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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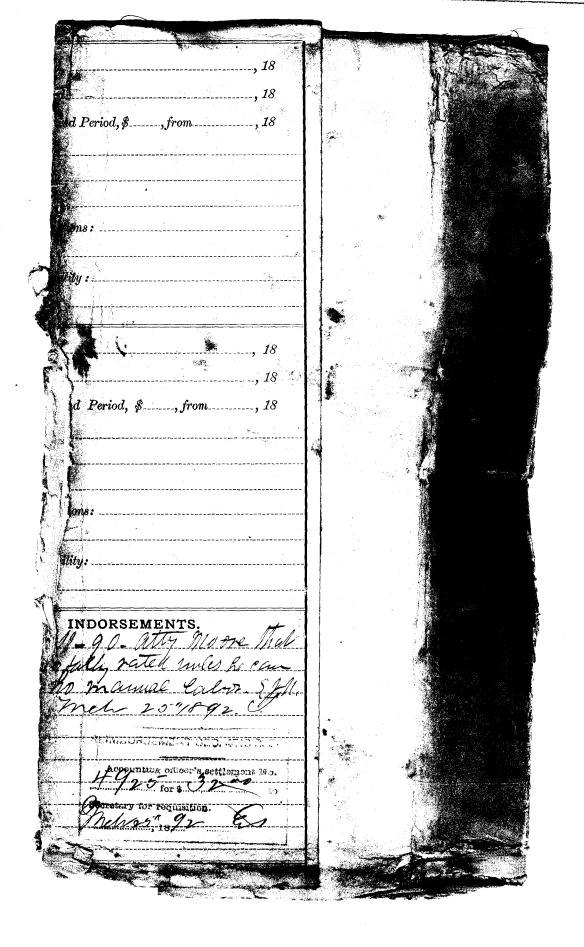
THE NATIONAL ARCHIVES

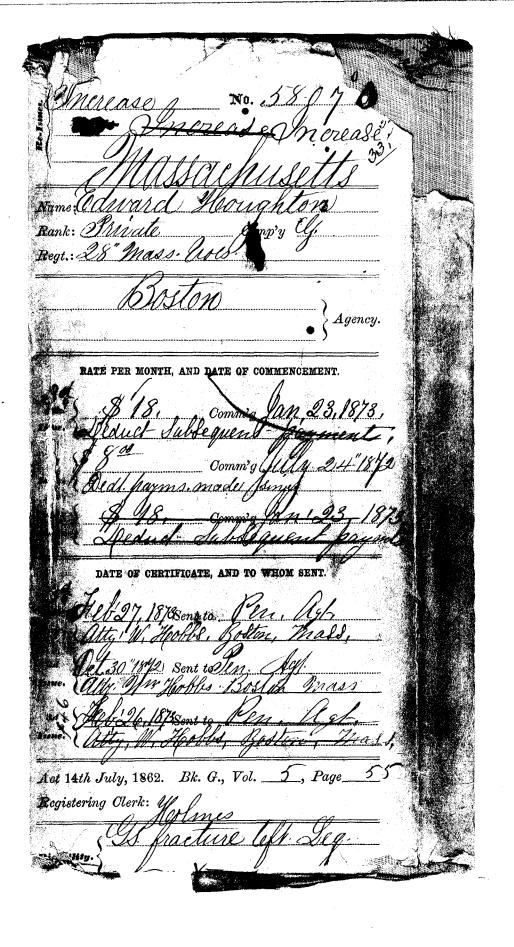
SOLDIER'S CERTIFICATE 820-58-0.70-Bawas - Baughten. SERVICE OF CLASSIFICATION TO THE SERVICE OF CLASSIFICATION TO THE SERVICE OF CLASSIFICATION OF THE SERVICE OF CLASSIFICATION OF THE SERVICE OF CLASSIFICATION OF THE SERVICE OF THE SERVIC

CAN No. 252 BUNDLE NO. 42

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Name, Rank,	Danard Manghitan Min: Service J. L. 28 Mass.	
Agency.		
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Issue.	Deductions: Disability I. J. Hacture	
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ie. Class	Deductions ::	
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Brd Boston 52 Jue 1

So Crop It and late private in bil. 28th map Tols and applicant for a line in now on file in the finish of the fire in the finish office and to 26.132 do hereby levoke the proves given my attorny blacob Todd to presecute my said claim, divers consideration moving me hereto and I do hereby substitute constitute and appropriet Josiah Flitcher of Boston map to pressecute my said constitute and appropriet Josiah Flitcher of Boston map to pressecute my said constitute and appropriet Josiah Flitcher of Boston map to pressecute my said constitute and hereafter, and breciere the Certificate to be used

State of Map. County of Enffolds
Superior Court of an 22: 1866
Susonally affream the above name
Edward to oughton and acknowledge
the above Podves of Atty. Like his
free act and deed
lefne me

Sound A. Woodersh

Officer's Certificate to Disability of Soldier.

⋄	
	1 Saston Mah
	6/Cm 22 001
um h	1006
I. I MICh	ell do hereby certify that I am was 1 Selforne Company
	giment of Mah. Bufy Volunteers, and am acquainted
	who was a member of my Company, and, as I am informed, is
an applicant for an Invalid Pension.	
into service on or about the 25	day of Seff 186/, and discharged for disability about
1.74	1863, having become disabled from doing duty as a soldier from
12/	
	186 2, while in the service of the United States,
_	; in the manner and at the place as follows: Re was
\sim 1	
wounder oya	musked ball at Pattle of Unheto
	elow knee shattery the bone
in left leg o	eww knu shattery the bone
	······································
7D1 (1) (1) 13'	
~	d health at the time he entered the service, and the disability above referred
to affected him while in the service and	d at his discharge, as follows: Anabhay hom
	1 10. 4 6 014
from the fung	forman of his duties as a soldier
	of Ci Ama i
hat of mot bout by of Luffolk	1. Sient. Mr Wtitchell
boul by of Luffold	
sevon loby said	miletier Com of Co. G. 28 "Mass: Vols,
1 22 Jan 1866 60	
10102 ich	foreme in Sep. 17. 1862.
astle	Latono. Care

Substitution of alter Officers Orthicute in M. 26.132 Edward Houghton Edward Stoughton

Filed by Josiah Heloher 35 Court St Buston Mrs.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Massachusetts County of Suffock ss:
On this fifth day of May A. D. one thousand eight hundred and eight personally appeared before me, a furtice of the Reace
personally appeared before me, a furtice of the leave
within and for the county and State aforesaid Columns Houghton aged
years, a resident of the City of Booton, county of troffolk
State of Wasse, who, being duly sworn according to law, declares that he is a pensioner
of the United States, holding pension certificate No. 28,0 70, enrolled at the
Pension Agency at the rate of July four dollars per month, by reason of disability from
Gran shot fractive of left ly [Here name the disability of which person was granted.]
incurred in the william service of the United States while a private in [Here state rank, company, and
Co. G. 28" Man, 21, boli. regiment, if in the Army-vessel, if in the Navy.]
That he believes himself to be entitled to an increase of pension on account of fluescute two [Rere state the reasons for applying for
Cow rating for Soid disability and increase. If on account of increase, increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not
grand disability cusualting from the original pensioned, the location of the wound or injury, the name of the disease, and the time, place, and circumstance of its origin, and the names of hospitals
fraction of the would or injury, the name of the state, and the st
thereby he is totally disabled for all things
being equal to total loss of soid leg, and thereby he is totally disabled for all thirdsy Cuber, and not able to move about at all
without assistance
general de la company de la c
that he appoints George B. Moore, of 48th 8th, Boston
county of Apoll ., State of Massachutts his true and
lawful attorney to prosecute his claim. That his Post-Office address is 4/ Leave to \$5, Bostone
county of Suffolic, State of Muss.
Claimant's Signature: X Charles Short
Attest: Lhas Mc Cartty
county of Suffice of the Claim. That his Post-Office address is Tomework School Claimant's Signature: x Edit Could Shareflow Attest: Lhas Molarthy Attest: Line of the Peace

Also personally app	leared Patrick Dohertyresiding at 41 Lancaster & Cassidy, residing at 41 Lancaster, persons whom I
certify to be respectable a	and entitled to credit, and who, being by me duly sworn, say they were present and saw
Edward V	foughtion, the claimant, sign his name (or make his mark) to the
foregoing declaration; th	at they have every reason to believe, from the appearance of said claimant and their ac
quaintance with him, that	he is the identical person he represents himself to be, and that they have no interest in
the prosecution of this cla	
	, Salrick Doherty
#	Michael Cass (Signatures of Witnesses.)
Sworn to and subser	ribed before me this fifth day of May, A. D. 1890
	and I hereby certify that the contents of the above declaration, &c., were fully made
	known and explained to the applicant and witnesses before swearing, including the
[L S.]	wordserased,
	and the words
	added; and that I have no interest, direct or indirect, in the prosecution of this claim. Chas MC Carthy [Signature.] Auttice of the Peace [Official character.]
CLAIM FOR INCREASE.	General For sale by H. N. Coer, Washington, D. C. Selection Certificate No. 58. C. R. FILED BY Meere For sale by H. N. Coer, Washington, D. C.

