

<b>REQUEST FOR MILITARY RECORDS</b>				1. DATE 12/28/15	2. PULLTIME/STAFF INITIALS 11:00 TH	
3. NAME OF REQUESTER LAUREN MAHIEU			4. RESEARCHER CARD NO. 183042			
ITEM NOS. 2, 5, 6, 7, 8, AND 9 FOR STAFF USE ONLY	5. STACK AREA 17W4	6. ROW 16	7. COMPARTMENT 4	8. SHELF 2	9. SEARCHER JAW	
10. RECORD IDENTIFICATION (Check one only)				(If Military Service or Bounty Land checked - complete items 11, 13, 14, and 15. If Pension is checked - complete items 11, 12, 13, 14, 15, and 16.)		
<input type="checkbox"/> MILITARY SERVICE <input checked="" type="checkbox"/> PENSION <input type="checkbox"/> BOUNTY LAND						
11. NAME OF SOLDIER EDWIN FREEMAN			12. NAME OF DEPENDENT (if applicable)			
13. UNIT (CO, BN, or REGT.) Co. H MATHE INF			14. STATE SERVED FROM ME		15. WAR, OR DATE OF SERVICE CIV WAR	
<b>16. PENSION FILE NUMBERS</b>						
			APPLICATION		CERTIFICATE	
a. INVALID			1,196,273		951,752	
b. WIDOW						
c. MINOR						
d. MOTHER						
e. FATHER						
f. OTHER NUMBERS (C, XC, BLWT, etc.)						
17. RECEIVED		18. DATE		19. RETURNED		20. DATE

**DROP REPORT—PENSIONER**

INVALID Cert. No. 951.752

Pensioner \_\_\_\_\_

Soldier Edwin Freeman

Service \_\_\_\_\_

Class ACT OF MAY 1, 1920 **SEC. I**

**LAW DIVISION**

\_\_\_\_\_, 192

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

\_\_\_\_\_, 19\_\_\_\_\_

Per \_\_\_\_\_ Chief, Law Division.

**EDWIN FREEMAN,  
GREEN ST  
951752 ACT MAY  
WINTHROP MAINE**

**FINANCE DIVISION**

AUG 18 1924 \_\_\_\_\_, 192

The name of the above-described pensioner who was last paid at the rate of \$ 72 per month

to \_\_\_\_\_, 19\_\_\_\_\_, has this day

been dropped from the roll because of Death

Aug 4, 1924

Randall  
Chief, Finance Division.

Check No. 16860349 dated 4/4/24 canceled  
AUG 4 1924

IN YOUR REPLY PLEASE REFER TO  
DATE, INITIAL, AND NUMBER

3-1860

SECTION I

DEPARTMENT OF THE INTERIOR

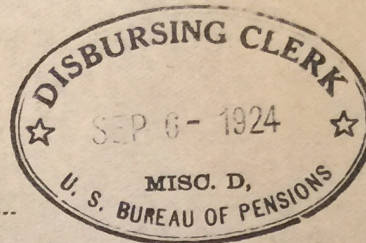
BUREAU OF PENSIONS

OFFICE OF THE DISBURSING CLERK

WASHINGTON

September 2, 1924.

*M.*



The Postmaster,

*Winstrop, Maine.*

Dear Sir:

A letter containing a pension check addressed to

*Edwin Freeman, Green St.,*

Certificate Number *951752*, was mailed in time

to reach your office on or about *Sept. 4, 1924.*

Since the mailing of that check I have been informed that the pensioner is dead.

Please return that letter and this one to me at once.

Respectfully,

*E. E. Miller*  
Disbursing Clerk.

(D-B-1)

*Deceased — Date of death Aug. 4-1924*

SECTION I <sup>3-1140</sup>

Sec. \_\_\_\_\_ Class MAY

Name Edwin Freeman

CERTIFICATE No. 951752

Local Address Green St.,

Winthrop Maine

~~Post Office~~ pressed away,

~~State~~ Monday eve, Aug 4 1924

~~Beginning~~ \_\_\_\_\_ 4, 192

BUREAU OF PENSIONS  
OFFICE OF THE DISBURSING CLERK  
WASHINGTON, D. C.

JUL 7 1924

Your change of address has been made as requested.

When you desire a change from that address, fill in the spaces above and mail this card at once. *Do not fail* to insert the month with which the change is to begin.

If *temporary*, state for what months.

Checks will not be sent in care of another person, a firm, or a corporation.

DISBURSING CLERK.

No change in address will be made without the NUMBER of your PENSION CERTIFICATE. 6-4004

Invalid Division  
I.C. 951752  
Edwin Freeman  
H 21 Maine Inf.

March 27, 1924.

Mr. Edwin Freeman  
Winthrop, Maine.

Sir:

Your claim for reissue to correct the date of commencement of increase under section 2, act of May 1, 1920, has been allowed at the rate of \$72 per month from Nov. 15, 1923.

The evidence on file fails to show that you required the regular aid and attendance of another person prior to that date.

Respectfully,

*Washington Gardner*

CBH:hm

Commissioner.

*Washington Gardner*

Invalid Division

March 27, 1924.

Hon. Frederick Hale,  
United States Senate.

My dear Senator:

Referring to the claim for reissue to correct the date of commencement of increase under section 2, act of May 1, 1920, I.C. 951752 of Edwin Freeman, whose address is Winthrop, Me., and who served in Co. B, 21 Me. Inf., I have to advise you that it has been allowed at the rate of \$72 per month from Nov. 15, 1923.

The evidence on file fails to show that the claimant required the regular aid and attendance of another person prior to that date.

Claimant has this date been advised as above.

Very truly yours,

*Washington Gardner*

CBH:hm

Commissioner.

Invalid Division  
I C 951,752  
Edwin Freeman

~~Med - Adam 1/24/24~~

Red  
2/2

Co H 21st Me Infy I Edwin Freeman claimant in this action in compliance with the orders from the Pension Department on oath declare and sy. in relation to my claim for increased pension. that as near as I can remember it was on or about November 15th 1923 that I was stricken with the shock of paralasis. since which time I have had to have constant care about everything connected with living, and keep in the house . and for a year or more before that time I had to have the constant and continual care and oversight of some one, but I could get round and dress and undress myself and put myself to bed and feed myself but do nothing at all.

