

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

State of New Jersey, County of Somerset, SS;

ON THIS 4th day of June, A. D. one thousand eight hundred and ninety seven

personally appeared before me, a Notary Public

within and for the county and State aforesaid Henry Alford

aged 68 years, a resident of the Town of Somerville county of

Somerset State of New Jersey, who, being duly sworn according to law,

declares that he is the identical Henry Alford who was enrolled on

the Eighth day of August, 1862, in Co. 76 15th Regt N.Y.

Vol. usa Private Here state rank, company, and regiment in military service.

or vessel, if in the Navy.

in the service of the United States in the War of the Rebellion, and served at least ninety days and was

honorably discharged at Hulls Hills Va. on the 22^d

day of June, 1865. That he is now partially unable to earn a support

by manual labor by reason of Rheumatism, Kidney disease,

and weak back. Here name the diseases 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 not applied for pension under claim Certificate No. 1139762

that he is not a pensioner under Certificate No. _____

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

That he 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, with full power of substitution and revocation, Henry Alford

of Somerville

State of New Jersey, his true and lawful attorney to prosecute his claim, and to receive

therefor a fee of ten dollars; that his post-office address is Somerville

county of Somerset, State of New Jersey

Henry Alford
Declarant's signature

Attest: 1. James W. Marshall

2. George W. Koch

If affiants make mark, two witnesses who write sign here.

Also personally appeared Dennis Murphy residing at Amorville N.J.
 and Henry W. Koch residing at Amorville N.J. 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 Henry Alford 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 4 years and 10 years, respectively, that he is the identical
 person he represents himself to be; and that they have no interest in the prosecution of this claim.

Dennis Murphy
Henry W. Koch
 Signatures of Witnesses.

SWORN TO AND SUBSCRIBED before me this 4th day of June, A. D.
1897, and I hereby certify that the contents of the foregoing declaration, &c., were fully
 made known and explained to the applicant and witnesses before swearing, including the
 [L. S.] words..... erased, and the words.....
 added; and that I have no interest,
 direct or indirect in the prosecution of this claim.

Official Signature: J. W. R. Stapleton
 Official Character: Notary Public of N.J.

NOTES.

- 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.

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name: Henry Alford
 Residence: Co. D. 15th
Regt. N. J. Vol.
 ADDRESS: Henry Alford
Amorville N.J.

PENSION OFFICE
 JUN 7 1897
 OFFICE

FILED BY J. W. R. Stapleton
Amorville N.J.

Date of Execution:

Printed and sold by W. H. ROOPE & Co., Box 686,
 Washington, D. C.

16 Not June 25-97

Act of June 27, 1890.

INVALID PENSION.

rec 954088
my City

No 1139465

Claimant, Henry Wood
P.O., Wilmington Rank, Private
County, Lowndes Company, H
State, N.J. Regiment, 15th N.J. Inf.
Rate, \$ 6. per month, commencing June 7 1897

Disabled by Genital debility

RECOGNIZED ATTORNEY

Name, J. P. Saffery Fee, \$ 1 Agent to pay.
P.O., Wilmington, N.J. Articles filed, 189

DROPPED

APPROVALS

Submitted for ad Jan 13 1898 Mathewson Examiner.

Approved for disability
disease of kidneys and
back.

Approved for genital debility
\$6 no other disability
affecting rate.
J. Rankin Cross
J. J. Thompson, Jr. Medical Referee.
Jan 24 1898

Martin
Legal Reviewer.

June 15, 1898

not now pensioned under other laws. Last paid to _____ 189, at \$ _____
Pensioned from _____ 18, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Aug 1 1862 honorably discharged June 22 1865

Re-enlisted _____ 18, honorably discharged _____ 18

Declaration filed Jan 4 1898, alleges permanent disability, not due to vicious habits,
from chronic disease of kidneys and
back

not with. No Ill

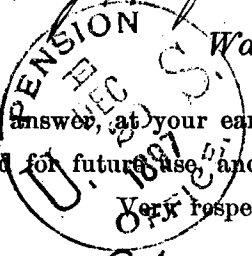
Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. December 10, 1897

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,



Mr. Henry Alford
Somerville
Vt.

Wm. C. Brewster
Commissioner.

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

Answer: Widower

No. 2. When, where, and by whom were you married? Answer: April 13th 1850

Verriek, Susquehanna Co. Pa. Esq. Timmoch

No. 3. What record of marriage exists? Answer: None known

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: Three.