The Post-Office address (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

В	Declaration for Increase of Invalid Pension.	
STATE OF	lassachusetti -	
COUNTY OF	Auffolk ss.	
On this	day of left, A.D. one thousand eight hundred and eighty ste,	,
	peared before me, Clark Sufficient full on within and for the County and State	
aforesaid,	kaling of No. 16	
. ,	law, declares that he is a pensioner of the United States, duly enrolled at the Boston, Mass., Pension	
Agency, at th	the rate of (C) dollars per month, by Certificate No. 88.070, on	
account of di	sability from (Sur Mot would of left leg	
incurred while	e serving as a (Prince of 6. 9. 28 to Muss Ouls.	
A	eclares that he believes himself to be entitled to an increase of pension for the following reasons, to wit:	
That (has became totally disabled for manual by	194
	muli Il	
that he appoin	C7 Sul	
•	ence and P. O. address is No. 2 Street, in S	
County of	fliffolk and State of Massifillietts.	
Just	rull Dokerty Edward Houghton	
offe	Clean Land (Pensioner's signature)	
,	conally appeared I will be somewhat a supplier of the supplier	
and Vi	Clean Kills residing at Botton Illy persons whom I	
certify to be 1	respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw	
Edu	the claimant, sign his name (or make his mark) to the	
foregoing dec	claration; 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 prosect	ution of this claim.	
	Satruft Doperty	
	William Maire	
(o and subscribed before me this day of September 1886.	
Sworn u	and I hereby certify that the contents of the above declaration, etc., were fully made	
	known and explained to the claimant and witnesses before swearing, including the	
	words erased, and	
Γs	seal.] the words added;	
	and that I have no interest, direct or indirect, in the prosecution of this claim.	
	Any erasures or inter- lineations in the foregoing	
	lineations in the foregoing declaration should be certified by the Magistrate, in his jurat, as having been made	1
	(Official character.)	
,	Clerk of the Court, in and for	
	unty and State, do certify that Esq., who hath signed	
	above declaration and affidavit, was, at the time of so doing, a	
	and that his signature thereunto is genuine.	
	s my hand and the seal of said Court, this	
W lulless	, many and one out or said court, and	
	Clerk.	

Suvaled Pension.
Claim for Successe.
Edward Houghton
Coest Nº 58,070



Filed by W=Nolots Anton Mass.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

Stul Show	and H	, 1	8 011		
State of Mass					
On this	day of	M, A. D. one t	housand eight hundred	and eighty3	
personally appeared before	е те, а	leek a) [l	, Supone	Send icas Cl	non
within and for the county	,		Hayhli	Laged 66	
years, a resident of the	My of	oxlon	, county of	ffolk	•
State of Malla	Mullo, who,	, being duly sworn acc	ording to law, declares t	hat he is a pensioner	
of the United States, enrol	led at the 150	cton Fr	Ald Pensio	n Agency at the rate	
of MITTEN dollar	s per month, by reason	of disability from 🅢	aliculation of the state of the	ne the disability for which	
pennon was graced.]	lj	***	Q + I	incurred	
in the Military or Naval.]	service of the U	Inited States while	a Musale	state rank, company, and	
regiment, if in the Army-vessel,	if in the Navy.]	<i>M</i>		-	
That he believes himself to	be entitled to an incr	case of pension on acc	count of Associate the reason	Manufacture of the state of the	
If on decount of increase in the disa	bility for which already pensions	ed, that should be described.	It on account of disability for wh	ich not pensioned, the loca-	
tion of the wound or injury, the name	me of the disease, and the time, 1	place, and circumstances of its	origin, and the names of hospita	els where treated in the ser-	
vice, should be fully stated. The	dates of treatment should be give	en as nearly as possible.	, , , , , , , , , , , , , , , , , , ,	·	
	My	careto	38,070 <u> </u>		
				39 %	
				•	
that he appoints		, of			
eounty of .		State of	10	his true and	
lawful attorney, to prosecu	ite his claim. That his	s Post Office addr	Ess is	lou-	ener."
county of	Jolly	, State of	Marku	utto	3 "
n. 57 Tales	noth.	· Collection	Mr. che		
• • • • • • • • • • • • • • • • • • • •	Claimant's Sign	nature:	" LEONTON -	•	
Attest:		•	•	•	
				· · · · · · · · · · · · · · · · · · ·	
				4. *	

y		
Also personally app	peared fully Delet T, residing at Boston	
and fra trul	, residing at, persons whom I	*
chiff to be respectable	and ontitled to credit, and who, being by me duly sworn, say they were present and saw	
Commission declaration of	that they have every reason to believe, from the appearance of said claimant and their ac-	
quaintance with him, th	hat he is the identical person he represents himself to be; and that they have no interest in	
the prosecution of this c	daim.	
	James James College	
	Julick Doherty	
19.11	Signatures of Wilnesses.	
Sworn to and su	ubscribed before me this	
· · · · · · · · · · · · · · · · · · ·	and I hereby certify that the contents of the above declaration, &c., were fully made	
	known and explained to the applicant and witnesses before swearing, including the	
[L. S.)	wordserased,	
	and the words	
/	added; and that I have no interest, direct or indirect, in the prosecution of this claim.	
	JOan A Colah.	
	(Signature.)	
	All Work of the	
	reforme (Official character.)	
M	Hicant, Vols.	•
53.		
VALID. FOR INCREASE	FILED BY Washington, D. C.	
7.A OR.	FILED BY	
H M	de Sol	
L	The day with the same of the s	
m	Pension Certificate No. Printed and Sold	
· e-mag.		
	The same	

The Post Office address (naming street and number in all large cities) of the applicant, attorney, and wit nesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien

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Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

Adjutant General's Office,

Washington Q. C.
Washington, J. C.,
Sin ;
I have the honor to acknowledge the receipt from your Office
of application for Pension No. 26.132, and to return it
herewith, with such information as is furnished by the files of this
Office
It appears from the Rolls on file in this Office, that Start of the was enrolled on the 25
was enrolled on the
day of Seft, 1861, at Bottom Map in Co. J., 28 Regiment of Map Volunteers, to
Soegment of Volunteers, to
serve 3 years, or during the war, and mustered into service as a Swratt on the 13 day of Lee,
service as a SWIME on the day of day of
186 !, at Camp Cameron Map, in Co. If 28 Regiment of Map Volunteers, to serve 3
Toegiment of
greats, or during the war? On the Muster Roll of Co. f. of that Regiment, for the months of PAKY Och 1862, he is reported "Vounded Seft 17 162 Lent K Holf"
of that Toegement, for the months of 100 100,
1802, he is reported to ounded to epol fill a Lent
1000p
Houghton on the muter in well but Edward Houghton
is reported on the S'est & Oct Twee as being mustice into service at the
was murtined Sir Sir very respectfully,
Into cerrice Your obedient setvant of The
Assistant Adjutant General.
The Commissioner of Pensions, (2.)
Washington, D. C.
Memoranda .
Name of applicant,
Address, 2

m 21.132
PENSION OFFICE,
My 24, 1864
\mathcal{S}_{ii}
In the case of Eurone Hughton, late
In the case of Established Houghton, late On Co. G. 28 Regiment Muss wes
it is respectfully requested that you furnish this Office whatever evidence
the rolls of said Regiment may afford as to the applicant's disability.
Respectfully, yours,

Josefih dd. Barrett

Commissioner.

Adjulant General U. S. A.,

Washington, D. C.

B DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Frassachuset Country of Inforthe, ss.
On this 15 day of MMM, A. D. one thousand eight hundred and eighty
personally appeared before me, a Clark I Supreme her
within and for the county and State aforesaid,
years, a resident of the AM of South 2000, county of Many Many
State of
of the United States, enrolled at the
ofdollars per month, by reason of disability from
pension was granted.] incurred
in the Manuservice of the United States while Manual [Here state rank, company, and
regiment, if in the Army-yessel, if in the Navy.]
That he believes himself to be entitled to an increase of pension on account of Alexander March
If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the local security three increases the disability for which not pensioned, the local security three increases the disability for which not pensioned, the local security three increases in the disability for which not pensioned, that should be described. If on account of disability for which not pensioned, the local security three increases in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the local security of the disability for which not pensioned, the local security of the disability for which not pensioned, the local security of the disability for which not pensioned in the local security of the lo
tion of the wound or injury, the uame 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.
Cestificate Tw. 58,070-
that he appoints
county of, State of, his true and
lawful attorney, to prosecute his claim. That his Post Office Address is
county of Marin II State of Marinum
Claimant's Signature: Clurand Haughland
$\hat{\mathbf{A}}$ thest:
and the second of the second o

Also personally ap	peared helif Dohel residing at Boston may
and Cheules	Lyuel, residing at Detwn That persons whom I
certify to be respectable	and extitled to credit and who, being by me duly sworn, say they were present and saw
Tamand	
foregoing declaration; quaintance with him, th the prosecution of this of	that they have every reason to believe, from the appearance of said claimant and their activate he is the identical person he represents himself to be; and that they have no interest in claim.
	Charles Lynch Signatures of Wilnesses.
Sworn to and su	abscribed before me this
	and I hereby certify that the contents of the above declaration, &c., were fully made
	known and explained to the applicant and witnesses before swearing, including the
[L. S.]	wordserased,
	and the words
	added; and that I have no interest, direct or indirect, in the prosecution of this claim.
	Dhe Dde
	Clerk of Superior put f
•	(Official character.)
•	
.	in the contract of the contrac
E	M. C
ELIE E.	BY BY Coope, 511 Eleventh street, n., B. C.
	THE BY

The Post Office address (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

CLAIM FOR

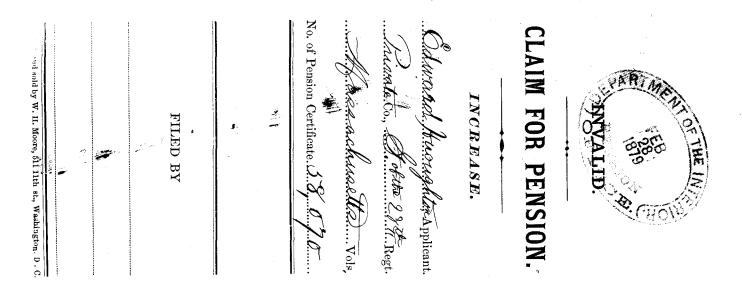
Printed and Sold by W. H. M Washingto

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

^{1.} Company and Regiment, if in the Army; and Vessel, &c., if in the Navy.
2. Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.



All the blanks in this form should be carefully filled and the requirements of the Notes strictly observed.

An honorable discharge from the service in all cases is necessary.

Declarations of claimants, either for original pension or for increase of pension already granted, must be made before a court of record, or before some officer thereof having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any pension or application therefor.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The post office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

The fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.

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All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible witnesses

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The statements of claimants, unless duly corroborated, are not accepted as evidence.

Testimony, in support of allegations made in a declaration, may be taken before any officer whose authority and signature are inly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

Persons desiring to complete claims panding at the decease of the claimants, must furnish a duly verified certificate of their authority as heirs or legal representatives.

With all claims for arrears, increase, or restoration to the rolls, the original pension certificate must be returned, or explanation is absence must be given under oath.

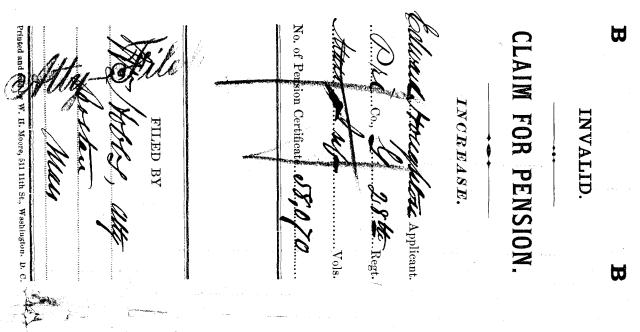
To facilitate the adjudication of claims, all the requisite evidence that is available should be forwarded with the application.

1. Company and Regiment, if a the Army, and Vessel, &c., if in the Navy.
2. Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapaciated for manual labor, or dependent upon the personal aid or attendance of others.

this claim.

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

[SEAL.]



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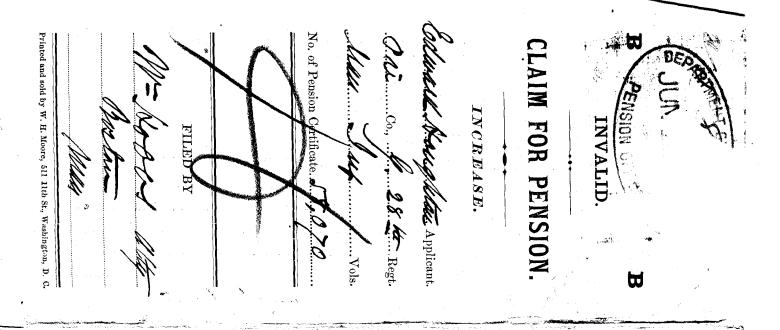
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State of Musiachun	etti	
County of Justiville	\$ \$8. *	· · · · · · · · · · · · · · · · · · ·
On this Oth day of	of A.D. one thous	and eight hundred and seventy-
hour, personally appeared before	Walle Black I have	
//	ithin and for the County and State aforesaid, .	Colward 3
Naughtau ag	ed . Julian julian. years, a resident of	1.1
County of Jufffeld		, who, being duly sworn
	a pensioner of the United States, duly enrolle gency at the rate of Light the Hellical.	
	Mulitaryservice of the United Stat	es while (Newstrand
1 0 9 28 Mill	bry _ (elf 11.58,07	
	is such that he believes himself entitled to rec	eive an increased pension; and
that he herewith returns his present		who sheet you of 3333
He further declares that he	is disabled in the following manner, to wit:	14 lift fale
The Miller Allen	is the bone /39 pieces of whi	Musi The return
N. Hout time The Pak	in man-bowel outwell + in	Monta than to the
Weller of said Country	its = the warry below site of	the arend acculer V
as lottery & pengu	2 from the ince med lebas very	quired fit, and a con 13.8
that he appoints.	of of Buston Mass	his true and lawful attorney
to prosecute his claim; that his resi	idence is No, in Jaleur	street, of Justin
County of		and State of
; and his post	office address is	LANGUA OF CENTON
(Attest.)	Eenena	Houghlan
	(Claim	ant's signature.)
•	(Claim	ant's signature.)
		ant's signature.)
	audeling Saughton,	ant's signature.), residing at
Instantillass	Audelis Sangafon	, residing at
residing at Mass	Audella Sanghan, and Lus O' Se	y to be respectable and entitled
residing at. A Colour Manager to credit, and who, being by me du	Audelis Sangafon	Ty to be respectable and entitled
residing at. A Manual to credit, and who, being by me du	and persons whom I certily sworn, say they were present and saw	Ty to be respectable and entitled to the mame (or make his mark) to the
residing at	and persons whom I certify sworn, say they were present and saw, the claimant, sign his	y to be respectable and entitled 'Estable' mame (or make his mark) to the ance of said claimant and their
residing at. Manual to credit, and who, being by me du foregoing declaration; that they h	and persons whom I certified the sworn, say they were present and saw, the claimant, sign his have every reason to believe, from the appear the identical person he represents himself to be	Ty to be respectable and entitled 'Bull's and entitled' name (or make his mark) to the ance of said claimant and their and that they have no interest
residing at	and persons whom I certified the sworn, say they were present and saw, the claimant, sign his have every reason to believe, from the appear the identical person he represents himself to be	y to be respectable and entitled 'Estable' mame (or make his mark) to the ance of said claimant and their
residing at	and, persons whom I certily sworn, say they were present and saw, the claimant, sign his nave every reason to believe, from the appear he identical person he represents himself to be	Ty to be respectable and entitled name (or make his mark) to the ance of said claimant and their and that they have no interest
residing at	and persons whom I certified the sworn, say they were present and saw they were present and saw the claimant, sign his have every reason to believe, from the appearance identical person he represents himself to be signal.	Ty to be respectable and entitled mame (or make his mark) to the ance of said claimant and their and that they have no interest
residing at	and persons whom I certify sworn, say they were present and saw, the claimant, sign his nave every reason to believe, from the appear the identical person he represents himself to be (Signal and subscribed before me this	residing at y to be respectable and entitled name (or make his mark) to the ance of said claimant and their and that they have no interest ourse of Witnesses.)
residing at	and persons whom I certified the sworn, say they were present and saw they were present and saw the claimant, sign his have every reason to believe, from the appearance identical person he represents himself to be signal.	Ty to be respectable and entitled mame (or make his mark) to the ance of said claimant and their and that they have no interest forces of Witnesses.) The day of Mills or certify that the contents of the
residing at	and	Ty to be respectable and entitled Colorate name (or make his mark) to the ance of said claimant and their and that they have no interest cures of Witnesses.) day of Mallel recruity that the contents of the wn and explained to the appli-
residing at. The to credit, and who, being by me du foregoing declaration; that they hacquaintance with him, that he is the in the prosecution of this claim. Sworn to	and	Ty to be respectable and entitled mame (or make his mark) to the ance of said claimant and their and that they have no interest forces of Witnesses.) The certify that the contents of the win and explained to the application of the words. Example 1. The contents of the win and explained to the application of the words. Example 2. The contents of the words. Example 3. The contents of the win and explained to the application of the words. Example 2. The contents of the words.
residing at	and	Ty to be respectable and entitled mame (or make his mark) to the ance of said claimant and their and that they have no interest cures of Witnesses.) The contents of the wn and explained to the application of the words
residing at. The to credit, and who, being by me du foregoing declaration; that they hacquaintance with him, that he is the in the prosecution of this claim. Sworn to	and	Ty to be respectable and entitled frame (or make his mark) to the ance of said claimant and their and that they have no interest forces of Witnesses.) The certify that the contents of the wn and explained to the application of the indirect, in the prosecution of
residing at. The to credit, and who, being by me du foregoing declaration; that they hacquaintance with him, that he is the in the prosecution of this claim. Sworn to	and	Ty to be respectable and entitled frame (or make his mark) to the ance of said claimant and their and that they have no interest forces of Witnesses.) The certify that the contents of the wn and explained to the application of the indirect, in the prosecution of
residing at. A Comment of the credit, and who, being by me du foregoing declaration; that they hacquaintance with him, that he is the in the prosecution of this claim. Sworn to	and	Ty to be respectable and entitled mame (or make his mark) to the ance of said claimant and their and that they have no interest cures of Witnesses.) The contents of the wn and explained to the application of the words

