

Dear Patron:

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COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

THE NATIONAL ARCHIVES

CERT. NO. 871061

PENSIONER: Sarah E.

Widow OF

VETERAN: John M. P. [unclear]

CAN. NO. 65370

BUNDLE NO. 8

Certified Copy of Marriage Record

APR 18 1919
DIVISION

Probate Court, Preble County, Ohio

ENTRY

March 14th 1864.
Marriage License was this day granted to John M. Piles
and Sarah Elizabeth Hamilton
Geo. H. Thompson
Probate Judge

MARRIAGE CERTIFICATE

No. _____

The State of Ohio, Preble County.

I do hereby Certify, that on the 18th day of March A. D. 1864.
I solemnized the marriage of Mr. John M. Piles
with Sarah Elizabeth Hamilton

M. H. Hanna
Minister of the Gospel

Filed and recorded, _____ 19____

Probate Judge

The State of Ohio, Preble County.

I the undersigned Judge and Ex-Officio Clerk of the Probate Court, within
and for said County, do hereby certify the foregoing to be a full and complete
transcript from the Record of Marriages, Vol. 2, Page 331,
required by the Laws of Ohio to be kept in the Probate Court of said County.

WITNESS my signature and the seal of said Court, at
Caton Ohio, this 4th day of
April A. D. 1919

A. W. Davis
Judge and ex-officio Clerk of the Probate Court of said County

U. S. OFFICE
APR 8 1919
PENSION

APR 18 1919

APR 9 1910
NAVY DIVISION
RECORDS

RECORDS
DIVISION
APR 10 1910

945

3-402.

Certificate No. 127579 Department of the Interior,
Name John M Piles BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

W. H. Brandt

Commissioner.

U. S. Pension Agent,

Columbus, Ohio.

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

Answer. yes - Sarah Elizabeth Hamilton

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

Answer. March the 17th 1864. By ^{By} W. H. Hanna. At Lewisburg, Pa.

Third. What record of marriage exists?

Answer. I Have a Marage Certificate

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. _____

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

Answer. one Boy - C. K. Piles ^{Born} Feb 13th 1867 and one
girl Lizzie K Piles. Born Oct 9th 1881

Date of reply, June 4th —, 1898

John M Piles

(Signature.)

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

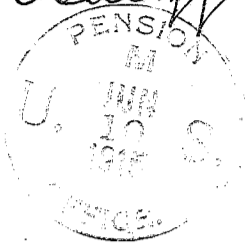
WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

G. M. Saenger

JOHN M PILES
CLEVELAND OHIO
127509 ACT MAY
3524 KRATHER ROAD S W



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? Answer. *August 24-1840 Lewisburg O*
The name of organizations in which you served? Answer. *71008*

No. 2. What was your post office at enlistment? Answer. *Payson Montgomery Co O*
No. 3. State your wife's full name and her maiden name. Answer. *Sarah E Piles (Hamilton)*

No. 4. When, where, and by whom were you married? Answer. *March 17 1864 -
Lewisburg O Rev. Harman*

No. 5. Is there any official or church record of your marriage? *yes*
If so, where? Answer. *Eaton O*

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer.

FOLD HERE.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer.

No. 8. Are you now living with your wife, or has there been a separation? Answer. *yes, Am still
Living with Wife*

No. 9. State the names and dates of birth of all your children, living or dead. Answer.
*OK. Piles Barnard Feb 13 1867
Gola M Piles Barn Sept 12 1868 (Dead.)
Jessie K Piles Oct 9 1881*

FOLD HERE.

Date *June 11 1915*

(Signature) *John M Piles*

CET

3-1081

PENSIONER DROPPED

3-588

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

100

APR 14 1919, 191

Certificate No. 127509

ACT MAY 11, 1912.

Class

Pensioner

John M Piles

Soldier

Service

E. 71st Ohio

PLATE DESTROYED

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 40, to MAR 4, 1919,

has this day been dropped from the roll be-
cause of death March 24-1919

JOHN M PILES

CLEVELAND OHIO

127509

ACT MAY

3524 KRATHER ROAD S W

Very respectfully,

W. M. ...

Chief, Finance Division.

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

SECTION SEVEN
RECEIVED
★ APR 23 1919 ★
DISBURSING OFFICE

PENSION DIVISION
★ APR 24 1919 ★
BUREAU OF PENSIONS

4 enclosures, L. J. W. 7

943084
DIVISION.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Nov 28, 1893.

Respectfully returned to the officer in charge
of the Record and Pension Office, War Depart-
ment, requesting a full military and medical
history

(Descriptive

of the soldier.

list.)

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

Claim No. 127509

Name John M. Piles

Co. E 71 Regt. Ohio Inf

J. M. Lochorn

Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

John M. Piles
Co. E. 71 Regt Ohio Inf
was enrolled Oct 30, 1861,
and M. O. Nov 30, 1865.

From Co. E, 1861, to M. O., 1865,
he held the rank of Pvt.

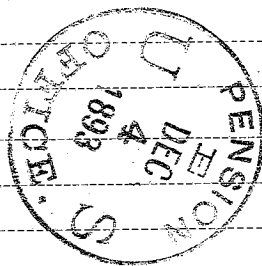
and during that period the rolls show him present
except as follows

Aug 30/62 absent on
furlough.
Re-enlisted Jan. 14/64.

The medical records show him treated as follows

as J. M. Piles, Co. E,
11 Ohio Inf. July 8 to Aug
4/62 Pneumonia, ret'd.
to duty.

Nothing additional found



BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Amisworth

Colonel, U. S. Army, Chief of Office.

Per *A*

Washington, D. C., DEC 2 1893

(COMMISSIONER OF PENSIONS)

SARAH E PILES
CLEVELAND OHIO
871061 JULY 26 WID
3720 W 36TH ST

3-1081

DROP REPORT—PENSIONER

..... Cert. No.
Pensioner
Soldier
Service
Class **SEC. W**

RECORD DIVISION

....., 192
In the above-described case a declaration filed
in this Division indicates that said pensioner died
....., 19.....

Chief, Record Division.

FINANCE DIVISION

SEP 22 1928, 192

The name of the above-described pensioner who
was last paid at the rate of \$ 50 per month
to AUG 4 1928, 19....., has this day
been dropped from the roll because of **death**

Aug. 20, 1928

[Signature]
Chief, Finance Division

ACT OF MAY 1, 1912.

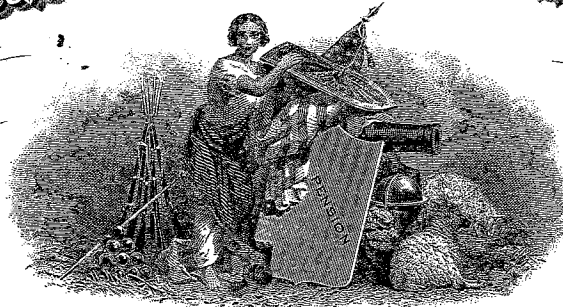
N^o 127,509

Reissue: APR 18 1917

UNITED STATES OF AMERICA

DEPARTMENT

of the INTERIOR



BUREAU OF PENSIONS

It is hereby certified That, in conformity with the laws of the United States John M. Piles who, was a Private Co.E 71st Regiment Ohio Infantry

is entitled to
a pension at the rate of Twenty-five dollars per month, to commence June 5, 1912 and Thirty dollars per month, from August 26, 1915

Given at the Department of the Interior this twenty-sixth day of March one thousand nine hundred and thirteen and of the Independence of the United States of America the one hundred and thirty-seventh

Merrill Case
Secretary of the Interior.

Countersigned,

J. T. Davenport
Commissioner of Pensions.

Former payments covering any portion of the same time to be deducted.

RECEIVED
LAW DIVISION
APR 9 1919
APR 18 1919
DIVISION

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows.

Sec. 4145.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved, February 28, 1883.

No. 127, 509
PENSION CERTIFICATE OF

John M. Piles

Payable Quarterly

by the

W. B. POOL
Disbursing Clerk, Bureau of Pensions

former agency Columbus

RECORD
APR 10 1919
DIV.

Encls

Clerks

U. S. OFFICE.
APR 8 1919
PENSION

APR 10 1919
DIVISION

Claim of Officer or Soldier for Invalid Pension

The State of Ohio, County of Scarke

On this 24th day of December

personally appeared before (1) Mr. Hamilton State Clerk of the Court of Pleas

a Court of Record within and for said county, John M. Piles

aged 32 years, a resident of Cream

Scarke, and State of Ohio, who, being first duly sworn ac-

ording to law, declares that he is the identical John M. Piles

who enlisted in the service of the United States, at Pymont

in the County of Montgomery, and State of Ohio

on the thirtieth day of October, in the year 1861, as a

private in Company E, commanded by Captain

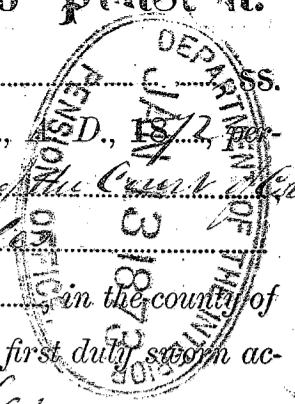
W. H. Callender, in the 71st Regiment of Ohio

Vol. Inf, commanded by Col. R. Mason

in the war of 1861, and was honorably discharged on the thirtieth day of

November A. D. 1865 as will appear by his certificate of discharge herewith

presented. (2)



That while in the service aforesaid, and in the line of his duty, (3) while being transported with his company and Reg. from Huntsville, Alabama to New Market, Va. En route for Virginia, on the 14th day of July 1865, his train was thrown from the track by a rail having been removed by rebel cavalry, that the car in which he was riding was wrecked and in the crash the small bone of his left leg was broken just above the ankle and the upper portion broken down for the end of the lower piece and the ankle dislocated, that the limb and ankle joint are on account thereof deformed and to a great extent disabled, that these causes continue to give much constant pain and that the limb is thereby so disabled that he cannot perform the manual labor of his usual occupation of landing and that he has been compelled thereby to abandon this land occupation.

That he has not been in any military or naval service of the U.S. since his discharge March 1865

That since leaving the service he has resided at Cream, in the State of Ohio, and his occupation has been Painting

He makes this declaration for the purpose of being placed on the Invalid Pension Roll of the United States, on account of the disability above stated.

John M. Piles

Also, on the same day, personally appeared N. A. Hoover and Frederick Snowbridge, residents of said County of Scarke

persons whom I certify to be respectable and entitled to credit, and who, being by me duly

swear that they were present and saw John M. Ples sign his name
(4) 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 who served as stated in his declaration; that his habits since he left the service have been good, and his occupation has been that of House Printing; and that they have no interest in the prosecution of this claim.

W. A. Hoover

Frederick Trewbridge

Sworn to and subscribed before me, this 24th day of December,
A. D. 1872; and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim.

Witness my signature and the seal of said Court, at Cincinnati, Ohio, the day and year aforesaid.

Hamilton Slade Clerk Court of Common Pleas Stark County Ohio

18.....

It is hereby certified, that....., a..... in Company....., in the..... Regiment of....., is rendered incapable of performing the duties of a soldier, by reason of (5)....., while he was actually in the service of the United States, as aforesaid, and in the line of his duty, viz: By satisfactory evidence and accurate examination, it appears that (6).....

and he is thereby not only incapacitated for military duty, but in the opinion of the undersigned is (7)..... disabled from obtaining his subsistence by manual labor.

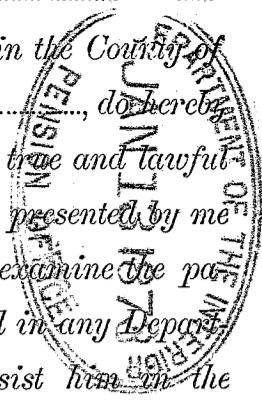
..... Surgeon.

..... Surgeon.

Sworn to and subscribed before me this..... day of....., A. D. 18.....; and I hereby certify that I know the said..... and..... to be surgeons in actual practice, reputable in their profession, and that I have no interest, direct or indirect, in the prosecution of this claim.

Witness my hand (8)..... the day and year aforesaid.

Know all Men by these Presents, That I, John M. Piles
John M. Piles, of Deanum, in the County of
Clarke, and State of Ohio, do hereby
 constitute and appoint H. K. McCoumell, my true and lawful
 Agent and Attorney, for me and in my name to prosecute the claim presented by me
 for an invalid pension; and I do hereby authorize my said Attorney to examine the pa-
 pers, documents and records relating to my said claim, which may be found in any Depart-
 ment or Office of the Government; to appoint one or more persons to assist him in the
 business aforesaid; to file additional evidence or arguments when necessary; to receive the
 certificate which may issue in my name upon said claim; and to do any and all lawful acts
 necessary in effecting the object of his said appointment.



In Testimony whereof, I hereto set my hand and seal, this
24th day of December, A.D. 1872.

Executed in presence of

H. A. Hoover } John M. Piles [L. S.]
Frederick Ironbridge }

The State of Ohio, County of Clarke, SS.

On this twentieth fourth day of December, A. D.
 1872 before the undersigned authority within and for said County, personally came
John M. Piles, and acknowledged the signing and sealing of the
 foregoing Power of Attorney, for the purposes therein expressed.

Witness my hand (9) _____, the
 day and year aforesaid.

Hamilton Glade Clerk of the
 Court of Common Pleas
Clarke, Ohio

The State of _____, County of _____, SS.

I, _____, Clerk of
 the _____ Court within and for
 said County, do certify that _____,
 Esq., before whom the foregoing (10) _____
 _____ acknowledgment
 _____ made, was, at the time of taking the same, and still is, an
 acting _____, within and for said County, duly
 commissioned and sworn; and that the signature, purporting to be his, to said (11) _____
 _____ acknowledgment, is his genuine signature.

In Testimony whereof, I hereto set my hand and affix the seal of our said Court, at
 _____, this _____ day of
 _____, A.D. 18_____

APPLICANT'S ADDRESS.

John M. Piles
Arcanum Dark Co. Ohio

ATTORNEY'S ADDRESS.

H. K. McCannell
Cincinnati Dark Co. Ohio

ROBERT CLARKE & CO.,
LAW PUBLISHERS, BOOKSELLERS AND STATIONERS,
65 WEST FOURTH STREET,
CINCINNATI, O.
(Copyrighted.)

STATE OF OHIO
DEPARTMENT OF SOLDIERS' CLAIMS
STATE HOUSE-COLUMBUS

Act of February 6, 1907

DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the application

STATE OF OHIO,

County of Cuyahoga } ss.

On this 10th day of March, A. D. one thousand nine hundred and Eleven personally appeared before me, a Notary Public within and for the county and State aforesaid, John M Piles, who being duly sworn according to law, declares that he is 70 years of age, and a resident of Cleveland county of Cuyahoga, State of Ohio, and that he is the identical person who was ENROLLED at Pyrmont, Montgomery County, Ohio under the name of John M Piles, on the 28th day of November, 1861, as a Private, in Volunteer 71st O. V. Company, C
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at San Antonio, Texas (State name of war, Civil or Mexican.) on the 23rd day of October, 1865.
That he also served.
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 5 inches; complexion, Fair; color of eyes, Hazel; color of hair, brown; that his occupation was Farmer; that he was born August 26th, 1840, at Louisburg, Preble County, Ohio

That his several places of residence since leaving the service have been as follows: Pyrmont, Ohio 1872, Arcanum, Ohio 1884, Dayton, Ohio 1910, Cleveland Ohio
(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has heretofore applied for pension.
Pension certificate No. 127509 Rate per month \$ 14.00
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907. He hereby appoints WM. A. TAYLOR, State Commissioner of Soldiers' Claims of Ohio, State House, Columbus, his true and lawful attorney to prosecute his claim (without fee).

That his post-office address is 3524 Krather Road S. W. Cleveland
County of Cuyahoga State of Ohio

Two witnesses who can write, sign here, if claimant signs by mark.

Attest: (1) _____
(2) _____

John M. Piles
(Claimant's signature in full.)



Also personally appeared *John P. Nye*, residing in *Cleveland, Ohio* and *Harry J. Rust*, residing in *Cleveland, Ohio*, 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 *John M. Piles*, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of *5* years and *10* years respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

John P. Nye
Harry J. Rust
(Signature of witnesses.)

SUBSCRIBED and sworn to before me this *10th* day of *March*, A. D. 19*17*. and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words *Louisburg and John M. Piles*, erased, (L. S.) and the words *John P. Nye*, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Harvey J. W. Ebster
(Signature.)
Notary Public
(Official character.)

I,, Clerk of the County Court in and for said 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 thereto is genuine.

Witness my hand and seal of office, this day of, 19..... (L. S.)
Clerk of the.....

The Act of February 6, 1907, REQUIRES in the case of a soldier:

- 1. An honorable discharge (but the certificate need not be filed unless called for.)
- 2. A minimum service of ninety days in War of Rebellion or 60 days if in War with Mexico.
- 3. The rates under the act are graded from \$12 to \$20, and are not affected by the rank held.
- 4. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Act of February 6, 1907

Claim for Pension

JO
Certification No. *127229*
Name *John M. Piles*
Service *Co. 71 1st A.C.*



INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of the county or record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Filed by
STATE COMMISSIONER OF SOLDIERS' CLAIMS
STATE HOUSE,
COLUMBUS, OHIO.

MARK

No. 127,59

GENERAL AFFIDAVIT.

State of Ohio, County of Montgomery, SS:

In the matter of the claim for increase of Pension of John M. Piles Co E-71 Ohio,

ON THIS 22 day of December A. D. 1893; personally appeared before me a

Notary Public in and for the aforesaid County, duly authorized to administer oaths

John M Piles aged 53 years, a resident of Dayton

in the county of Montgomery and State of Ohio,

whose Post Office address is 22 Cyrus St Dayton O.

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

I am the applicant herein
[NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.]
and have furnished all the medical testimony that I can, the physicians who have treated me, and whose affidavits I have not filed are dead and I offer herewith in lieu of medical evidence the affidavits of neighbors, fellow-workmen and friends.
The foregoing was reduced to writing in my presence, from my oral statements.

_____ further declare that _____ no interest in said case and _____ not concerned in its prosecution.

John M Piles

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

[Signature of Affiants.]

STATE OF Ohio COUNTY OF Montgomery ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant has personally known to me and that he is a credible person.

Witness my hand and seal of office, this 27 day of December 1893.

Albert J. Dwyer
[Official Signature.]

Notary Public
[Official Character.]

[L. S.]

ADDITIONAL EVIDENCE.

CLAIM OF
John M. Piles
Co E 171st D.

AFFIDAVIT OF

Claimant

No. 127509

Dworce

Filed by

HARRY F. NOLAN,
Pension Attorney,
COLUMBIA, O.



Geo. Paul Law

No. 127579

GENERAL AFFIDAVIT.

State of Ohio, County of Montgomery, SS:

In the matter of the claim for increase of pension of
John M. Piles, Co E - 71st Ohio

ON THIS 21 day of December A. D. 1893; personally appeared before me a

Notary Public in and for the aforesaid County, duly authorized to administer oaths

William Culbert aged 53 years, a resident of Dayton

in the county of Montgomery and State of Ohio

whose Post Office address is 235, Crown St. Dayton O.

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

[NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.]

I was second sergeant of Co E - 71st Ohio
the same Company and regiment that the applicant
John M. Piles served in, and I knew him very
well during the service. I know that while
our Company, was Becher's Troop, during the Atlanta
Campaign, that an order was issued to the effect
that all soldiers who had been vaccinated, and whose
vaccination had not taken, should be vaccinated
again, I know that said Piles was one of these
and that he was vaccinated, in a few days
after said Piles was vaccinated his arm (left) became
very sore, and for a long time he was relieved
from duty, I know that said Piles' arm never
completely healed up during his service, I have
known said Piles since his return from service and
I know that his arm is still sore, I testify
from personal observation, having been in a position
to know and see what I have stated.

The foregoing was reduced to writing from
my oral statements, in my presence, and was
read to me before I signed them

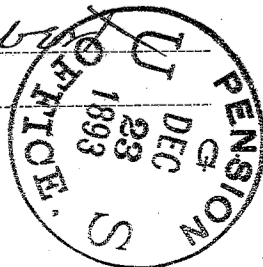
I further declare that I have no interest in said case and am not concerned

in its prosecution.

Wm. Culbert

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

[Signature of Affiants.]



STATE OF Ohio COUNTY OF Montgomery ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and

the words _____

added, and acquainted him with its contents before he executed the same. I further certify

that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant

is personally known to me and that he is a credible person.

Witness my hand and seal of office, this 21 day of December 1893

Wm. B. Frizzell
[Official Signature.]
Notary Public
[Official Character.]

[L. s.]

ADDITIONAL EVIDENCE.
John M. Litch
Co E 571 Ohio
AFFIDAVIT OF
Wm. H. Coulcher

Shenard No. 127509

Filed by
HARRY F. NOLAN,
Pension Attorney,
DAYTON, O.

