

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. _____

of Samuel Flynn late of _____

Co "G" 151 Regt. Ind. Vols.

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

Personally came before me, a Clerk of the Circuit Court, in and for the aforesaid

County and State B. R. Graham a citizen of Peru Ind

whose Post Office address is Peru 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:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 6 years, and that

time I have been his family Physician
[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.]
having seen him and prescribed for him. We have also seen him when attended to his family. He is apparently indicated on study disability in that he looks like a man who has been down now. He is constantly harassed with some chronic cough. He shows chronic pharyngitis and ~~pharyngitis~~ bronchitis, an exacerbation of his cough is greatly aggravated. In my opinion during the last four years he has been able to perform manual labor without injury to himself. It is true that during this time he has performed some light labor, but not without injury to himself. This has been witnessed by myself.

B. R. Graham M.D.

Since signing the above I wish to add that that I had mentioned disabilities in no way the nature of nervous habits.

B. R. Graham M.D.

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 21 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

B. R. Abraham M.D.
[Affiant's Signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this 14 day of May, A. D., 1894

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

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

[L. S.]

Joseph H. Karpis
[Official Signature.]
Clark W. Wierwille
[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 —, 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.

20-91.

MEDICAL EVIDENCE.

AFFIDAVIT OF

B. R. Abraham M.D.

CLAIM OF

Samuel Flynn

No. 694328 for

Treatment of Tension

FILED BY

H. T. Underwood
Terre, Indiana

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

GENERAL AFFIDAVIT.

State of Indiana County of Miami SS:

In the Matter of Lemuel Flynn of Co "I" 151, Regt
Ind Vols. For increase pension on Cft. No 694,328.

Personally came before me, a Clerk of the Circuit Court in and for
aforesaid County and State James Edward aged 55
years, and _____ aged _____ years

citizen of the Town of Peru County of Miami
(Post Office Address.)

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

I will say in reply to Paragraph 3, that
said Lemuel Flynn has been afflicted with
disease of Lungs for more than five years or
from my first acquaintance with him which
has been for more than five years and that
he is a man of temperate habits and that
from my said acquaintance with him and
from observation will say that his lung disease
is not the result of vicious habits.

I will say as to Paragraph 4, that I am
satisfied from what I have seen of said
soldier, that he was unable to perform
Manual labor from July 14, 1890 to Dec. 7, 1892
from disease of lungs. He has not been able to
perform manual labor at any time since
my acquaintance with him. He is a poor
weakly man.

I further state that the above was written
by Margaret B. Lenhart at Peru Ind. at my dicta-
tion and that from my oral declaration and in my
presence this 24 day of May 1894. In my oral state-
ment I was not aided or prompted by any written
or printed statement or recital prepared or dictated by
any other person. I further declare that I have no interest in said case, and am
not concerned in its prosecution, and I am not related to said applicant.

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

SIGNATURE
OF
AFFIANTS

James Edward

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 creditable person.....and so reputed in the community in which.....he.....reside.S.

Witness my hand and official seal, this 24th day of May 1894

(Sign here)

Joseph H. Langner
Clerk Miami Lakes

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.

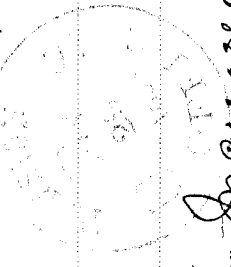
Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

70-92.

GENERAL AFFIDAVIT.

CASE OF

Hemel Flynn
Co "I" 151, Regt. Ind. Vols.



For Increase of Pension
Off No. 694,328

FILED BY

H. S. Underwood

OF

Gen Indiana
Attorney for Claimant.

Attorney for Claimant.

AFFIDAVIT OF

James E. Ward.

Act of June 27, 1890.

AA

DECLARATION FOR INVALID PENSION.

AA

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.

STATE OF Indiana }
COUNTY OF Miami } ss.