^{1.} Company and Regiment, if in the Army; and Vessel, &c., if in the Navy.
2. Set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.



All the blanks in this form should be carefully filled and the requirements of the Notes strictly observed.

An honorable discharge from the service in all cases is necessary.

Declarations of claimants, either for original pension or for increase of pension already granted, must be made before a court of record, or before some officer thereof having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any pension or application therefor.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

Where any evidence is already on file in any department of the Government, a definite description of and specific reference to a will render it available in any subsequent claim.

The post office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

The fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.

Pensions are, by law, exempted from any-liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Pensions are, by law, exempted from any-liability on account of the congations of the pensioners, and no her apply and recognized.

All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible witnesses, unless other evidence is specified.

The statements of claimants, unless duly corroborated, are not accepted as evidence.

Testimony, in support of allegations made in a declaration, may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

Persons desiring to complete claims pending at the decease of the claimants, must furnish a duly verified certificate of their authority as heirs or legal representatives.

With all claims for arrears, increase, or restoration to the rolls, the original pension certificate must be returned, or explanation of its absence must be given under oath.

To facilitate the adjudication of claims, all the requisite evidence that is available should be forwarded with the application.

APPLICATION FOR THE INCREASE OF AN

INVALID PENSION,
Under the 1st section of the supplementary Pension Act of June 6, 1866.

State of Musia Chilater	$\left. \right\}_{SS}$
COUNTY OF Suffeeld	San.
On this day of lly	, A. D. 18
aut all superior Court	in and for the County of
Juffolk, in the State of	Isa chusutto . Edward
Hughtain, aged Hy yo	ears, a resident of Journal
	State of Allfo, and
	in the County and State aforesaid, who, being duly
sworn according to law, declares that he is a pensioner of	
	per month, by reason of disability incurred in the
Military service of the United States in Compa	
A SULL PORTION OF THE PROPERTY	and the state of t
	oceive an increased pension of
	and lawful attorney , to prosecute this my claim, with
full power of substitution and revocation, hereby revoking	· · · · · · · · · · · · · · · · · · ·
been given, and to obtain the Pension Certificate that may do if personally present. Ity J. C. and the May	22 Studson Il other layful acts which I might
do if personally present. Ily J. G. Allfell in No.	Water Nouston
Also personally appeared before me, at the time and	A 1 C ly
, of Jostan Make	, and William Kacher
· · · · · · · · · · · · · · · · · · ·	, whom I certify to be credible persons, who, being
luly sworn according to law, declare, each for himself, that	heir presence; and that he is the identical person he
represents himself to be, and that he is disabled substantiation	- · · · · · · · · · · · · · · · · · · ·
further swear that they, or either of them, have no interest incre not concerned, directly or indirectly, in its prosecution.	
The second of the second of	Andraw Homelan
Signatures of Witnesses.	Mon Hooper
Sworn to and subscribed before me this	1 Mar Frontier
Sworn to and subscribed before me this described hereby certify that I have no interest, direct or indirect, in	
, and the second	(Signature of judge or other officer.)
<u>L</u>	edwar A Madleigh, ast blerk
	of Superior least.

APPLICATION FOR THE INCREASE OF AN

INVALID PENSION,

Under the 1st section of the supplementary Pension Act of June 6, 1866.

State of Mussachuse
COUNTY OF July halls
On this day of day of , A. D. 18 2 , personally appeared before me
And this y day of the County of the County of
Juffolk, in the State of Milla Church, Edward
Mughtan, aged 44 years, a resident of Justine
in the County of Many , and State of Many , and
whose Post Office address is in the County and State aforesaid, who, being duly
sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Pension Agency, at the rate of \$ 100 per month, by reason of disability incurred in the
Mulitary service of the United States in Company Regiment of
Supe wol and ance belle cel & father tell 1871 will so
and that his present physical condition is such that he believes himself entitled to receive an increased pension of
the Multi- grade provided for in the first section of the supplemental pension act
approved June 6, 1866. And he herewith surrenders his Certificate of Pension. He further declares that he is
disabled in the following manner to wit:
Ju nelion at autilian Mid left 17. 1862
received a grape with in the life life was knowing at the time.
with the left have forward and the pulle full transmitted
monga me serie a little allow to lubercle Multiling the Borie,
If sieces of which were bemoved at different times. The leg is mon
bowed outwards (see photographs) and it a shorter that the other
by leadon of said canveyity - the weind below the site of the would.
are enlarged, tortuales and fainful (the want of the other les are
also enlarged and painful from the increased labor regularly
and a cause is indupusible in walking - Was pensioned verisioned
at & For trut Julicynulty reduced to for an act of injustice the wind
Los't skruld be held des pourielle
luly sworn according to law, declare, each for himself, that they well know always for firms of the credition
, who signed the foregoing declaration in their presence; and that he is the identical person he
epresents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They urther swear that they, or either of them, have no interest in this claim, either present or prospective, and that they
re not concerned, directly or indirectly, in its prosecution.
Andrew Houghten
Signatures of Witnesses.
Sworn to and subscribed before me this
hereby certify that I have no interest, direct or indirect, in the prosecution of this claim.
(Signature of judge or other officer.)
ledwon At Wadleigh, astAblesh
of Superior Court.

INSTRUCTIONS.

This deparation must be made before a Court of Record, or some officer of such a court duly authorized to administer oaths, and having custody of its seal, which must be attached.