No 13016

FIFTY CENTS

COPY OF DEATH CERTIFICATE

DEPARTMENT OF PUBLIC WELFARE
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS
CITY OF CLEVELAND
STATE OF OHIO

Registration District No. 8116
Primary Registration District No. 5018

Registered No. 3362

PLACE OF DEATH

County of Cuyahoga, City of Cleveland, No. 3524 Katcher

Street 6

Ward 6

FULL NAME John M. Piles

1 APR 18 1919

Personal and Statistical Particulars

3 SEX M W 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) M

6 DATE OF BIRTH Aug 26 1880 (Month) (Day) (Year)

7 AGE 78 yrs. 6 mos. 26 da. If LESS than 1 day, hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work Retired (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Ohio (State or Country)

10 NAME OF FATHER Jessie Piles

11 BIRTHPLACE OF FATHER Unknown (State or country)

12 MAIDEN NAME OF MOTHER Mrs. Williams

13 BIRTHPLACE OF MOTHER Ohio (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sarah Piles

(Address) 3524 Katcher

15 Filed 1919 Registrar J. J. Katcher

Medical Certificate of Death

DATE OF DEATH Mar 24 9 (Month) (Day) (Year)

I HEREBY CERTIFY THAT, I attended deceased from Mar 22 9 to Mar 22 9 1919

that I last saw him alive on Mar 22 9 and that death occurred on the date stated above at 6:30 P.M.

THE CAUSE OF DEATH was as follows: Hemorrhage cerebral

Contributory (Duration) 3 yrs. mos. days

(Signed) Walter J. Zacher M.D. 4184 Deere

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State y mos. ds.

Where was disease contracted, if not at place of death? Former or usual residence

PLACE OF BURIAL or REMOVAL DATE OF BURIAL

UNDERTAKER ADDRESS

testimony whereof I have hereunto subscribed my name at Cleveland, Ohio, this 23rd day of April 1919. J. J. Katcher Registrar

APR 4 1919

23509 384100

APR 10 1919

DIVISION
APR 18 1919
RECEIVED
APR 9 1919
LAW DIVISION

PENSION
K
APR
U. 8 S.
1919
OFFICE.

GENERAL AFFIDAVIT.

State of Ohio, County of Montgomery, SS:

In the matter of John M Piles Pension Act June 27 1890
P. O. E. 71 Ohio Inf. No. Exp. 127.509

ON THIS _____ day of _____, A. D. 1893 personally appeared before me

_____ in and for the aforesaid County duly authorized to administer

oaths John M Piles aged 53 years, a resident of Cyrus St. No. 20 Dayton
in the County of Montgomery and State of Ohio

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

Plannan John M Piles

NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.

States under oath that he is depending and is in need he states that he has been sick for over five months and is treated by Dr. Hoover of Dayton Ohio he further states that he has family dependance on him for support and is only receiving four dollars under the act and he states that he has filed his claim under act June 27 1890 Feb. 6 1890 and has been examined July 8 1891

Statement of Dr. Hoover Dayton O

This is to certify that I have know Mr. Piles for a number of years and have frequently given him med. treatment and that I have recently made thorough examination of his case and find that he is suffering from chronic bronchitis and consolidation of lung tissue with free purulent discharge from the lungs and bronchioles. I consider him totally disable for manual labor and in need of the best of care and constant medical treatment

E. C. Hoover M.D.
Graduate Med. Col. Ohio Class '78

His Post-Office address is No. 20 Cyrus St Dayton Ohio

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

in its prosecution.

E. C. Hoover M.D.

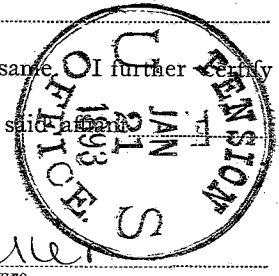
If Affiants sign by mark two persons who write sign here.

[Signatures of Affiants.]

Physicians of for dis. of lungs in 93 a. prior -

STATE OF Ohio, COUNTY OF Montgomery, SS:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____
erased, and the words _____
added, and acquainted _____ 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 is personally known to me and that _____ credible person.



A. M. Becker
Official Signature.
Deputy Clerk
Official Character.

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 18 _____.

[L. S.]

Clerk of the _____

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

Exhib. 127.509
ADDITIONAL EVIDENCE.

CLAIM OF
John M. Piles
Ch. C. E. 71 Ohio Ins. Co.
As of June 27, 1890

AFFIDAVIT OF
Claimant
W. P. 20 Lucas St.
Dayton Ohio

Defending Claimant

FILED BY
J. W. FITZGERALD,
U. S. CLAIM AGENT,
National Military Home, O.

Increase

No. 127579

GENERAL AFFIDAVIT.

State of Ohio, County of Montgomery, SS:

In the matter of the claim for increase of pension of John M. Piles Co E 71st Ohio

ON THIS 22 day of December A. D. 1893; personally appeared before me a

Notary Public in and for the aforesaid County, duly authorized to administer oaths M. G. Pippenger & Wm O. Freeman aged 56, +45 years, a resident of Dayton

in the county of Montgomery and State of Ohio

whose Post Office address is 1554 W 1st St, 1540 W 1st St Dayton Ohio respectively

well known to me to be reputable and entitled to credit, and who being duly sworn, declared in relation to

aforesaid case as follows:

We have been well and intimately acquainted with John M. Piles, the applicant, herein, ever since immediately after the close of the war during this time we have lived in the same neighborhood and have been in position to see him and on pretty near every day and have worked with him on the same jobs with him, said Piles is a painter by trade. Ever since his return from the service he has suffered from a want of strength in his left arm, he having a running sore on said arm, which he informed us was the result of being vaccinated while he was in the army, he complained that this arm hurt him so that he was not able to work, and we have frequently seen him when he was unable to work, said Piles has the appearances of a man who is wasting away as if his very life was oozing out of said running sore on his arm. Said Piles is a man of good habits and ambitious after working when he was physically unable. We believe that we can honestly say that said Piles ever since his return from the army has been at least one half disabled to perform manual labor, or work at his trade by reason of the condition of his said left arm.

[NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.]

We state the foregoing from personal observation being as we have said neighbors, friends and fellow workmen

The foregoing statements were reduced to writing from our oral statements and reduced to writing in our presence, and read to us before we signed the same.

We further declare that *we have* no interest in said case and *are* not concerned in its prosecution.

*Michael G. Pippenger
William O. Freeman*

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

[Signature of Affiants.]

STATE OF Ohio COUNTY OF Montgomery ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added, and acquainted them with its contents before they 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 are personally known to me and that they are credible person.

Witness my hand and seal of office, this 22 day of December 1893

Albert J. Dwyer
[Official Signature]
Notary Public
[Official Character.]

[L. S.]

ADDITIONAL EVIDENCE.

CLAIM OF

John M. Piles
Co. E 571 O.

AFFIDAVIT OF

W. E. Spinger
My O. Freeman

True. No. 127,509

Filed by

HARRY F. NOLAN,
Pension Attorney,
DAYTON, O.

General Affidavit.

STATE OF

Ohio

County of

Montgomery

ss:

In the matter of the claim for pension of

John M. Piles

No. *127,509*

of

of Company

E -

Regiment

Ohio Infantry

Volunteers.

On this

24

day of

February 189*3*

personally came before me a

Notary Public

in and for said

County and State,

Samuel Snyder

who being duly sworn, states as follows:

I am aged *65* years, and a Citizen of the County of *Montgomery* and State of *Ohio*

and that my Post-Office address is

1837 W. 3rd St Dayton Ohio

I have known the claimant herein ever since he was a boy nine (9) years of age for I took him to raise at that age and he lived with me till he enlisted in the above named service. Before his said service he was stout and hardy and could do more than the average amount of hard labor; and when he returned from the service at time of discharge he was completely broken in health and was totally disabled for manual labor for a period of two years, at the end of which time he became a little stronger and could do a little light work. He has been a constant sufferer from consumption and disease of eyes from his discharge from the service up to the present time and he has during this entire period been more or less incapacitated for manual labor by reason of said disabilities and has been sick many times.

That I have no interest, direct or indirect, in the prosecution of said claim.

Two Witnesses sign when X is signed.

Sign *Samuel Snyder*

Sworn to and subscribed before me, on the day and year first above written, and I do hereby certify that I read said affidavit to said Affiant, and acquainted him with its contents before he executed the same, and that I am an entirely disinterested party. Concerning the testimony of witness, I certify as follows:

Officer please certify to all facts known, touching the credibility of the affiant.

Magistrate sign here

Ulysses S. Parick
Notary Public

NOTE.—This affidavit, may be sworn to before any person authorized by law to administer oaths for general purposes. If not executed before a COURT OF RECORD, the certificate of the CLERK of such Court must be attached.

M. P. NOLAN, WAR CLAIM ATTORNEY,

30 and 32 E. Third Street, DAYTON, O.

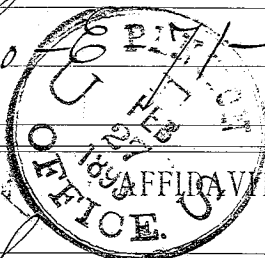
continued in copy from 1593

No. 127.509

IN THE
CLAIM FOR PENSION

OF
John M. Piles

Co. E 1st Regt. O.V.D.



Samuel Snyder

FILED BY
Harry Nolan
M. P. NOLAN,
Attorney at Law and Militar Claimy Agent,
30 AND 32 EAST THIRD STREET,
DAYTON, OHIO.

General Affidavit.

STATE OF Ohio }
 County of Montgomery } ss:
 In the matter of the claim for pension of John M. Piles
 No. 127.509
 of Ohio of Company E - 71st
 Regiment Ohio Infantry Volunteers. On this 23rd day of
February 1893, personally came before me John M. Piles in and for said
 County and State, Calb Worley
 who being duly sworn, states as follows:

I am aged 52 years, and a Citizen of the County of Montgomery
 and State of Ohio and that my Post-Office address is
16 Brown St Dayton Ohio

I was in the same Company and
 regiment with the claimant and I
 know that on or about the time of the
 Battle of Shiloh he took sick and I remember
 that he coughed quite a good deal was
 very much emaciated, and quite run
 down in health and from this time to
 about the 1st of June 1862 he was in
 the Regimental Hospital where I saw
 him every day or two and I remember
 that I then thought he had consumption
 and was going to die soon - About the
 1st of June 1862 he with others was put on the
 boat at Memphis Tennessee and sent home
 and I did not see him till he came back to the
 Regiment about December 1st 1862, he was then
 not near as stout a man as when he enlisted.
 On his return to the regiment he wore glasses and his eyes
 were inflamed and watery and I have seen them
 of and on ever since and I have never seen
 his eyes in any condition other than the above named

That I have no interest, direct or indirect, in the prosecution of said claim.
Two Witnesses sign when X is signed.

Sign Calb Worley

Sworn to and subscribed before me, on the day and year first above written, and I do hereby
 certify that I read said affidavit to said Affiant, and acquainted him with its contents before he executed
 the same, and that I am an entirely disinterested party. Concerning the testimony of witness, I cer-
 tify as follows: Officer please certify to all facts known, touching the credibility of the affiant.

Magistrate sign here Ulysses S. Parick
Notary Public

NOTE.—This affidavit, may be sworn to before any person authorized by law to administer oaths for general purposes. If not executed be-
 fore a COURT OF RECORD, the certificate of the CLERK of such Court must be attached.

M. F. NOLAN, WAR CLAIM ATTORNEY,
 30 and 32 E. Third Street, DAYTON, O.

Original for dis & send to
 come
 continue from year 1863

No. 27,589



IN THE

CLAIM FOR PENSION

OF

John M. Pike
Co. E. 71 - O. V. I.

AFFIDAVIT OF

Caleb Worley
Co. E. 71 - O. V. I.

— FILED BY —

M. P. NOLAN,
Attorney at Law and Militar Claimy Agent,
30 AND 32 EAST THIRD STREET,
DAYTON, OHIO.

General Affidavit.

STATE OF Ohio }
County of Montgomery } ss:

In the matter of the claim for pension of John W. Pills

No. 27309

of Company E of 71st

Regiment Ohio Infantry Volunteers. On this 24 day of

February 1893, personally came before me a Notary Public in and for said

County and State, Eli Wallace

who being duly sworn, states as follows:

I am aged 38 years, and a Citizen of the County of Montgomery
and State of Ohio and that my Post-Office address is
1706 W 3rd St Dayton Ohio

I served in the same company and regiment with the above named claimant and have been well and intimately acquainted with him and have seen him frequently ever since date of his discharge up to the present time. At this time he was completely broken in health, suffered from consumption and disease of eyes and has continued to suffer from said disabilities up to the present time. He has in my opinion and I speak and testify from my own personal knowledge been three fourths (3/4) incapacitated for manual labor ever since his discharge. He suffered so badly from consumption that I was expecting him to die ten years ago, and he is now almost totally incapacitated from said disabilities for labor of any kind.

That I have no interest, direct or indirect, in the prosecution of said claim.

Two Witnesses sign when X is signed.

Sign Eli Wallace

Sworn to and subscribed before me, on the day and year first above written, and I do hereby certify that I read said affidavit to said Affiant, and acquainted him with its contents before he executed the same, and that I am an entirely disinterested party. Concerning the testimony of witness, I certify as follows:

Officer please certify to all facts known, touching the credibility of the affiant.

Magistrate sign here Ulysses S. Pasick
Notary Public

NOTE.—This affidavit, may be sworn to before any person authorized by law to administer oaths for general purposes. If not executed before a COURT OF RECORD, the certificate of the CLERK of such Court must be attached.

M. P. NOLAN, WAR CLAIM ATTORNEY,
30 and 32 E. Third Street, DAYTON, O.

Big fever consumption or
arrived from service to 1/3

No 127,509

IN THE

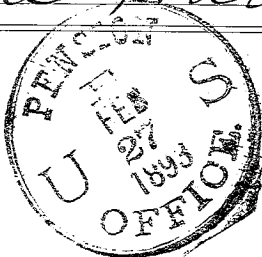
CLAIM FOR PENSION

OF

~~John W. Piles~~
No-E-71st O.V.D.

AFFIDAVIT OF

Eli Wallace



~~James Nolan~~
FILED BY
M. P. NOLAN,
Attorney at Law and Militar Claimy Agent,
30 AND 32 EAST THIRD STREET,
DAYTON, OHIO.

General Affidavit.

STATE OF Ohio
County of Montgomery } ss:

In the matter of the the claim for pension of John M. Piles
No. 127509

of O.V. 9 of Company E 71^L
Regiment O.V. 9 Volunteers. On this 3 day of March 1889
County and State, John Karm Deputy Clerk in and for said
County and State, John Karm
who being duly sworn, states as follows:

I am aged 47 years, and a citizen of the County of Dark
and State of Ohio and that my Post-Office address is Dawn
Dark County Ohio, I knew John M. Piles
well and intimately. We were comrades in
Co E 71 O.V. 9 during the 3 years
entertainment. At Clarksville Tenn March 1862
after the Battle of Shiloh. He had a sore
throat and lungs were affected
this was along in April 1862. He has
been long afflicted ever since. He had some
trouble with fever in May of 1862.
I saw him walking some when he came back with
the air of a lame. He was very much broken in
health and his lungs were very weak.
While we were in Camp at Pat Sumner in
the summer of 1863, both eyes perished among
the soldiers quite general. John Piles was
afflicted with both eyes. I saw his eyes were
inflamed and both eyes very red
and washed, one day both had small pox in our
company quarters. The higher order all may be
be variolated that may not therefore be. I had been
variolated when a child. But John Piles had not,
been variolated then and then variolated.
His eyes became totally obliterated. I see it
frequently. He was the drummer and could never beat the
drum after his eyes got so bad and lost to him

That I have no interest direct or indirect in the prosecution of said claim.

Two witnesses sign when X is signed.

Sign John Karm

Sworn to and subscribed before me, on the day and year first above written, and I do hereby certify that I read said affidavit to said Affiant, and acquainted him with its contents before he executed the same, and that I am an entirely disinterested party. Concerning the testimony of witness, I certify as follows: (Officer please certify to all facts known touching the credibility of the affiant.)

W. Decker
Deputy Clerk

Magistrate sign here

NOTE.—This affidavit, may be sworn to before my person authorized by law to administer oaths for general purposes. If not executed before a COURT OF RECORD, the certificate of the CLERK of such Court must be attached.

M. P. NOLAN, War Claim Attorney,
No. 28 E. Third Street, DAYTON, O.

copy of this case
one copy to Dept of War
original retained



No.

IN THE
CLAIM FOR PENSION
OF

AFFIDAVIT OF

FILED BY
M. P. NOLAN,
Attorney at Law & Military Claim Agent,
28 East Third Street,
DAYTON, OHIO.

Walker & Walker, Printers.

General Affidavit.

STATE OF Ohio
County of Montgomery } ss:

In the matter of the the claim for pension of

John M Piles
of Dayton Ohio of Company E-7 No. 127509
Regiment 670 Volunteers. On this 5 day of

March 1880, personally came before me a Notary Public, in and for said
County and State, David Shiverdecker

who being duly sworn, states as follows:

I am aged 39 years, and a citizen of the County of Montgomery
and State of Ohio and that my Post-Office address is 11736 East
Third St Dayton Ohio

I was a member of Co E-7, O.R.I. and know that when our command was before the New Market East Tenn. about March 17, 1865 that the said John M Piles fell off the cars and broke his leg his left leg. The said accident was caused by a wreck the result of bush-wackers tearing up the road, after this happened he was sent to the field hospital where he remained about a month before he returned to the Company when he got back to the Company he was still suffering from said injury, I was not yet fully recovered from said broken leg. I know that at Dickers Station Tenn. a member of the Company died from small pox, and every one who had not been vaccinated was ordered by the Surgeon to be vaccinated, and amongst those who were was said John Piles, I know that said John Piles, residing directly after said operation had a very sore arm, I think it was the worst thing I ever saw, his arm became very much inflamed, and he was for a long time disabled, his arm has been weakened ever since, and he never has had the full use of it since, I know that after the battle of Pittsburg Landing Tenn. he contracted a severe cold in his lungs, and was sent home on a sick furlough, and the impression amongst the boys was that John Piles was about done for, they were from personal observation, having been in a position to know & see above facts

That I have no interest direct or indirect in the prosecution of said claim.

Wm G. Hazzell
Harry F. Nolan

Sign David Shiverdecker

Spoke to and subscribed before me, on the day and year first above written, and I do hereby certify that I read said affidavit to said Affiant, and acquainted him with its contents before he executed the same, and that I am an entirely disinterested party. Concerning the testimony of witness, I certify as follows: (Officer please certify to all facts known touching the credibility of the affiant.)

Magistrate sign here

Harry F. Nolan
Notary Public

NOTE.—This affidavit, may be sworn to before my person authorized by law to administer oaths for general purposes. If not executed before a Court of Record, the certificate of the Clerk of such Court must be attached.

M. P. NOLAN, War Claim Attorney,
No. 28 E. Third Street, DAYTON, O.

Witness of ...
Command - see serial 63

State of Ohio ^{Miami} ~~Franklin~~ County ss
 A. W. Brander a citizen of Miami Co.
 and late a Captain of the 71 Reg Ohio Vols
 whom I certify to be respectable and
 entitled to belief being duly sworn
 says that he was in command of his
 company and with his said Regiment
 on the R. R. Cars enroute from Huntsville
 Al. to Knoxville East Tenn on the 14th
 day of March 1865, that on said day the
 said train was by accident thrown from
 the track and that to his personal knowl-
 edge Pvt John M. Piles of Company C. of said
 Regiment was thrown from the car in which
 he and his company were riding and his
 left leg broken just above the ankle. Affiant
 further says that Pvt Piles was after the dress-
 ing of his wound taken along with the Regt.
 and treated by Reg Surgeon and not in
 any gen Hospital. Affiant further says that
 his personal acquaintance with Pvt Piles
 has been continuous ever since and to his
 personal knowledge said wound has greatly
 deformed weakened and permanently
 damaged said left leg. Affiant further
 says that he has no interest whatever in
 the prosecution of this claim

Sworn to and Subscribed for me this

THE STATE OF OHIO, }

MIAMI COUNTY, ss:

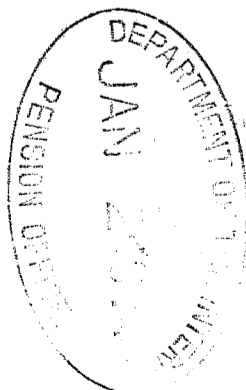
I, SMITH TALBOT, Clerk of the Court of Common

Pleas, a Court of Record and Law within and for said County, hereby certify that Wm. Oberman, before whom the annexed instrument was taken, was, at its date, a Justice of the Peace, duly commissioned and qualified according to the Constitution and Laws of the State of Ohio. And I further certify that his signature thereto is genuine, and that said instrument is executed according to the laws of the State of Ohio. and that he is duly authorized to administer oaths

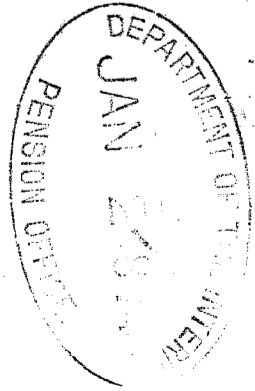
In Testimony Whereof, I have hereunto set my hand, and affixed the Seal of said Court, at Troy, Ohio, this 26 day of December, A. D. 1873

Smith Talbot
Clerk Court Common Pleas, Miami County, Ohio.