On this 28 day of August, A. D. one thousand eight hundred and ninety-four personally appeared before me, a Clerk Miami Circuit Court within and for the county and State aforesaid, Samuel Flynn aged 56 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 Samuel Flynn

who was ENROLLED on the 25 day of January, 1865, in Company "D" 151st Regiment Indiana Volunteer Infantry in Military service, or vessel, if in the Navy. [Here state rank, company and regiment]

in the service of the United States, in the War of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Nashville Tennessee, on the 19 day of September 1865. That he is Totally unable to earn a support by manual labor by reason of Disiated Heart Lungs, Throat and Kidneys. [Here name the disease or injuries from which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character. That he has _____ applied for pension under application No. _____

That he is a pensioner under Certificate No. 517,986 [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 has not been employed in the Military or Naval Service otherwise than as stated above.

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 Louis P. Holman of Peru, State of Indiana, his true and lawful attorney to prosecute his claim and receive a fee of \$ 10.00. That his POST-OFFICE ADDRESS is Peru county of Miami, State of Indiana

Samuel Flynn
[Claimant's signature.]

Attest: (1) George H Thompson
(2) Alvin Morris

Also personally appeared George H. Thompson, residing at Peru Indiana
 and Alvin Morris, residing at Peru Indiana, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
 and saw Leuel Henry, 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 5 years and 5 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.

(1) George H. Thompson
 (2) Alvin Morris
 [Signatures of witnesses.]

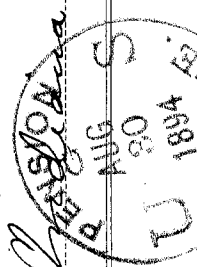
Sworn to and subscribed before me this 23 day of August, A. D. 1894,
 and I hereby certify that the contents of the above declaration, etc., were fully
 made known and explained to the applicant and witnesses before swearing,
 [L. s.] including the words _____, erased,
 and the words _____, added;
 and that I have no interest, direct or indirect, in the prosecution of this claim.

Joseph H. Langner
 [Signature]
Clerk Main Court
 [Official character.]

AA (3-010 a.) AA

SOLDIER'S APPLICATION.

Name Leuel Henry
 Service, Co. 10th Reg. Ind. Inf.
cf 077986.
 Address Peru, Ind.
Peru Indiana
Peru
 Attorney Louis P. Johnson
 Address Peru Indiana



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 mental or physical disability of a permanent character 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.

201
20

GENERAL AFFIDAVIT.

State of Indiana County of Miami SS:

In the Matter of Pension claim no ct 517,986 of Lemuel Flynn Co. 157th Reg Ind Vol Inf.

Personally came before me, a Notary Public in and for aforesaid County and State Thomas C. Brown aged 51

years, and John A. Kinsley aged 53 years

citizens of the Town of Peru County of Miami
(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 they have been well and personally acquainted with the above named Claimant for four years, and during all of said acquaintance have lived near him in the City of Peru Indiana, seen him almost daily, and have heard him complain of heart, Lung, Throat & Kidney disease. Any person would know from his appearance that he is sorely afflicted, and that he is totally disabled for the performance of manual labor. They further state that said disabilities are not due to vicious habits, Claimant is a sober and temperate man. They further state that the statements herein made were written in their presence, from their oral statements, on this 25th day of August 1894, by L. P. Holman at Peru Indiana to whom they made such oral statements, and that they did not see, and was not aided or prompted by any written or printed statement prepared or dictated by any other person.

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

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

SIGNATURE
OF
AFFIANTS

Thomas C. Brown
John A. Kinsley

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^s and acquainted them with its contents before they 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^s are personally known to me; that they are creditable person^s and so reputed in the community in which they reside.

Witness my hand and official seal, this 25 day of August 1894

(Sign here)

Walter C. Bailey
Notary Public

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.

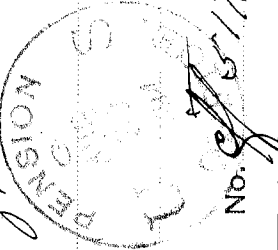
Several papers executed before one N. P. or J. P. on the same day, need County Clerk's Certificate on one only, if all are to be used in one case.