If the applicant or either of the identifying witnesses sign by mark, the officer before whom the affidavit is made should certify that the contents was made known and fully understood by affiant. And there should be two attesting witnesses who can write their names to all signatures made by mark, and the officer administering the oath cannot be one of the attesting witnesses.

APPLICATION FOR THE INCREASE OF
AN INVALID PENSION, UNDER THE
FIRST SECTION OF THE SUPPLE.
MENTARY PENSION ACT OF JUNE
6, 1866.

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1st. All persons who, while in the military and gavel service of the United States, and in the line of duty, shall have lost the sight of both eyes, or who shall have lost both hands, or been permanently and totally disabled in the same, or who are in any other way so permanently and totally disabled as to render them utterly helpless, or so nearly so as to require the constant personal aid and attendance of another person, are entitled to \$25 per month.

- 2d. All persons who, under like circumstances, shall have lost both feet, or one hand and one foot, or been totally and permanently disabled in the same, or who are in any other way so disabled as to be incapacitated for performing any manual labor, but not so much so as to require constant personal aid and attention, are entitled to twenty dollars per month.
- 3d. All persons who shall have lost one hand or one foot, or been totally and permanently disabled in the same, or who are in any other way so disabled as to render their inability to perform manual labor equivalent to the loss of a hand or a foot, are entitled to fifteen dollars per month.
- 4th. Section 1 of the act relating to pensions, approved March 3d, 1865, has been repealed, so that now invalid pensioners can draw a pension and at the same time hold a civil appointment under the government.
- 5th. All persons who have applied for an *invalid pension* and who have died since March the 4th, 1861, or who shall hereafter die, while an application for such pension is pending, and after the proof has been completed, leaving no widow, and no minor children under sixteen years of age, then, in such case, *his heirs* or legal representatives are entitled to the *accrued vension* to which the soldier would have been entitled had the certificate issued before his death.
- 6th. In all cases where a commission has regularly issued to any person in the military or naval service, who shall have died or been disabled while in the line of duty, after the date of such commission and before being mustered, such officer or other person shall receive a pension corresponding to his rank as determined by such commission, the same as if he had been mustered
- 7th. Officers on sick leave, and enlisted men absent on sick furlough, will be regarded in the administration of the pension laws in the same manner as if they were in the field or hospital.
- 8th. All *enlisted* men employed as reamsters, wagoners, artificers, hospital stewards, farriers, saddlers, and all *other enlisted* men, are entitled to pensions, and are to be regarded in the administration of the law as non-commissioned officers or privates.
- 9th. Soldiers who shall have died of wounds or disease contracted in the service, leaving a widow, and a child or children under the age of sixteen years, and it shall be shown that such widow has abandoned the care of such child, or children, or is an unsuitable person, by reason of immoral conduct, to have the custody of the child, or children, then no pension shall be granted to such widow until said minor child or children shall have become sixteen years of age, and the minor child or children shall be pensioned in the same manner as if no widow had survived.
- 10th. The act of July 4, 1862, is amended so as to grant pensions to an orphan brother, or brothers, and also to the father of a deceased officer or soldier, dependent upon him for support in whole or in part.
- 11th. In every case where a claim for a pension is filed three years after the discharge or decease of the party on whose account the claim is made, the pension, if allowed, will commence from the date of filing the last paper. If the claim is filed within three years after the discharge or decease of the party on whose account the claim is made, then the pension, if allowed, will commence from the date of discharge or decease.
- 12th. Widows and children of Colored Soldiers and Sailors are entitled to pensions provided by law without other proof than that the parties had habitually recognized each other as man and wife, and lived together as such: Provided, however, When the usual proof of marriage can be furnished, it will be required as in other cases.

Application for Increase of an Invalid Pension,

Under Act of June 6, 1866.

State of Mass achusetto
County of Suffolls 55.
On this and day of October A.D. 1862 personally appeared
before me Carr lolling of the Lufgun lout
within and for the county and state aforesaid & anal Societher aged 30
years, a resident of Suston in the county of Luffle and state of
who being duly sworn according to law, declares that he is a pensioner of the
United States, duly enrolled at the Sustan Mass Pension Agency, at the rate of
per month, by reason of disability incurred in the Mulchay service of the United States
while a prate in Vols. 28 m are
and that his present physical condition is such that he believes himself entitled to receive an increased pension of the grade provided for in the first section of the Supplementary Posion Act, approved June 6/1866
He further declares that he is disabled in the following manner, to wit: from fun shut
wound in feft leg just before the knew
destroying the Use Main beg received on
practical of the control
His purion bertificato Mr. 58.070 is
Achement surendered
He hereby constitutes and appoints
Jusiuh Flitcher his attorney to prosecute this claim, procure a pension certificate,
and to deall things necessary and proper to be done in the premises, with power of substitution, hereby ratifying all
may do as aforesaid. His post office address is as follows: 204 /6 annu II.
Educated flagleton
Alo, personally appeared before me at the time and place aforesaid of March of Buston
whom I certify to be credible persons, who being duly sworn according to law declare each for himself that they well
whom I continue to be stormed from the same transfer and the same
know Educated Houghton who signed the foregoing declaration in their presence;
know Canal to regulation who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner
know the control of the signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim,
know declaration their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution.
know Council Couphion who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution.
know Cancel Conception who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution.
know Council Couphion who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution.
know Canal Conception who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution. Sworn to and subscribed, before me, this day of the concerned of them have no interest, directly of the concerned of them have no interest, directly of the concerned of the concerned of them have no interest, directly of the concerned of t
know Canal Conception who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution. Sworn to and subscribed, before me, this day of the concerned of them have no interest, directly of the concerned of them have no interest, directly of the concerned of the concerned of them have no interest, directly of the concerned of t
know Clucies 6 creshion who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution. Sworn to and subscribed, before me, this day of October A.D. 1866, and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. And I hereby certify that I have no interest, direct was a fact that above was read and the prosecution of this claim.
know Canal Conception who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution. They further swear that they or either of them have no interest in this claim, either present or prospective, and that they are not concerned, directly or indirectly, in its prosecution. Sworn to and subscribed, before me, this day of the concerned of them have no interest, directly of the concerned of them have no interest, directly of the concerned of the concerned of them have no interest, directly of the concerned of t

Invalid Pension Claim.

Declaration.

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APPLICATION FOR THE INCREASE OF AN INVALID PENSION,

Under the 1st section of the supplementary Pension Act of June 6, 1866.

State of Massachusetts	
COUNTY OF Suffolk	
COUNTY OF any oce	
On this 26 day of April , A. D. 187/, personally appeared before me,	
Clerk of the Superior Court of Batter a Count- in and for the County of	
Suffolk, in the State of Classachusetts Columns	
Conglition, aged 55 years, a resident of of Justin	
in the County of Suffork, and State of Massachuseles, and	
whose Post Office address is 204 Kanwer 87 in the County and State aforesaid, who, being duly	
3/-	
sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Solding (Sulrequently reduced to the	
Mouse Pension Agency, at the rate of \$ 1 per month, by reason of disability incurred in the	
multany service of the United States in Company 6, 28 Regiment of Infa	
Mass Tols Irrape this amud lefteg	
and that his present physical condition is such that he believes himself entitled to receive an increased pension of as any alle allewed	*5
the full allewance of his grade provided for in the first section of the supplemental pension act	
approved June 6, 1866. And he herewith surrenders his Certificate of Pension. He further declares that he is	
disabled in the following manner to wit:	
that he was unuded Sept 17. 1862 at Intertain led	·_ _
from which would thirty view pieces of time	
have been taken; that about three inches y line	
from when third of leg below knee, is gone That	
his disability remains the cance as when hist	
prensioned and the reduction is uncalled for as	
South Mass my true and lawful attorney, to prosecute this my claim, with	
full power of substitution and revocation, hereby revoking and countermanding all other authority that may have	!
been given, and to obtain the Pension Certificate that may be issued, and to do all other lawful acts which I might	-
do if personally present.	
Signature of Claimant. Elisaner Mercestion	
Also personally appeared before me, at the time and place aforesaid, Patnek Mc Ineny	
nswent, of & down Males, and Milian Dohnly	
resident, of Sorton leads, whom I certify to be credible persons, who being	
duly sworn according to law, declare, each for himself, that they well know Quward Hayshlow	, ,
Clauman, who signed the foregoing declaration in their presence; and that he is the identical person he	1
represents himself to be, and that he is disabled substantially in the manner alleged in said declaration. They	
further swear that they, or either of them, have no interest in this claim, either present or prospective; and that they are not concerned, directly or indirectly, in its prosecution.	
Man I I I I I I I I I I I I I I I I I I I	
The buyer	
Fred L. Coutting, Signatures of Witnesses.	
of Of make	
Sworn to and subscribed before me this 26 day of Chul, A. D. 187/; and	
I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. Hetner	4
	4
I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. Hetner	7
I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. Hetner	
I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. Hetner	11.