By _____, Deputy.



20. day of December 1873 and I certify
that I have no interest whatever in the
prosecution of this claim
Oscar G. ...



DECLARATION FOR A WIDOW'S PENSION.
Act of September 5th. 1916.
Amending Act of April 19th. 1908.

RECEIVED
APR 9 1919
APR 18 1919
DIVISION.

The State of Ohio. ()
Cuyahoga County s s ()

On this 2nd day of April A.D. one thousand nine hundred and nineteen, personally appeared before me, a Notary Public within and for the County and State aforesaid Sarah E. Piles, aged 75 years, a resident of Cleveland, County of Cuyahoga and State of Ohio, who, being first duly sworn according to law, declares that she is the widow of John M. Piles who enlisted under the name of John M. Piles at Pyramont, Ohio, on the 30th. day of October 1861 in Company E. 71st. Regiment Ohio Volunteer Infantry as private, and was Honorable Discharged January 13th. 1864- and reenlisted in same Company and Regiment January 14th. 1864 and was Honorably Discharged November 30th. 1865, and died March 24th. 1919.

That she was married under the name of Sarah E. Hamilton to said John M. Piles on the 15th. day of March 1864 by Rev. M. W. Hamma at Euphenia, Ohio, there being no legal barrier to said marriage. Neither previously married.

That she has not remarried since the death of said John M. Piles.

That claimant was born November 2nd. 1843 near Lewisburg, Preble County, Ohio. That her husband has not been employed in the Military or Naval service otherwise than as stated above.

That she has not heretofore applied for a pension.

Soldier drew a pension under Certificate No. 127.509. Certificate enclosed.

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provision of the Act of September 5th. 1916. amending Act of April 19th. 1908.

She hereby respectfully asks that the accrued pension due her husband from March 4th. 1919, to the day of his death. (March 24th.) be paid to her.

She hereby appoints Orion L. Neff, 403 American Trust Building, Cleveland, Ohio, her true and lawful attorney to prosecute her claim.

Her postoffice address is No. 3524 Krather Avenue, Cleveland, Cuyahoga County, Ohio.

U. S. PENSION OFFICE.
APR 8 1919

Sarah E Piles
CIVIL WAR PENSION
APR 18 1919

LAW DIVISION
ATTORNEY PILES
O. L. NEFF

PROVISION

Also personally appeared Harry Rust, residing at No. 3524 Krather Avenue, Cleveland, Ohio, and Jessie Rust, residing at the same place and being husband and wife, 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 Sarah E. Piles, the claimant, sign her name to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant, and their acquaintance with her of nineteen years and thirty eight years respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

Harry Rust
Jessie Rust

Sworn to by said claimant, Sarah E. Piles, and Harry Rust and Jessie Rust, witnesses, before me, this the 2nd day of April A.D. 1919, and I hereby certify that the contents of the above declaration, were fully made known and explained to said applicant and witnesses before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

G. H. Water

Notary Public.

Declaration accepted as a claim under act April 19, 1908, amended by act Sept. 8, 1916. Power of attorney valid as to execution.

Chief Law Division.

Per

Finance Div. Notified of Death. APR 9 1919

NO. *msb 11*
2.C. 127509 K

claim for a widow's Pension

No widow

Claimant; Sarah H. Piles

Deceased; John M. Piles, Late

Private Co. H. 71st. Regt C.

V. M.

RECEIVED
APR 9 1919
DIVISION OF PENSIONS

CIVIL
APR 18 1919

Filed by *Edison L. Neff, Atty.*

103. American Trust Building

Cleveland, Ohio.

claimant and their maintenance with her of nineteen years and thirty
tion; that they have every reason to believe, from the appearance of her
NEW BRIDGE E. PILES, the claimant, did not name to the foregoing de
creditor, and who being by me duly sworn, says that they were present
husband and who, before whom I solemnly do swear that they were present
and Cleveland, Ohio, and testify that, regarding said deceased, and
Also her family residing near West

RECEIVED
APR 9 1919
LAW DIVISION

CIVIL
APR 18 1919

In the matter of the application for a widow's pension of Sarah E. Piles, widow of John M. Piles, late Co. E. 71st. Regiment O. V. I.

The State of Ohio. () s. s. Affidavit.
Montgomery County ()

Before me, a Notary Public within and for said County and State, came W. O. Freeman, aged 70 years and residing at 1540 W. 1st. Street, Dayton, Ohio, and John H. Cusick, aged 74 years and residing at 1119 East Herman Avenue, Dayton, Ohio, who, being first duly sworn, say: that they have known the late John M. Piles, soldier; and Sarah E. Piles, the claimant, for many years and ever since they were of marriageable age, and they know that neither said soldier, nor applicant, had been previously married before they married each other.

That they also knew that said soldier was not in the service of the United States other than his two enlistments in the 71st. Regiment O. V. I. That they have no interest in the prosecution of this claim.

W. O. Freeman

John H. Cusick

Sworn to before me, and subscribed in my presence, by the said affiants, after the above affidavit was read in their presence, this the 7th day of April A.D. 1919. And I further certify that I have no interest, direct nor indirect, in the prosecution of this cause.

Harry J. Miller

Daphy Clark of Courts
Notary Public.
101 Bonner St.
Dayton,
Ohio



X.C. No. 127509.

Claim for a widow's pension.

W. O. 1139243
Claimant, Sarah E. Piles.

Deceased, John M. Piles, late
Private Co. H. 1st. Regt.
Ohio Volunteer Infantry.

~~CONFIDENTIAL~~

Attest of

Freeman and

John Custer.

RECORDED
APR 17 1919
DIVISION

Filed by Orion H. Neff, Atty

403 American Trust Building.

Cleveland, Ohio.

Montgomery County, Ohio
APR 18 1919

Before me, a Notary Public within and for said
County and State, came W. O. Freeman, aged 70 years and residing at 121
Village Ave.,
the State of Ohio.

APR 14
DIVISION

Widow of John M. Piles, 1st Regt. Co. H. 1st. Regiment O. V. I.
In the matter of the application for a widow's pension of Sarah E. Piles

In the matter of a widow's pension by Sarah E. Piles, widow of John M. Piles late private Company E. 71st. Regiment O, V. I.

The State of Ohio. ()
Cuyahoga County s s ()
Affidavit.

Before me, a Notary Public within and for said County and State, came Frank S. Starry, aged 38 years and residing at 2803 Archwood Avenue, Cleveland, Ohio, and Catherine L. Starry, aged 37 years and residing at the same place, being husband and wife, who, being first duly sworn, say that they have known John M. Piles, soldier, and Sarah E. Piles claimant, for 25 and 7 years respectively, and know that said applicant and soldier lived together as husband and wife to the time of soldier's death; and that said applicant has not remarried since the death of her said husband. That we have no interest in the prosecution of this claim.

Frank S. Starry
Catherine L. Starry

Sworn to before me, and subscribed in my presence, by the said affiants, after above was read in their presence, this the 10th day of April 1919. and I further certify that I have no interest, direct or indirect, in the prosecution of this case.

G. F. Waters
Notary Public



NO. 127509.

I, **John M. Peles**, late **Private** in the **United States Army**, do hereby certify that the **widow** of **John M. Peles**, **late Private** in the **United States Army**, is **Elizabeth Peles**, **late** **Private** in the **United States Army**.
 I, **John M. Peles**, late **Private** in the **United States Army**, do hereby certify that the **widow** of **John M. Peles**, **late Private** in the **United States Army**, is **Elizabeth Peles**, **late** **Private** in the **United States Army**.
 I, **John M. Peles**, late **Private** in the **United States Army**, do hereby certify that the **widow** of **John M. Peles**, **late Private** in the **United States Army**, is **Elizabeth Peles**, **late** **Private** in the **United States Army**.

RECEIVED
 APR 17 1916
 DIVISION

I, **John M. Peles**, late **Private** in the **United States Army**, do hereby certify that the **widow** of **John M. Peles**, **late Private** in the **United States Army**, is **Elizabeth Peles**, **late** **Private** in the **United States Army**.

I, **John M. Peles**, late **Private** in the **United States Army**, do hereby certify that the **widow** of **John M. Peles**, **late Private** in the **United States Army**, is **Elizabeth Peles**, **late** **Private** in the **United States Army**.

by **Orison L. Neff, Atty.**
 American Trust Building,
 Cleveland, Ohio.

IN THE MATTER OF A PENSION CLAIM OF SARAH E. PILES, WIDOW OF JOHN M. PILES,
LATE COMPANY E. 71st. REGIMENT OHIO VOLUNTEER INFANTRY.

The State of Ohio. ()
Cuyahoga County s s () Affidavit.

Before me, a Notary Public within and for said County and State, came Jessie Rust, aged 38 years and residing at NO. 4605 Bucyrus Avenue, Cleveland, Ohio. and Harry Rust, aged 38 years, (being wife and husband) and residing with said applicant in above mentioned Street and Number, who, being first duly sworn, say, That first named affiant is a daughter of applicant, and the second named affiant is a son-in-law of said applicant, and have lived with said Soldier and applicant a great many years, both in Cleveland, Ohio, and Dayton, Ohio, and from personal knowledge they knew that said soldier and claimant lived together, as husband and wife, up to the time of soldier's death and that they were never divorced.

First named affiant knew said applicant and soldier all her life, and the second named affiant knew them over twenty years.

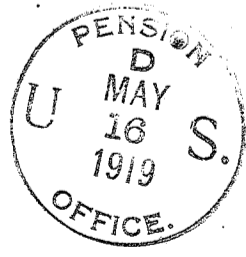
Said affiants further say that they have no interest, beyond wishing to see justice done, in the prosecution of this case.

Jessie Rust
Harry Rust

Sworn to before me, and subscribed in my presence, by the said Jessie Rust and Harry Rust, who, I certify as credible witnesses, on this the 14th. day of May 1919; after the above was read in their presence; and I further certify that I have no interest, direct or indirect, in the prosecution of of this case.

A. F. Water

Notary Public.



NO. 1139,213.

claim for a Widow's Pension.

claimant; Sarah H. Piles.

Soldier; John H. Piles, late

private company M. 11st. Co.

V. M.

Affidavit showing that

Applicant and Soldier lived

together until the time of

Soldier's death, and that

they were never divorced.

Filed by Orfen L. Neff.

103 American Trust Building.

Cleveland, Ohio.

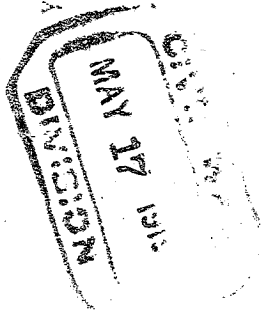
IN THE MATTER OF A PETITION OF SARAH H. PILES, WIDOW OF JOHN H. PILES,
FOR THE PAYMENT OF A PENSION ON BEHALF OF SAID SOLDIER.

THE STATE OF OHIO,
COUNTY OF CUYAHOGA.

Affidavit.

I, the undersigned, being duly sworn, depose and say that

the above-named Sarah H. Piles is the widow of John H. Piles, late of the
11th Company, 11th Regiment Ohio Volunteer Infantry, who died on the
11th day of May, 1918, at Camp Sherman, Ohio, and that she is the
only surviving widow of said soldier.



ACT OF APRIL 19, 1908.
AMENDED BY ACT OF SEPTEMBER 8, 1916.

WIDOW'S PENSION.

871061
3
250
10

Claimant, Sarah E. Piles.
P. O., 3524 Prather Avenue, Cleveland
County, Cuyahogo; State, Ohio
Date, \$12 per month, commencing April 8 1919, and \$2 additional for each child, as stated below.

Soldier, John M. Piles.
Rank, Private; Co. E.
Regiment, 71 Ohio Inf.

All pension to terminate _____, 1____, date of _____
Payments on all former certificates covering any portion of same time to be deducted.

CIVIL WAR

Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____
Born, _____	Sixteen, _____	Commencing _____

Increased to \$50 per mo. from
Aug. 4, 1926-Act July 3, 1926.

RECOGNIZED ATTORNEY.

Name, Orion L. Neff
P. O., 403 American Trust Bldg., Cleveland Ohio.

Fee, \$10.50; Bureau to pay.

APPROVALS.

Submitted for adm. June 4, 1919; J. C. Stockton, Examiner.
Approved for admission under act of April 19, 1908, amended by act September 8, 1916.

June 7, 1919	Reviewer.	June 7, 1919	Rereviewer.
The soldier was pensioned at \$40.00 per month under act of May 11, 1912.			
Enlisted, Oct. 20, 1861		Clt's app'n under other laws, none	1
honorably disch'd, Nov. 30, 1865		Former marriage of, neither	1
Reenlisted, no other		Death } of former	1
honorably disch'd,		Divorce } of former	1
Died, March 24, 1919		Clt's marriage to soldier, March 18, 1864	1
Declaration filed, April 8, 1919		Clt. not remarried	1
Soldier's application filed Jan. 13, 1873		Clt. not divorced	1
Claimant does write.			

No. M. C.

3-2437

UNITED STATES
DEPARTMENT OF THE INTERIOR
Bureau of Pensions
Washington

July, 1926.

The act of July 3, 1926, provides a pension of \$50 per month for the widow or remarried widow now in receipt of pension on account of the service of her soldier husband during the Civil War, IF SHE WAS THE WIFE OF SUCH SOLDIER, SAILOR, OR MARINE DURING THE PERIOD OF HIS SERVICE IN SAID WAR.

If you were the wife during his service in the Civil War, of the soldier, sailor, or marine on account of whose service you are drawing pension, you should so notify the Pension Bureau at once. For this purpose you may use the form on the other side of this slip.

If you were married to the soldier, sailor, or marine after his discharge from the service, even though during the period of the Civil War, you are not entitled under this act.

(Over)

WINFIELD SCOTT,
Commissioner of Pensions.

Aug. 5 - 1926.

The Commissioner of Pensions:

I was the wife of the person on account of whose service during the Civil War I am drawing pension, during the period of his service in said war, and therefore I request consideration of my case with a view to the allowance of the \$50 rate provided by the act of July 3, 1926.

Name Sarah E Piles

Address 3720 N. 36th

Cleveland, Ohio

Widow Cert. No. 871061

INCREASE OF PENSION. (FOR A BOARD.)

Claim No. 127,509

Name of claimant, John M. Piles
 Rank, Private
 Company, "E"
 Regiment, 71 Ohio Vols.
 Post-office address, Arcanum Ohio

ADDRESS OF THE BOARD:
 Post office, Richmond
 County, Wayne
 State, Indiana
 Date of examination, April 29, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is now pensioned at a 1/2 total disability on account of injury to left leg, and ankle and that he claims an increased rating for the reason that original rating too low, and that he is now disabled to 1/2 degree for earning his subsistence by manual labor.

His pulse-rate per minute is 70; his respiration 18; his temperature normal; his height is 5 feet and 6 inches; he weighs 140 pounds, and he states that he is 45 years of age.

Touching his disability and his reasons for asking an increase of pension, he makes the following statement: Says left leg was broken above ankle while in the service, and that since all the time there is pain in ankle on the outside, just in front of external malleolus, near heels, that pain is worse in damp weather and when he works much.

Upon examining this applicant we find the following objective conditions which, in our judgment, do entitle him to an increased rating: The point claimed as the seat of fracture is the left fibula about two inches above malleolus, there is no deformity of bone at this point, and none about the ankle. We are therefore unable to discover any physical sign of disability, and his rating must depend entirely upon his statements.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 1/2 total rating for the disability caused by fracture of left leg, and — for that caused by —, and — caused by —, the sum of which aggregates 1/2 total.

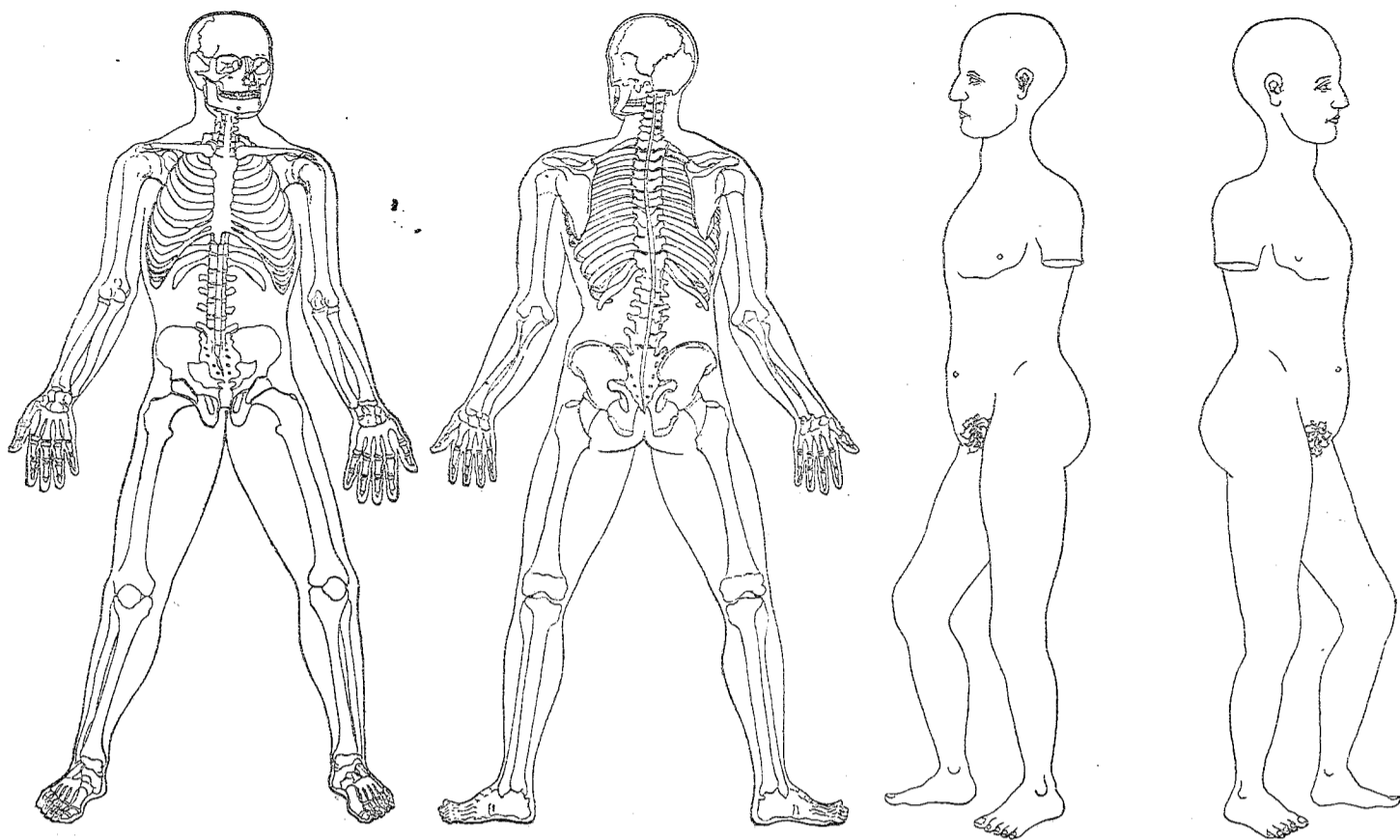
* See the back.

When this examination was made Dr. Willard was in New Orleans attending meeting of Amer. Med. Association. Willard sub.

H. West, Pres.,
J. E. Taylor, Sec'y.,
J. E. Taylor, Treas., } BOARD.

SUBJECTIVE SYMPTOMS.

OBJECTIVE SYMPTOMS.



(455-100 M)

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.]

2

SURGEON'S CERTIFICATE
(FOR A BOARD)

IN CASE OF

John M. Piles
Co. E., 71 Reg't Ohio Vols

Application for Increase.

No. *127509.*
Date of examination: *April 29, 1888*

Richard
J. E. Taylor Examining Surgeon.
Post office, *Richmond,*
County, *Wayne,*
State, *Indiana*

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

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Ret. Rating

Pension Claim No. *127,509*

Name and rank of claimant

John M. Piles

Rank, *priv*

Claimant's post office address.

Company *E, 71 Reg't Ohio*
Dayton Ohio

Dayton Ohio State,
(Post office address of the Board.)

June 27, 188*8*
(Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Injury of left leg & ankle

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

and that he receives a pension of *four* dollars per month.

Pulse rate per minute, *72*; respiration, *17*; temperature, *nor*; height, *5* feet *5 1/2* inches; weight, *104* pounds; age, *47* years.