Witness  
2/15/24

Witness *Charles A. Cummings*  
Edwin X Freeman  
Kris

State of Maine Kennebec S S January 26th 1924.  
Then personally appeared the said Edwin Freeman and signed and made oath to the truth of the foregoing affidavit I am not interested  
Before me

*J. J. Carlton*

Notary Public

Invalid division  
I C 951,752  
Edwin Freeman

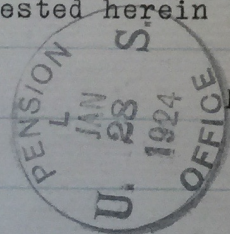
Co H 21st Me Inf I Edith A Tucker of Winthrop Maine whose Post office is Winthrop Maine and buisness now housewife on oath declare and say in answer to the request of the pension Depart in this claim in addition to former affidavit given in this claim. that as near as I can recall, I did not make a date of it at the time claimant had the shock on the 15th day of November A D 1923; and thereafter I have taken care of him in connection with my husband about as one has care for a nearly perfectly helpless person. I have been unable to see Dr F H Badger his Regular attending physcian, before sending this, as haste appears to be necessary if he is to receive relief from the Pension Department before he dies. before this stroke for a year or thereabouts, he required constant care and oversight, and I gave it to him. he could then go out of doors and dress and undress himself and feed himself, but it was not safe to leave him alone and I did not.

*Edith A. Tucker*

State of Maine Kennebec S S January 26th 1924  
Then personally appeared the said Edith A Tucker to me personally known and signed and made oath to the truth of the foregoing affidavit  
I am not interested herein

*J. J. Carlton*

Notary public



ACT OF MAY 1, 1920  
INCREASE

See Feby 5

Claimant Edwin Freeman

P. O. Winthrop

Rank corporal

County Kennebec

Service Co. H

State Maine

21<sup>st</sup> Maine Inf.

Rate, \$ 72 per month, commencing

November 30, 1923

INVALID DIVISION

STATE REPRESENTATIVE. None

APPROVAL

Submitted for Med. Ex. Jan. 9, 1924, Jos. McKeel, Examiner.  
Re " " Jan 28 " " Tom G. Ginn

Approved for

Approved for \$72.00 from November 30, 1923  
not warranted from prior date.

INCREASE, SECTION 2,  
ACT OF MAY 1, 1920.

Aug 11/24

~~No Medical Examination~~

Jan. 10, 1924, H. A. Leedy Reviewer.  
Jan 10, 1924, Sumner Rereviewer.

Jan 30, 1924, L. M. Greene Medical Examiner.  
Jan 30, 1924, Foster Medical Referee.  
C. J. Conway Medical Referee.

Enlisted \_\_\_\_\_, 18\_\_\_\_; honorably discharged \_\_\_\_\_, 18\_\_\_\_

Enlisted \_\_\_\_\_, 18\_\_\_\_; honorably discharged \_\_\_\_\_, 18\_\_\_\_

Enlisted \_\_\_\_\_, 18\_\_\_\_; honorably discharged \_\_\_\_\_, 18\_\_\_\_

Length of pensionable service \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Pensioned at \$ 50 per month, under ACT OF MAY 1, 1920, \_\_\_\_\_, as Civil War veteran,

PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed December 1, 1923

Claimant does not write.

Edwin Freeman Neale M.C.

W. J. G.



13189

3-080

# CONGRESSIONAL.

No. 951752

NAME OF CLAIMANT:

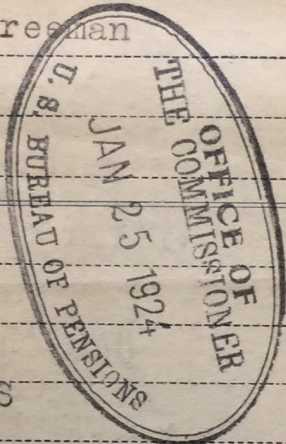
Edwin Freeman

P. O. { E. Winthrop, Maine.

NAME OF SOLDIER:

Edwin Freeman

Co. \_\_\_\_\_, Reg't \_\_\_\_\_



STATUS \_\_\_\_\_

(I understand that an application for increase was filed some time ago.)

Frederick Hale, U. S. S.

Jan. 24, 1924

These slips are exclusively for the use of Senators in Congress, and when used by any other person will not receive consideration.

Senators will greatly aid the Bureau of Pensions in giving them an early answer, if they will fill and use these slips in making calls in pension cases.

# DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Maine, County of Hennebec, ss:

On this 28th day of November, 1923 before me, the undersigned, personally appeared Edwin Freeman, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.

That he is 83 years of age; that he was born May 4, 1840 at Milo Maine

That he is the identical Edwin Freeman, who

ENLISTED Sept. 10, 1862, at Edwin Freeman, in 80th - 21st, Maine Infantry (Here state company and regiment, if in the Army; or vessel, if in the Navy.) and was honorably

DISCHARGED August 25, 1863, at Augusta Maine, having served the United States, in the Civil War. (State name of war, Civil or Mexican.)

That he also served \_\_\_\_\_ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was \_\_\_\_\_ employed in the United States Military or Naval service.

That his personal description at time of first enlistment was as follows: Height 5 feet 9 3/4 inches; complexion light color of eyes blue; color of hair light; that his occupation was Farmer

That since leaving the service he has resided at In and around Boston, Mass.; Anoka, Minnesota; last 16 years in Winthrop, Maine and his occupation has been General workman.

That he requires the regular personal aid and attendance of another person on account of the following disabilities: Shock; heart disease; and general debility. (State in this space the nature of any and all disabilities.)

That he has required such regular aid and attendance since \_\_\_\_\_ about 2 years.

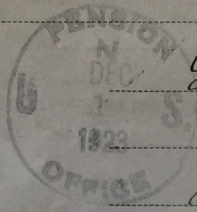
That he has \_\_\_\_\_ applied for pension under Original No. \_\_\_\_\_; that he is \_\_\_\_\_ a pensioner under Certificate No. 951752

Two attesting witnesses.	(1) <u>Willis L. Mason</u> (Signature of first witness.)	<u>Edwin X Freeman</u> (Claimant's signature in full.)
	<u>East Winthrop Me</u> (Address of first witness.)	<u>Winthrop</u> (Claimant's address in full.)
	(2) <u>Arthur E. Bramard</u> (Signature of second witness.)	<u>Maine</u>
	<u>East Winthrop Me</u> (Address of second witness.)	

