

DECLARATION FOR INVALID ARMY PENSION.

STATE OF Indiana, COUNTY OF Tippucanoe, SS:

On this 16 day of March, one thousand eight hundred and eighty nine, personally appeared before me Henry C. Linney, Clerk of the Circuit Court, a Court of Record within and for the County and State aforesaid, Samuel Flynn aged 49 years, a resident of Ka Raytle, in the County of Tippucanoe in the State of Indiana, who, being duly sworn according to law declares that he is the identical Samuel Flynn, who enlisted in the service of the United States at Etra Green, County of Tippucanoe, State of Indiana, on the 3 day of February, 1863, as a private in Company I of the 157 Regiment of Ind Vol Inf, commanded by _____ and was honorably discharged at Nashville, State of Tennessee, on the 19 day of September, 1865. That his personal description is as follows: Age, 25 years; height, 5 feet 7 inches; complexion, dark; hair, black; eyes, Hazel. That while a member of the organization aforesaid, in the service and in the line of his duty, at or near a place called Tullahoma, State of Tennessee, on or about the 10 day of August, 1865.

(1.) That while in line of duty and from excessive heat and exposure contracted a fever and was treated by Regimental Surgeon. Resulting in heart disease. Also at same place and date contracted jaundice ^{granular disease of liver and biliousness} for which I was treated by Reg Surgeon.

From 1865 to 1888 lived in Tullton county Indiana
1888 " 1889 " " Tippucanoe
From 1865 to 1887 treated by Dr Clynner who is dead

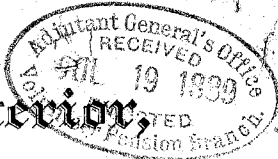
That he has not been employed in the military or naval service otherwise than as stated above, Except as follows:

Since leaving the service he has resided in Tullton and Tippucanoe Co Indiana and his occupation has been that of a laborer. That prior to his entry into the service above named, he was a man of good, sound physical health being when enrolled a laborer. That he is now 2/3 disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

B West Div.
LCP Ex'r.
No. 694528

Department of the Interior,

BUREAU OF PENSIONS,



Samuel Flynn
I 151 2nd Vols

July 15th, 1889

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of Samuel Flynn who, it is claimed, enlisted July 3, 1865, and served as private in Co. I, 151 Reg't 2nd Vols; also in Co.

and was discharged at Nashville Tenn, Sept 19, 1865.

While serving in Co. I, 151 Reg't 2nd Vols he was disabled by fever resulting in disease of heart and kidneys and lived at Tullahoma Tenn, also Aug. 1865.

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Regimental Surgeon

Very respectfully,

James Turner
~~John C. Black~~
Commissioner

He hereby appoints, with full power of substitution and revocation, Shaw & Hoover
of Kokoyette, State of Indiana, his true and lawful attorney to
prosecute his claim. That he has not received nor applied for a pension. His post office address is
Kokoyette County of Tippecanoe, State of Indiana

Leuel J. Lynn
Signature of Claimant.

Two witnesses who can write. } Hiram Burch
J. S. Wade

Also personally appeared Hiram Burch, P. O. Kokoyette
County of Tippecanoe, State of Indiana, and
J. S. Wade, P. O. Kokoyette, County of Tippecanoe
and State of Indiana, persons whom I certify to be respectable and entitled to credit, and
who, being by me duly sworn, say that they were present and saw Leuel J. Lynn
the claimant, sign his name (make his mark) to the foregoing declaration and power of attorney; and they
further swear 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
known him for _____ years last past; that his habits have been uniformly good, and his occupation
has been that of a Laborer, and that they have no interest in the prosecution of this claim.

When signed by mark, two persons must sign as witnesses to mark.

Signatures of two identifying witnesses. } Hiram Burch
J. S. Wade

Sworn to, acknowledged and subscribed before me, this 16 day of March, 1889
and I hereby certify that the contents of the foregoing declaration of claimant and affidavit of witnesses was
made known to each of them before administering the oath; and that I have no interest, direct or indirect,
in the prosecution of this claim.