He makes the following statement upon which he bases his claim for *Inc.*

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

Have constant pain in the left leg with wasting of soft parts & weakness of same -

Upon examination we find the following objective conditions:

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

There are no marks or scars indicating injury to any part of left ankle or leg - Had fracture of left fibula 3" above ankle joint - union without deformity - Has slight roughening of bone at point of fracture - Some wasting of soft parts of left ankle - 1/2" smaller than right - Motion of all joints & muscles normal -

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as $\frac{1}{4}$, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

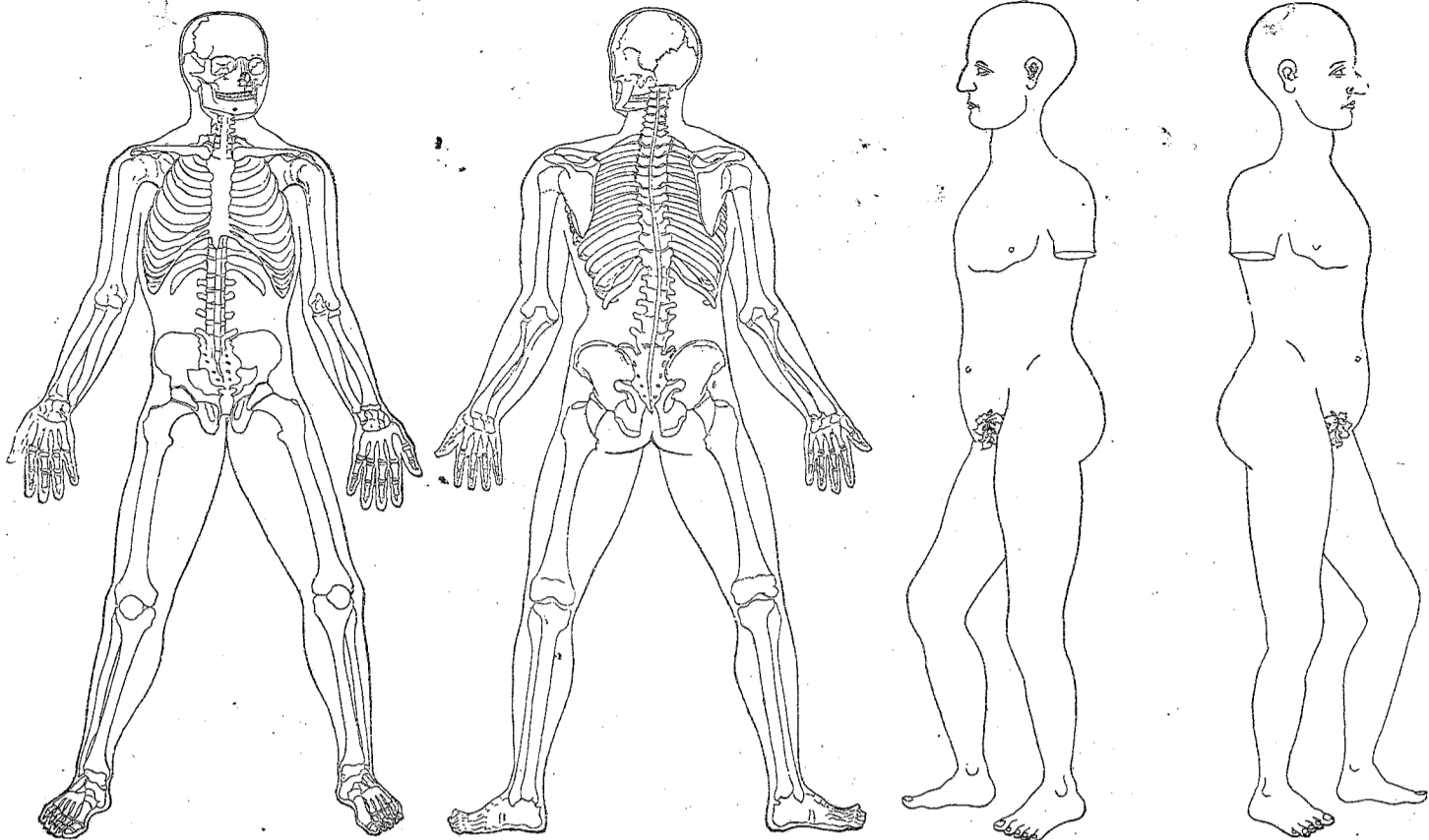
From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, *probable* that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *4/10*

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

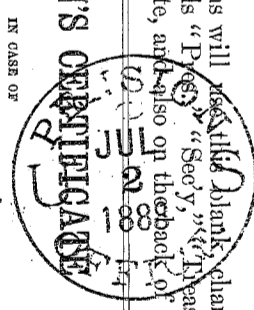
rating for the disability caused by *Injury of left leg & ankle* for that caused by *and* caused by

M. Adams, Pres. *A. W. Adams*, Secy. *J. S. Beard*, Pres.

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



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



SURGEON'S CERTIFICATE

IN CASE OF

John W. P. P. P.
 Co. E 71 Regt. 1888

Applicant for the V. M. rating

No. 127 579

DATE OF EXAMINATION:

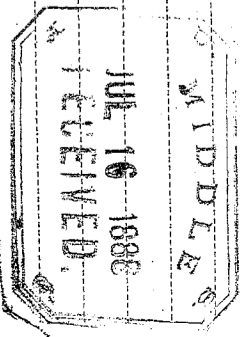
June 27, 188*8*

W. J. P. P. P., Pres.,
W. J. P. P. P., Secy.,
W. J. P. P. P., Treas.,
 BOARD.

Post office, *Rayburn*
 County, *Montgomery*
 State, *Ohio*

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

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



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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. *Increase* Pension Claim No. *127509*

Name and rank of claimant. *John M Piles*, Rank, *Private*

Company *E*, Reg't *7th Inf* | *Dayton Ohio* State, *Ohio*

Claimant's post office address. *Dayton O.* (Post office address of the Board.)

Oct 9th, 1889. (Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability. *Injury of left leg and ankle also injury of left arm as result of the eruption affecting shoulder disease*

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

Pulse rate per minute, *96*; respiration, *24*; temperature, *100*; height, *5* feet *5* inches; weight, *118* pounds; age, *49* years.

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

Here give the claimant's statement as briefly and as compactly as possible. *Has pain in leg and left ankle that pain in left shoulder, left arm numb and unnatural feeling in it -*

Upon examination we find the following objective conditions: *General appearance*

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. *fair. Several scars in region of biceps muscles of left arm. There are no signs of fresh cuts. At present there are several round patches of eruption situated about the original scars of vaccination. Left arm measures 1/2 in less than right arm at each of vaccination. Gripping power of left hand abnormal. He may walk with a limp. Left ankle is ankylosed to the degree of 1/2. Injuncting both eyes are considerably injured. In-
firmament vision 7/15. Jaeger test. Expansion of mouth 2 inches. No dullness on percussion. Ears etc etc*

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1/2, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

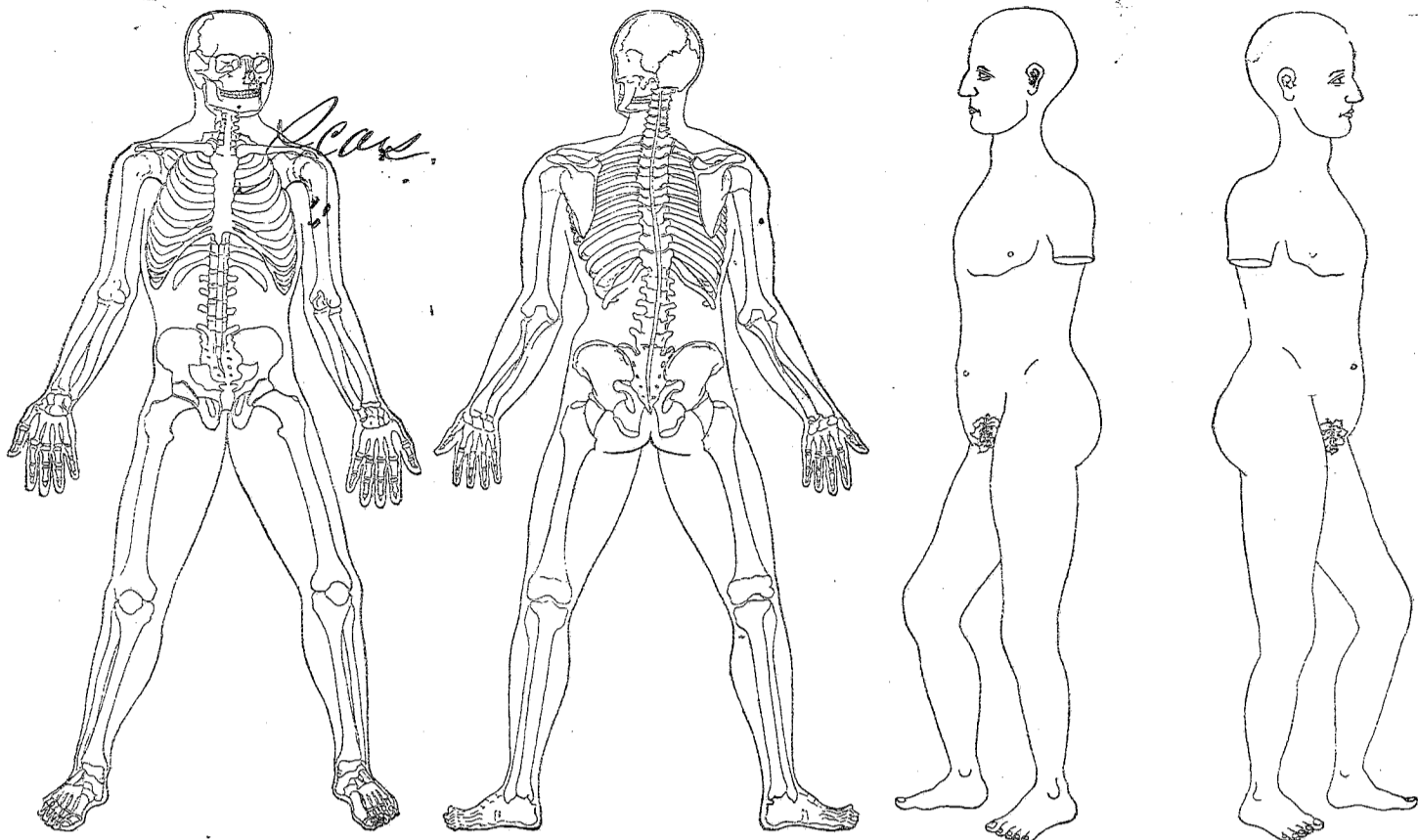
From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, *probable* that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *6/18*

Rate for each cause of disability. rating for the disability caused by *Injury of left ankle*, *7/18* for that caused by *injury of left arm*, and *14/18* caused by *disease of eyes*

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given. *working for disease of arm*

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.
R Miller, Pres. *J. C. Lowry*, Sec'y. *W. Corwin*, Treas.

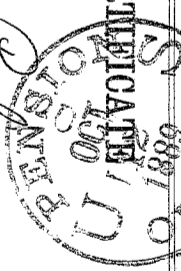
N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



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

SURGEON'S CERTIFICATE

IN CASE OF



John M. Price
 Co. E, 71 Regt. 62d

Applicant for *disc*

No. *427509*

DATE OF EXAMINATION:

Sept 9, 188*9*.

W. Miller, Pres.,
J. B. Fowler, Secy.,
Wm. Costrum, Treas., } BOARD.

Post office, *Dayton*

County, *Montgomery*

State, *Ohio*

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

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

21

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. increase Pension Claim No. 127.509
[State above whether for original, increase, or restoration.]

Name and rank of claimant. John M. Piles, Rank, Private
 Company E, 71 Reg't Ohio Inf Dayton O State,
[Post-office address of the Board.]
 Claimant's post-office address. 17 Sheet St. Dayton O July 5, 1896.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Injury to left leg and ankle. Dis. of lungs and Expt. Rheumatism. Dis. of heart, Lumbago. Dis. of Stomach & bowels
 and that he receives a pension of two dollars per month.

If a pensioner, fill in the amount; if not, erase the whole line.
 He makes the following statement upon which he bases his claim for increase
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.
My disabilities are increasing so I cannot do much work

Here give a full description of the disabilities, in accordance with Book of Instructions.
 Upon examination we find the following objective conditions: Pulse rate, 86-96; respiration, 20; temperature, 98.4; height, 5 feet 6 inches; weight, 118 pounds; age, 56 years. Injury to left ankle & leg. There has been a fracture of left leg at or about the ankle. The motion of ankle is limited about 1/2. There is lameness - the joint is not enlarged, but stiffened. The deformity is slight - Rate 4/18
Dis of Lungs - There is dullness over apices of both lungs. Premittis inc - a hacking cough with slight expectoration. Measurements. 30 31. 32. body emaciated skin pale - Rate 4/18
Eyes - The balls and pupil seem normal. Lids congested. He alleges that he cannot read below 40. with both or either eyes - No rate.
Rheumatism - This applicant is markedly stiff - muscles atrophied & weak. Joints not enlarged tender or painful walks lame. Rate 4/18
(Dis. of chest, see above)
Dis of Stomach & bowels - There is marked retraction over epigastrium - applicant is pale thin & weak. bones prominent & scapulas winged - arms & limbs thin. bowels tender. either constipated or abnormally loose - Rate 4/18
Lumbago - The back or lumbar muscles are stiffened he stoops and raises with difficulty. Rate 7/8.
his general appearance is that of feebleness - premature senility. He is about totally incapacitated for labor. Except as above all organs ^{normal}
W. H. Hoover, Pres. W. H. King, Sec'y J. W. Thompson, Treas.

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

non here.

Blank lined area for notes or additional information.



SURGEON'S CERTIFICATE

IN CASE OF

John M. Plent
Co. E, 71 Reg't Ohio Infy

Applicant for insurance

No. 127529

DATE OF EXAMINATION:

July 5, 1896.

W. S. Brown, Pres.,
O. W. King, Sec'y,
H. R. Thompson, Treas.,
BOARD.

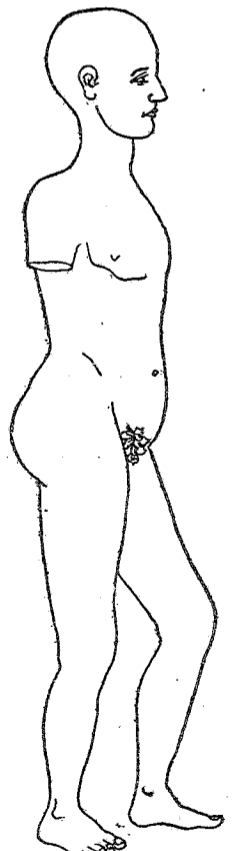
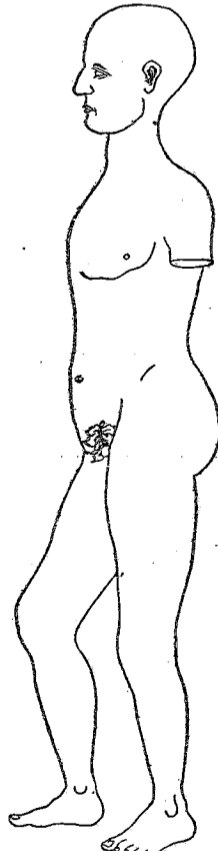
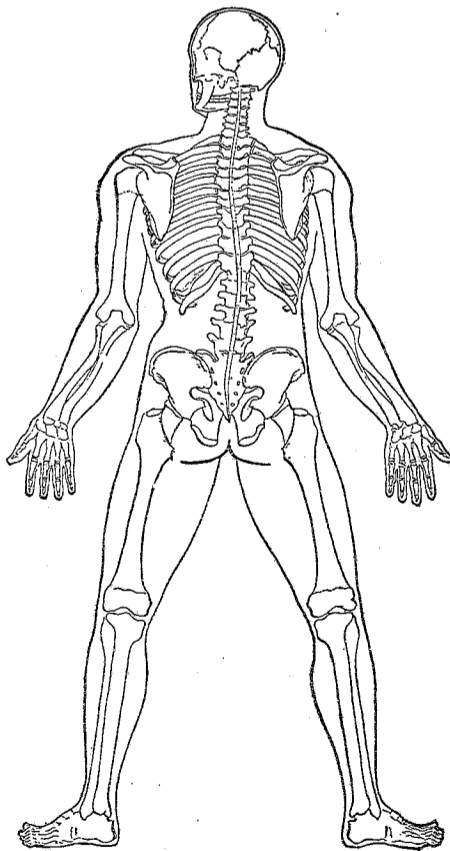
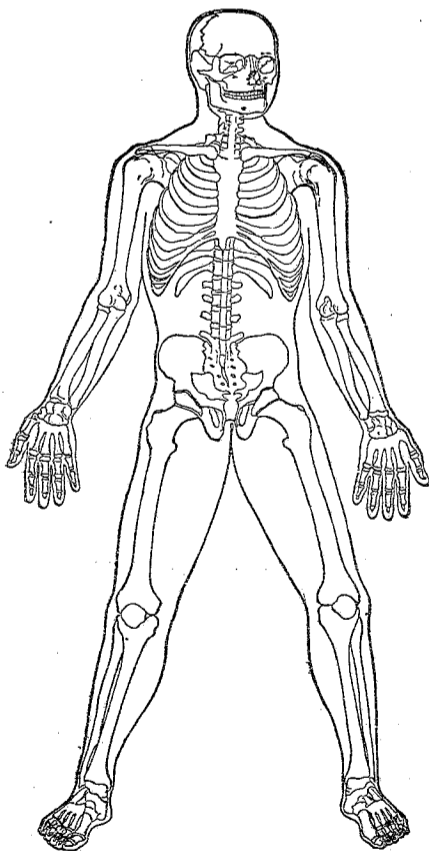
Post office, Sayton

County, Montgomery

State, Ohio

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

JP



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

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

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. increased Pension Claim No. 127.560
Name and rank of claimant. John M. Piler, Rank, Private
Company E 71 Reg't Ohio Inf | Dayton O State, Ohio
Claimant's post-office address. 1535 W. 1st St Dayton O | May 19 [Date of examination.] 1897

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Injury to left leg & ankle. Dis of Eyes, & lungs & Rheumatism, dis of heart, stomach bowels, lumber, genl debility
and that he receives a pension of fourteen dollars per month.

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

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

The trouble with my Eyes, lungs & heart are increasing

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

Upon examination we find the following objective conditions: Pulse rate, 80-90; respiration, 20; temperature, 99; height, 5 feet 5 inches; weight, 128 pounds; age, 56 years.

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

Injury to left leg & ankle. Alleged fracture of left tibia just above the ankle joint. The bone is slightly thickened here but no other deformity. Motion of ankle joint normal. Slight limp and the limp is slight. Gait the ankle is weak, and he does walk with ankle turned out slightly, wearing the heel of shoe off on outer side - Feb 4/8
Eyes. Ch. Conjunctivitis of both eyes - no deformity of lids result. Balls & papillae normal in appearance - Cannot read New No 6 XX, Snellen type, at 18 feet with either eye without glasses - with glasses reads No XX 4 at 18 feet with either eye. There is squint and photophobia Oct 9/18
Lungs. Chest symmetrical. Measures 32 1/2 to 35 in in inspiration. No dullness on percussion - Respiratory murmurs normal over both lungs. There are some bronchial rales slight cough and expectoration from bronchi. No emaciation or anaemia. Has bronchitis - Feb 6/18
Heart. Apex normally located. Area of dullness normal. No murmurs, or edema, dyspnoea or cyanosis. Slight rapid.

Each disability must be rated

He stoops forward the erect posture with some difficulty and complains of soreness here. Feb 7/18
Genl. Debility. No emaciation or anaemia. Nutrition apparently normal. No signs or evidence of debility - Applicant is well and not very robust but not specially debilitated - No rales - Stomach as above stated all organs normal. No evidence of vicious habits

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. increased Pension Claim No. 127.580
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. John M. Piler, Rank, Private
 Company E. 71. Reg't Ohio Inf, Station O State, Dayton O
 Claimant's post-office address. 1535 W. 1st St Dayton O [Post-office address of the Board.]
May 19, 1897 [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Injury to left leg & ankle. Dis of Eyes, & lungs & Rheumatism, dis of heart, stomach bowels, lumbago, & feet
 and that he receives a pension of fourteen dollars per month.