Subscribed and sworn to before me this 30th day of November, 1923, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant 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.]



L. H. Adams  
(Signature.)  
Notary Public  
(Official character.)  
Winthrop Maine  
(Post-office address of officer.)

Declaration accepted as a claim under Sec. 2, act of May 1, 1920. Chief, Law Div.  
for WES

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION.

I Edith A Tucker of Winthrop County of Kennebec  
and state of Maine on oath testify and say in relation to the claim of

~~Edith A~~ Edwin Freeman of said Winthrop herewith filed for an  
increase of Pension. that My age is fifty four years, that my P O  
address is as follows. Winthrop Maine. that I am the daughter of the  
said Edwin Freeman. that he lives at my house and I and my  
husband take care of him I do so mostly. he is practixally helpless  
from shock and other pyysical ailments. and requires and receives  
constant care. in dressing ,and feeding himself and in other ways .it is  
not safe to leave him alone . and has to have constant care

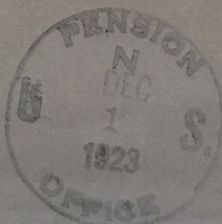
*Edith A. Tucker*

State of Maine Kennebec S S November 30th 1923

Then personally appeared the above named Edith A Tucker  
and signed and made oath to the truth of the above affidavit b  
and I certify that affiant is to me personally k nown and entitled to  
full belief and credit I have no interest direct or indirect  
herein Before Me

*L T Carlton*

Notary Public



I F H Badger of Winthrop Kennebec County State of Maine whose age is fifty three years and Post office as above on oath testify and say : that I am a regular practicing Physician and Surgeon. a graduate Bowdoin Medical School of Brunswick Maine. 1894 that I have practiced my profession ever since my graduation and for the last 22 years in said Winthrop

That I am the regular physician of attending physiciabn of Edwin Freeman now of said Winthrop. that the said Freeman is so feeble and helpless as to require the regular care and attendance, and this should be constant of a competendant person. an examination discloses that he is afflicted with chronic Arthritis. organic disease of the heart and Embolism of the Brain. with a resulting Thrombosis. producing a partial pazzyszsparalysis of right arm and right leg so that he is totally incapacitated from performing any and all kinds of labor and unable to care for himself requiring the services of a constant attendant I am not related and have no interest in his claim for a pension

State of Maine

*F. H. Badger, M.D.*

Kennebec S S November 30<sup>th</sup> 1921

Then personally appeared the said F H Badger to me personally known to be a reputable physician and entitled to full credit and belief and signed and made oath to the truth of the above affidavit *Before me L Y Carleton*

*Notary Public*

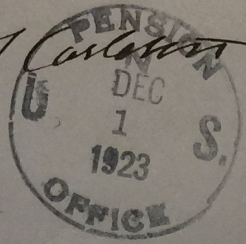
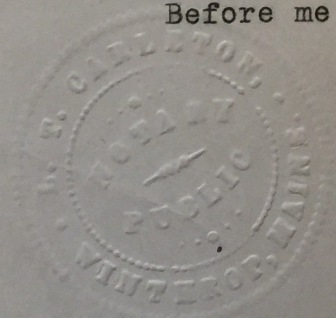
I will add that he is not able to go before the examining Board for an examination

*F. H. Badger, M.D.*

Signed and sworn to before me the date and day above named I have no interest direct or indirect herein Before me

Notary Public

*L Y Carleton*  
PENSION OFFICE  
DEC 1 1923



014  
Group 3  
Boston

~~Increase~~ ACT OF MAY 11, 1912.

Cert. No. 951,752

ACT OF MARCH 4, 1913.

Claimant, Edwin Freeman  
 Rank, Corporal  
 Address, Box 12 East Windthrop  
 Service, Co H  
 County, Kennebec  
 State, Maine  
 21 - Maine Infantry  
 Rate, \$ 22.50 per month, commencing May 4, 1915.

CIVIL WAR.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, None Fee, \$ \_\_\_\_\_  
 P. O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 19 \_\_\_\_\_

Approved for Increase  
 from June 10, 1918  
 \$ 32 from \_\_\_\_\_ 19  
 Act of June 10, 1918  
 \_\_\_\_\_ Agent  
 JUL 16 1918  
 \_\_\_\_\_ Rev.

APPROVAL.

Submitted for Adm June 7, 1915 A S Perham, Examiner.  
 Approved for increase Rate \$ 22.50 per month; age 75 years.

Length of pensionable service: \_\_\_\_\_ years, 11 months, 16 days.

Deductions in service from any cause: none years, \_\_\_\_\_ months, \_\_\_\_\_ days, on account of \_\_\_\_\_

June 16, 1915 Edwin S Perham Legal Reviewer.  
June 17, 1915 A S Perham Re-Reviewer.

Enlisted September 10, 1862; honorably discharged August 25, 1863.

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Length of pensionable service: 0 years, 11 months, 16 days.

Pensioned at \$ 19 per month, under act May 11-1912

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed March 23, 1915

Age shown by evidence 75 years; date of birth alleged May 4, 1840

Claimant does \_\_\_\_\_ write.

No. \_\_\_\_\_, M. C.

*London Boston*

*Reissue*

ACT OF MAY 11, 1912.

Cert. No. *951752*

Claimant, *Edwin Garrison Freeman* *WED*  
 P. O., *East W. Millcroft* Rank, *Corporal*  
 County, *Pennebec* Service, *Co. H.*  
 State, *Maine* *21st Maine Inf.*  
 Rate, \$ *19* per month, commencing *May 22, 1912*

*M*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_; Fee, \$ \_\_\_\_\_; Agent to pay.  
 P. O., \_\_\_\_\_; Articles filed \_\_\_\_\_, 19

APPROVAL.

Submitted for *Ad. U. Ct. 9th*, 1912, *Julia S. Allen*, Examiner.  
 Approved for *Admission* Rate \$ *19* per month; age *72* years.

*Reissue from Act February 6, 1907*

Civil War Division.

Length of pensionable service: \_\_\_\_\_ years, *11* months, *16* days.

Deductions in service from any cause: *None* years, \_\_\_\_\_ months, \_\_\_\_\_ days.

on account of  
*Oct. 14, 1912*, *W. B. Sullivan*, Legal Reviewer. *Oct 15, 1912*, *J. A. Bul*, Re-Reviewer.