Official Signatures. Henry O. Puryear Clerk
Tippecanoe County

The law requires that this application must be executed before a Clerk or Judge of a Court of Record.

(1.) State all the circumstances under which disabled, and just how you was wounded, or how disease was contracted, naming the disease or wound, and then state just how your disability has affected you since first contracted. Then follow with the names, dates and localities of all hospitals in which you was treated, and your full history from the time you was wounded or diseased, to the date of your discharge.

No. _____

INVALID PENSION.

ORIGINAL CLAIM OF

Leuel J. Lynn
of Capt.

757 Reg't
Ind Vol Draft

Enlisted Feb 30 1865
Discharged Sept 19 1865

FILED BY
Shaw & Hoover
Kokoyette Indiana

Attorneys for Claimant.

RECEIVED
MAR 19 1889
OFFICE



T. H. P. P.

B. Sweet

Division.

FIRST CALL

On Adjutant General, U. S. A.

Claim No. *6945238*

Samuel H. Pym

2 151 2nd Ave.

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

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

Insert character and number of claim. *Original* Pension Claim No. *694-528*

Name and rank of claimant. *Samuel Flynn*, Rank, *Private*

Company, *I, 151 Reg't Ind Vol* | *La Fayette Indiana* State,
(Post office address of the Board.)

Claimant's post office address. *La Fayette Indiana* | *August 7*, 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. *Disease resulting in disease of heart, jaundice resulting in disease of liver and kidneys*

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

Pulse rate per minute, *80*; respiration, *24*; temperature, *98.5*; height, *5* feet *7 3/4* inches; weight, *134* pounds; age, *57* years.

Here give the claimant's statement as briefly and as compactly as possible. He makes the following statement upon which he bases his claim for *original* because he has pain in the heart sometimes it is an ache his heart flutters when he sleeps has pain in the region of the kidneys.

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. Upon examination we find the following objective conditions: *claimant is anemic, poor in flesh - skin white and inelastic - tongue without epithelium on tip and edges - lines on upper surface - orange red - crepitation in both shoulder joints - under motion.*