If a pensioner, fill in the amount; if not, erase the whole line. He makes the following statement upon which he bases his claim for increased [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. The trouble with my Eyes, lungs & heart are increasing

Upon examination we find the following objective conditions: Pulse rate, 80-90; respiration, 20; temperature, 99; height, 5 feet 5 inches; weight, 128 pounds; age, 56 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Injury to left leg & ankle. Alleged fracture of left tibia just above the ankle joint. The foot is slightly thickened but no other deformity. Motion of ankle joint normal. Slight limp and the limp is slight. Gait the ankle is weak, and he does walk with ankle turned out slightly, wearing the heel of shoe off on outer side - Feb 4/8
Eyes. Ch. Conjunctivitis of both eyes - no deformity of lids result. Balls & pupils normal in appearance. Cannot read below No 10 X, Queller type, at 18 feet with either eye without glasses. With glasses reads No 10 X 4 at 18 feet with either eye. There is squint and photophobia Oct 9/8
Lungs. Chest symmetrical. Measures 32 1/2 to 35 in in inspiration. No dullness on percussion - Respiratory murmurs normal over both lungs. There are some bronchial rales slight cough and expectoration from bronchi. No emaciation or anaemia. Her bronchitis - Feb 6/8
Heart. Apex normally located. Area of dullness normal. No murmurs, or dulness, dyspnoea or cyanosis. Slight rapid. No hypertrophy or dilatation. No rale
Rheumatism. No enlargement swelling or thickening of joints. No contraction of tendon or atrophy of muscles. No crepitation or stiffness of muscles or joints. No rale
Stomach & bowels. No emaciation or anaemia. No tenderness tongue & skin normal - No rale
Lumbago. There is some soreness of lumbar muscles.

W. H. Brown, Pres. W. King, Sec'y. J. W. Allen, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

John M. Piler
 Co E. 71 O. I. S.
 Cert No. 127560

Franklin Co. No. 127,560
Dno M. Piler
Co. E. 71 O.V.S.



SURGEON'S CERTIFICATE

IN CASE OF

John M. Piler
Co. E. 71 Reg't Ohio Inf

Applicant for re-enlistment

No. 127,560

DATE OF EXAMINATION:

May 19th, 1897.

W. H. ... Pres.,
Chas. ... Sec'y,
Wm. ... Treas.,
BOARD.

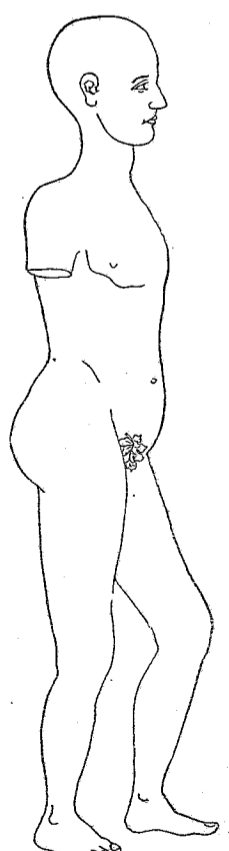
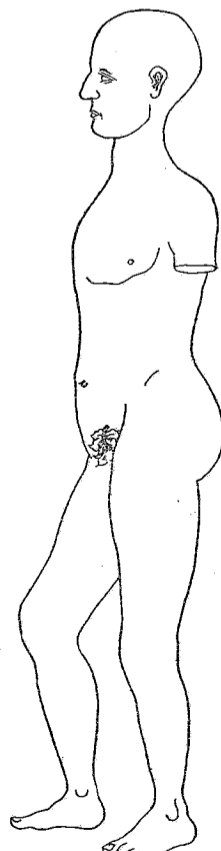
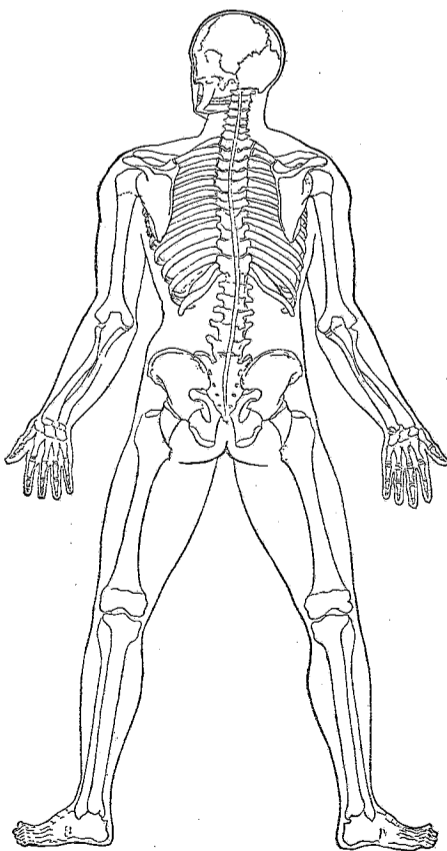
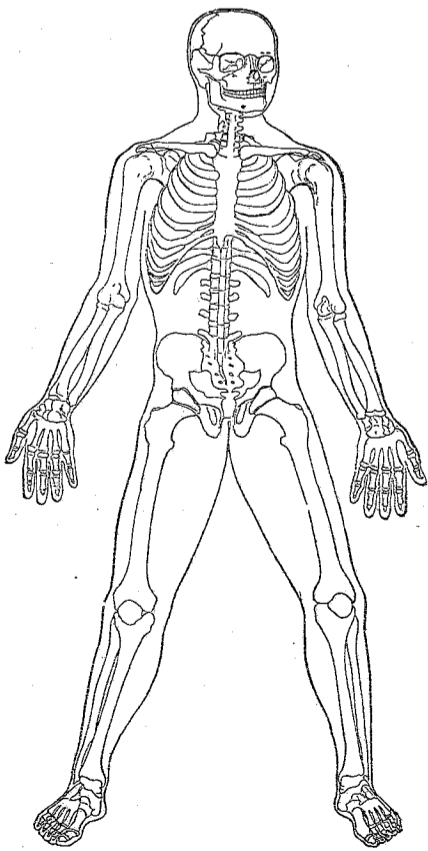
Post office, Sayton

County, Monroe

State, Ohio

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

Done



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

"I hereby certify that Dr. W. H. Brown, Dr. Robt. Shaw, and Dr. W. H. Brown, were personally present and actually participated in the examination of John M. Piler, the claimant in this case, on 19 day of May, 1897
(Signature.) W. H. Brown

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

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."
(Signature.) _____



SURGEON'S CERTIFICATE

IN CASE OF

John M. Piler
Co. E, 71 Reg't Ohio Infy

Applicant for increase

No. 127, 509

DATE OF EXAMINATION:

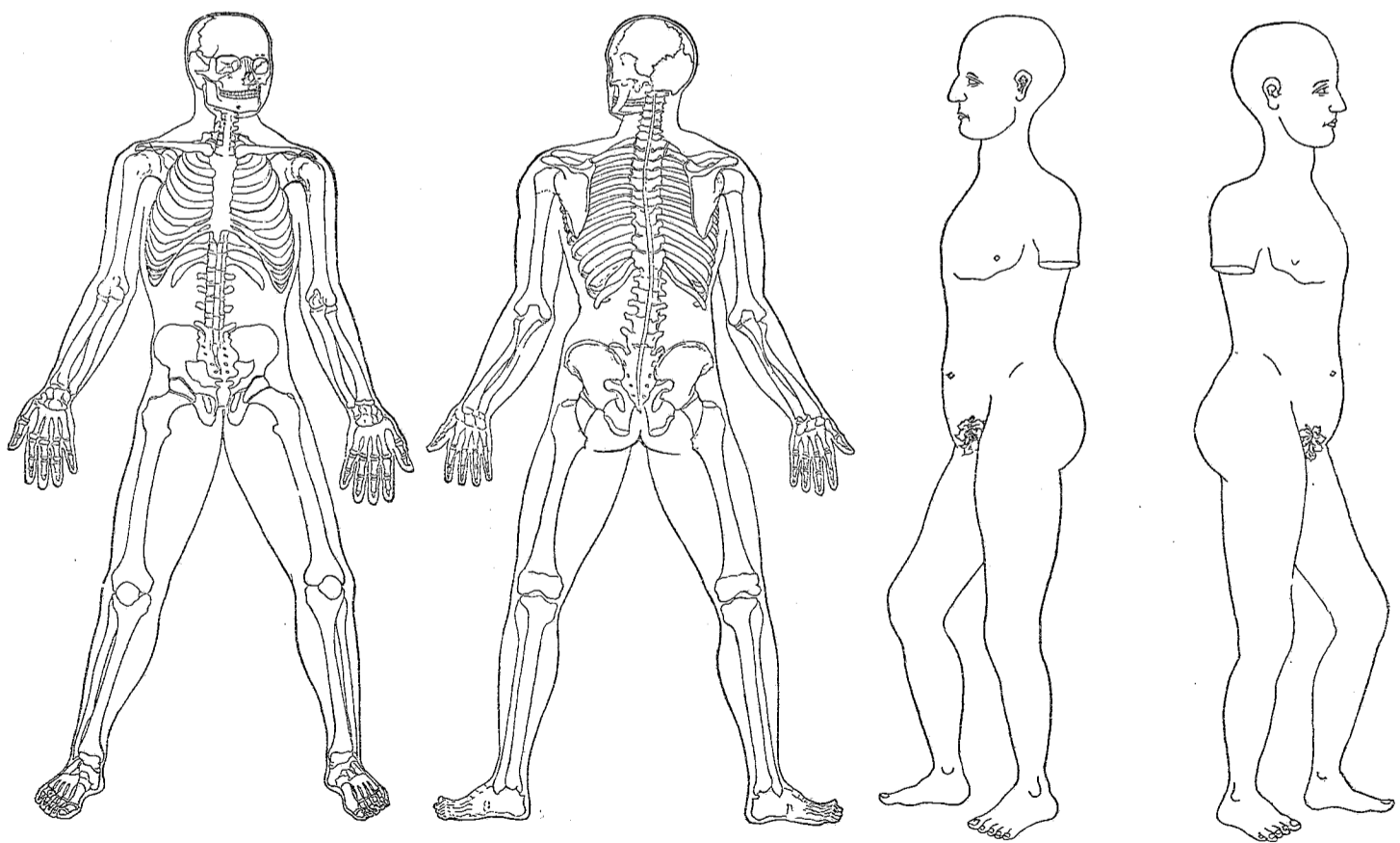
May 19th 1897

W. H. Brown, Pres.,
W. H. Brown, Sec'y,
W. H. Brown, Treas.,
BOARD.

Post office, Sayton
County, Amherst
State, Ohio

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

Emad



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

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

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 127,509

Name of claimant. John McPiles Address of Board. Dayton Ohio P. O. State.

Company E. Reg't 71st O.V.S. Date of examination. Aug 5th 1903

Claimant's post-office address. 1721 Monument Ave. Dayton, O. Names of disabilities. Disease of lungs, and injury to left leg

He receives a pension of 14 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.
He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: I was injured in the service in 1863, I am still disabled.

Birthplace, Ohio; age, 63 years; height, 5ft 4 in, weight, 109 pounds; complexion, light; color of eyes, brown; color of hair, brown; occupation, Painter; permanent marks and scars other than those described below, none.

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

Pulse rate, 88, 90, 124; respirations, 28, 28, 32; temperature, 98.5;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Chest
at rest 31 in full insp 32 in full exp 30 in
Lungs

No deformity of the chest and no dullness. The vocal fremitus and vesicular murmur are normal, there are mucus rales in the bronchi of both lungs, coughs and expectorates a yellowish colored mucus, there is marked emaciation and debility resulting. rate 17/18.

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

Heart
apex 5 space, area of dullness normal, the rhythm is regular, action slightly increased in force, intensity of both sounds slightly augmented, there are no murmurs, no dilatation or hypertrophy, there is dyspnea due to bronchitis and resulting debility, no edema or cyanosis, all diseases of the heart or its membranes excluded. No rate.

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.

Left Leg
there has been a fracture of the fibula 3 inches above the ankle, and a severe sprain of the ankle joint, there is no deformity, but motion in the ankle is limited 1/4, No atrophy. rate 6/18.

Eyes
No disease of the eyes found to exist, vision each eye 20/30, defect due to age and is corrected by proper glasses. No Rate.

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

Urine
dark straw sp gr 1.018. Acid no albumen no sugar.

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

Marginal entries must never be made.

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

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

"I hereby certify that Dr. E. R. Baker, Dr. Frank Fife, and Dr. H. E. Gardiner were personally present and actually participated in the examination of John M. Piles, the claimant in this case, on 3 day of Aug., 1903."

(Signature.) Frank Fife

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

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

Witnesses to mark. { _____

(Signature of Applicant.) _____

SURGEON'S CERTIFICATE

IN CASE OF

Co., _____ Reg't _____

APPLICANT FOR _____
No. _____

DATE OF EXAMINATION:

_____ 190

Pres., } BOARD.

Sec'y, }

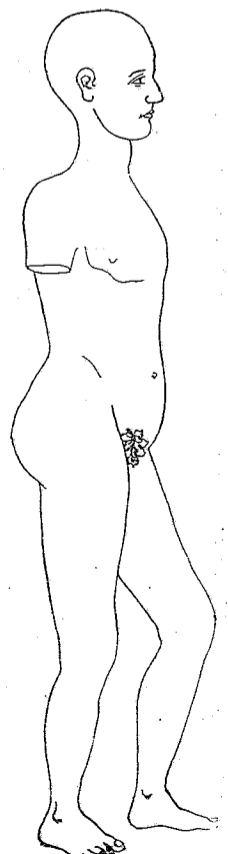
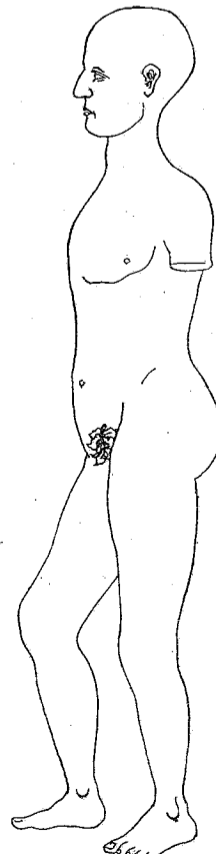
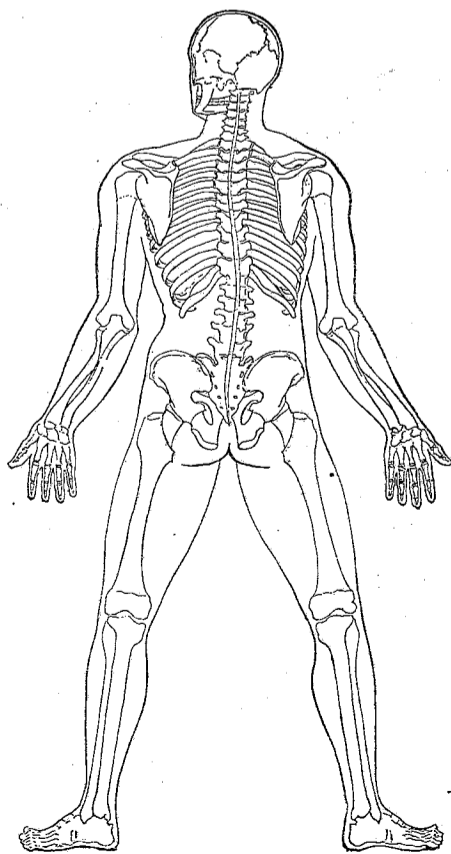
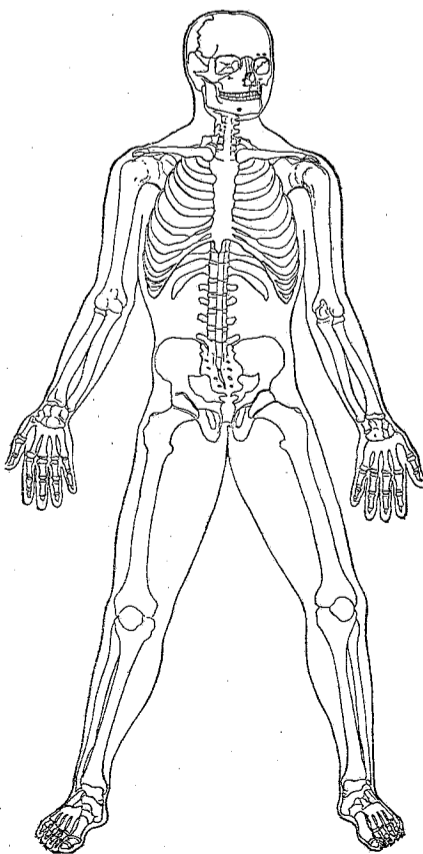
Treas., }

Post office, _____

County, _____

State, _____

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. G-52a



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

SURGEON'S CERTIFICATE.

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

Name of claimant.	Pension Claim No. _____	Address of Board. { _____ _____
	_____, Company _____, Reg't _____	
		[Date of examination, not of amendment.]

EXAMINATION—Continued.

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

John W Pils *No 2*

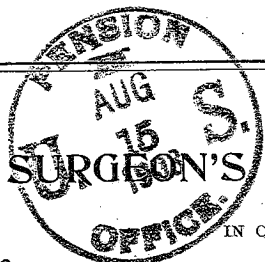
Except as above no other disability founds to exist.

No vicious habits founds to exist

Marginal entries must never be made.

E. P. Baker, Pres. *Frank J. [Signature]*, Sec'y. *W. B. Gardner*, Treas.

✓



CERTIFICATE

IN CASE OF

John M. Piles

Co. E., 71 Reg't Ohio Inf.

Applicant for Increase

No. 12750-9

DATE OF EXAMINATION:

Aug. 5, 1903

E. P. Baker, Pres.,
Frank L. ... Sec'y,
W. H. Gardner, Treas.,
BOARD.

Post-office, Dayton

County, Montgomery

State, Ohio

Fill all blank spaces above.

WESTERN S

7155b50m-2-03

AUG 27 1903

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increased Pension Claim No. *427519*

Name of claimant.

John W. Piles Address of Board { *Kat. Mil. Home P.O.* *Ohio* State.

Claimant's post-office address.

4700 St. Dayton, Ohio. [Date of examination.] *August 22", 1906.*

Names of disabilities.

Injury of left leg and ankle and disease of eyes and lungs.

He receives a pension of *fourteen* dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *received the injury to ankle when near Ken Market, Tenn, March 1863. Had trouble with the eyes while yet in the service.*

Birthplace *Lewisburg, Putt Co. Ohio* age, *66* years; height, *5 ft. 4 1/2* weight, *110* pounds; complexion, *dark*; color of eyes, *dark*; color of hair, *brown*; occupation, *Painter*; permanent marks and scars other than those described below, *none*

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

Pulse rate, *68, 70, 98*; respiration, *20, 24, 40*; temperature, *98 2/3*;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Injury of left leg & ankle There is slight surface roughening but the left fibula at ankle, but there is no special deformity. The left ankle measures the same in circumference that the right measures. There is no special limitation of motion in the ankle nor does the claimant limp readily materially when walking.

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

Claimant alleges weakness and a resulting lack of confidence in the ankle joint, and soreness and even pain in the ankle and leg at intervals. He rates the disability from injury to left leg & ankle at *17/8*.

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.

Disease of eyes The cornea & media are clear but vision is only *20/80* and this is reduced to *20/40* by lenses. Claimant is astigmatic. No rating for disease of eyes.

Disease of lungs The respiration is regular but rapid and very easily accelerated, and on slight exercise it becomes very rapid and labored. There is some dulness on percussion over the upper lobe of left lung. The rates.

Some cough & slight expectoration. There is flattened diaphragm on very slight exertion. The diaphragm is out of proportion to the lung lesion and seems to be due in part to the conditions of the heart.

Rate the disability from disease of lungs at *17/8*. The apex impulse of heart is one inch outside the nipple line and in the 5th space. No murmur, edema nor cyanosis and dyspnea only on exercise, when, however, it becomes severe.

The urine is acid. Sp. gr. *1.014*. No sugar nor albumen. Chest circumference is *29 1/2 + 32* ins. Claimant is emaciated and very greatly enfeebled. Flesh is soft and flabby and skin pallid.

No other disability found and no evidence of vicious habits.

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

J. S. Beck Pres. *H. Shuler* Sec'y. *J. M. Hanson* Pres.

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

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

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

"I hereby certify that Dr. J. S. Beck, Dr. J. M. Mann, and Dr. J. H. Fuller were personally present and actually participated in the examination of John M. Piles, the claimant in this case, on 25 day of August, 1906."

(Signature.)

J. H. Fuller

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

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1906."

Witnesses to mark.

(Signature of Applicant.)

