	Sec'y, Treas., Sec'y, Treas.,
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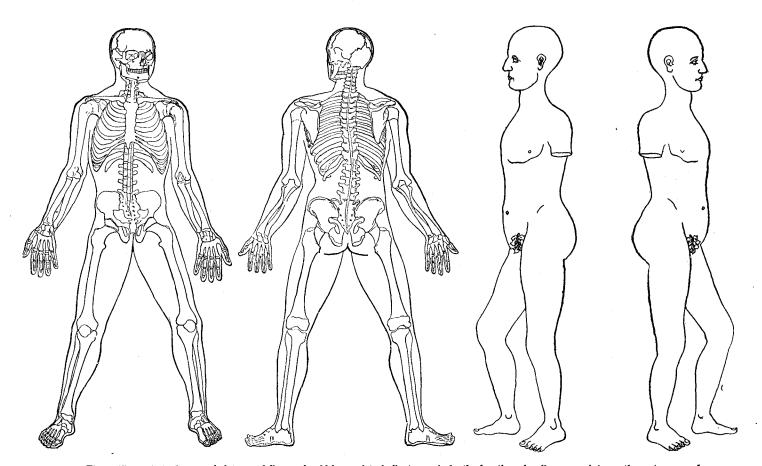
Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the bottom of the certificate, and also on the back of the same.

"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.

sert characts and number ot claim.	Increase Pension Claim No. 373682
me of claim- int.	William L. Mahan Address Indiana P.O.
	Company K. 67 Reg't Ja. Cal. Jul. Jul. Board. Peren = State.
imant's post	Indiana, Indiana Co. 4a ang. 13th, 1960 3
	Date of examination.]
mes of disa-	Blown Alexand Prince of Gentling to alexand
oilities.	Manager of Mills for scar parages
	He receives a pension of O, dollars per month.
re give the (laimant's (He makes the following statement in regard to the origin of his disabilities and date when first
ompactly as	discovered by him: Muymalism sugar liker in the
ossible) in re- card to the date of origin and	The I
ause of his dis- bilities and	Teson vysts
he manner in hich they ffect him.	
	Birthplace Indunce Coffage, 81 years; height, 5 8 Sin
	weight, /20 pounds; complexion, /cos ; color of eyes, group;
	color of hair, gruy; occupation, farmer; permanent marks and
	scars other than those described below,
	<u>. 9</u>
	we hereby certify that upon examination we find the following objective conditions.
	Pulse rate, ; respiration, 2/; [Sitting, standing, after exercise]; temperature, //; [Sitting, standing, after exercise]
6-11	Thurmatism. Shydder jourt limited in
re give a full clescription of he disabilities,	motion 18 Right albow 1/8 Stiff elbyrg 14, Right
n accordance vith Book of	Knully feft 3/4 - Starp about obtine arrigle
nstructions, ind make a eparate para-	Heart, Skin cyanotic, opposica on any
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	for pressure, apen beat not evident to sight
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disability found should be stated.	haralized- unalle to hut hand to face-
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vicious habits the opinion of the board must	Requires Constant aid of another herson
When not due to such habits	and a mornan is unable to do it The disn
this fact must be stated.	beliefe is due to hersioned Cause, which is
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	Colonel /
l	Treas.

		not be made by one member of a board ex			
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	-	at Dr.	*		•
		, were per	• •		
			, the claimant in this	case, on	d ay
	of	, 190 ." (Signature.)	•	1	
:	(This certificate to be fi	lled in by the member of the applicant, when a fu	f the board acting as a		
	· · I,	, the app	plicant for (increase or o	original) pension re	\mathbf{ferred}
	to in this medical certific	ate, hereby consent to be	examined by Dr		and
	Dr	, the examining	${ m surgeons}$ here present	(waiving examinat	ion by
	full board), on this	day of		_, 190 ."	
	Witnesses { to mark.	(Signatur Applican	re of		
AUG 11 1910 NUS S. HOMELV.	JRGEON'S CERTIFICATE JAK IN CASE OF MILLIAM O. Mahan K. 67. Regi. Ca. M. Luf.	APPLICANT FOR ELL CALLARY CS/, No. 373, 682, DATE OF EXAMINATION:	Machardell, Pres., BOARD.	Post office, Inchance County, Inchance	not use backs of ograveates for any purpose other indicated by printed matter thereon. AUG 20 191