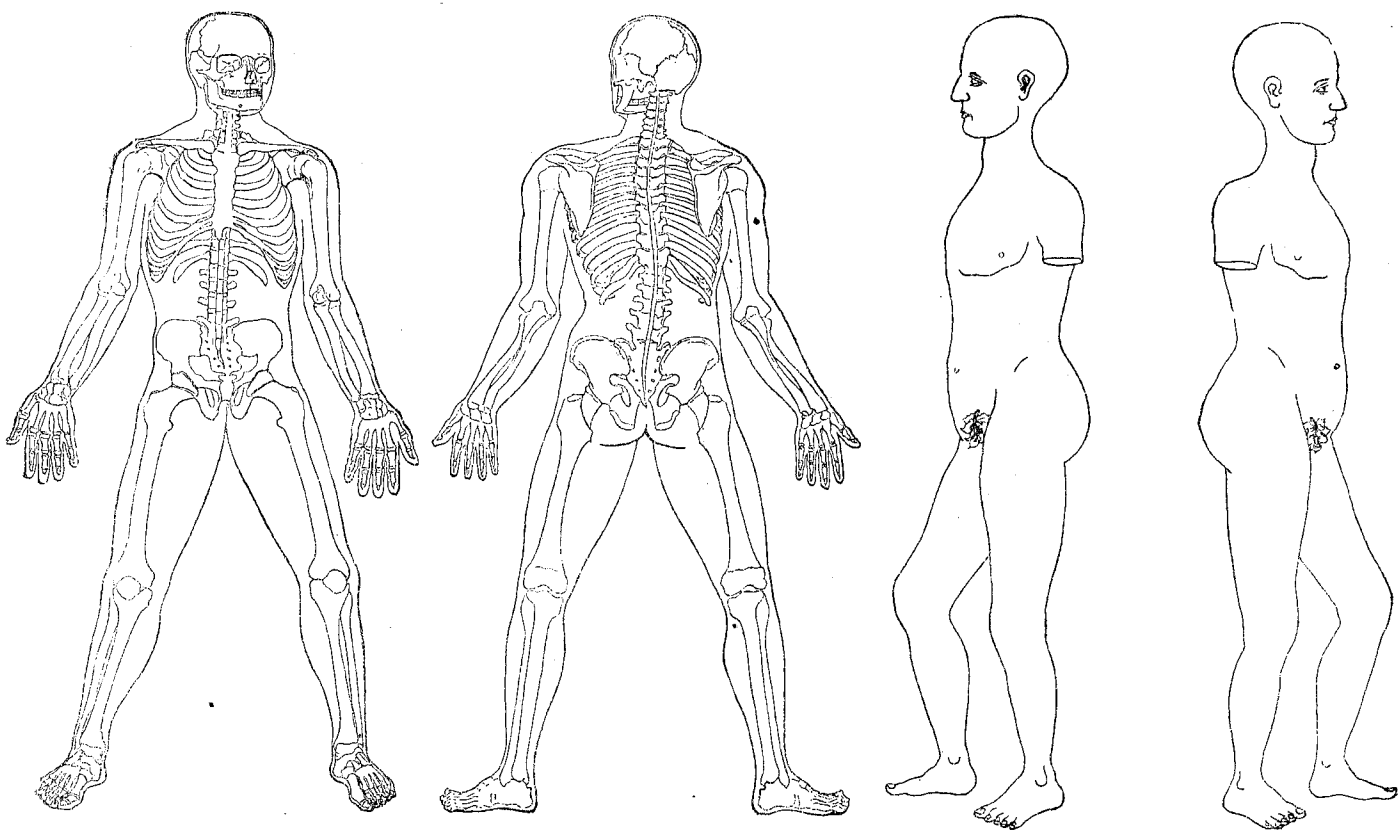
It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as it, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating. *Heart's action tumultuous - area of dullness increased - apex beat 1 1/2 inches below and slightly to left of left nipple - The expiratory sound is heard over apex of left lung posteriorly - vocal fremitus somewhat increased over apex of left lung anteriorly and posteriorly.*

Urine: Sp. gr. 1020 - acid reaction - no sugar or albumen - color and odor urinous. Except the above we find claimant healthy

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 *8/18* rating for the disability caused by *disease of heart*, _____ for that caused by _____, and _____ caused by _____

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

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.
J.H. Anderson, Pres. *W.W. Timmidge*, Sec'y. *J.C. Weston*, Treas.



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.

SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thompson

Co. 2, 151 Regt. Ind. Vol.

Applicant for Original

No. C 94,528

DATE OF EXAMINATION:

August 9th, 1889.

A. H. Johnson, Pres.,
J. W. Woodward, Sec'y,
J. C. Webster, Treas., } BOARD.

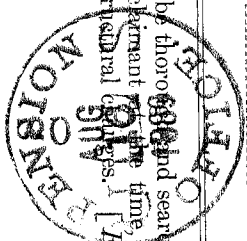
Post office, *Lehigh*

County, *Lehigh*

State, *Pennsylvania*

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

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



694.528

War Department,

RECORD AND PENSION DIVISION,

Washington, AUG 16 1889, 188

Respectfully returned to the Commissioner of Pensions.

General H. H. Hays, a *Lieut.* of Company *I*,
107 Regiment *Ill* Volunteers, was enrolled on the

16-day of *July*, 1865, at *Columbus, Ind.*

for *1* year, and is reported: *on Muster & Desc. Roll dated*

March 11, 1865. Roll for March & April 1865. Service to

Aug. 31, 65. Mustered out with Co. at Nashville, Tenn. Sept.

14, 1865.

Prof. H. H.

No evidence of disability

By authority of the Secretary of War.

F. C. Anselm

Capt. and Assistant Surgeon, U. S. A.