SURGEON'S CERTIFICATE

IN CASE OF

John M. Piles
Co. E. 71st Reg't
Ohio Inf'y

APPLICANT FOR Increase

No. 127509

DATE OF EXAMINATION:

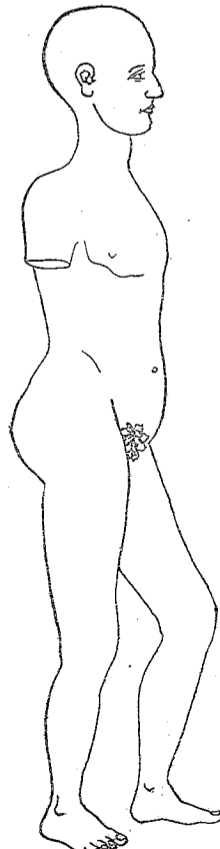
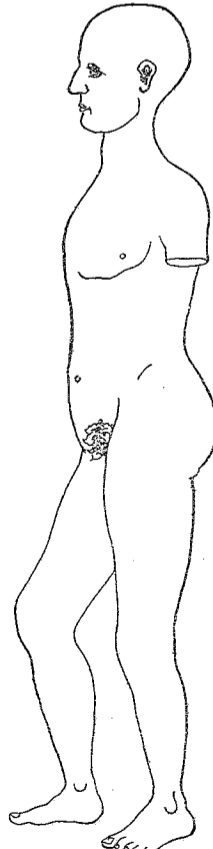
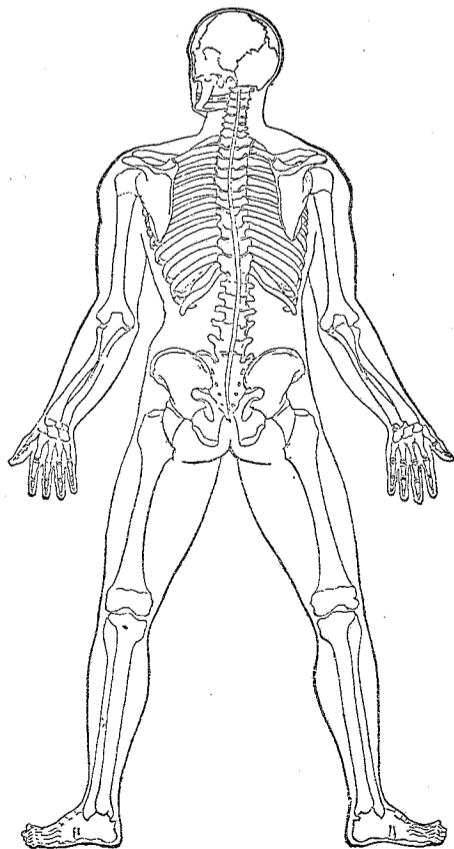
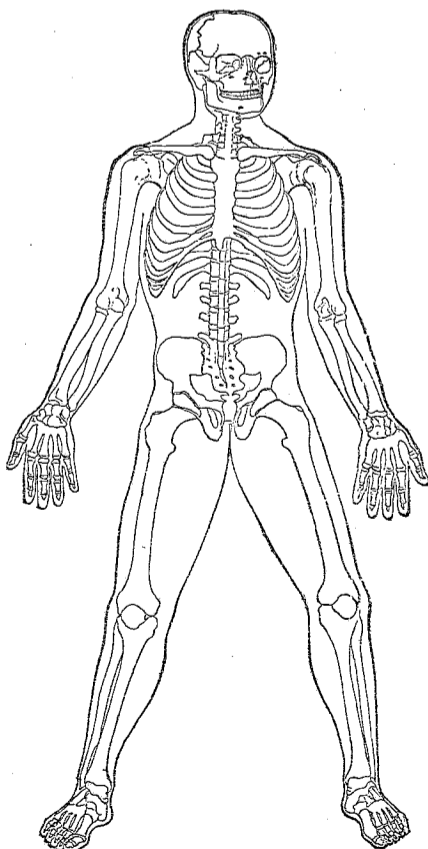
August 22, 1906

J. H. Fuller, Pres.,
J. M. Mann, Sec'y,
J. S. Beck, Med. Ex.,
BOARD.

Post office, Nat. Milt. Home
County, Montgomery
State, Ohio

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

SEP 7 1906
WEST DIV.



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

SURGEON'S CERTIFICATE

OF

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

State: *of Ohio* County: *of Darke*
Post Office: *Greenville Sep 4*, 1875.

Pensioner's service.

I hereby certify, That I have carefully examined *John Mc Piles*, who was a *private Comp E 71st Regt O. V. I.* in the war of the *Rebellion* and was

Be particular to give Certificate No.

Agency where to be paid.

granted an *Invalid Pension* under Certificate No. *127509*, to be paid now at the Agency in *Cincinnati Ohio*, by reason of alleged disability resulting from *Dislocation of left Ankle & fracture of Fibula* which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree.

In *my* opinion the said Pensioner's disability, from the cause aforesaid, continues at *Four Dollars per month*.

Particular description.

A more particular description of the Pensioner's condition is subjoined:
Height, *5 ft 4 in*; weight, *125*; complexion, *dark*; age, *35*; respiration, *22*; pulse, *82*.

The Ankle of the left leg is weak, and painful on fatigue, and liable to be thrown out by a misstep.

Curtis Otwell M.D.

Examining Surgeon.

4

DUPLICATE.

4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

John Mc Piles

Co. *E.*, *71st* Reg't, *O. V. I.*

No. *127509*

DATE OF EXAMINATION,

Sep 4th 1875

Curtis Otwell M.D.

Examining Surgeon.

Surgeon's Certificate

OR

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

State: Ohio County: Darke

Post Office: Greenville Sep 21, 1877.

Pensioner's service.

I hereby certify That I have carefully examined John Mc Piles, who was a Private Co E 71st Reg. O. V. I. in the war of the Rebellion and was granted an Invalid Pension under Certificate No. 127509, to be paid now at the Agency in Columbus Ohio, by reason of alleged disability resulting from Injury of left Ankle which he states to have been received in the line of duty while he was in the military service of the United States.

Be particular to give Certificate No.

Agency where to be paid.

State whether disability continues; and, if so, its present degree.

In my opinion the said Pensioner's disability, from the cause aforesaid, continues at Four dollars per mo

A more particular description of the Pensioner's condition is subjoined:

Particular description.

Height, 5ft 5 1/2 in; weight, 120; complexion, Dark; age, _____; respiration, _____; pulse, _____.

His left Ankle was dislocated and lower part of fibula fractured. The ankle joint is also Ankylosed.

Leotis Otwell

Examining Surgeon.

4

DUPLICATE.

4

SURGEON'S CERTIFICATE

OF

Periodical Examination

IN CASE OF

John M Piles

Co. *E*, *71*" Reg't, *O B Y*

No. *127309*

DATE OF EXAMINATION:

Sept 4th 1877



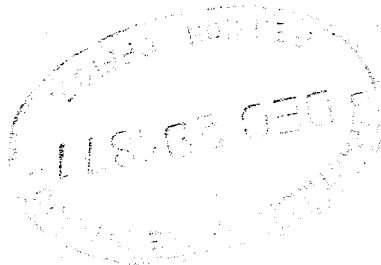
Curtis Otwell

Examining Surgeon.

Post Office, *Greenville*

County, *Darke*

State, *Ohio*



Surgeon's Certificate

OF

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

State: Ohio County: Darke

Post Office: Greenville Sep 4 1877.

Pensioner's service.

I hereby certify That I have carefully examined John M Piles, who was a private Co E 71st Reg O V I in the war of the Rebellion and was granted an Invalid Pension under Certificate No. 127509, to be paid now at the Agency in Columbus O, by reason of alleged disability resulting from injury of the left ankle which he states to have been received in the line of duty while he was in the military service of the United States.

Be particular to give Certificate No.

Agency where to be paid.

State whether disability continues; and, if so, its present degree.

In my opinion the said Pensioner's disability, from the cause aforesaid, continues at Four dollars per mo.

Particular description.

A more particular description of the Pensioner's condition is subjoined:
Height, 5ft 5 1/2; weight, 120; complexion, dark; age, 37; respiration, 20; pulse, 72.
His left Ankle joint is ankylosed a portion of the lower end of the fibula was lost but has been partially replaced.

Curtis Otwell

Examining Surgeon.

4

DUPLICATE.

4

SURGEON'S CERTIFICATE

OF

Periodical Examination

IN CASE OF

John M. Piles

Co. *E*, *71*st Reg't, *O. A. I.*

No. *127509*

DATE OF EXAMINATION:

Sep 4 1877

Curtis Otwell

Examining Surgeon.

Post Office,

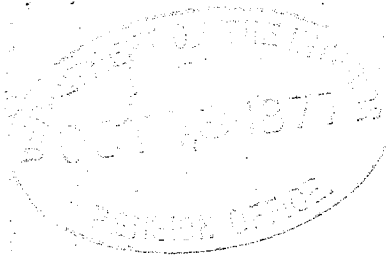
Greenville

County,

Darke

State,

Ohio



Examining Surgeon's Certificate

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 180470

State: of Ohio County: of Darke
Greenbills Post Office: 1st Wednesday May 7th, 1873.

Applicant's service.

I hereby Certify, That I have carefully examined John M Piles, late a private of Co. G, 71 Regt, of Ohio Volunteer Infantry in the service of the United States, who is an APPLICANT for an invalid pension, by reason of alleged disability resulting from wound of left ankle

Degree of disability.

In my opinion the said Applicant is three fourths incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before me, it is my belief that the said disability did originate in the service aforesaid in the line of duty.

Probable duration.

The disability is Permanent

A more particular description of the applicant's condition is subjoined:

Particular description.

Height, 5ft 5; weight, 135; complexion, dark
Age, 33; pulse, 84; respiration, 23

On the 17th day March 1865 whilst moving on the Cars from Huntsville Alabama to New Market East Tenn the train was thrown from the track & being on the Deck of the Car was thrown off, in the fall his left ankle was dislocated & the fibula was broken & the end was thrust through the skin. It has been twice thrown out since by a rustle he says. It becomes painful & tired by walking he says he had to give up farming on that account

Curtis Clark MD
Examining Surgeon.

(215)

1 SURGEON'S CERTIFICATE 1

IN CASE OF

John M. Piles

Co. *E*, *71* Reg't, *O V I*

APPLICATION FOR PENSION.

No. *180470*

DATE OF EXAMINATION,

May 7th Monday 1873

Curtis, Lowell
Examining Surgeon.

This

(3-145 a.)

Additional Pension under ACT OF JUNE 27, 1890.

Off. No. 127509

INVALID PENSION.

See page 2

Claimant, John M. Piles

P. O., ~~John M. Piles~~

County, Montgomery

State, Ohio

Rate, \$

Rank, Pvt.

Company, E

Regiment, 7th Ohio Inf.

per month, commencing Oct 23, 1890

Disabled by

RECOGNIZED ATTORNEY.

Name, J. H. Fitzgerald

Fee, \$ 10

Agent to pay.

P. O., Matt Hill Home

Articles filed,

189

APPROVALS.

Submitted for Adm. July 27, 1893

Approved for Admission

Approved for Injury to left leg and ankle, rheumatism, and disease of lungs

Examiner, J. B. Slack

Apr 20, 1894
July 25, 1893

Legal Reviewer, E. M. Smith

Medical Referee, [Signature]

now pensioned under other laws. Last paid to

Pensioned from June 2, 1874, at \$ 4

for Injury to left leg and ankle

SERVICE SHOWN BY RECORD.

Enlisted Oct 30, 1861

honorably discharged Apr 30, 1865

Re-enlisted

honorably discharged

Declaration filed Oct 23, 1890

alleges permanent disability, not due to vicious habits,

from injury of left leg and ankle, weak eyes, left arm disabled from vaccination, weak lungs, heart disability, weak in leg, general rheumatism.

Injury of left arm from vaccination alleged June 16, 1890 in application under general laws.

Mem. Sec. H. H. H. H.

(3-145 a.)

Act of June 27, 1890.



INVALID PENSION.

Claimant, John W. Piles Cef 127509
 P.O., Dayton 22 Cyren St Rank, Pvt
 County, Montgomery Company, C
 State, Ohio Regiment, 71 Ohio vol. Inf
 Rate, \$ _____, per month, commencing _____

REJECTED.

Disabled by _____

RECOGNIZED ATTORNEY.

Name, J. W. Fitzguald Fee, \$ 10 Agent to pay.
 P.O., Nat. Mil Home Ohio Articles filed, _____, 189 .

APPROVALS.

Submitted for ad. dec., 5, 1893, Volmes, Examiner.

Approved for rejection, no ratable disability shown under act of June 27/90 from injury of left leg & ankle, weak eyes, injury of left arm from vaccination, weak lungs & heart, & genl rheumatism. ad from approval of Med Referee

Approved for rejection, no ratable disability shown under act June 27, 1890.

W. Kellogg Legal Reviewer.
Feb 16, 1894.

J.M.
Klemm Thos. Foster Staubach
 Medical Referee.
July 2, 1894

AA

ACT OF JUNE 27, 1890.

AA

Declaration for Disability Pension.

To be executed before a Court of Record or some officer thereof having custody of its seal.

State of Ohio County of Montgomery ss:

On this 21 day of Oct, A. D. one thousand eight hundred and ninety-

personally appeared before me, Dept Clerk of the Court of Record within and for the County and State aforesaid,

John M. Piles, aged 50 years, a resident of the Dayton City of Montgomery, State of Ohio

who, being duly sworn according to law, declares that he is the identical

John M. Piles, who was enrolled on the 31 day of Oct 1861, in the United States Service

(Here state rank, company and regiment in Military service, or vessel if in the Navy.)

C. E. 71 Co. 1st Regt. 1st Div. 1st Corps U.S. Army

in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Columbus Ohio, on the 1 day of Jan 1866. That he

is wholly unable to earn a support by reason of General Disability

(Here name the disease or injuries from which disabled.)

Injury Left Leg & other Weak Eyes Left Arm disabled from Catarrh Weak Lungs Original Heart Disability Weak in Life general

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

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

127 509

(If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of the act of June 27, 1890.

He hereby appoints with full power of substitution and revocation,

J. W. Fitzgerald

National Soldiers Home O

his true and lawful attorney to prosecute his claim. That his POST-OFFICE ADDRESS is National

Soldiers Home, County of Montgomery, State of Ohio

John M. Piles (Claimant's Signature)

Attest:

Horace A. Whitney, W. R. Stanfield

Also personally appeared Walter A. Stanfield, residing at National Military Home and Harace A. Whitney, residing at Dayton O., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw 31 years 26 years, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 20 years and 31 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Harace A. Whitney
Walter A. Stanfield
(Signatures of Witnesses.)

Sworn to and subscribed before me this 1 day of Oct, A. D. 1890, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Charles G. Foxfield
(Signature.)
Supr. Clerk
(Official character.)

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than on pension for the same period.

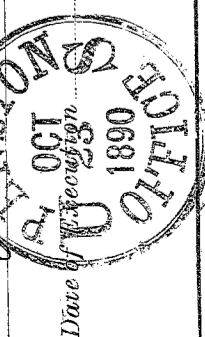
171.6-90

Sur. Gen. 127579
AA [3-010a] AA
ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME. John M. Piles
SERVICE. Sept 31 Oct 1860
Discharge 10 Jan 1860

ADDRESS. John M. Piles
Dayton Ohio



FILED BY C. W. Fitzgerald
National Military Home
Dayton O. Ba 12

(WRITE NOTHING ABOVE THIS LINE.)

Mid Division.
L. J. Mc Examiner.
John M. Pills Claimant.
Pat Soldier, etc.
Co. *E*, *71* Reg't Organization.
Ohio Inf Ship.
et al No. *127509* No. of Claim.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *Nov 29*, 189*3*

IN THIS CLAIM, *E. C. Hoover M. D.*, whose
post-office address is No. *#20 Cyrus St* Street, *Dayton*
Ohio, who is by occupation a *Dr.*, DID, on *Aug 23*
1893, EXECUTE at *Dayton*
and in the presence of witness _____, whose post-office
address is No. _____ Street, _____
_____, and who is by occupation a _____, and witness _____
_____, whose post-office address is No. _____

_____, Street, _____ and who is by
occupation a _____ BEFORE *A. W. Decker*
a *Deputy Clerk* in and for the City and State aforesaid,
whose post-office address is No. _____ Street, AN AFFIDAVIT

SETTING FORTH that *he* has given claimant medical treatment for
a number of years, has recently given him a thorough examination
and finds him suffering from chronic bronchitis, and consolidation
of lung tissue with free discharge from the lungs - hectic
flush, night sweats and sinking in of the chest walls,
extreme prostration and total disability to perform
manual labor, has lived near him, observed his habits
and considers him of good moral habits,

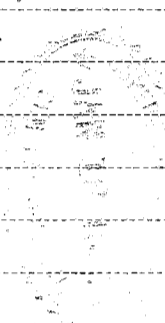
The reputation of this witness for veracity and credibility is desired. The Special Examiner will make his report accordingly. He will take the witness' deposition only in the event that he shall have reason to believe that the facts within the witness' knowledge differ from those set forth in the affidavit; but, when taken, such deposition must show what the witness knows of his own personal knowledge, and his means of knowledge; and any improper practice in connection with the preparation of the affidavit and the part borne by whoever may be in fault.

Wm Lockman
Commissioner.

I, *McAvery Owen*, Special Examiner for the *Central*
District, *Dayton, Ohio*, do certify that the reputation
of *E. C. Hoover* for veracity and credibility is *and pro-*
essionally is good but that his knowledge of the facts differing from those
set forth in his affidavit, I have taken the following deposition from him:

On this _____ day of _____, 189_____, at _____
County of _____, State of _____, before me,
McAvery Owen, a Special Examiner of the Pension Office, personally

appeared _____, who, being by me first duly sworn to
answer truly all interrogatories propounded to h _____, deposes and says _____



Witness: _____

Witness: _____

Deponent.

Sworn to and subscribed before me this _____ day of _____, 189____, and I certify
that the contents were fully made known to deponent before signing.

Special Examiner.

1446 10.37. 10.8 - Bureau
No. 127509
John W. Piles
Co. E, 71 Reg't Ohio Inf'y

Respectfully referred to Chief of
Special Examination Division for ascer-
tainment of credibility of E K
Norman W. D
E. F. Yellie, Jr.
Chief Muck Div.

Date: Nov 29 - 93
Respectfully referred to Mr. M. C. F.
Quinn, Special Examiner

at _____ for
ascertainment of credibility of E. K.
Norman W. D.

Date: Dec 10, 1893
Respectfully returned to Chief of S. E.
Division, with report as to credibility of

Special Examiner.

Date: _____
P. O. Address: _____

Respectfully referred to Chief of
Division.
JAS. R. FRITTS.
Chief S. E. Div.

Date: Jan 18, 1894

3-732



Cert. No. **871061**

Act of April 10, 1909 amended by

mjd

Act of September 8, 1918

Sarah E

Widow of

John M. Piles

Rank *Priv*

Company *E*

Regiment *71 Ohio Inf*

Rate per Month \$ *25.*

Commencing *Apr 8. 1919*

Ending

Agency
or
Group No.

Group 3

Issued

June 11. 1919



NOV 5 1926

Increased to \$50 per mo. from
Aug. 4, 1926-Act July 3, 1926.

P

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.

ACT JUNE 27, 1890.

State of Ohio, County of Montgomery, ss:

In the Pension Claim No. 137509

of John M. Piles late of

R. Co. & 7th Ohio Inf. Pension Act June 27 1890
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a _____ in and for the aforesaid

County and State _____ a citizen of _____

whose Post Office address is _____

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

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 10 years,

and that I have recently made a thorough

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted

Examination of his case and find
unless the magistrate certifies in his jurat that they were made before executing the paper.

that he is far advanced with chronic pulmonary phthisis with consolidation continued fever, hectic flush, dyspnoea, night sweats, cavernous breathing, constant expectoration of the characteristic sputum, emaciation and sinking in the chest walls, extreme prostration and total disability to perform manual labor.

I have lived close to him and had opportunities to observe his habits and consider him of good moral habits and no vicious habits that would cause the disability, complains of or any other complaints.

I have frequently given him medical treatment for the lung trouble described and other minor complaints.

Physician aff for consumption
no vicious habits 93 + prior

NOTES.

The Physician's Affidavit must show the following facts:

- 1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.
- 2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.
- 3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment, what his physical condition was at the time with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.

- 4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

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

E. C. Hoover M.D.
Affiant's Signature. Give rank and service, if in the army.

Sworn to and subscribed before me this 23 day of Aug A. D. 1893

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

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

A. W. Decker
Deputy Clerk
(Official Signature.)

[L. S.]

(Official Character.)

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

Witness my hand and seal of office, this _____ day of _____, 18_____

[L. S.]

Clerk of the _____

NOTE:—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

Med 87-1-93

MEDICAL EVIDENCE.

AFFIDAVIT OF
Dr. E. C. Hoover

CLAIM OF
Ch. Weyman Ohio

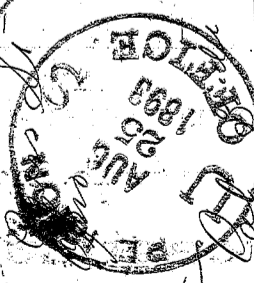
John M. P. L...

Ch. Weyman Ohio

Notary for

Penman & Johnson 27/1890

W.B. Adams
Dayton Ohio



Filed by
J. W. FITZGERALD,
National Military Home, Ohio.
BOX 81.

NON DEFEV

(WRITE NOTHING ABOVE THIS LINE.)