Enlisted *Sept 10th*, 18*62*; honorably discharged *Aug 25th*, 18*63*

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Length of pensionable service: *0* years, *11* months, *16* days.

Pensioned at \$ *15* per month, under *act Feb 6, 1907*

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *May 25*, 1912

Age shown by evidence *72* years; date of birth alleged *May 4th*, 18*40*

Claimant does \_\_\_\_\_ write.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Maine, County of Kennebec, ss:

On this 20th day of May, A. D. one thousand nine hundred and 12, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Edwin Freeman who, being duly sworn according to law, declares that he is 72 years of age, and a resident of East Winthrop, county of Kennebec, State of Maine; and that he is the identical person who was ENROLLED at Augusta, Maine, under the name of Edwin Freeman, on the 10th day of September, 1862, as a Private, in Co H 21st Maine Infantry Vol

(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 war, and was HONORABLY DISCHARGED (State name of war, Civil or Mexican.)

at Augusta, on the 25 day of August, 1863.

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 9 3/4 inches; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was Farmer that he was born May 4th, 1840, at Milo Maine

That his several places of residence since leaving the service have been as follows: Springfield Mass, Walpole Mass, Dorchester Mass and Winthrop Maine (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 95-1752 That he has not applied for pension under original No. \_\_\_\_\_

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 May 11, 1912.

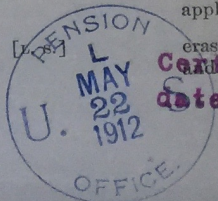
That his post-office address is East Winthrop, county of Kennebec, State of Maine

Attest: (1) W. M. Packard  
(2) Carl H. Moore

Edwin Freeman  
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 20th day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_

erased, and the words \_\_\_\_\_  
Certificate on file to cover \_\_\_\_\_  
date.



S. A. CUDDY,  
Chief, Law Division.

W. L. Moore  
(Signature.)  
Justice of the Peace  
(Official character.)

Accepted as to resolution  
S. A. CUDDY, Chief, Law Division.  
per JCS

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

951752

951752  
Boston

*Dunn*  
ACT OF FEBRUARY 6, 1907.

Claimant, *Edwin Freeman*  
 P. O., *East Winthrop* Rank, *Corporal*  
 County, *Hannibal* Company, *H*  
 State, *Maine* Regiment, *21st Me. Vol. Inf.*  
 Rate, \$ *15* per month, commencing *May 6, 1910*

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, *None*  
 P. O.,

APPROVAL.

Submitted for *Adm. May 13, 1910*, *W. V. Ludlow*, Examiner.  
 Approved for

*Increase*  
*agreed to*  
*Rate \$15. per month*

*May 16, 1910*, *E. S. Sirostetary*, Legal Reviewer. *May 18, 1910*, *J. R. Willey*, Re-Reviewer  
 Enlisted *Sept. 10*, 18*62*, honorably discharged *Aug. 25*, 18*63*  
 Enlisted *None*, 18 ; honorably discharged \_\_\_\_\_, 18  
 Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18  
 Pensioned at \$ *12* per month, under *Act of Feb'y, 6, 1907*

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed *May 6*, 19*10*  
 Date of birth alleged, *May 4, 1870 (1840)*  
 Age shown by evidence *70* years.

Claimant does write.

*E. C. Burleigh*, M. C.  
*act*

EASTERN



A.P.  
Boston

Issue

3-364.

Original No.

Certificate No. 951752

### ACT OF FEBRUARY 6, 1907.

Claimant, Edwin Freeman  
 P. O., Stoughton Rank, Corporal  
 County, Norfolk Company, A  
 State, Massachusetts Regiment, 21 Me Vol Inf  
 Rate, \$ 12 per month, commencing March 12-1907

EASTERN.

#### STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_  
 P. O., \_\_\_\_\_

#### APPROVAL.

Submitted for Admission November 6 1907, St. G. Fisher Examiner.

Approved for admission

Age over 62.

Rate \$12 per month

Provision to allow under Act February 6-1907 - deduct such payments  
 and drop name from rolls under Act of June 27-1890

Nov 14, 1907, J. H. Johnson  
 Legal Reviewer.

Nov 14, 1907, F. H. Felt  
 Re-Reviewer.

Enlisted September 10, 1862; honorably discharged August 25, 1868

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Pensioned at \$ 8 per month, under Act of June 27 1890

#### PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed March 12, 1907.

Date of birth alleged, May 4 1840

Age shown by evidence \_\_\_\_\_, 66 years.

Claimant does \_\_\_\_\_ write.

J. W. Weeks, M. C.  
car

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass }
County of Norfolk } ss.

On this 9 day of March, A. D. one thousand nine hundred and Seven, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Edwin Freeman, who, being duly sworn according to law, declares that he is 46 years of age, and a resident of Slough-ton county of Norfolk, State of Mass; and that he is the identical person who was ENROLLED at Readfield, Me under the name of Edwin Freeman on the 10 day of Sept, 1862 as a Pri in Co. H. 21st Regt Maine Vol Infy (Here state rank, and company and regiment in the Army, or vessel if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Augusta, Me, on the 25th day of August, 1863. 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 7 3/4 inches; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was Farmer; that he was born May 11th, 1840, at Milo, Me.

That his several places of residence since leaving the service have been as follows: Readfield, Me; Slough-ton, Mass. (State date of each change, as nearly as possible.)

That he is 957752 a pensioner. That he has heretofore applied for pension

(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.

That his post-office address is Slough-ton, county of Norfolk, State of Mass.

Attest: (1) S. Frank Gay, Edwin Freeman (Claimant's signature in full.)

(2) E. M. Bird

Also personally appeared S. Frank Gay, residing in Slough-ton, Mass and E. M. Bird, residing in Slough-ton, Mass, 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 Edwin Freeman, 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 2 years and 2 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.

S. Frank Gay, E. M. Bird (Signatures of witnesses)

PENSION F MAR 12 1907 S

Subscribed and sworn to before me this 9 day of March, A. D. 1907 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;

S. A. Cuddy, Chief, Law Division, accepted per YTM, 4 [ ]

Walter Bird, Justice of the Peace (Official character)

cut in file

ACT OF FEBRUARY 6, 1907.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Maine }  
County of Kennebec } SS.