INSTRUCTIONS.

This declaration must be made before a Court of Record, or some officer of such a court duly authorized to administer oaths, and having custody of its seal, which must be attached.

If the applicant or either of the identifying witnesses sign by mark, the officer before whom the affidavit is made should certify that the contents was made known and fully understood by affiant. And there should be two attesting witnesses who can write their names to all signatures made by mark, and the officer administering the oath cannot be one of the attesting witnesses.

APPLICATION FOR THE INCREASE OF
AN INVALID PENSION, UNDER THE
FIRST SECTION OF THE SUPPLEMENTARY PENSION ACT OF JUNE
6, 1866.

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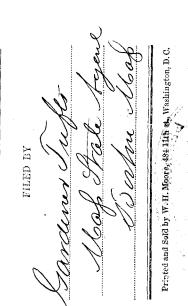
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L



1st. All persons who, while in the military and naval service of the United States, and in the line of duty, shall have lost the sight of both eyes, or who shall have lost both hands, or been permanently and totally disabled in the same, or who are in any other way so permanently and totally disabled as to render them utterly helpless, or so nearly so as to require the constant personal aid and attendance of another person, are entitled to \$25 per month.

2d. All persons who, under like circumstances, shall have lost both feet, or one hand and one foot, or been totally and permanently disabled in the same, or who are in any other way so disabled as to be incapacitated for performing any manual labor, but not so much so as to require constant personal aid and attention, are entitled to twenty dollars per month.

3d. All persons who shall have lost one hand or one foot, or been totally and permanently disabled in the same, or who are in any other way so disabled as to render their inability to perform manual labor equivalent to the loss of a hand or a foot, are entitled to fifteen dollars per month.

4th. Section 1 of the act relating to pensions, approved March 3d, 1865, has been repealed, so that now invalid pensioners can draw a pension and at the same time hold a civil appointment under the government.

5th. All persons who have applied for an *invalid pension* and who have died since March the 4th, 1861, or who shall hereafter die, while an application for such pension is pending, and after the proof has been completed, leaving no widow, and no minor children under sixteen years of age, then, in such case, his heirs or legal representatives are entitled to the accrued vension to which the soldier would have been entitled had the certificate issued before his death.

6th. In all cases where a commission has regularly issued to any person in the military or naval service, who shall have died or been disabled while in the line of duty, after the date of such commission and before being mustered, such officer or other person shall receive a pension corresponding to his rank as determined by such commission, the same as if he had been mustered.

7th. Officers on sick leave, and enlisted men absent on sick furlough, will be regarded in the administration of the pension laws in the same manner as if they were in the field or hospital.

8th. All enlisted men employed as teamsters, wagoners, artificers, hospital stewards, farriers, saddlers, and all other enlisted men, are entitled to pensions, and are to be regarded in the administration of the law as non-commissioned officers or privates.

9th. Soldiers who shall have died of wounds or disease contracted in the service, leaving a widow, and a child or children under the age of sixteen years, and it shall be shown that such widow has abandoned the care of such child, or children, or is an unsuitable person, by reason of immoral conduct, to have the custody of the child, or children, then no pension shall be granted to such widow until said minor child or children shall have become sixteen years of age, and the minor child or children shall be pensioned in the same manner as if no widow had survived.

10th. The act of July 4, 1862, is amended so as to grant pensions to an orphan brother, or brothers, and also to the father of a deceased officer or soldier, dependent upon him for support in whole or in part.

11th. In every case where a claim for a pension is filed three years after the discharge or decease of the party on whose account the claim is made, the pension, if allowed, will commence from the date of filing the last paper. If the claim is filed within three years after the discharge or decease of the party on whose account the claim is made, then the pension, if allowed, will commence from the date of discharge or decease.

12th. Widows and children of Colored Soldiers and Sailors are entitled to pensions provided by law without other proof than that the parties had habitually recognized each other as man and wife, and lived together as such: Provided, however, When the usual proof of marriage can be furnished, it will be required as in other cases.

Application for an Invalid Pension by Disabled Soldiers.

STATE OF Mapachusetts	4 10"
STATE OF Mapachuseth COUNTY OF Suffolk \ss.	
On this Multeent day of June A. D. one thousand eight hundred and sixty-	
Three personally appeared before me a Clark of the Court within and for the County and	
State aforesaid, Edurar Honghton aged 54 years, a resident of Boston	
in the State of Mahachuselts who being duly sworn according to law, declares that he is the identical Educary Houghton who enlisted in the service of the United States at	
Private in Company & commanded by Capt Ma Reever in the	
Boston on the Twenty fifth day of Teptember in the year 1861 as a Private in Company & commanded by Capt Me Keeren in the Twenty Eighth Regiment of Map Vol in the war of 1861, and was honorably dis-	
charged on the deficient day of least in the year 1813 that while in the service afore-	
said, and in the line of his duty, he received the following wound viz that on the 17th	
day of Teptember 1862, at a place called Antietan	_
while in battle with the so called Confederate faces he wa	2,
shot in the left beg between the knee and ankle Shallon	5
the bone, caving the leg to be aparated when losing about	
three inches of the bone, can not walk with out hutches	,
	,
his habits are good and temporate	
and since his discharge he has resided at Boston and been a occupied. I do	
hereby make, constitute, and appoint JACOB TODD, of Boston, my true and lawful attorney, irrevocable, with	4.1
power of substitution, for me and in my name to demand and receive from the Commissioner of Pensions, a	
Certificate for pension, that may be granted to me.	
ALSO PERSONALLY APPEARED John Seymon residents of Baston	
ALCO DEPOCALATE ADDRAGED CO	
and to Pries residents of Balta. County of Suffich State of Majachurels persons whom I certify	
County of Suffolk State of Majachurels 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	
sign his name (or make his mark) to the foregoing declaration; and	
they further swear that they have every reason to believe, from the appearance of the applicant and their	
acquaintance with him, that he is the identical person he represents himself to be; and that they have no	
interest in the prosecution of this claim.	وبيجد.
Some Slymous	
-6/19 sines	
Sworn to and subscribed before me, this Thirteenth day of June A. D.	
186 3; and I hereby certify that I have no interest direct or indirect in the prosecution of this claim.	
Charles Howe Justice of the Peace.	
	ميا
Post Office Address,	
JACOB TODD,	
Boston, Mass.	

INVALID PENSION CLAIM.

DECITABOR ION.

Company

Company

Regiment.

Volunteers.

Lesi Sence No 3 North Centre St.

Mafs,

JACOB TODD,

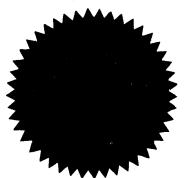
Attorney,

Boston, Mass.

COMMONWEALTH OF MASSACHUSETTS.

Suffolk, ss.

SUPERIOR COURT.



, And now on this thuleenth Tune A. D. 1863 personally appeared before me, the underfigned,

the annexed declaration and made oath to the

truth thereof. I further certify that Thailes Howe whom the within proceedings were had is, and was at the time thereof, a Justice of the Peace, duly commissioned and sworn, that due faith and credit are and ought to be given to his official acts, that his fignature is genuine, that faid Court is a Court of record, that I have the custody of the feal thereof, that I am duly authorized to take and certify oaths or affidavits, and that I am not interested in the claim nor concerned in its profecution.

Witness my hand and the seal of said Court at Boston, in said County and Commonwealth, the day and year above written.

Clerk.