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

Leimuel Flynn
Co. D 187th Reg. Ind
vt. Inf.



For

FILED BY

Louis A. Luman

OF

Terre Indiane

Attorney for Claimant.

AFFIDAVIT OF

Thomas C. Brown

John A. Kinisly
Gen. Anderson

Certificate No. 517986
 Name Samuel Flynn

Department of the Interior,
 BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

McKay Grand
 Commissioner.

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

Answer. yes Rebecca Sturmer. Now Flynn

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

Answer. Feb 20, 1858. Fulton Co. Ind. Isaac Hiatt Esq.

Third. What record of marriage exists?

Answer. Bibel Record

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

Answer. No.

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

Answer. yes. Leander. Flynn. ^{Feb. 27/889} Emeline Flynn. July 20 1861
Franklin Flynn Nov. 28 1870. Mahala Feb. 25 1874
Wilson Flynn. April 23 1877.

Date of reply, Aug 4, 1898

Samuel Flynn
 (Signature.)

GENERAL AFFIDAVIT.

STATE OF Indiana COUNTY OF Tippecanoe, SS:

In the matter of Orge Mr claim # 694 528 Lemuel Flynn co D 157. Ind Inf

ON THIS 24 day of March A. D. 1890, personally appeared before me

Clark Circuit Court in and for the aforesaid County duly authorized to administer oaths.

Amasa H. Brown aged 49 years, a resident of Lafayette

in the County of Tippecanoe and State of Indiana

whose Post Office address is Dame

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post Office address is _____

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 first knew the said Soldier in fall of 1876. [Note—Affiants should state how they gain knowledge of the facts to which they testify.] to 1877. He was trouble with Heart disease and Chronic liver troubles. He was unable to do any work, altho he was compelled to work to provide for himself & family. He had palpitation, smothering spells, looked pallid, complained of being bilious greater part of the time. I then moved to Howard Co. I did not see him again until 1885. when I come to this County. Have seen Flynn every week from 1885 to present time. His condition is about the same as when I first knew him, perhaps a little worse if anything. He worked together first year of our acquaintance. From what I know of him would say he is 75 incapacitated from manual labor.

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

Amasa H. Brown

STATE OF Indiana COUNTY OF Tippecanoe

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 executing 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 and that he is a credible person.

(L. S.)

Samuel P. Finney
(Official Signature)
Clerk Circuit Court
(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 of 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.

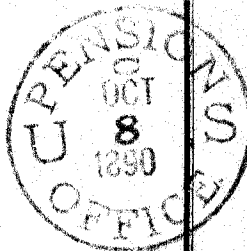
ADDITIONAL EVIDENCE.

CLAIM OF

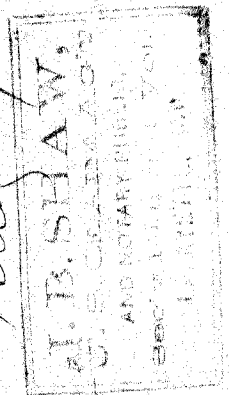
Samuel Flynn
Co. J. 151 Ind Inf
A 694 528

AFFIDAVIT OF

Amasa W Brown
La Fayette Ind



Filed by



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. 377,986
[State above whether for original, increase, or restoration.]
Name and rank of claimant: Samuel Flynn, Rank Priv.
Company I, 150 Reg't Ind. Peru, Indiana State,
Claimant's post-office address. Peru, Ind. [Post-office address of the Board.]
December 21, 1892. [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: dis. of heart and lungs

and that he receives a pension of Eight (8) 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
Heart flutters and has swooning spells, can't lie on left side. Has pain and soreness in chest. Has cough and expectoration of thin whitish or bluish white matter sets short of breath

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

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 24; temperature, 97; height, 5 feet 7 1/2 inches; weight, 134 pounds; age, 53 years. This man's appearance indicates poor health. Nutrition poor. Skin pale, dry and flabby from lack of fatty tissue. Chest exp. 82 1/2 to 89. Respiratory wheezing and harsh. Slight dullness over apex of each lung, most marked on right side. Respiratory murmurs feeble over base of both lungs. Chest flat and slight depression of supraclavicular spaces. Has cough and expectoration thick yellow mucopus. He claims that inhalation of dust from anathematic paper and lungs are evidently considerably diseased. Gray granular with free secretion. Hearing normal. Disability - Eight Eighteenth.