Per *[Signature]*

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

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

State of Indiana, County of Miami SS:

On this 10 day of July A. D. one thousand eight hundred and ninety —, personally appeared before me Clerk

of the Circuit Court, a court of record within and for the county and State aforesaid Lemuel Flynn, aged 50 years, a resident of the city of Peru, county of Miami, State of Indiana, who being duly sworn according to law, declares that he is the identical Lemuel Flynn who was enrolled on the 25 day of January, 1865, in Co "I" of the 151, Regt., Ind. Vols.

[Here state rank, company, and regiment in military service, or vessel, if in the Navy.]

in the war of the Rebellion, and served at least ninety days, and was honorably discharged at Nashville Tenn, on the 19 day of September, 1865. That he is — unable to earn a support by reason of Disease of Surgo and Heart.

that said disabilities are not due to his vicious habits, and to the best of his knowledge and belief permanent. That he has has applied for pension under application No. 614,528. That he is a pensioner under certificate No. —

[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 H. F. Underwood, of Peru State of Indiana, his true and lawful attorney to prosecute his claim. That his Post-Office address is Peru County of Miami State of Indiana.

Lemuel Flynn
(Claimant's Signature,)

Attest: Harry Cripe
John A. Kinsley

Also personally appeared John A. Kinsley residing at Peru Ind. and Harry Cripe residing at Peru Ind. persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Samuel Flynn, 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 1 years and 16 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.

Signature of witnesses: { Harry Cripe
John A. Kinsley

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

Joseph H. Hannis
[Signature]
Clerk of Circuit Court
[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 one pension for the same period.

A. E. T.
Aug. 11, 1890.

6-4d
Orig 694.528

SOLDIER'S APPLICATION.

Name Samuel Flynn
 Service Co "G" of the 157th Regt^y
Ind. Vols.
 Address Peru
Ind.



72836

A. F. Underwood
 Attorney
 Address Peru Ind.

Date of Execution July 10, 1890

William Mitchell, Printer, Greenfield, Ind.

141 149

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 Indiana, County of Miami, ss:

In the Pension Claim No. 694,528

of Samuel Flynn late of
Co "I" 151st Regt Indiana Volunteers,
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Chief Circuit Court in and for the aforesaid
County and State Henry C. Passage a citizen of Peru Indiana
whose Post Office address is Peru Miami County Indiana

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: I have this day examined said soldier

That he is a Practicing Physician, and that he has been acquainted with said soldier ~~for about~~ about years, and that
I have this day examined said soldier and
(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.)
and that he has weakness of the valves
of the heart accompanied with enlargement
of the air tubes of the lungs, and a
chronic cough.

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.

14-109

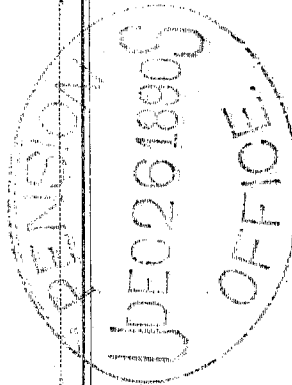
MEDICAL EVIDENCE.

AFFIDAVIT OF

CLAIM OF

Samuel Johnson
Co. "D" 15th Reg. T. Ind. Inf.
No. 674,528

for



Filed by

H. F. Underwood
Per
[Signature]

[Lined area for text]

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

[Signature]
(Affiant's Signature. Give rank and service, if in the army)

Sworn to and subscribed before me this 4 day of December A. D. 18 90

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.

[Signature]
(Official Signature)
Clerk Union Co. Court
(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 _____

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.

GENERAL AFFIDAVIT.