On this 4th day of May, A. D. one thousand nine hundred and ten, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Edwin Freeman, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of East Winthrop county of Kennebec, State of Maine; and that he is the identical person who was ENROLLED at Readfield Maine under the name of Edwin Freeman, on the 10 day of September, 1862, as a Corporal, in Co H. 21<sup>st</sup> Regt Maine Vols Infantry  
(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 Augusta Me, on the 25 day of August, 1863. 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 9 3/4 inches; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was Farmer; that he was born May 4<sup>th</sup>, 1840, at Milo, Maine

That his several places of residence since leaving the service have been as follows: Maine  
Dana in 1845 - Maine - Minnesota 1876 to 1879 - Saxonville  
(State date of each change, as nearly as possible.)  
Walpole - Waverhesten - Stoughton Mass

That he is a pensioner. That he has heretofore applied for pension 951752  
(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.

That his post-office address is East Winthrop, county of Kennebec, State of Maine

Attest: (1) A. E. Brainard  
(2) N. S. Brainard  
Edwin Freeman  
(Claimant's signature in full.)

Also personally appeared A. E. Brainard, residing in Winthrop and N. S. Brainard, residing in Winthrop, 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 Edwin Freeman, 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 40 years and 40 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.

A. E. Brainard  
N. S. Brainard  
(Signatures of witnesses.)

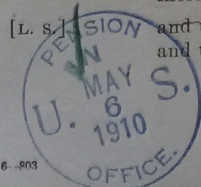
SUBSCRIBED and sworn to before me this 4th day of May, A. D. 1900, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_, erased,

(L. S.) and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Validity accepted  
as to execution A. E. Brainard  
S. A. Cuddy, Justice of the Peace  
Chief, Law Division, (Official character.)

Certificate on file to cover date.

S. A. CUDDY,  
Chief, Law Division.



cert  
951752  
Boston

3-357.

Cert. No. 951,752

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Churin Freeman,  
P. O. Stoughton, Rank Corporal,  
County Norfolk, Company 1st,  
State Massachusetts, Regiment 21 Me. Vol. Inf.  
Rate, \$ 8- per month, commencing May 8, 1905.

Pensioned for partial inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name Warren P. Bird, Fee, \$ 2.  
P. O. Stoughton, Mass Agent to pay.

EASTERN

APPROVALS

Submitted for ad. July 20, 1905 Ed. Bennett, Examiner.

Approved for partial inability  
to earn a support by  
manual labor.  
Age 65 years.  
Rate \$8. per month.

Approved for \_\_\_\_\_

Aggregate of disabilities shown, permanent in character: \$ \_\_\_\_\_

July 24, 1905, L. J. Perry,  
Local Reviewer.  
July 26, 1905, W. J. Schis,  
Re-Reviewer.

*Medical action not required*

Enlisted Sept. 10, 1862; honorably discharged Aug. 25, 1863.

Enlisted \_\_\_\_\_, 186\_\_\_\_; honorably discharged \_\_\_\_\_, 186\_\_\_\_.

Pensioned at \$ 6. per month. Last paid to for disease of heart.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 8, 1905, alleges age.

Claimant does \_\_\_\_\_ write.  
Certificate not filed.

78

W. C. M. C.

Act of June 27, 1890.

1196,273

*951,752  
Boston*

INVALID PENSION.

Claimant, *Eduwin Freeman*

P.O., *5. Lud's St. Dorchester*

County, *Suffolk Co Mass*

State, *Mass*

Rate, \$ *6*, per month, commencing *Aug. 11, 1897*

Rank, *Corporal*

Company, *No*

Regiment, *21 Me Inf*

Disabled by *Disease of heart.*

RECOGNIZED ATTORNEY.

Name, *W F Blanchard*

Fee, \$ *10* Agent to pay.

P.O., *Augusta Me*

Articles filed, \_\_\_\_\_, 189 .

APPROVALS.

*AD* Submitted for *rejection* *Dec 10*, 1897, *Allison J. F.*, Examiner.

Approved for *dis. of liver, dyspepsia, dis of bowels bladder urinary organs, heart, and Constipation of Rheumatism* Approved for *Disease of heart*  
*\$6.00*  
*No other notable disability*

*AB'S  
PK*  
*Dickerson*  
Legal Reviewer.

*Byington*  
*J. J. Rand*  
Medical Referee.  
*Dec 30*, 1897.

*Dec. 15*, 1897.

now pensioned under other laws. Last paid to \_\_\_\_\_, 1897, at \$ \_\_\_\_\_

Pensioned from \_\_\_\_\_, 18\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

SERVICE SHOWN BY RECORD.

Enlisted *September 10*, 18*62*, honorably discharged *August 25*, 18*63*

Re-enlisted *No*, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_

Declaration filed *August 11*, 1897, alleges permanent disability, not due to vicious habits, from *chronic disease of the liver, dyspepsia disease of bowels bladder and urinary organs rheumatism and disease of heart and Constipation.*  
*Subst. writes* *nomul*

DECLARATION FOR AN ORIGINAL DISABILITY PENSION

13

Under Act of Congress approved June 27, 1890.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or a 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 Maine }  
County of Kennebec } ss.

40

On this 9 day of August A.D. one thousand eight hundred and ninety-~~seven~~  
personally appeared before me Notary Public of the

a ~~COURT OF RECORD~~ within and for the County and State aforesaid  
Edwin Freeman aged 57 years, who, being duly  
sworn according to law, declares that he is the identical Edwin Freeman

who was ENROLLED as a Corporal on the  
10 day of September 1862, in Company H of the  
2<sup>nd</sup> Regiment of Maine Infantry Vols.

and served at least ninety days in the war of the Rebellion,  
and was honorably DISCHARGED at Acquata Me on the 25

day of August, 1863; that his personal description is as follows: age  
years; height 5 feet 10 inches; complexion fair; hair gray;

eyes blue. That he is suffering from the following disabilities which are of a permanent  
character, viz.: Chronic disease of the liver, Dyspepsia and disease of the  
bowels with resulting constipation and disease of the bladder and uri-  
nary organs, contracted about the year 1868 and are the result of a  
severe sickness caused by the "Grippe" which he had at that time. Also  
claims on account of rheumatism and resulting disease of heart con-  
tracted in 1893.