Harvey G. Alford May 12th 1851

Jane M. Alford May 7th 1852

Ida O. Alford Feb. 27th 1856

Date of reply, Dec 17th, 1897

Henry Alford
(Signature.)

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. 1139766
(State above whether for original, increase, or restoration.)

Name and rank of claimant. Henry Alvord Rank, Private

Company H. 16th Reg't W. J. T. Inf. Lawrenceville, Ga. State, Georgia
[Post-office address of the Board.]

Claimant's post-office address. Lawrenceville, Ga. Dec 15-11 1897
[Date of examination.]

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

and that he receives a pension of no dollars per month.

He makes the following statement upon which he bases his claim for Comp
(Original, increase, restoration, &c.)

Has pain in his back on his shoulders & knee joints has pain and feet sore all over his body too old to do much work.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 17; temperature, 98.6; height, 5 feet 10 1/2 inches; weight, 170 pounds; age, 68 years.

Heart normal; along in years but his looks would indicate he enjoys fairly good health. Tongue clean thin clear, standard, moist, & moist in normal condition and lungs are also in healthy condition and examination of urine reveals no disease of the kidneys. There is no evidence of any disease of the throat & chest. There is no swelling nor enlargement of any joints, and no feeling two clumps nor contraction of muscles. Tenderness of ft. there is a stiffness in the shoulder joints and loss of motion in each joint 1/2. There is also stiffness in the knee joints and loss of motion 1/2. His movements are not natural. Cannot extend his hands and the muscles are tender to the touch. He is suffering from neuralgia and we consider him entitled to Comp for this disability.

Heart at R 96 S 105 E 110 apex beat 6th rib chd. no murmurs or sounds no dyspnea. Action rational. Rapidly and thoroughly. No vicious habits, and no other disabilities found. W. H. Reid - Some men coming before the Board for examination are excited and the rapidity of the pulse in such cases is due to nervous excitement. When Heart is normal

W. H. Reid, Pres. W. H. Reid, Sec'y A. S. Anderson, 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.

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

"I hereby certify that Dr. J. T. Rice, Dr. J. P. Harrison, and Dr. Wm. A. Cannon, were personally present and actually participated in the examination of Henry Wood, the claimant in this case, on 15th day of December, 1897

(Signature.) Wm. A. Cannon

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

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

(Signature.) _____

SURGEON'S CERTIFICATE

IN CASE OF

Henry Wood
Co. H, 15th Reg't W. V. F. Inf.

Applicant for Original

No. 159265

DATE OF EXAMINATION:

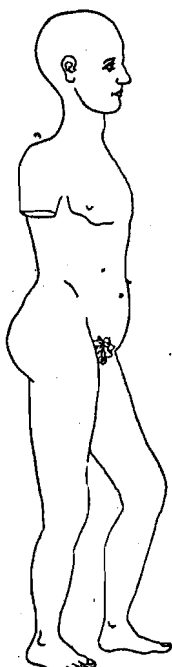
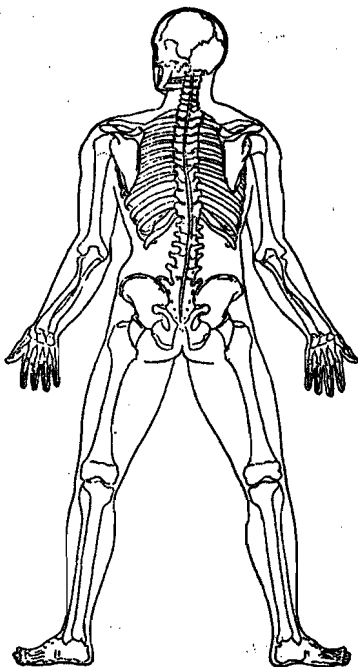
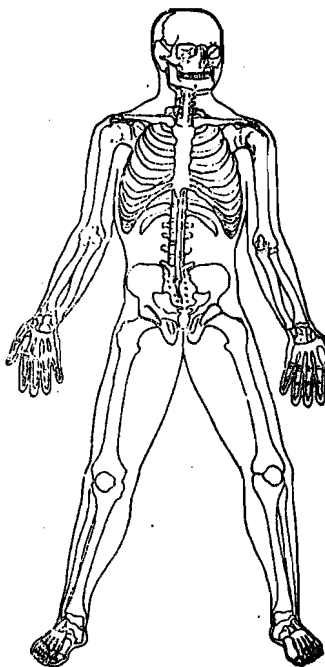
December 15th 1897

J. T. Rice Pres.,
Wm. A. Cannon Sec'y,
J. P. Harrison Treas.,
BOARD.

Post office, Lawrence
County, Lawrence

State, W. Va.