State of Indiana, County of Miami, ss:

In the matter of Pension Claim No 694,528 of Lemuel Flynn, Co "D" 151st Regt Ind Vol

ON THIS 10th day of December A. D. 1890 personally appeared before me

Notary Public in and for the aforesaid County duly authorized to administer oaths, Anderson Moore aged 28 years, a resident of Peru

in the County of Miami and State of Indiana

whose Post Office address is Peru, Miami County, Indiana

Stephen L. Goble aged 62 years, a resident of Peru

in the County of Miami and State of Indiana

whose Post Office address is Peru Miami County Indiana

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

That the said Anderson Moore has known this Claimant for about ten years, and said Stephen Goble's acquaintance extends about one year, and that each of the affiants have been employed at the same avocation as this Claimant and have worked with him a great deal since their acquaintance. And at different times Claimant has been so afflicted with lung and heart trouble that he was compelled to quit work. The Affiants further say that Claimant is so badly afflicted with lung trouble that at times when at work he takes spells of Coughing, which from appearance is distressing, and so exhausts his strength that he is unable to resume his work until he takes a rest, and recuperates from the fatigue caused by said Coughing. Affiants further declare that Claimant would not be able to perform any manual work if it was not absolutely necessary for the support of his family. They further declare that they have every reason to believe that he is unable to perform manual labor.

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

They further declare that they have no interest in said case and are not concerned in its prosecution.

Frank Flynn
J. D. Oatis

Anderson Moore
Stephen L. Goble

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

(Signature of Affiants.)

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

_____ 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 know

to me and that they are credible person.

(Off on file)
[L. S.]

Joseph D. Oatis
(Official Signature.)
Notary Public
(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.

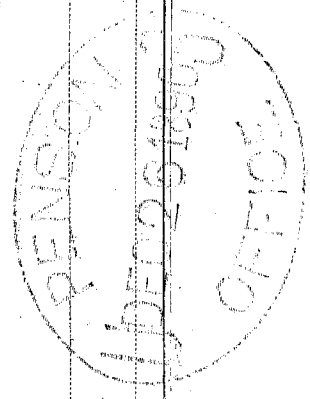
Witness my hand and seal of office, this _____ day of _____, 18 _____.

[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.

17-19

ADDITIONAL EVIDENCE.
CLAIM OF
Samuel Flynn
Co "D" 157th Regt Ind Inf

AFFIDAVIT OF


Filed by
A. F. Underwood
Secy
Ally
Pro Se

Act of June 27, 1871

Declaration for the Increase of an Invalid Pension.

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

State of Indiana, County of Miami, ss:

ON THIS 31 day of August A. D. one thousand eight hundred and nineteen personally appeared before me, a Clerk Circuit Court within and for the County and State

aforsaid, Samuel Flynn aged _____ years, a resident of Perse County of Miami State of

Indiana, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency at the rate of Eight

dollars per month, Certificate No. 577,984; by reason of disability from "Disease of Heart" (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.) in Co "I" of the 151, Regt., Ind. Vol. Infy.

That he believes himself to be entitled to an increase of pension on account of Increase of "Disease of heart" causing greater disability. (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If

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.) He hereby also claims an additional Rating and pension on account

of disease of lungs as applied for in his original application.

that he hereby appoints, with full power of substitution and revocation, H. F. Dunderwood of Perse Indiana, his true and lawful attorney, to prosecute his claim.

His Post Office address is Perse Miami Co., Ind.

Stephen J. Gable Samuel Flynn
A. E. M. Howell (Signature of Claimant.)
Two witnesses who can write, sign here.)

Also personally appeared Stephen L Goble residing at Peru
Indiana and Anderson Moore residing at
Peru Indiana persons whom I certify to be respectable and entitled to credit, and

who being by me duly sworn, say that they were present and saw Samuel Flynn
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.

W. B. Howell
Willie Mcnea
(If Affiants sign by mark, two persons who can write sign here.)

Stephen L Goble
Anderson Moore
(Signature of Affiants.)

Sworn to and subscribed before me this 31 day of August, A. D. 1891

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

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

Joseph Hammer
(Official Signature.)
Clerk Miami Co's Court.
(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_____

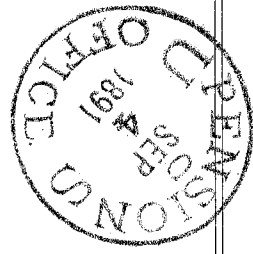
[L. S.]