That the said disabilities are not the result of any vicious habits of the claimant, and  
incapacitate him from the performance of manual labor in such a degree as to render him unable to  
earn a support.

That he is not receiving an invalid pension, of \$ 10 per month under certificate  
No. 101 for Chronic disease of the liver, Dyspepsia and disease of the bowels with resulting constipation and disease of the bladder and urinary organs, contracted about the year 1868 and are the result of a severe sickness caused by the "Grippe" which he had at that time. Also claims on account of rheumatism and resulting disease of heart contracted in 1893.

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. That he has not been employed in the military or naval  
service otherwise than stated above. Had never been in the military  
or naval service of the United States prior to Sept.

10, 1862.  
That he has not been in the military or naval service of the United States since the  
25 day of August, 1863 and that his occupation  
has been that of a Clerk etc. That he is now

disabled from obtaining his subsistence by manual labor by reason of the disability  
above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid pension  
under the Act of Congress of June 27, 1890. He hereby appoints with full power of substitution and  
revocation N. A. Blanchard  
of Acquata Me his true and lawful attorney to prosecute his claim,  
and to receive therefor a fee of ten dollars.

That he has not heretofore applied for a pension, but his claim has not been allowed, the No.  
of the claim being No. 101; that his residence is 15 Leeds St. Dorchester  
Mass. and that his post office address is 15 Leeds St. Dorchester  
Mass. off Sawin Hill.

ATTY FILED.

Edwin Freeman  
(Signature of Claimant)

(Two witnesses who can write, sign here.)

*W. L. Pease*

ORIGINAL  
DISABILITY CLAIM  
FOR  
PENSION.

Under Act of Congress, June 27, 1890.

*Edwin Freeman* Applicant.  
Co. *V.* 2<sup>nd</sup> Reg't.  
*Marine Infantry* Vols.  
Enlisted 186.....  
Discharged 186.....



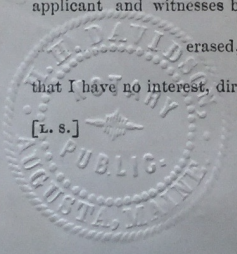
FILED BY  
*N. F. Macauley*  
*Deputy*

SOLD BY  
T. H. BALL, LAW STATIONER,  
51 COURT STREET, BOSTON.

Also, personally appeared *M. L. Pease* residing at  
*Manchester - Me.* and *John Jenkins* residing at  
*Augusta - Me.* 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 *Edwin Freeman*  
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, for *20* years, and  
*2* 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.

*M. L. Pease*  
*John Jenkins*  
(If Affiants sign by mark, two persons who can write sign here.) (Signature of Affiants.)

Sworn to and subscribed before me this..... day of..... A.D. 189.....,  
and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the  
applicant and witnesses before swearing, including the words.....  
erased, and the words..... added; and  
that I have no interest, direct or indirect, in the prosecution of this claim.



[L. S.]  
*H. H. Davidson*  
Clerk of the *Notary Public*

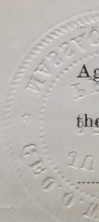
DECLARATION FOR INCREASE OF AN INVALID PENSION.  
Acts of June 27, 1890, and May 9, 1900.

State of Massachusetts  
County of Norfolk } ss:

48

On this fifth day of May, A. D. one thousand nine hundred and  
five, personally appeared before me, Geo. Wentworth,  
a Justice of the Peace within and for the County and State aforesaid,  
Edwin Freeman, aged 65 years, a resident of  
Stoughton, County of Norfolk, State of  
Massachusetts, who, being duly sworn according to law, declares that he is a  
pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number  
951.752, and duly enrolled at the Boston Pension

Agency, at the rate of Six dollars per month, having served in  
the military service of the United States in Co. H.



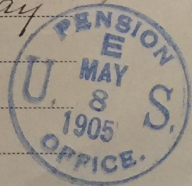
21st Regiment Infantry Maine Volo.

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion; that  
his present physical condition is such that he believes himself entitled to receive an increased rate under  
the provisions of the Act of June 27, 1890, and under Act of May 9, 1900; and that he now suffers from

on account of age.

(Here state the name or nature of each disability with which you are afflicted.)

That he was born on the 4th day  
of May 1840.



all of which are permanent in character, and not due to vicious habits.

He hereby appoints, with full power of substitution and revocation,

Warren P. Bird

of Stoughton Mass.  
his true and lawful Attorney, to prosecute his claim.

ATTY FILED

That his Postoffice address is Stoughton, County of  
Norfolk, State of Massachusetts

Edwin Freeman  
(Signature of claimant.)



Also personally appeared Charles Riley, residing at Stoughton, and John H. Smith, residing at Stoughton, persons whom I certify to be

respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Edwin Freeman the claimant sign his name

(Name of 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, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

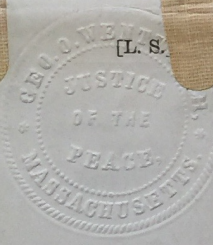
Charles Riley  
John H. Smith  
(Signatures of witnesses to identify of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this fifth day of May, A. D. 1905, 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 thereto,

including the words \_\_\_\_\_  
(If any words have been erased in the application, enter them here.)



\_\_\_\_\_, erased, and the words \_\_\_\_\_  
(If any words have been added in place of any erased, enter them here.)

added; and that I have no interest, direct or indirect, in this claim, and am not concerned ~~therein~~.

power of attorney valid.  
S. A. Cuddy,  
Chief, Law Division.  
per J. C. S.

Geo. O. Wentworth  
(Signature.)  
Justice of the Peace  
(Official Character.)

The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

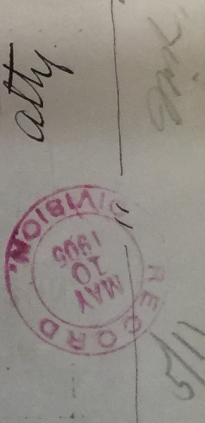
951.752  
Certificate No. 951.752  
File.

**INVALID.**  
**Claim for Additional Pension.**  
**ACTS OF**  
**June 27, 1890, and May 9, 1900.**

Edwin Freeman, Applicant,  
Co., 16th Reg't,

Infantry Vols.  
Enlisted \_\_\_\_\_, 18\_\_\_\_

Discharged \_\_\_\_\_, 18\_\_\_\_  
Warren R. Bird  
Atty



ACT OF JUNE 27, 1890.