· 12672
ACT OF JULY 14, 1862.
War of 1861.
Vol. 3, page
Edward Moughton Boston
Boston
muss
Private Co G. 28th mass Nots
Discharged Nacy 15, 1863.
Ha. Acty 12/66 alf 8. for me for
Ma Acortigo art of
May 176 0
RaBille & Ch. M.
Joseph dd Barrett
Commissioner.
Ruseived, June 155 1863.
Joseph Todal
manuly soston
7720155 L
De Jones Attorney
★ 100 (100 m) (1

Copi Cur Sp Ex Do Jones

Bate per month, \$ \\ Commencing 15th Mary 1863 Certificate dated 16th Fixte, 1866 nd sent to fariah Alleher Ros lon Mag Port & Dage Set Jackington Clark.

Dr. Jours Rejected Cat \$ 3/67 July 29.70 Ben. agt. to reduce to \$4.00 Refert in the to Parage. Rejected & P.C. lo Hed & mude appeal. Dec 8 ach July 4'1,4 Borlow Board Inly 19/72

(3-145.) INVALID PENSION. Company, RECOGNIZED AUTORNEY: Articles filed APPROVALS: Approved for Discharged Pensioned from Voriginal declaration Arrears allowed f PRESENT CLAIM. Declaration filed ______

(7280--75,000.)

[3—126.] LILO YGAZE INVALID PENSION.

	/	4		
Claimant,	rand Hongs	son o	•	
P. O., 9 7 Oals	in St	(Rank,		
County, So	ston	Company,		
State,	mass	(Regiment, 20	" Maso	Sons
Attorney, Ozaz			Fee, \$	
Rate, \$	per month, con	mmencing		
Disabled by	S. Landina.	Pedolo es		
Submitted An of	1/4 , 1863, by	The Charles	in A	, Examiner.
Approved for Medical		Approved for		
				•
	•			
, 18 · ,	Reviewer.	, 18	,	Med. Referee.
Die Charles	15-	7		
Discharged May		Certificate surrender		, 18 .
Original application fixed 2	11, 18 6	Last paid at \$.	\nearrow , to	, 18
Increase application filed	, 180	# 	12 1	2
Ponsioned	,18 ; from	May 15.	18 0 sat \$ /	per month
for Jacks	mely reg			10.
<i>V</i>	me My ac	,	_ ^	4 July 29.70
		ely 26 7/.	-	ly 2 / / 2
	- Remand as	J. Jom	- July 2	
Claims	ane of	18.11	Jan 2	373
Copyrease Orens 1	in hy	! Jan !	3-76	
affly	Ved of.	Bien of	73 40 ,	14
	ane my	apr 22 7		·
The state of the s	on the same of the	" Les " C		Control of the Contro

$\frac{1}{4}$	[3—126.] 	
a Dia	Mase INVALID	PELSION.
() Me	<i></i>	
Saiman SAMAA	1 Horaston	
POST Calor	M The Rank,	(Thuate
County		"//"
County,	Company, Regiment of	8" All Car Mala
State, Attorney, MML.	MULLI, Regiment, M	
	47	Fee, \$
Rate, \$	per month, commencing	
·		•
		EN
Disabled by J. O. 170	acture of left lig.	XPAD (R
Submitted (),	, 188/, b <u>u</u>	L, VIMM, Examiner.
Approved for G. S. Mid	left lea - Approved for C	a Sin alder
Comben & ba	Approved for	J. S. W. of Offley Ex 188 pm Deex
On I to	1881	The first of the second
risults		Ger, Kelleyge
10. 2/2-21	Reviewer. Llee 22 m,	ger, recoggie
vic-21,7881,	Reviewer. Lee 23,	188/, Med. Referee.
Discharged May 15	, 1863. Certificate surre	ndered M, , 18 .
	1/10/15, 1863 Last paid at \$ /	
Increase application filed	rov. 17, 1887.	
Pensioned J. 6	, 1866; from May 15	. 1863: at \$ 8, per month
for a strallun of	llest leg. And nej (0 et 213 1867
Reduced to 400 &	July 29. 1870. " "	luly, 2/6, 1841,
Sue rei Janli 2.18.	1721. Reinourd Simi	uly 24. 18/2 al 1800
Justia son lo 18	ro June Jan 13. 1843	Inc. sej, Jan. 13. 1876
		1.

Luc. rej. April 2/2./879, Selanus acune dis ablitics

l	Sincrease INVALID PENSION.
Tall the same of t	OMOCEASE INVALID PENSION.
	Claimant, Edward Houghton
	P. O., Mo. 57. Lolen St. (Rank, Priv.
	County, Boston Company, G.
	State, Mass (Regiment, 28 Mass Volo
	Attorney, Elamant as above Fee, \$
	Rate, \$ per month, commencing
	ρ , ρ ρ ρ ρ ρ ρ ρ ρ
	Disabled by G. S. fracture of left leg
	Disabled by G. S. fracture of left leg Submitted Afr. 19", 1879, by A. S. King., Examiner.
	Approved for Denfach fofth Approved for Quio. Ceft. leg Approved for Danses. Approved for Quio. Ceft. leg Approved for Quio
	leg - po l'ho increare
	the Homes -
	N. Viching
	Med. Reviewer. Of 22, 1879, Med. Referee. Un
	Discharged May 15", 1863. Certificate surrendered April 7", 1879.
	Original application filed Jun. 15, 1863. Last paid at \$14.00, to , 187 .
	Increase application filed Feb 28, 1879. No reduction on bein g1877.
il j	Pensioned Heb. 16", 1866; from May 15", 1863; at \$ 8.00 per month
	for I. S. Fracture of left beg, Reduced W 4 July 29/40
	Inerej. Cet, 23-67. — Inc. rej. July 26= 71
	" " July 2"-72 - Re-issue from July 24"-72
	" ")uly 2"-72 - Re-issue from July 24"72 at \$8.00 per month. Inc. from Jan. 23"1873 at \$18.
	oo her month, Ine ref. Jan. 13."- 76.
: :	Reduced on Sept. Been to \$14.00 per month,
	Claims Inc. for Paricose veins left leg and results

		(No), 5,1°°°		Jely)	
of March 3,	(873				s de	16
	3 5				Sh.	2 6
Anglea	B Invali € 1		11		Je Je	N
laimant,		nd Hor	0			100
ost Office,		a.		G.		
tate,	10	J	1	28" Mla	S. Vols,	
torney, M.		Bost				
risabled by	S. M.	of the l	eft le) , g.	, , , , , , , , , , , , , , , , , , ,	
ate of pension, \$	per mon	U th, from	`	•		sequent payment
					· · · · · · · · · · · · · · · · · · ·	
		0.		A . 11.		**
ubmitted for		lov: 19,1				
Discharged	May	15,1863.	Original app	lication filed	Jime	<u>/5</u> , 18 <i>6</i> ;
ynen	Jone	es		lication filed	Marie /	/6, 187 :
	Kerre		Certificate su	. 94	. / /	<u>"6</u> , 1875~
-10100				* * * * * * * * * * * * * * * * * * * *	fine	ر 187 , 187
	Dar		r Action.			
Pensioned from	May		61			~ 1 th.
at \$ D.	per month, on a	ecount of—	(J. 19 v.)	frac	<u>une</u>	of m
ug reg	Sucrea	se reje	sted C	ck23, 18	6 7	
Re		to \$4.				
//		rejected	1		e 🖋	
		ly 2,187				
Jan. 23,1	873.	Increase	2 to \$	8. from	Jerly :	264/1872.
Reduced	to \$/4. from	in June 4,18	73, d	ucrease	rijecte	si Och zap
	D i	마스 (지원 : 100 - 12 12 12 12 12 12 12 12 12 12 12 12 12	t Action.	1		
Alleges disability from	official of the state of the st	M. of	left.	Grand Contract of the Contract	n an angal na an an an an an an An an	en e
	WA					
<i>N</i> = .	n A	1 - 1 - 2	7 0	~ ~ ~ ~ ~	1 _ W	· · · · · · · · · · · · · · · · · · ·
(van	y (Mor)	Jaroved a	much	y cour	Po	ner
ESSENCE AND A CONTRACTOR					1	

Action on New Disability.