Clerk of the _____

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

12
20.
INVALID.
CLAIM FOR INCREASE.

Samuel Flynn Applicant.
Co. "9", 151, Reg't,
Ind. Vols.
Pension Certificate No. 517.986.



Filed by
A. F. Anderson
Peru Ind.

GENERAL AFFIDAVIT.



State of Indiana, County of Maine, ss:

In the matter of Pension Claim of No. 5-17, 986 of Samuel Lyman Co "I" 151st Regt Ind Vol.

ON THIS 3rd day of January A. D. 1893 personally appeared before me A. Notary Public

J. C. Brown in and for the aforesaid County duly authorized to administer oaths, aged 49 years, a resident of Peru

in the County of Maine and State of Indiana

whose Post Office address is Peru Maine County Indiana
D. McQuarrie aged 69 years, a resident of Peru

in the County of Maine and State of Indiana

whose Post Office address is Peru Maine County Indiana

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

That they are well and personally acquainted with the above named Soldier,

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

and living neighbors, and associating with him enables them to know his physical condition, which is so badly impaired by heart disease and lung trouble, he is now, and has been, "during their most intimate acquaintance," a period of three years, "totally unable for manual labor, he has a severe cough which weakens him, and is very morbid. Affiants further state that said Claimant is very poor, and has no income from any source whatever, except what little he derives from his labor, which is probably one third of his time. They further state that at the present time Claimant is so severely afflicted that he is entirely unable to perform any labor. Affiants further state that he is a subject of Charity, and needs the assistance of the County he helped to save.

They further declare that they have no interest in said case and are not concerned in its prosecution.

J. C. Brown
Duncan McQuarrie
[Signature of Affiants.]

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



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

(Off on file)

Joseph D. Oates
 (Official Signature)
Notary Public
 (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 can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

ADDITIONAL EVIDENCE.

CLAIM OF

Lemuel Johnson
Lat. Co "V" 15 1/2 Regt
Ind. Inf. Regt

AFFIDAVIT OF

J. C. Brown
Duncan McQuain
Penn Indiana

Filed by

Louis P. Holman
Penn
Ally
Ind Ia

GENERAL AFFIDAVIT.

State of Indiana, County of Miami, ss:

In the matter of Pension Claim No. of 517,986 of Lemuel Flynn Co "I" 15th Reg Ind. Vol.

ON THIS 21 day of January A. D. 1893 personally appeared before me Clerk Miami Co Ind. in and for the aforesaid County duly authorized to administer oaths.

Lemuel Flynn aged 54 years, a resident of Peru in the County of Miami and State of Indiana,

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

That he is the Claimant in the above cited Claim. And as such states that he makes a special report of the Commission of Pension, that his said Claim be taken up and made special for the reason that he is physically unable to earn a living for himself and family. That his diseases are heart and lung trouble, and that it requires all the remaining strength left him to keep on his feet, and in a feeble way work from which to derive a very scant living. That he is now, and has been, for nearly three years unable to do but very little labor. He most respectfully reports that his Claim be adjudicated without delay.

His Post Office address is Peru Miami County Indiana

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

Lemuel Flynn
(Signature of Affiants.)

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

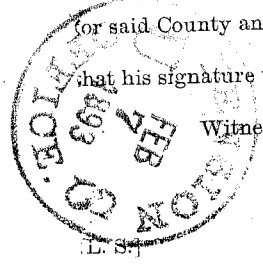
STATE OF Indiana, COUNTY OF Miami, ss:

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.

Joseph H. Lammy
(Official Signature.)
Clerk Miami Circuit
(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 _____

Clerk of the _____

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

Application to be made Special
ADDITIONAL EVIDENCE.

CLAIM OF
Samuel Flynn
Es. "I" 151" Reg Ind. Ct.

AFFIDAVIT OF

Clairmont
Chas. Ind. Jr.