3-402.

BOSTON,

Certificate No. 951752 Department of the Interior,

Name, Edwin Freeman 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. C. Evans*

Commissioner of Pensions.

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

Answer. Yes. Nancy Augusta Freeman. N. A. Wadsworth

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

Answer. June 30<sup>th</sup> 1891. Wayne Maine, by Rev. E. Smith

Third. What record of marriage exists?

Answer. I have framed certificate signed by two witnesses

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. two. Charles Roswell Freeman born June 12<sup>th</sup> 1867  
and Edith Augusta Freeman " Oct 25<sup>th</sup> 1869

Date of reply, June 1<sup>st</sup>, 1898

Edwin Freeman  
(Signature.)

*Eastern* Div.  
Inclig. No. *1196773*  
*Edwin Freeman*  
Co. *He*, *21* Reg't *Me Inf*

3-173.  
JPA, Ex'r.  
Department of the Interior,  
BUREAU OF PENSIONS,  
Washington, D. C., *October 14*, 1897

EAST DIV.  
OCT 20 1897  
RECEIVED.

SIR:  
Will you kindly 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 family.  
Very respectfully,

*Edwin Freeman*  
*Suffolk Co Mass.*

*W. C. Brewster*  
Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: *Yes, Nancy Augusta Freeman*  
*Wadsworth*

No. 2. When, where, and by whom were you married? Answer: *June 30<sup>th</sup> 1861,*  
*Wayne, Maine, by Rev. E. Smith of Wayne*

No. 3. What record of marriage exists? Answer: *I have a certificate*  
*signed by two witnesses.*

No. 4. 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.*

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: *I have two, Charles, Roswell, Freeman*  
*born June 12<sup>th</sup> 1867, and Edith, Augusta, Freeman*  
*Oct 25<sup>th</sup> 1869*

Date of reply, *Oct 18<sup>th</sup>*, 1897.

PENSION  
U. S. OFFICE.  
OCT 20 1897

*Edwin Freeman*  
(Signature)

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

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

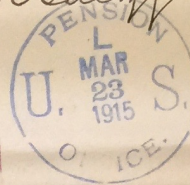
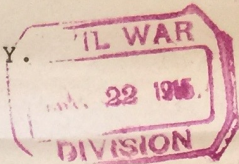
Sir: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

*G. M. Saenger*

Commissioner.

EDWIN FREEMAN,  
E. WINTHROP, ME.  
951752 ACT MAY.  
BOX 12.



48

FOLD HERE.

FOLD

No. 1. Date and place of birth? Answer. *May 4<sup>th</sup> 1840. Milo, Me*  
The name of organizations in which you served? Answer. *11<sup>th</sup> Maine Vol. Regt*

No. 2. What was your post office at enlistment? Answer. *East Winthrop - Maine*

No. 3. State your wife's full name and her maiden name. Answer. *Hansey Augusta Freeman*

No. 4. When, where, and by whom were you married? Answer. *Hansey Augusta Wadsworth  
June 30<sup>th</sup> 1861. Wayne - Me. by Rev. E. Smith*

No. 5. Is there any official or church record of your marriage? *Don't know*  
If so, where? Answer. *I have my Certificate from the Rev. E. Smith*

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. *NO*

FOLD HERE.

FOLD

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. *I am*

No. 9. State the names and dates of birth of all your children, living or dead. Answer. *Charles Roswell Freeman  
June 12 1867 - Edith Augusta Freeman Oct 25 1869*

FOLD HERE.

FOLD

Date *Mar 22 - 1915*

(Signature) *Edwin Freeman*

Eastern Div. No. 1196273  
Edwin Freeman  
No. 21 Me Vol Inf

3-060.

27a Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., October 17<sup>th</sup>, 1897

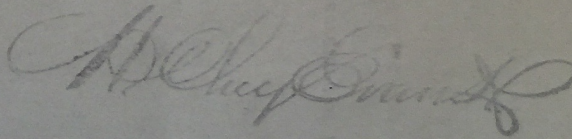
SIR:  
RECORD & PENSION OFFICE  
1512136  
OCT 15  
WAR DEPARTMENT

For use in the above-entitled claim for pension you are requested to furnish this Bureau with a full military and medical history of Edwin Freeman, who, it is stated, enlisted September 10<sup>th</sup>, 1862, at \_\_\_\_\_, as a \_\_\_\_\_ in Co. No, 21<sup>st</sup> Reg't, Me Vol Inf, and was discharged August 25, 1863, at Augusta Me

It is also alleged that on or about \_\_\_\_\_, 18\_\_\_\_, he was disabled by \_\_\_\_\_

and was treated in hospitals as follows:

Very respectfully,  
The Chief of the  
RECORD AND PENSION OFFICE,  
WAR DEPARTMENT.



Commissioner.

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. 1,196, 273,

Name and rank of claimant.

Edwin Freeman, Rank, Corporal,

Claimant's post-office address.

Company W-21 Reg't Me, Vol. Inf., Boston Mass, State,

Sorchester Mass, [Post-office address of the Board.]

15 Leeds St, [Date of examination.] November 15<sup>th</sup>, 1897, 40

We hereby certify that in compliance with the requirements of the law we have carefully

Cause of disability.

examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: disease of liver, dyspepsia, disease of bowels, bladder and urinary organs, rheumatism and disease of heart and that he receives a pension of \_\_\_\_\_ dollars per month.

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

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

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

Clerk by profession, I can attend to the duties of my business nearly all the time. Rheumatism, dyspepsia, and disease of heart are my chief troubles.

Upon examination we find the following objective conditions: Pulse rate, 72, respiration, 18; temperature, 98.5; height, 5 feet 8 1/2 inches; weight, 152, pounds; age, 57 years.

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

disease of liver; Area of hepatic dulness is normal and said viscous is not nodular, indurated or sensitive. Upon palpation scales is absent. Skin and conjunctives are not stained with bile pigment. Tongue is moist and clean. Stomach and rectum are free from disease. No rating for alleged disease of liver, dyspepsia; Stomach appears normal in size and location and is not unduly sensitive upon palpation. Claimant gives a history of gastro-intestinal, Catarrh, and affirms that he is obliged to subsist upon a restricted and regulated diet and he states that he has infrequent attacks of nausea and vomiting. Bowels are somewhat tympanitic, and are slightly sensitive upon firm pressure. Spleen is normal in size and location. Rating for dyspepsia by disease of bowels; Claimant says his bowels move regularly once in every twenty four hours. Except as noted there are no symptoms present indicative of alleged disease of bowels - and therefore we do not rate for the same - He is not emaciated or debilitated.