Mid Division.
L. J. V. Examiner.
John M. Ellis Claimant.
" " Soldier, et al.
Co. E, 71 Reg't Ohio Organization.
Lieut Ship.
No. 127509 No. of Claim.

Department of the Interior, BUREAU OF PENSIONS,

Washington, D. C., Dec 1st, 1893

IN THIS CLAIM, Samuel Snyder, whose
post-office address is No. 1837, W. 3 St Street, Dayton
Ohio, who is by occupation a _____, DID, on Feb 27
1893, EXECUTE at Dayton Ohio

and in the presence of witness _____, whose post-office
address is No. _____ Street,
_____, and who is by occupation a _____, and witness
_____, whose post-office address is No. _____
Street,

and who is by
occupation a _____ BEFORE Ulysses S. Parick
a Notary Public in and for the City and State aforesaid,
whose post-office address is No. _____ Street, AN AFFIDAVIT

SETTING FORTH that he has known claimant since he was a boy
nine years old, as he took him to raise, lived with him until he
enlisted. Before service he was stout and hardy, could do more than
the average of hard labor, when he returned from the service, was
completely broken down and totally disabled for manual labor for
a period of two years at the end of which time he became a little stronger.
He has been a constant sufferer from consumption and disease of
eyes from his discharge from the service to the present time, and has
been during this entire period, more or less incapacitated for manual
labor by reason of said disabilities and has been sick many times.

The reputation of this witness for veracity and credibility is desired. The Special Examiner will make his
report accordingly. He will take the witness' deposition only in the event that he shall have reason to believe
that the facts within the witness' knowledge differ from those set forth in the affidavit; but, when taken, such
deposition must show what the witness knows of his own personal knowledge, and his means of knowledge; and
any improper practice in connection with the preparation of the affidavit and the part borne by whoever may be
in fault.

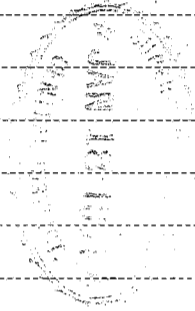
J. S. Lockman
Commissioner.

I, W. A. Brown, Special Examiner for the Central
District, at Dayton Ohio, do certify that the reputation
of Samuel Snyder for veracity and credibility is good.

~~but that his knowledge of the facts differing from those
set forth in his affidavit, I have taken the following deposition from him:~~

On this _____ day of _____, 189____, at _____
County of _____ State of _____ before me,
W. A. Brown, a Special Examiner of the Pension Office, personally

appeared _____, who, being by me first duly sworn to
answer truly all interrogatories propounded to him _____, deposes and says _____



Witness: _____

Deponent.

Witness: _____

Sworn to and subscribed before me this _____ day of _____, 189____, and I certify
that the contents were fully made known to deponent before signing.

Special Examiner.

1887 CO 31 S-1
Directory. U.S. War Dept
Box No. 127 S-29
John and Peels

Respectfully referred to Chief of
Special Examination Division for ascer-

tainment of credibility of
Samuel Snyder
J. S. Chandler
Chief of Div.

Date: Dec 19 93
Respectfully referred to Mr. *McDonagh*
Special Examiner
at *Rocky, Ohio* for
ascertainment of credibility of *Adams*

Date: Dec 7 1933.
John R. Smith
Chief S. E. Div.

Respectfully returned to Chief of S. E.
Division, with report as to credibility of

Special Examiner.

Date: _____
P. O. Address: _____

Respectfully referred to Chief of
Division.
Wadell
JAS. R. FRITHS,
Chief S. E. Div.

Date: *Jan. 18, 1934*
AS

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Ohio, County of Dark, ss:

of John M Pills In the Pension Claim No. 127 509 late of

(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid County and State B. H. Kistner a citizen of Arcanum

whose Post Office address is Arcanum

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

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 16 years; and that

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted)

unless the magistrate certifies in his jurat that they were made before executing the paper.

Arcanum O
This is to Certify that I have been John M Pills family physician for about 16 years. I first treated him in the year 1875 for neuralgia of supraorbital nerve. His eyes were very weak and he suffered considerable at times. I can not give dates as I prescribed for his family at various times and I did not designate the prescriptions. Mr Pills says that he is and has been disabled from performing manual labor to the extent of one half from reason of said disease. I will further state that I treated him for pneumonia and that he has been troubled or afflicted with cough for years and in time may lead in tuberculosis. He is a man of good moral character and steady habits.

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

Prescribed for sore eyes & etc. Aug - 75 to 91
No medicinal habits

He further declares that he has been a practitioner of medicine for over 16 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Wegh B. F. Kiester M.D.
(Affiant's Signature. Give rank and service, if in the army)

Sworn to and subscribed before me this 25 day of April A. D. 1891

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

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

J. H. Smith
(Official Signature.)
Notary Public
(Official Character.) W.C.P.

[L. S.]

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

Witness my hand and seal of office, this day of, 18

[L. S.]

Clerk of the

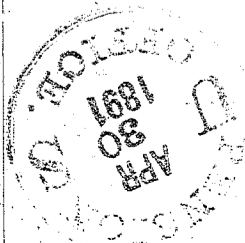
NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

MEDICAL EVIDENCE.

B. F. Kiester
M.D.

John M. Wilson
Atty. - 7/1 Ohio

No. 127,569
for
Quercus



Filed by
M. M. Stearns
Deputy

5996

(3-061.)

CALL No. 10.

4
944511
Division.

Department of the Interior,

BUREAU OF PENSIONS,

Nov 1st, 1893.

Respectfully requested of the Officer in charge of the Record and Pension Office, War Department, a report from the records of his Office as to the presence or absence, on or about June, 1862,

of Caleb Worley and Eli Wallace

of Co 71 Ohio vol Inf and the station, at that date, of the Regt

Claim No. 127509

John M Pells

Co 71 Ohio vol Inf

Wm Lockman

Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, 4 1893, 189

Respectfully returned to the

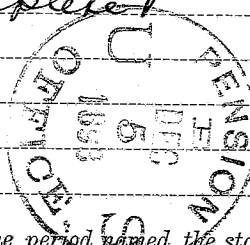
Commissioner of Pensions.

The rolls show that

Caleb Worley
Eli Wallace

mentioned in the preceding endorsement were present during the period named in that endorsement except as follows:

Return for May is complete



During the period named the station of the company and regiment was as follows: June 30/62

Clarksville Tenn

BY AUTHORITY OF THE SECRETARY OF WAR:

J. Cairnsworth

Colonel, U. S. Army, Chief of Office.

Per

(290)

(WRITE NOTHING ABOVE THIS LINE.)

Med Division.
L & No Examiner.
John M. Pell Claimant.
Soldier, etc.
Co. *8*, *71* Reg't Organization.
Ohio Inf Corp. No. *127509* No. of Claim.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *Dec 1st*, 189*3*

IN THIS CLAIM, *Caleb Worley*, whose
post-office address is No. *16*, *Brook* Street, *Dayton*
Ohio, who is by occupation a _____, DID, on *Feb 23rd*
_____, 189*3*, EXECUTE at *Dayton*
and in the presence of witness _____, whose post-office
address is No. _____, _____ Street,
_____, and who is by occupation a _____, and witness
_____, whose post-office address is No. _____

Street, _____ and who is by
occupation a _____ BEFORE *Ulysses S. Parick*
a *Notary Public* in and for the City and State aforesaid,
whose post-office address is No. _____ Street, AN AFFIDAVIT

SETTING FORTH that *he was in the same company & regiment with claimant, that about the time of the battle of Shiloh he took sick and coughed a great deal, was emaciated & broken in health until he went in the hospital where he saw him every day and thought he had consumption and was going to die. He was sent home and did not see him until he came back to the regiment in December / 62 or there about. On his return to the regiment he wore glasses, and his eyes were inflamed & watery, he has seen him frequently ever since and has never seen his eyes in any other condition than above named.*

The reputation of this witness for veracity and credibility is desired. The Special Examiner will make his report accordingly. He will take the witness' deposition only in the event that he shall have reason to believe that the facts within the witness' knowledge differ from those set forth in the affidavit; but, when taken, such deposition must show what the witness knows of his own personal knowledge, and his means of knowledge; and any improper practice in connection with the preparation of the affidavit and the part borne by whoever may be in fault.

J. P. Lockman
Commissioner

I, *McHenry Owen*, Special Examiner for the *Central*
District, *of Dayton Ohio*, do certify that the reputation
of *Caleb Worley* for veracity and credibility is *apparently*
good but that his knowledge of the facts differing from those
set forth in his affidavit, I have taken the following deposition from him:

On this *23rd* day of *December*, 189*3*, at *Dayton*,
County of *Montgomery*, State of *Ohio*, before me,
McHenry Owen, a Special Examiner of the Pension Office, personally

appeared Caleb Worley, who, being by me first duly sworn to

answer truly all interrogatories propounded to him, deposes and says his age is 52, occupation, Janitor U.S. Building, P.O. address, 16 S Brown St Dayton, Ohio, I served in Co "E" 71st Ohio Vol Inf, from Nov 15, 1861, till discharge, which bears date of Nov 30, 1864. And at the time we were vaccinated in service I was sergeant. I first knew John M Piles a private of our company, but who acted as drummer, after his enlistment at which time he appeared all right physically. I am satisfied he complains some with sick call at Camp Suttle Tenn in 1862, but I do not remember nature of complaints. Nearly all men then had chronic diarrhea at that time. We were vaccinated at Suttle Tenn in about April 1864, and John Piles had a swollen arm and could not beat his drum, from almost the entire time after that, he did some duty, but drummed very little after that. He became poor, hollow, was kept along, had to be hauled a part of the time, but I was not so very intimate with him and cannot just now tell the nature of his afflictions, but know he appeared like a sick man, as already stated. I was not ^{at} frequent ^{at} and did not see him at discharge. Yes, he coughed some in service, and he wore glasses - big goggle glasses, two years of the time he was in service. Could not see his eyes when had them on. No his eyes were all right at the first I saw him in service. I am positive that he coughed a good deal in service, but I cannot say whether it was due to cold, or was affecting his lungs, because I did not know him well enough to have an opinion on that. He had the diarrhea more than a year before he was discharged.

Witness: _____ Depoent.

Witness: _____ Sworn to and subscribed before me this 23rd day of December, 1893, and I certify that the contents were fully made known to deponent before signing.

Matthew Owen Special Examiner.

Caleb Worley. No. 165 Brown St. Dayton, Ohio

No. 127 509
John M Piles

Co. E, 71st Regt Ohio Inf

Respectfully referred to Chief of Special Examination Division for ascertainment of credibility of

Caleb Worley

Date: Dec 21 1893 Chief of Div. Div.

Respectfully referred to Mr. Matthew Owen Special Examiner at Dayton, Ohio for ascertainment of credibility of above

Date: Dec 7 1893 Chief S. E. Div.

Respectfully returned to Chief of S. E. Division, with report as to credibility of

Special Examiner.

Date: _____ P. O. Address: _____

Respectfully referred to Chief of Division.

JAS. R. FRITHS

Date: Jan 1 1894 Chief S. E. Div.

(WRITE NOTHING ABOVE)

Mid Division.
 2796 Examiner.
 John M. Pills Claimant.
 Pvt Soldier, etc.
 Co. E, 71 Reg't Ohio Organization.
 Deaf Ship.
 No. 127589 No. of Claim.

Department

BUREAU

I called at this man's house and he was away from home. I told his wife my business and she proceeded to tell me about the condition of John M. Pills in a way that satisfied me that it was not necessary to interview affiant who is of good reputation and I think concludes about the statements he signs.

IN THIS CLAIM, Eli Walla
 post-office address is No. 1706, W 3rd
 Ohio, who is by occupation a
 1893, EXECUTE at
 and in the presence of witness
 address is No.
 , and who is by occupation a
 , who
 Street,
 occupation a BEFC
 a Notary Public
 whose post-office address is No.

SETTING FORTH that he served in the service with claimant, has seen him frequently while in service. He suffered from consumption and continues to suffer from said disease. He has been three fourths disabled since his discharge, and has ever since past ten years with consumption totally incapacitated from said disabilities, for labor of any kind.

Respectfully,
 Wm. H. DeWitt
 Dayton, Ohio
 July 16, 1894

The reputation of this witness for veracity and credibility is desired. The Special Examiner will make his report accordingly. He will take the witness' deposition only in the event that he shall have reason to believe that the facts within the witness' knowledge differ from those set forth in the affidavit; but, when taken, such deposition must show what the witness knows of his own personal knowledge, and his means of knowledge; and any improper practice in connection with the preparation of the affidavit and the part borne by whoever may be in fault.

Wm. Lockman
 Commissioner.

I, Wm. H. DeWitt, Special Examiner for the Central District, at Dayton, Montgomery County, Ohio, do certify that the reputation of Eli Walla for veracity and credibility is good.

~~but that his knowledge of the facts differing from those set forth in his affidavit, I have taken the following deposition from him:~~

On this _____ day of _____, 189____, at _____ County of _____, State of _____, before me, Wm. H. DeWitt, a Special Examiner of the Pension Office, personally

(WRITE NOTHING ABOVE THIS LINE.)

Mid Division.
L 2 1/2 Examiner.
John M. Pills Claimant.
Priv Soldier, etc.
Co. *E*, *71* Reg't *Ohio* Organization.
Leaf Ship.
ctf No. *127589* No. of Claim.

Department of the Interior, BUREAU OF PENSIONS,

Washington, D. C., *Dec 1st*, 189*3*

IN THIS CLAIM, *Eli Wallace*, whose
post-office address is No. *1706*, *W 3rd* Street, *Dayton*
Ohio, who is by occupation a _____, DID, on *Feb 24*
_____, 189*3*, EXECUTE at *Dayton*
and in the presence of witness _____, whose post-office
address is No. _____ Street, _____
_____, and who is by occupation a _____, and witness
_____, whose post-office address is No. _____

Street, _____ and who is by
occupation a _____ BEFORE *Wlysses S Parick*
a *Notary Public* in and for the City and State aforesaid,
whose post-office address is No. _____ Street, AN AFFIDAVIT

SETTING FORTH that *he served in the same company and regiment with claimant, has seen him frequently since date of discharge, while in service he suffered from consumption and sore eyes and continues to suffer from said disabilities to the present time. He has been three fourths disabled from performing manual labor since his discharge, and has expected him to die for the past ten years with consumption, he is now almost totally incapacitated from said disabilities for labor of any kind.*

The reputation of this witness for veracity and credibility is desired. The Special Examiner will make his report accordingly. He will take the witness' deposition only in the event that he shall have reason to believe that the facts within the witness' knowledge differ from those set forth in the affidavit; but, when taken, such deposition must show what the witness knows of his own personal knowledge, and his means of knowledge; and any improper practice in connection with the preparation of the affidavit and the part borne by whoever may be in fault.

Wm Lockman
Commissioner.

I, *Wm Hump Devoe*, Special Examiner for the *Central*
District, at *Dayton, Montgomery County, Ohio*, do certify that the reputation
of *Eli Wallace* for veracity and credibility is *good*

~~but that his knowledge of the facts differing from those set forth in his affidavit, I have taken the following deposition from him:~~

On this _____ day of _____, 189____, at _____
County of _____, State of _____, before me,
Wm Hump Devoe, a Special Examiner of the Pension Office, personally

Adjutant General's Office,

Washington, D. C., *Jan. 21, 1874*

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 180-1170, 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 *A. M. Brandon* was enrolled on the _____ day of _____, 186, at _____ in Co. _____, _____ Regiment of _____ Volunteers, to serve _____ years or during the war, and mustered into service as a _____ on the _____ day of _____, 186, at *Captain*, in Co. *B*, *41st* Regiment of *Ohio* Volunteers, to serve _____ years, or during the war. On the Muster Roll of Co *B*, of that Regiment, for the months of *March & April*, 1865, he is reported present. Same report on Return for *March 65*, Station *Greenville, Tenn.* Station of Co, *Feb. 28 1865*, *Huntsville, Ala.*

I am, sir, very respectfully,

Your obedient servant,

Thomas M. Vincent

Assistant Adjutant General.

J. W. B.
The Commissioner of Pensions,
Washington, D. C.

by *Wm. J. Armstrong*
C. C. Vol. Ser. B.

Adjutant General's Office,

Washington, D. C., May 8, 1873.

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 180,470, 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 Henry R. Mc Cornell was enrolled on the day of _____, 186, at _____ in Co. _____ Regiment of _____ Volunteers, to serve _____ years or during the war, and mustered into service as a _____ on the _____ day of _____, 186, at Colonel _____, in Co. _____, 71st Regiment of Ohio Volunteers, to serve _____ years, or during the war. On the ^{Return} Muster Roll of Co _____, of that Regiment, for the months of Feb _____, 1865, he is reported Comdg 2nd Bnig 3rd Div 4th A. C. since Dec 26. 1864 Same Return reports C. N. Hoagland Surgeon 2nd Bnig 3rd Div 4th A. C. Station Huntsville, Ala. Records do not show March from Huntsville, Ala. to New Market. Tenn. Feb 14. 1865.

I am, sir, very respectfully,

Your obedient servant,

Thomas M. Sinead.

Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D. C.

Wm J. Armstrong
C. C. vol. Ser. B.

sg. all

L.R.J.

CALL No. 10.

(3-061.)

152109 Division.
Rev. Apr. 8-91. Finney
Department of the Interior,

BUREAU OF PENSIONS,

Apr 8, 1891.

Respectfully requested of the ADJUTANT
GENERAL U. S. A. a report from the records of his

Office as to the presence or absence, on or about

Apr 1862 - Summer, 1863,

of David Shiverdecker

and John Karna

of Co. E, 71st Ohio

and the station, at that date, of the Co.

Claim No. 127509

John M. Piles
Acting
Commissioner.

War Department,

Record and Pension Division,

Washington, APR 9 1891 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Michael Shiverdecker

John Karna,

mentioned in the preceding endorsement were present
during the period named in that endorsement except
as follows:

Dec. 31/62, Karna deserted Dec.

31/62, not home on rolls from that

time to Aug. 28/63, when he

returned to Co., Oct. 31/63, under

arrest, absent. Name David Shiver-

decker not found on rolls of Co. E, 71 Ohio

During the period named the station of the company

and regiment was as follows: April 3/63,

Clarksville, Tenn. April 30/63, Fort

Donelson, Tenn. June 3/63, same

Station. Aug. 31/63, Gallatin,

Tenn. Oct. 31/63, same Station.

BY AUTHORITY OF THE SECRETARY OF WAR:

P. C. Ainsworth

Captain and Asst Surgeon, U. S. Army.

Per *Dr. May*

3-050.
Civil War Div. MS N. Ex'r.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., March 23, 1911

Respectfully returned to the
Adjutant General, War
Department for the
personal description
of soldier.



Five enclosures.
No other report on file
Inv. Cert. No. 27509.
John M. Piles
Pri. Co. E, 71. Ohio Vol. Inf.

MAR 27 1911
DIVISION
Newport,

Commissioner.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON,

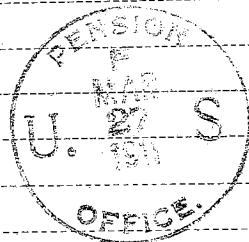
MAR 25 1911

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

John M. Piles
Co. E, 71 Reg't Ohio Inf
the records show personal description as follows:
Age 21, height 5 feet, 5 inches,
complexion fair,
eyes hazel, hair brown,
place of birth Montgomery Co. O.,
occupation farmer



W. A. Knowlton
Adjutant General

ADJUTANT GENERAL'S OFFICE

IS

2

1

3002983

STATE DEPARTMENT

W.S.S.

ONB

Department of the Interior,

PENSION OFFICE, INVALID DIVISION,

July 24th, 1873.

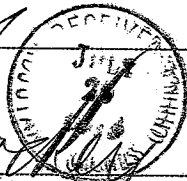
Respectfully referred to the Adjutant General, U. S. A., for information whether there are any records showing that R. R. Resident as alleged, occurred

claim No. 180,470 of John M. Piles.

4 inclosures.

Please return these papers with report.

J. S. [Signature]



Acting Commissioner.

7061. A. A. D. E. M. 73

July 14th 1873

John M. Ples

G. E. 71th St. N.Y.

Council of Pensions
decide new repl
showing whether or
not the RR acci-
dent alleged occurred

D. M. E. P.

2

101
113

War Department,
Adj. Gen's Office,
August 6, 1873.

Reply returned to the
Comm. of Pensions.

There are no records
in this office showing that
Rail Road accident as al-
leged occurred.

J. M. Martin
Asst. Adj. Genl.

C. B. P.
A. V. 70

(No. 6.)

Department of the Interior,

PENSION OFFICE,

April 30th, 1873.

Sir:

In the case of John M. Piles. No. 180,470, late
a Priv., Co. E, 71st Regiment of Ohio vols.,
it is respectfully requested that you furnish this Office whatever evidence
the records of your Office may afford as to the disease or injury for
which the applicant was treated while in Regimental Hos-
pital, for injury to left leg.