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

Has visible epigastric pulsation. Area of cardiac dullness increased to right. Signs indicate dilatation of right cavity. Sounds at base are rough and indistinct. No cyanosis, cyanosis but evident dyspnea. Disability - Four Eighteenth.
No other disability

Rate for EACH cause of disability.

He is in our opinion, entitled to a 5/8 rating for the disability caused by dis. of lungs 4/8 for that caused by dis. of heart, and _____ for that caused by _____

E. H. Johnson Pres. B. R. Abraham Sec'y. J. G. Ramsey Treas.

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

Continue record of examination here.

Blank lined area for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Flynn
Co. *D*, 15th Reg't *Dand*

Applicant for Increase

No. *377, 986*

DATE OF EXAMINATION:
December 21, 189*2*.

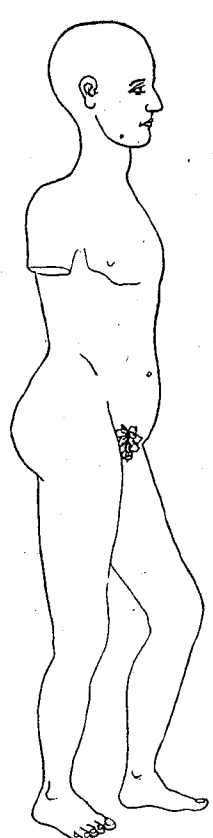
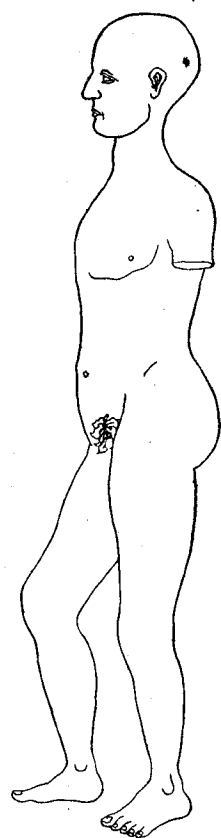
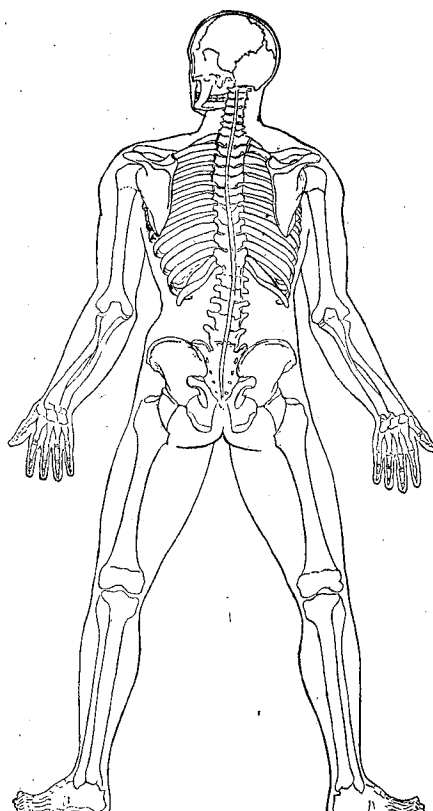
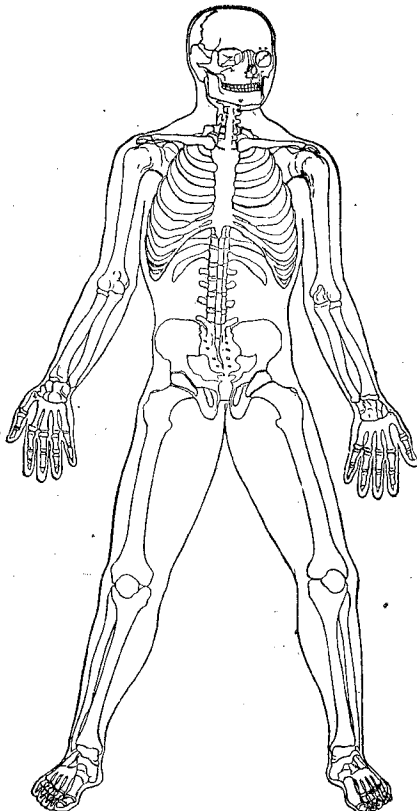
E. Spruill Pres.,
P. R. Bohannon Sec'y,
P. G. Ramsey Treas.,
BOARD.