This claim will not be made special.
By order of Commissioner,
W. H. SCUDDER,
29 1893

Filed by
Louis P. Holman
Peru Ind.
Ally. Ind.

GENERAL AFFIDAVIT.

State of Indiana, County of Miami, ss:

In the matter of Pension Claim Ct No 577,986 of
Lemuel F. G. Co "I" 157th Reg Ind Inf,

ON THIS 2 day of February A. D. 1893 personally appeared before me
Notary Public in and for the aforesaid County duly authorized to administer oaths,
B. R. Graham aged 50 years, a resident of Peru
in the County of Miami and State of Indiana

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 have been claimants family Physician
[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]
for about a year. He is suffering from
a complication of lung, heart and stomach
troubles, and is and has been for some
time in such a weak and debilitated
condition as to make any attempt at
manual labor, any injustice and
prejudicial to him. His general appearance
alone is sufficient to indicate marked
debility

His Post Office address is Peru Miami County Indiana

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

B. R. Graham M. D.

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

(Signature of Affiants.)

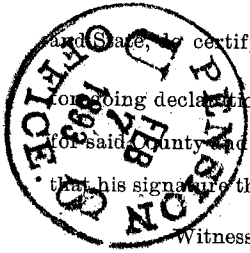
STATE OF Indiana, COUNTY OF Miami, ss:

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.

William E. Mowbray
[Official Signature]
Notary Public
Miami Co Ind.
[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 _____, 189_____.

[L. S.]

Clerk of the _____

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

ADDITIONAL EVIDENCE.

CLAIM OF
James H. Flynn
G. D. 151st Reg. Ind. Art

AFFIDAVIT OF

W. A. G. Gentry
Peru
Ind

Filed by

Louis P. Holman
Peru
Ind

517,900
Increase Indpls.

O. I. P.

(3-1456.)

Act June 27, 1890.

INVALID PENSION.

Claimant, Lemuel Flynn.

Gr. 577,986

P. O., Peru, Rochester ✓
Ind.
City, Peru, Fulton
State, Ind.

Rank, Private,
Company, I, ✓
Regiment, 157th Ind. Vol. Inf.

Rate, \$ 12 per month, commencing February 19, 1896.

Disabled by dis. of heart, lungs & throat.

RECOGNIZED ATTORNEY:

Name, Louis P. Holman,
P. O., Peru, Ind.

Fee \$ 2., Agent to pay.
Articles filed _____, 189__

APPROVALS:

Submitted for Admission, "May 6", 1896.
Approved for Disease of heart (old)
and disease of lungs and throat
(new) disease of lungs alleged
Sept 4-1891, & dis of throat alleged
Aug 30, 1894. Dis of kidneys (new)
(new) alleged no notable disability
shown under act June 27, 1890. act
of approval and Reg. see attached slip,
May 19, 1896, Williams Legal Reviewer.

A. W. Doty, Examiner.
Approved for disease of heart lungs
and throat \$12 from Feb
19-1896. No prior increase,
No other notable disability
(See slip)
Norman Medical Referee.
May 19, 1896

Enlisted Jan. 25th, 1865 Honorably discharged Sept. 19th, 1865 Last paid
to _____, at \$ 8., for disease of heart

No Pension under other laws at \$ _____, for

ended _____
Original declaration, act June 27, 1890, filed July 14th, 1890.; alleged disease of heart
and lungs

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug. 30th, 1894, alleges disease of heart, lungs, throat +
kidneys.
Declarative filed Sept. 4, 1891, alleges disease of heart + lungs.

Wm. J. A. Hatch, M.C.

Lehub. writes,

517986
Lump

(3-145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION.

Claimant, Lemuel Flynn
 P. O., Peru Rank, 1st
 County, Miami Company, I
 State, Ind. Regiment, 151 Ind. Vol. Inf.
 Rate, \$ 8., per month, commencing July 14, 1890

P.S. 8.

Disabled by Dis. Med. Approved for

RECOGNIZED ATTORNEY.