lleged in original declaration, (filed	, 18 ,)			
lleges in application for increas	se, (filed	, 18 ,)			
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			<u> </u>		
				· · · · · · · · · · · · · · · · · · ·	***************************************
Ī	Medical Treatn	nent and Exan	ninations.	•	
he Surgeon General reports tre	eatment in hospital for				
Discharged on account of	compon	nd g.s.f	racture	of the	left
tibia and f			그는 이 말이 말하게 살아야 할 수 있다.		
ded amoite of	the line	7		Die 1/2	
deformity of	7	4		2170	\ Qc
x'g Surgeon, G, S.	pries	Finds 75.0	gracius 0110	e of sive	~ <i>T</i>
x'g Surgeon,			がたことが、より、大きな変化。		
A. A. Do	<i>Ahl.</i> 29, 18	67 , Faints	Do.	, Dis. Juta	l.
x'g Surgeon, Brand	Moh. 23,1	(870.) Finds	Do,	Dis. /2	
y. De Do		and a second of the second		, Dis. /2	
x'g Surgeon,	0			10-3 Za	
, Do O O	and the state of t	the state of the s	Do.	, Dis. 3 gm	ade
Ex'g Surgeon, Baar					
	Mar. 2				
	1000. 0 , 18	5/2, J		, Dis. 3 ^d g	
'x'g Surgeon,		Finds			
	, 11			, Dis	1 July 1883

	1 511 1	
Wan of the Debation	(No. 4.) Act of July 14, 1862, and Inne	•eL1
A war of the Repulsion.	Thomas INVISTOR DENGION June 2	1892
	hee 8. July 4	1864
Claimant, Amard	Fraghton tapped from Jame	unter Pane
P.O. D. Brolon	22 Hudson St., Rank, Private	
A	, Company,	\$
, ,	Muss. Regiment, 28 Mass	Vals
	Cobbs Boston May	
Atry, Mulan	Sall S	. Fee, \$
	Sieff Freg.	
Rate of pension, \$	per month, from January 23, 1873,	
·		
Submitted for	12 , 187 B	
	I In or y	Ex'r
	10 per 10	
May L	5 , 18/13. Original application filed June 15	10/ 5
0		
under provision finding and ra	on of July 2 1997 an appeal wo is of Dec. & Ad July H bet, and o ling of the Boston Board he man	n the moreone
	Appeal again taken and	
	of Morcester Man convened to	
comme, which	& Frank recommend mercan	i K
	. By medion of the Commi	Spernes.
claim allowed	d '18	
Su endo	mements on ala brig atta	Shed.
	1	
		Programment in the contributioning guarantees in 1997 p. 18. as provides in con-
•	and the second	and the second s

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FORMER ACTION.

Pensioned Lety 16, 1866, from May 15, 1863, at \$ 5 per m	nonth,
Pensioned Telry 16, 1866, from May 15, 1863, at \$ 5 per m on account of J. J. Fracture lift lig.	······································
	·····
Preduced Inly 30/70 from Sept 4/70 -1. 4	
Acreane Rijedid Oals, 23/67	······································
in so Inly 26/71	
in so Inly 26/71	······································
Inerial Och 30/9: from July 24/72 to 8	
PRESENT ACTION.	
Alleges disability from J. J. M. lef leg.	·.
undet decond appeal under provisions Leo 8. Los	Ł
only it lost	
Increase application filed , 18 ; last paid , 18	$\langle f \rangle$
Certificate surrendered ATX nolin	
Ex. Surg. Scorge St. Jones, Finds J. J. W. Duft Sug	
June 13, 1863) Dis.	<u>i</u>
Ex. Surg. Levige d. Jonal , Finds J. D. W. Sigl S.	
Jany. 3, , 1866.) Dis. 70/	Z
Ex. Surg. Corq. J. Janal , Finds J. J. Jag.	
Dis. 701.	i (
Ex. Surg. Brids 30. S. D. J. J.	
Meh 73, 18/6. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>.</u>
Exemply To I will I Drand, Finds D. J Dough Dry	
Inne 29 ,18/1. Dis 1/2	<u> </u>
Ex. Surg. Jordan Janan Finds & Janan Surger	N. 7.
July 24, 18/2) Dis. ///al	
Ex. Surg. 1101 acar. 100001, Pinds O. of dept or 9	
) anuar y 73, 18 3. 5 Dis. 3. 6	-a.l.
Ex. Surg. , Finds 🕏	

1 N	성 수 있게 있는 것 같다. 그런 것 같은 사이 사이 사이 사이 사이 사이에 가는 것 같다. 그런 것 같은 것 같은 것 같다. 그런 것 같다. 그는 사람들은 사람들은 것 같다.
10	WAR OF THE REBELLION. Act of July 10, 1862, and A 186 y 3
وبلالا	INCREASE OF INVALID PENSION S
rγιγ	
Ų	Pensioner's name, Edward Loughton 5 18 18 8
B . FW	
1 1	P.O., 22 Huson It Bolow, Ruck, Populate LX 1986
i N	County, Mener Company, 3 30.
\ \	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
	State, Man State, 2,85 Make 1
	FORMER ACTION
	Pensioned, July 16, 1866, from may 10 1863 at \$ 15 5
	per month, on account of 9.1. from line left legt 1 1893 1 3 2
	Increased, , 18 , from , 18 , to 8 Z & C
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	per month, for same cause,
	Second increase, Rejectes Oct 25, 1867, from ,18, to \$ \$ \$ 2
	per month, for same tause, " +20 1872
	Third increase, , 18 , from , 18 , to \$
1340	per month, for same canse,
^	Reduced, July 20 , 1870, from Sept 4 , 1870, to \$ 4 - 20 2
	Reduced, ,18 , from ,18 , to \$
	PRESENT ACTION.
1	acoust that
	Alleges disability from cause for which pensioned, 9, Q fractime left lea to alethy &
	nicuari thumpson
Ė.	FOR PROOF OF NEW CAUSE OF DISABILITY SEE THE ATTACHED SHEET.
į.	Discharged, may 15, 1863, Certificate surrendered, July 1872
Č.	
	Original app. filed, June 15, 1863
	Increase app. filed, May 18, 18/2, Last paid, Soft 4, 18/1.
	MEDICAL EXAMINATIONS.
	Discharged on account of Jung (wif Die Quefracture St- dreg. Dis. 12)
	Ex. Surg. Ges D. Jones, Finds G. O fractione left lea
	here 13, 18/13,) prob not perint. Dis Total
	Ex. Surge Geo J. Jones , Finds 9. 0 fractions left leg
	Juny 31, 1866, Sparlially promb. Dis. Total
Ed	Ex. Surg. Ge. V. Jones) Finds q. afraction ly lig
	April 29, 1867, Sound. Dis. Total
	Ex. Surg. Paulin Board Finds 9. Sw. Left leg
i i	Mch 23, 1870, 1 perml. Dis. 1/2
3 9	Ex. Surg. 2 to Imadwell 5) Finds q, and left leq.
	Ex. Surg. J. O. I madwell 5) Finds q, and tight tig.
	Ex. Surg. Borlon Board ; Finds 4. All Sieft Sieg. Sociabily receased
	Ex. Surg. Borlow Board, Finds 4. AW Sieft Long, deriabily remeand
) -	July 24, 1872, Gorand rating too low. Dis. Total
1 %	Ex. Surg.
	10 Die
	, 10
	Admitted August 5, 1872, to a pension of \$ per month,
	from My 22 th, 1872,
A	
Miller	
1 /h	Disabled by D fractime lift leg
E Y	Agent, William & Folks
for the same of	P. 0,
	County, Oufful
\$	State,
)	Fee, \$ /4
8	

Inorease BRIEF in the case of Colward Houghton. POST OFFICE ADDRESS OF APPLICANT: 10 204 Hanover St Boston mass. Enlisted September 25, 1861, Discharged May 15 CLAIM FOR AN INVALID PENSION. DECLARATION AND IDENTIFICATION IN DUE FORM. PROOF EXHIBITED. Application filed May 1911/11. Pensioned February 16 4 1866 at \$ 100 commencing Reduced to \$ 4,00 by order of Commissioner, in report of Board of Examining Aurgious made march 23. Vention Certificate Surrendered. V Discharged on Certificate of Disability, by reason of a compound gun Shot fracture of the left tibia, que fibula, resulting in Shortening and deform its of the line, would was received at the battle of the land, September 1"/4 1162, Dr. S. Jones. Evancining Surgeon, reports June 13 4163, Degree of disability "total, Tou probably not permanent. Admitted July 12 th, 18, to a Pension of \$ per month, commencing Disabled by Sun Shit immed lef leg. Disability Sardiner Sufts Egg. J.O. Ca.

1301 for

Mass.

Name and Residence of Agent. J. E. Engle. Examining Clerk.