Post office, *Pen*

County, *Yellam*

State, *Indiana*

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



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

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

From the human skeleton and figure on the back of this certificate and they should be used if 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. 517,986

Name and rank of claimant.

Lemuel Flynn, Rank, Post

Claimant's post-office address.

Company 151 Reg't 2nd Dist Geny Indiana State, Rochester Indiana Feb 19 1896

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: Heart, lungs, throat and kidneys.

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

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

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

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.] Heart pumps and turn blind. Have a smothering in chest when I walk about. Pass bloody urine at times, at other times gray colored urine. Cough continually. Am compelled to sleep on my back. Cant lie on side. Necessant headache.

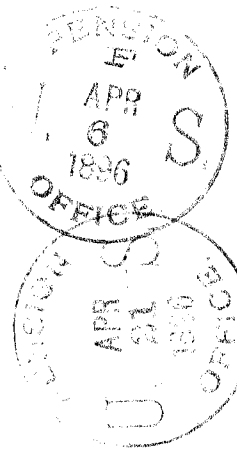
Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 30; temperature, 99.4; height, 5 feet 6 1/2 inches; weight, 123 pounds; age, 57 years. Respiration, full expiration 32 inches, full inspiration 33 1/4 inches. Coughs continually that it is impossible to get accurate measurement. Bronchial tubes somewhat dilated accompanied with coughed respiration. Has a Catarrh of pharyngitis and bronchitis. Heart somewhat hypertrophied, pulse quick but weak. Valves seem weak, but no regurgitation. Has a persistent headache. Feet are swelled at this time. Urine clear at present time, but contains early phosphate with a trace of mucous, but no sugar or albumen. He is emaciated, and sallow. Tongue coated a thin light brown. Has a nodding upon the least exertion. He is entitled to a rating of 18 on account of conditions above described which cant be separated intelligently. He can move about a little, but is unable to perform any labor. No vicious habits. No other disability.

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.

Wm Boggs, Pres. H. George, Sec'y. C. G. G. Treas.

Lined area for notes or additional information.



SURGEON'S CERTIFICATE

IN CASE OF

Amuel Flynn
Co. *D.* 1st Regt *Ma. Vol.*

Applicant for re-ear

No. *517*, *986*

DATE OF EXAMINATION:

Feb 19th 189*6*

W. D. Dwyer, Pres.,
H. A. Kavanagh, Sec'y,
C. G. Wilson, Treas.,

BOARD.