Name, H. F. Underwood Fee, \$ 10. Agent to pay.
 P. O., Peru, Ind. Articles filed, _____, 189__

APPROVALS.

Submitted for Ad., Dec. 1, 1890, Examined by Walloway

Approved for Admission, Approved for Discharge

Gen. A. Smith Legal Reviewer
Dec 3, 1890
James H. Austin Medical Referee
Dec 6, 1890

Handwritten notes:
 Approved for continuance at \$10.00
 Discharge of heart & lungs, Ind.
 Dec 1, 1890
 James H. Austin
 Medical Referee

Not now pensioned under other laws. Last paid to _____, 18__, at \$ _____

Pensioned from _____, 18__, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Jan. 25, 1865, honorably discharged Sept. 19, 1865

Re-enlisted _____, 18__, honorably discharged _____, 18__

Declaration filed July 14, 1890, alleges permanent disability, not due to vicious habits, from Disease of heart and lungs

Colt writes No M. C.

GENERAL AFFIDAVIT.

State of Indiana County of Miami SS:

In the Matter of Samuel Flynn of Co "I" 157 Ind. Vols.
For Increase of Pension left No 694, 328

Personally came before me, a Clerk Circuit Court in and for
aforesaid County and State John A Kinsley aged 53
years, and _____ aged _____ years

citizen of the Town of Perre County of Indiana
(Post Office Address.)

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

That in answer to Paragraph 3 I will
say that I have been well and personally acquainted
with said Samuel Flynn for six years last past
and that during all of said time said soldier
has been a temperate and peaceable Citizen of Perre
Ind., and that his general Conduct has been free
from any viciousness and that his disease
of Lungs is in my opinion (from my said
acquaintance with him) not due to any vicious
habits.

That in answer to Paragraph 4, I can say
that from observation I believe that said
Soldier was disabled from disease of Lungs
from July 14, 1892 to Dec 2, 1892, to the extent of not
being able to perform manual labor.

I further say that the above was reduced to
writing by H. F. Underwood in my presents and by my
directions and dictations and that from my oral
Statement without any printed or written statement or
recital, prepared by dictated by any person.

My oral Statement was made this 10, day of May 1894
at Perre Ind., and written at the same time as
appears above.

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

ATTEST—When any affiant sign BY MARK, two persons.

SIGNATURE
OF
AFFIANTS

John A Kinsley

Sworn to and Subscribed before me this day, by the above named affiant.....and I certify that I read said affidavit to said affiant.....and acquainted.....*him* with its contents before.....*he* executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant.....*is*.....personally known to me; that.....*he is a* credible person.....and so reputed in the community in which.....*he*.....reside*s*.

Witness my hand and official seal, this *10* day of *May*, 189*4*
 (Sign here) *Joseph Hammer*
Clerk Court

NOTE.—This should be sworn to before a CLERK OF COURT or JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT MUST ADD HIS CERTIFICATE OF CHARACTER ON THE BACK HEREOF, AND NOT ON A SEPARATE SLIP OF PAPER.

State of _____ County of _____ SS:

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 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 hereunto is genuine.

Witness, My hand and the seal of office, this _____ day of _____ 189_____

Clerk of the _____

If a Notary Public (or Justice of the Peace) will put his signature and the seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. Such Certificate for each department, where many authentications are required, will save much expense.

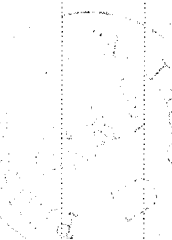
Several papers executed before one N. P. or J. P. on the same day, need County Clerk's Certificate on one only, if all are to be used in one case.

Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

GENERAL AFFIDAVIT.

CASE OF
Samuel Flynn

Geo "I" 151, Regt Ind. Vols



For *Increment of Pension*

Book No. 694, 328

FILED BY
H. F. Underwood

OF
Peru Indiana,
 Attorney for Claimant.

AFFIDAVIT OF
John A. Winsley