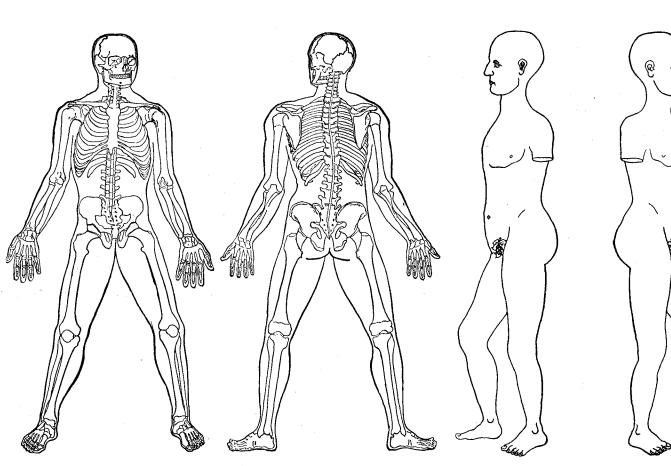
The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

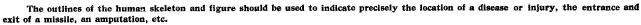
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>	SURGEON'S CERTIFICATE.
Insert character and number of claim.	Julieuse Pension Claim No. 373682
Name of claim- ant.	William L Mahan Address Judiand P.O.
Claimant's post- office address.	Company (6 7 Reg't Pa Vol Suf, Board.) 924 Wayne are Such walk The 17, 1991
Names of disabilities.	factual graft 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	He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: I he was likely a developed later of the control of the
which they affect him.	
	Birthplace, Successful ; age, 82 years; height, 2410; ; weight, 115 pounds; complexion, Fair ; color of eyes, Blue; ; color of hair, 4744; occupation, Fair ; permanent marks and
	We hereby certify that upon examination we find the following objective conditions:
Here give a full	Pulse rate, 76 ; respiration 25 ; temperature, 20 } Journal him Lying to bed could not take
description of the disabilities, in accordance with Book of instructions, and make a separate para-	to stand upon his feet or take any engine I wente
graph for each disability.	get his height but give his former height which was off 10 inches I could not weigh
Facts within the knowledge of the Board, or any member thereof, rela- tive to the cause of any disability	Sout I judge he well weigh about 115 els. Hehed him make an effect to get out of bed but am satisfied that he cannot do so
dis a bility found should be stated.	all the time except when lifted but I bed and set upon action in had him muke an effort to put on his clothing and am positively satisfied he cannot. He cannot
Whenever a disability is shown or is believed to be due to or aggravated by	assistance of centiles furty who lifts
vicious habits the opinion of the board must be stated. When not due to such habits this fact must	He can pass wine without use of Catheters.
be stated.	Prostate bland evidence, of murid
	faralyzed condition. Left fort toes drown defonded a contracted Left auble anchylosed stiff motion completely destroyed Left knee
When rates are recommended solely on sub- jective evi-	stiff and auchylosed sleved foint enlarged tock motion of knee completely destroyed Planstring teledons contracted and lined left thigh stiffened motion finited at
dence the strongest rea- sons must be given therefor.	Cannot half or grash authorhing in left hand had him trep to do so, left ellow deformed & fleged reclarged motion lemited ———————————————————————————————————
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SURGEON'S CERTI

DATE OF EXAMINATION:





SURGEON'S CERTIFICATE.

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

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	and the second s	[Date of examination, not of amendment.]
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	get out and into bed to fut on and remo	ve elottiling

SURGEON'S CERTIFICATE.

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

aim-	Company , Reg't Address of Board.
. –	[Date of examination, not of amendment.]
	EXAMINATION—Continued.
for	his general physical condition is
ent e of mat-	the Sulless Auga luned constitued a left side
of low- vord	which is results of Rheunathan
	Rating 172 for snouth
	This plainded is so totally and fermanent
	paralysis I left side that he requires
	The regular Intersonal aid and attendance
	172 per mouth
	not due to any vicious lubets
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	, Pres. The Steffeet, Sec'y. , Treas

SURGEON'S CERTIFICATE

IN CASE OF

William & Mahan

Co. K. 67 Reg's Pabrlough

Applicant for Lucieuse

No. 3 73 682

Date of Examination:

Feb 17, 1981

To Stiphens. Sec'y, BOARD.

Treas.

Post office, Plum Run

County, Juniana

State, Pa

BF Fitt all blank spaces above.

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