He alleges his treatment was subsequent to Feb. 14th,
1865, Disch'd Nov 30th, 1865.

Please return this circular with your report.

Respectfully, yours,

J. M. Baker

Commissioner.

Surgeon General U. S. A.,

Present.

Room No. 2 Dr. Dec. 2.

[Handwritten signature]

Surgeon General's Office,

Record and Pension Division

Washington, D. C. *June 9 1873*

Respectfully returned to *the Com-*
missioner of Pensions -

No information bearing upon this in-
quiry has been obtained from *the records*
of War & D.C. or from Field
Hq. Army of the Cumberland -
The records of the Regt. Hq. are
not on file. -

BY ORDER OF THE SURGEON GENERAL:

J. J. Woodward
Asst. Surgeon, U. S. A.
(106)

P

2

3494
331
1873

Adjutant General's Office,

Washington, D. C., June 23rd, 1873

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 18 65470, 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 John M. Piles was enrolled on the _____ day of _____, 186, at _____ in Co. _____, _____ Regiment of _____ Volunteers, to serve _____ years or during the war, and mustered into service as a _____ on the _____ day of _____, 186, at Port, in Co. E, 71st Regiment of Ohio Volunteers, to serve 3 years, or during the war. On the Muster Roll of Co. E, of that Regiment, for the months of Jan'y & Feb'y, 1865, he is reported present for duty. Co. Stationed at Huntsville, Ala. Records do not show where Piles or his Co. were on the 14th day of Feb'y, 1865. Div Return for Feb. 1865 shows that the regt arrived by R.R. at Nashville Tenn. from Huntsville, Ala. Feb. 2, returned by R.R. to Huntsville on the 7th.

I am, sir, very respectfully,

Your obedient servant,

[Signature]

Assistant Adjutant General.

(2)

[Signature] The Commissioner of Pensions,
Washington, D. C.

[Handwritten initials]

Adjutant General's Office,

Washington, D. C., *Mon*, 5th, 187*c*.

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. *180-470*, 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 *John M Piles* was enrolled on the *3th* day of *October*, 1861, at *Paymont O.* in *Co. E.*, *71st* Regiment of *Ohio* Volunteers, to serve *three* years or during the war, and mustered into service as a *private* on the *3th* day of *October*, 1861, at *Camp Danford*, in *Co. E.*, *71st* Regiment of *Ohio* Volunteers, to serve *three* years, or during the war. On the Muster Rolls of *Co. E.*, of that Regiment, for the months of to *October 31*, 1865, he is reported *present*. He was mustered out with his Company at *San Antonio Tex.*, Nov 30 65. No evidence of the Company being on the Rail Road between *Huntsville Ala.* and *New Market Tenn.*, on the *14th* Feb. 1865. No evidence of disability in his case. 592

I am, sir, very respectfully,

Your obedient servant,

J. M. Mathew

Assistant Adjutant General. /

The Commissioner of Pensions,
Washington, D. C.

J. M. B.
H. C.

ACT OF JULY 14, 1862.

Declaration for Increase or Additional Pension.

State of Ohio County of Montgomery, ss:

On this 16th day of January A. D. 1897, personally appeared before me, a Clerk of the Courts, within and for the County and State aforesaid,

John M. Piles, aged 56 years, a resident of Dayton, County of Montgomery and State of Ohio,

who, being by me duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Columbus, O. Pension Agency at the rate of fourteen dollars

per month, under Certificate No. 124509, by reason of disability from "Injury to Left Arm & Leg, and disease of Eyes & Ears" (Here state the name and nature of

your disability as it is in your Pension certificate.) incurred in the service of the United States while serving as a

Private in Company "E" of the 71st Regt Regiment of Ohio Inf. (Here insert rank) Volunteers.

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

That in addition thereto he claims pension for resulting diseases (If you have other disability or disabilities incurred in the service viz. Rheumatism, Heart Disease, Disease of Chest, Stomach & Bowels, Lumbago, and General Debility insert the same on these lines, giving name and nature, where, when, and how received or contracted.)

General Debility

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

Wm. L. Eckman, of National Military Home, O.

his true and lawful attorney to prosecute his claim.

His Post Office address is No 1535-77, 1st St, Dayton Ohio

WITNESSES:

Michael Shiverdecker

John M Piles
(Claimant's signature.)

John H Cusick
(Two witnesses who write must sign here.)

Also personally appeared Michael Shiverdecker, residing at Dayton

Ohio, and John H. Cusick, residing at

Dayton Ohio, persons whom I certify to be respectable and

entitled to credit, and who, being by me duly sworn, say they were present and saw John M

Piles, the claimant, sign his name (or make his mark) to the foregoing; 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.

Michael Shiverdecker
John H. Cusick
(Two witnesses who write must sign here.)

Sworn to and subscribed before me this 16th day of January, A. D. 1897;
and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the
applicant and witnesses before they made oath to the same, including the words _____
_____ erased, and the words _____
_____ added; and that I have
no interest, direct or indirect, in the prosecution of this claim.

Wm Hassler
(Official Signature.)

Clark of the Court
(Official Character.)

[L. S.]

Certificate No. 1219509

INVALID.
CLAIM FOR INCREASE.

John W. Glass

LAW DIVISION
RECEIVED
FEB 12 1897 P.M.

Chad Craft Vols. _____

Address

Dayton Ohio

PENSION OFFICE
JAN 18 1897
SS

FILED BY

Wm. L. Eckhardt,

Pension Attorney,

National Military Home, O.

PRINTED AND BOUND BY THE GOVERNMENT PRINTING OFFICE, WASHINGTON, D. C.

RECEIVED
JAN 20 1897

0.88

For an Increase of Invalid Pension.

State of Ohio County of Montgomery, ss:

On this 2 day of Feb A. D. 1903, personally appeared before me a DEPUTY CLERK OF THE COURT OF COMMON PLEAS MONTGOMERY COUNTY, OHIO within and for the County and State aforesaid John M Piles (Claimant's name should be written here) aged 62 years, a resident of the County of Montgomery State of Ohio, who being duly sworn, according to law, deposes as follows, to-wit:

I am a pensioner of the United States, duly enrolled at the Columbus Ohio pension agency, at the rate of fourteen dollars per month, Certificate No. 127509 by reason of disability incurred in the military service of the United States, while a member of Company E of the 71st Regiment of Ohio Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for injury to left leg and ankle and disease of eyes and lungs
(State here the disability or disabilities for which you are pensioned, just as they are written in your Pension Certificate)

That my disability has resulted in Rheumatism and injury from vaccination of left arm
(If your disability has resulted in any other disability, please write the same here)

That since I last applied for an increase of my pension my disability has increased
(If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability")

WITH FULL POWER OF SUBSTITUTION, I HEREBY APPOINT M. V. TIERNEY & CO., OF WASHINGTON, D. C., my true and lawful attorneys, to prosecute my claim. My Post-Office address is: 1721 Monument Ave, Dayton
State of Ohio

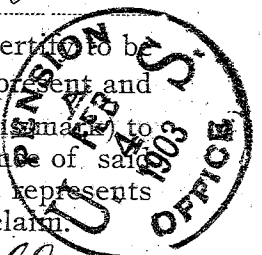
Geo. H. Orrill John M Piles
(Two witnesses who can write sign here) (Claimant's Signature)

Also personally appeared Geo. H. Orrill residing at Dayton Ohio and James H Bamber residing at Dayton Ohio 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 John M. Piles the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Sworn to and subscribed before this 2 day of Feb A. D. 1903 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim

Signature of witnesses Geo. H. Orrill
James H Bamber

Geo. H. Orrill
James H Bamber
Geo. H. Orrill
(Signature)



FILED

M

INVALID CLAIM

FOR

Increase of Pension.

John M. Palus Applicant

Co. E 71st Regt

Obv. of Volunteers

Certificate No. 127509 of 81

FILED

FEB 15 1903

M. V. Tierney & Co.

ATTORNEYS AT LAW.

WASHINGTON, D. C.

Mr. M.

FEB 15 1903

RESULTING DISABILITIES.

- CHRONIC DIARRHŒA** may result in disease of kidneys, Rheumatism, disease of heart, disease of liver, piles, fistula in ano, general debility, nervous debility, paralysis, consumption, disease of spleen, dyspepsia, disease of stomach, disease of rectum, disease of abdominal viscera, dropsy, asthma, nervous derangement, spinal irritation, disease of lungs, ulceration of bowels and vertigo.
- RHEUMATISM** may result in disease of heart, paralysis, disease of legs, disease of eyes and varicose veins.
- SUNSTROKE** may result in debility, nervous prostration, mental derangement, vertigo, disease of brain, insanity, disease of spine, deafness, disease of heart, paralysis, disease of eyes and epilepsy.
- MEASLES** may result in disease of lungs, disease of heart, disease of eyes, atrophy of testicles, asthma, bronchitis and chronic otorrhœa.
- MALARIAL POISONING** may result in disease of liver, disease of spleen, debility, indigestion, disease of heart, disease of kidneys, dropsy, neuralgia, disease of abdominal viscera and derangement of stomach and bowels.
- ASTHMA** may result in disease of lungs, loss of voice, emphysema, dilatation of right side of heart and dropsy.
- TYPHOID FEVER** may result in disease of lungs, disease of kidneys, disease of heart, disease of legs, enlargement of legs, debility, nervous debility, varicose veins, diarrhœa and derangement of nervous system.
- GUN-SHOT WOUNDS** may result in various disabilities, the character of which depends upon the location of the wound, etc.
- INJURY OF ABDOMEN** may result in spinal irritation, disease of stomach, disease of liver, peritonitis and adhesions.
- INTERMITTENT FEVER** may result in disease of lungs, rheumatism, debility and heart disease.
- DISEASE OF HEART** may result in disease of lungs, bronchitis, anasarca, paralysis and brain softening.
- TYPHOID-MALARIAL FEVER** may result in affection of head, affection of stomach and debility.
- FEVER** may result in debility, chronic diarrhœa, rheumatism, ulcers of leg and deafness.
- DEAFNESS** may result in disease of brain and spinal irritation.
- SMALL-POX** may result in disease of leg and disease of eyes, suppurative otitis, deafness—partial or complete.
- TYPHUS FEVER** may result in dyspepsia and hepatitis.
- MALARIAL FEVER** may result in indigestion, debility, nervous prostration and chronic dysentery.
- INJURY OF SPINE** may result in paralysis, locomotor ataxia, debility, neuralgia, epilepsy, curvature, hip-joint trouble and femoral abscess.
- VACCINATION** may result in loss of use of arm and blood poisoning.
- DIPHTHERIA** may result in paralysis and disease of throat.
N. B.—The paralysis of diphtheria is usually *transient*.
- VARICOSE VEINS** may result in ulcers.
- SCURVY** may result in varicose veins and ulcers.
- SCIATICA** may result in injury of back and hip.
- DISEASE OF ABDOMINAL VISCERA** may result in disease of rectum.
- GUN-SHOT WOUND OF HEAD** may result in insanity, paralysis, disease of brain, disease of eyes, neuralgia and epilepsy.
- GUN-SHOT WOUND OF LEG** may result in varicose veins, rheumatism and paralysis.
- INJURY OF HEAD** may result in deafness, epilepsy, paralysis and insanity.
- DISEASE OF LIVER** may result in rheumatism, jaundice; often results in pleurisy of right lung.
- JAUNDICE** may result in debility, disease of liver and dropsy.
- FEVER AND AGUE** may result in disease of spleen.
- BRAIN FEVER** may result in epilepsy.
- CONCUSSION** may result in deafness, disease of brain and spinal irritation.
- TYPHOID-PNEUMONIA** may result in disease of lungs and disease of throat.
- ABSCESS** may result in varicose veins.
- INJURY TO BACK** may result in curvature of spine, paralysis and disease of kidneys.
- INJURY OF CHEST** may result in disease of lungs.
- PLEURISY** may result in pleuritic adhesions, displacement of heart and phthisis.
- MALARIA** may result in intermittent fever.

[No. 2.]

Declaration for the Increase of an Invalid Pension.

State of Ohio County of Montgomery, ss:

ON THIS 4th day of September A. D. one thousand eight hundred and twenty-five, personally appeared before me, a Notary Public within and for the County and State aforesaid, John W. Piles, aged 55 years, a resident of Dayton, County of Montgomery, State of Ohio, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the _____ Pension Agency at the rate of ten

dollars per month, under Certificate No. 127509, by reason of disability from _____ (Here name the disability or disabilities for which now pensioned.) "Injury to left Leg & Ankle, and disease of Lungs and Eyes"

incurred in the Military service of the United States, while serving as a Private in Co. E of 1st Regt. Ohio Inf. Vol. (Here state rank, company and regiment, if in the Army; or rating and name of vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of the injury to above cited left Leg & Ankle having progressed, & intensified in pains, rendering walking or standing more difficult & painful. (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated, and the manner and extent of the progression of the disability described. If on account of diseases resulting from the disability for which pensioned, the names

Also on above cited disease of eyes, which have grown weaker, & vision more impaired. Also on the Lungs, as more soreness is felt there - at _____. (of the diseases should be stated.)

He further claims Pension for new or Additional Disabilities - to wit - Rheumatism, Heart Disease, Lumbago, and Disease of Chest, Stomach & Bowels, resultant from one or more of the above cited disabilities - viz - Injury to left Leg & Ankle, and Disease of Lungs and Eyes"

and he hereby appoints, with full power of substitution and revocation, John L. Eckman of National Military Home Ohio his true and lawful attorney, to prosecute this claim.

His Post Office address is Str. Dayton, County of Montgomery, State of Ohio

Frank Counsel
Cesar Leroux
(Who write, sign here.)

John W. Piles
(Signature of Claimant.)

ATTY FILED

Personally appeared Frank Marshall residing at Central Branch
Hall Military Home and Cesar Leroux residing at
same place persons whom I certify to be respectable and entitled to credit, and who

being by me duly sworn, depose and say that they were present and saw John M. Piles
the claimant sign his name to the foregoing declaration; that they have every reason to
(Sign his name or make his mark.)

believe from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

1. Frank Marshall
2. Cesar Leroux
(Signature of Affiants.)

(If either Affiant signs by mark, two persons who write, sign here.)

Sworn to and subscribed before me this 4th day of September A. D. 1895;

and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the applicant and witnesses before they made oath to the same, including the words _____
_____ erased, and the words _____
_____ added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Warley H. Sage
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

I _____, Clerk of the County Court in and for the aforesaid County and State, do hereby certify that _____, who has signed his name to the foregoing declaration and affidavit was, at the time of so doing, a _____ 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 _____ 18_____

[L. S.]

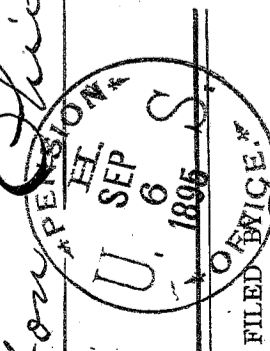
Clerk of the _____

NOTE.—This application should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, the CLERK OF COUNTY COURT must add his certificate as to the official character of the Notary, or Justice hereon, and not on a separate slip of paper. If the Notary, or Justice, has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

General Sum
INVALID.

CLAIM FOR INCREASE.
John M. Piles
"S" of 1st Reg't.
Ohio Inf'ty Vols.
Pension Certificate No. 127509

Address
22 Fairway Str. Street N.S.
Dayton Ohio



Am. S. Eckman
Capl Military
Ohio

Printed and for sale by John F. Sherry, Claim Blank Printer
1000 Pennsylvania Avenue, Washington, D. C.

LAW DIVISION
B. SEP 10 1895 P.
RECEIVED.

Application for Increase of an Invalid Pension

(OLD AND NEW DISABILITY.)

State of Ohio, County of Montgomery, ss:

On this 8th day of January, A. D. one thousand eight hundred and eighty nine

personally appeared before me, _____

_____ within and for the County and State aforesaid,

John M Piles, aged 48, years, a resident of Dayton, County of Montgomery, State of Ohio, who, being duly sworn according to law, declares that he

is a pensioner of the United States, by Certificate number 127509, and duly enrolled at the Columbus Ohio Pension Agency, at the rate of Four

_____ dollars per month, by reason of disability incurred in the

Military service of the United States while serving as Private
(State whether military or naval.) (Give rank, company and regiment or other organization, if in the Army; and rank and vessel if in the Navy.)
Private Co "E" 71st Regt O. A. S.

that his present physical condition is such that he believes himself entitled to receive an increased pension.

He further declares that he is disabled in the following manner, to wit: For the increase of disability on my broken legs and ankle,

which is more and more painful, and being more helpless in walking and getting around, also by injury of left arm by reason of amputation performed on it while in field of operations during also extending to shoulders

also blindness of eyes resulting from ether extraction about the _____, 186_____

from operations in the Army during service
(Here name the new disability for which pension is claimed; state when, where and how contracted, and if treated in hospital give names of hospitals and dates of treatment.)

continuously, also 57 months from June October 1862 until December 1866 and was amputated at a Texas, I also had long fever at Shilo after the battle, and in Washington Park Hospital Cincinnati Ohio I think in August 1862

I prefer to be examined at Home in Ohio

_____ that he hereby appoints with full power of substitution and revocation,

M. P. Allen of Dayton Ohio his true and lawful attorney, to prosecute his claim. for increase of pension

His Post Office address is Shaw Avenue Dayton Ohio

Mordecai Beecher John M Piles
(Two witnesses who can write, sign here.) (Signature of Claimant.)

ly appeared _____ residing at _____
 _____ and _____ residing at _____
 _____ persons whom I certify to be respectable and entitled to credit, and who
 being by me duly sworn, say that they were present and saw _____
 _____, the claimant sign his name (make his mark) to the foregoing
 declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that
 he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

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

[Signature of Affiants.]

Sworn to and subscribed before me this 8 day of January A. D. 1889

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to
the applicant and witnesses before swearing, including the words _____

_____ erased, and the words _____

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

[L. S.]

Clerk of the _____

Carl on file

*Henry L. Shaw
Notary Public*

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

INVALID.

CLAIM FOR INCREASE.

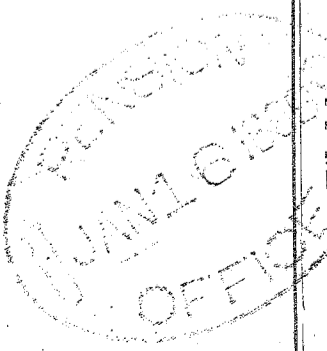
OLD AND NEW DISABILITY.

John M. Piles, Applicant.

"E", 71st Reg't.

Ohio Infantry Vols.

Pension Certificate No. _____



Filed by

*W. P. Moran,
Notary Public*

Application 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 Ohio, County of Waske, ss.

ON THIS 26th day of December A. D. one thousand eight hundred and eighty four personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, John M. Piles aged forty four years, a resident of Arcanum County of Waske State of Ohio, who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Columbus Pension Agency at the rate of four dollars per month, Certificate No. 127.509, by reason of disability from "Injury to

left leg and ankle"
(Here name the disability for which pension was granted.)

incurred in the Military service of the United States, while serving as a Private
(Military or Naval.) (Here state rank, company, and regiment, if in the army; vessel if in the Navy.)
Co. E 71st Regt. Ohio Inf. Vols.

That he believes himself to be entitled to an increase of pension on account of increased disability, resulting from his injury. he finds that he is becoming steadily more disabled from the performance of manual labor, by reason
(Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

of his injuries, especially so in damp or cold weather. His ankle causes him a great deal of pain and inconvenience

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

His Post Office address is Arcanum, Waske County, Ohio

Richard Wertz , John M Piles
C. W. B. Pire [Claimant's Signature.]
[If claimant signs by mark, two witnesses must sign here.]

Ily appeared O B Pierce, residing at Arcanium Ohio, and Richard Werts residing at Arcanium Ohio, 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 John M. Piles, 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.

Richard Werts 2 John M Piles
O B Pierce 3
[If Affiants sign by mark, two persons who can write sign here.] [Signature of Affiants.]

Sworn to and subscribed before me this December day of 1884 A. D. 1884

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased, and the words _____ added; and that I have no interest, direct or indirect in the prosecution of this claim.

Edward Dougherty
[Official Signature]
Justice of the Peace
[Official Character.]

[L. S.]

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

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

[L. S.]

Clerk of the _____

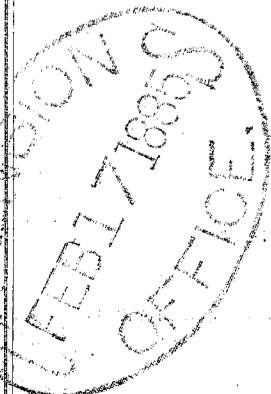
NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

Clerk's Certificate on file in Pension Office

INVALID.
CLAIM FOR INCREASE.

John M. Piles, Applicant.
Co. E, 91st Regt.
Ohio Inf. Vols.

Pension Certificate No. 718379



Filed by
W. H. Sauer
Ohio