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.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Edw. W. Harding Pres. H. O. Brauth Secy. L. H. Hollie, 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.

examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability, in the service, viz: \_\_\_\_\_

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

and that he receives a pension of \_\_\_\_\_ dollars per month.

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

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

No. 2,

Upon examination we find the following objective conditions: Pulse rate, \_\_\_\_\_; respiration, \_\_\_\_\_; temperature, \_\_\_\_\_; height, \_\_\_\_\_ feet \_\_\_\_\_ inches; weight, \_\_\_\_\_ pounds; age, \_\_\_\_\_ years.

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

*disease of bladder and urinary organs;*  
Bladder is normal in size and location, and firm pressure over hypogastric region does not cause pain, urine is voided in a good sized straight stream and is of normal odor and color and free from sediment. Prostate gland is slightly enlarged, but is not indurated sensitive upon palpation. He does not give a history of incontinence or retention of urine, there are no symptoms of local or general dropsy present, anaemia is absent, there are no evidences of urethral stricture present, a steel sound No. 22, French scale, was passed into bladder without difficulty, or causing pain, urine is free from albumin or sugar, Sp. Gr. 1020. Reaction acid. Testicles and penis are normal, no rating for alleged disease of bladder and urinary organs.  
Rheumatism; crepitation is not present in any of the joints of the body, joints, muscles and tendons are normal. He has good use of his upper and lower extremities, and he does not limp or use a cane when walking.

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.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

\_\_\_\_\_, Pres. \_\_\_\_\_, Sec'y. \_\_\_\_\_, 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.

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

and that he receives a pension of \_\_\_\_\_

He makes the following statement upon which he bases his claim for \_\_\_\_\_

[Original, increase, restoration, &c.]

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

No. 3,

Upon examination we find the following objective conditions: Pulse rate, \_\_\_\_\_; respiration, \_\_\_\_\_; temperature, \_\_\_\_\_; height, \_\_\_\_\_ feet \_\_\_\_\_ inches; weight, \_\_\_\_\_ pounds; age, \_\_\_\_\_ years.

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

General muscular stiffness is not present, Joints are not inflamed, swollen or tender, No rating for alleged rheumatism, Muscles are well developed and firm, Palms of hands are slightly calloused, Heart disease; Apex impulse is felt at the 5th intercostal space, there is a mitral-systolic murmur present, heard with the greatest distinctness over the apex of heart, Heart is slightly enlarged, but not dilated, Rhythm is irregular and intermittent, Pulse sitting 72, standing 74, and after exercise 84, Heart's action is enfeebled, Dyspnoea is superinduced by moderate exertion, Oedema and Cyanosis are absent, Rating for disease of heart 7/8 - Lungs are normal, Loss of teeth - All of the teeth in both the upper and lower jaw have been extracted and Claimant is wearing a full set of artificial teeth in both jaws Gums are healthy - Rating for total loss of teeth 7/8 - there are no evidences whatsoever of vicious habits - No other disability is found to exist,

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.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

\_\_\_\_\_, Pres. \_\_\_\_\_, Sec'y. \_\_\_\_\_, 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.



CERTIFICATE OF MEDICAL EXAMINATION.

Insert character and number of claim.

Name of claimant.

Company.

Names of disabilities.

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.

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

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

Act June 5-20, Survivors Spanish War: Estimate incapacity from all causes not due to vicious habits at one-tenth, one-fourth, one-half, three-fourths, or total.

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.

§79 Cases: In every instance where aid and attendance is alleged, the Board will state (in so many words) whether the regular aid and attendance of another person is or is not required.

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

Pension Claim No. 957752

J.C. Edwin Fairman  
N. Reg't 21 Me. Inf  
Wintthrop Maine (Green St)

Address of Board: Augusta P. O. Maine State.

Date of examination: Jan. 20, 1924

Disease of heart. Chronic bronchitis  
Partial paralysis - rt side Nov. 1923. Mental deterioration  
He receives a pension of 50 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:  
Had disease of heart 20 years. Had partial paralysis rt side last Nov. Has had to have spec. aid since Nov. 1923

Birthplace, Milo Maine; age, 53 years; height, 5ft. 3in  
weight, 150 pounds; complexion, light; color of eyes, blue  
color of hair, grey; occupation, Farmer; permanent marks and scars other than those described below, large mole between shoulders

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

Pulse rate, 80 80 110; respiration, 17 18 28; temperature, 98.5

Maine. Cloudy. S. 9. 10 22 acid. no albumen or sugar  
No evidence of disease of urinary organs.  
Heart apex beat 5th space nipple line. Area of dulness from sternum to nipple line & from 4th to 6th ribs. Action regular, rather slow  
no murmurs. Dyspnoea on exercise but no oedema. Extremities are cold & slightly cyanotic. Palpable arteries are sclerotized  
Jumps

Form very stooping Natykon fair. If he could stand erect would be 5 ft 8 in  
muscles soft. Chest full. Chest meas is 34-36 in circumference & percussing normal.  
no evidence of bronchitis at this time.  
Partial paralysis. There has been a mild hemiplegia rt side with partial recovery  
Station steady eyes open. Can stand for a second or 2 eyes closed but very unsteady  
Cannot walk eyes closed. Gait is very feeble & unsteady eyes open. Patella reflex on rt side nearly absent on left side normal for age. Pupils alike slowly reacting. Tongue protrudes in rt hand but is retracted in lt hand is less than in the left. There are attacks of vertigo but no spasms.  
There is no local anesthesia. There is gait. Muscular tremor.  
Mind clear on part events. Memory poor on late events. Speech hesitating. is not always clear as to understanding of questions. Not always sure of his surroundings. He is unable to dress & undress unaided. Can feel firmly part of the time but must have to be cut for him.

This claimant is so totally disabled from results of rt hemiplegia, orthrosclerosis & deafness as to require regular personal aid of another person including & including feeding himself and is entitled to \$72.00 a month. No other disabilities found  
no signs of mental deterioration  
Sec'y.

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

Large seal entries must never be made.