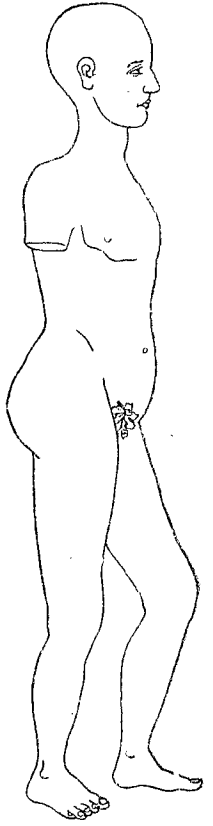
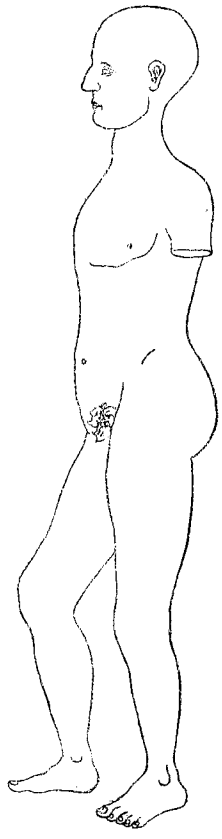
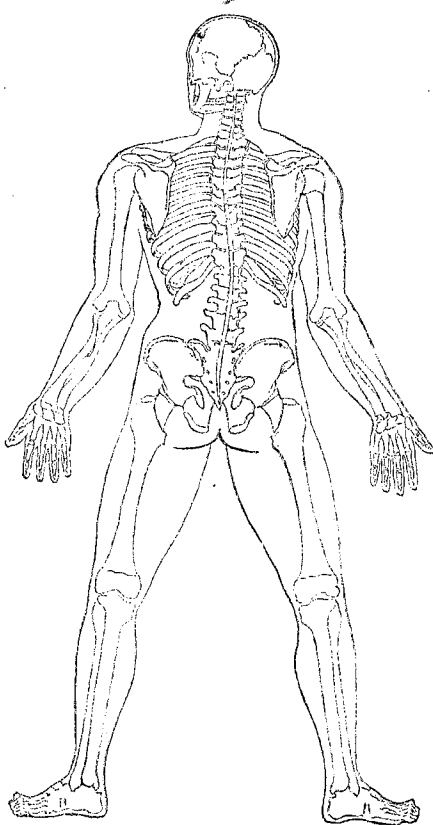
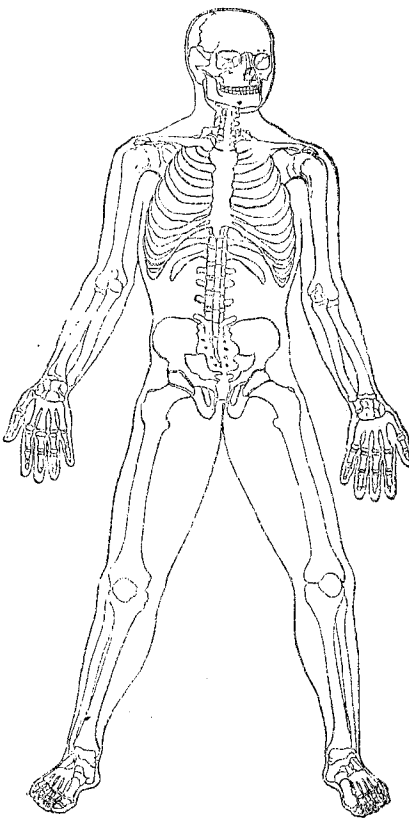
Post office, *Peru.*

County, *Miami.*

State, *Indiana.*

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

Joseph Pospisiel



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 23, 1882.]

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., April 8, 1896.

The attached certificate is respectfully returned for amendment. After amendment it should be promptly returned to this Bureau.

Doctors:

It is desired that you recommend a rate for each disability separately. See pars. 118, 120 & 122.

Recommend a rate for disease of heart; for disease of lungs; for disease of throat; for disease of kidneys. If no disability from any cause please write "no disability" or "no rate" in disposing of each.

Is the disease of respiratory organs permanent and progressive, in your opinion? Amendment.
Disease of respiratory organs is permanent and probably progressive. The rate disease of heart $\frac{2}{18}$ For disease of throat $\frac{2}{18}$ For disease of kidneys $\frac{1}{18}$. For disease of lungs $\frac{13}{18}$ tho. The rating is done to the best of our judgment.

THOS. FEATHERSTONHAUGH,
Medical Referee.

N. B.—Amendments may be made upon this sheet. The amendment should be signed and the date given.

No. 72)

INQUIRY SLIP.

at

WASHINGTON, D. C., *June 13/06*

To the Commissioner of Pensions:

Please furnish the condition of the claim mentioned below, and state what evidence, if any, is needed to complete the same.

Very respectfully,

DAVID A. GOURICK,

OK
Claimant's Attorney.

D. O. G. Claim No. *517986*

Certificate No. *69245128*

Lemuel Flynn
Name of Claimant.

Samuel
Name of Soldier.

Co. *D*, *151* Reg't, *Ind. Inf.* Vols.

Nature of Claim

*Power of Attorney
herewith.*

Am I recognized?

POWER OF ATTORNEY.

KNOW ALL MEN BY THESE PRESENTS, That I, Sammuel Hyman

J. 157th Ind. V. Inf. of Richester

in the county of Indiana, and State of Indiana

have made, constituted, and appointed, and by these presents do make, constitute, and appoint

DAVID A. GOURICK of **WASHINGTON, D.C.**

my true and lawful Attorney, for me and in my name, place and stead, hereby annulling and revoking all former Powers of Attorney whatever in the premises, to prosecute before any Department, or the Courts, or Committees of Congress of the United States until final completion, for me, my claim for

Indemnity, under all laws, Ex. No. 694528.

MS at May 16, 1906

ATTY FILED

RENSHION
A JUN 13 S.
OFFICE

and to, from time to time, furnish any further evidence necessary, or that may be demanded, giving and to my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could if personally present at the doing thereof, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney or his substitute, may, or shall lawfully do or cause to be done by virtue hereof.

My Post Office address is Richester Indiana R.R. #8.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal, this 11 day of

June, A. D. 1906.

WITNESSES A. J. Ritten

H. P. Richardson
(Two witnesses who write must sign here in every case.)

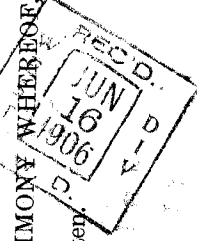
Sammuel Hyman [SEAL.]
(Signature of Claimant.)

State of Indiana, County of Tipton, ss:
Be it known that on this 11 day of June, A. D. 1906,
before me, the undersigned Notary Public in and for the said County and State,
personally appeared Samuel Flynn

to me well known to be the identical person who executed the foregoing Power of Attorney, and the same having
been first read over to him and the contents thereof duly explained, acknowledged the same to be his
free act and deed, and that I have no interest, present or prospective, in the claim.

73

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of office the day and year
last above written.
S. A. Cluddy,
Chief, Law Division.



per L. L. 6-14-06 Charles Jackson
(Official Signature)
Notary Public
(Official Character)
January 24 1904

[L. S.]

MY COMMISSION EXPIRES

11

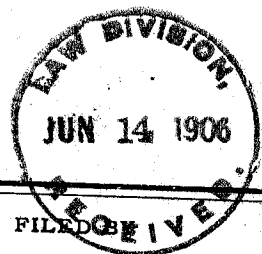
Att. No. 694528

Power of Attorney.

CLAIM OF

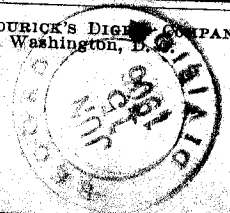
Samuel Flynn
L-1514 Ind. Inf.

FOR



DAVID A. GOURICK
WASHINGTON, D. C.

Prepared and for sale by GOURICK'S DIGIT COMPANY,
923-930 F Street, N. W., Washington, D. C.



[Handwritten signature]

FROM

DAVID A. GOURICK,

Attorney at Law,

Washington, D. C.

[Handwritten] ~~517986~~

[Handwritten] No. ~~694528~~

[Handwritten] Lemuel Flynn
Name of Soldier

Co. *[Handwritten]* 151 Reg't, *[Handwritten]* Ind. Inf. Vols.

[Handwritten]
Miss Hunt
June 20/06
Papers



DAVID A. GOURICK,
ATTORNEY.

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of *Indiana*, County of *Fulton*, SS:

In the matter of *Lemuel Flynn Co. D.*
151 Reg. Ind Val Int

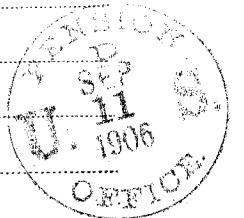
ON THIS *3^d* day of *Aug*, A. D. 19*06*, personally appeared before me
A Notary Public in and for the aforesaid County, duly authorized to administer
oaths. *Daniel Windbigler* *65* years, a resident of *Piosa*
in the County of *Fulton*, and State of *Indiana*
whose Post-office address is *Piosa Indiana*

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

(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)

In the claim of Lemuel Flynn as above mentioned I will say that I am personally acquainted with him. We both served in the same Regt. & Co. as in regards to him having yellow jaundice I will say that is correct for I was with him while he was sick more or less. I have been a close neighbor of his for several years lived in the same town for several years & since then I have frequently saw him as often as once a week part of the time.

Daniel Windbigler



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

Daniel Windbigler
(Signature of Affiant.)

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

STATE OF Indiana, COUNTY OF Putnam, 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 an credible person.

Oliver J. Borders
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

MY NOTARY PUBLIC
COMMISSION EXPIRES
SEPT. 24th 1906.

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, unless such certificate is already on file in the Pension Office, when such fact should be stated.

RECEIVED
SEP 12 1906
WEST DIV.

[Signature]
Division
Pension
No. 517986

ADDITIONAL EVIDENCE.

CLAIM OF
Lemuel Flynn
Co. I. 151 Reg
Good Vol Inf
AFFIDAVIT OF
Daniel Windbigler
D. S. C.
Indiana

FILED BY
DAVID A. GOURICK
WASHINGTON, D. C.

Prepared and for sale by GOURICK'S DIGEST COMPANY,
928-880 F Street, N. W., Washington, D. C.

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Indiana, County of Fulton, ss:

In the matter of Samuel Flynn Co. I
151 Reg Ind Vol Inf

ON THIS 6 day of August, A. D. 1906, personally appeared before me
Natay Public in and for the aforesaid County, duly authorized to administer
oaths Permy M Shore aged 53 years, a resident of Rockester
in the County of Fulton, and State of Indiana
whose Post-office address is Rockester Indiana

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid
case as follows: I personally know Samuel Flynn

Rockester Ind

(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)

I have known him for a period of ~~strong~~
Five years during all this time Flynn
looked like a sick man to me
I have sold him medicine all this year for
Brown Chills & Lung trouble for which he was
troubled with it has been in the drug
business for about 30 years coming in
contact with the Ford General
P M Shore
Pharmist

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

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

(Signature of Affiant)



STATE OF Indiana, COUNTY OF Fulton, 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.

Charles Jackson
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

MY COMMISSION EXPIRES January 24 1909.

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, unless such certificate is already on file in the Pension Office, when such fact should be stated.

Division

Pension

Ref. No. 514986

ADDITIONAL EVIDENCE.

CLAIM OF

Samuel Flynn

Co. D. 151 Ind Vol

Inf.

AFFIDAVIT OF

J. M. Stone

Rochester Ind.

FILED BY

DAVID A. GOURICK

WASHINGTON, D. C.

Prepared and for sale by Gourick's Dimest Company,
928-930 F Street, N. W., Washington, D. C.

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT.

State of Indiana, County of Fulton, ss:

In the matter of Lemuel Flynn Co. J 151 Reg

3rd Val. Inf

ON THIS 6 day of August, A. D. 1906, personally appeared before me
Notary Public in and for the aforesaid County, duly authorized to administer

oaths Anderson Moore aged 44 years, a resident of Rochester

in the County of Fulton, and State of Indiana

whose Post-office address is Rochester Ind.

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

He first knew the Claimant Lemuel Flynn in the year 1876. and continued to know him each and every year

(NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.)

Since 1876 to the present time, and can testify that since my first acquaintance with him to the present that he has had Heart disease and Jaundice. Resulting in disease of the Liver and Kidneys.

His knowledge of which he testifies is from living near and heard him complain of these diseases, and from his looks shows that he has the jaundice and he is weak and unable to do any Manual Labor, Nor even the lightest work at the present time

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

G. M. Buchanan

A. J. Bitten

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

Anderson Moore

(Signature of Affiant.)

mark