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. [Extract from Section 4, Act of Congress approved July 25, 1882.]

GENERAL AFFIDAVIT.

State of New Jersey, County of Somerset ss.

In the matter of Dewey Alvord Private Const.
15th Regt N.J. Vols

ON THIS 17th day of December, A. D. 1897, personally appeared before me
A Notary Public in and for the aforesaid County duly authorized to administer
oaths Charles Dean aged 53 years, a resident of Somerville
in the County of Somerset and State of New Jersey.

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

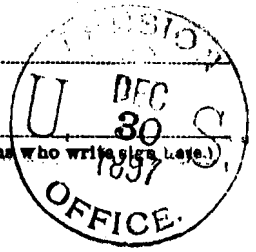
I have known Dewey Alvord for
NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

the last 21 years. We both work to-
gether. I see him every day. Mr Dewey
Alvord has often complained to me
of disease of Back, Kidney and Rheu-
matism and I know he has suffered
from said disabilities from November 26th
1892, to the present time, and he is still
suffering from said disabilities. From
my personal knowledge of Dewey Alvord
he is unable from his disabilities to perform
any manual labor. He is now employed
as Car Inspector which requires no
manual labor, and by reason of said
disabilities and old age, he is liable
to be discharged any day. Said dis-
abilities are not the result of vicious habits.

His Post-office address is Somerville N.J.

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

Charles Dean
(Signature of Affiant.)



(If affiant signs by mark two persons who write sign here.)

GENERAL AFFIDAVIT.

State of New Jersey, County of Somerset, ss.

In the matter of Henry Alvord Prui Co "A"
15th Regt N.J. Vol Inftry

ON THIS 20th day of December, A. D. 1897, personally appeared before me

A. Matam Puccio in and for the aforesaid County duly authorized to administer

oaths Henry Alvord aged _____ years, a resident of Somerville

in the County of Somerset and State of New Jersey,

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

I am the Plaintiff, as
NOTE—Affiant should state how he gained a knowledge of the facts to which he testifies.

near as I can tell I first felt the
disease of Back and Rheumatism about
ten (10) years ago I was then in Som-
erville N.J. I do not remember the
circumstances said disabilities came
on gradually. I first noticed the
disease of Rheum about seven (7) years ago.
It came on by degrees. I do not re-
member the circumstances. I think
the disease of Back and Rheumatism
was caused by stooping over while in
service of Railroad Company and from
exposure. Said disabilities are not
the result of vicious habits in
any way whatever.

His Post-office address is Somerville N.J.

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

in its prosecution.



Henry Alvord
(Signature of Affiant.)

(If affiant signs by mark two persons who write his name.)

GENERAL AFFIDAVIT.

State of New Jersey, County of Somerset, ss.

In the matter of Dunbar Alvord Private No "A"
15th Regt. N. J. Vols

ON THIS 28th day of December, A. D. 1897, personally appeared before me

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

oaths Edward S. Keme aged 51 years, a resident of Somerwill

in the County of Somerset and State of New Jersey.

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

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

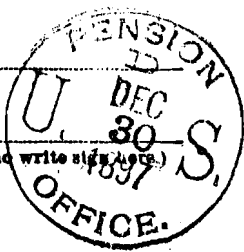
I have known Dunbar Alvord off and on for the last twenty five (25) years. I have worked with him for the last nine years, and he has complained to me during that time of disease of Back, Rheumatism and Paralysis, and I know he has laid off ^{acct} of said disabilities, and said Dunbar Alvord suffered from said disabilities November 26, 1892 and has from that date up to the present time. I consider Dunbar Alvord unable to do any manual labor. He is now employed by the C. P. R. of N. J. as Car Inspector, which requires only light work, and the condition he is in from his disabilities and old age, he is liable to be discharged ^{acct} of ~~not being able to do the work.~~ Said disabilities are not result of violence.

His Post-office address is Somerwill, N. J.

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

in its prosecution.

Ed S. Keme
(Signature of Affiant.)



(If affiant signs by mark two persons who write signs for.)

Recd Div. *I. M. Exr.*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, *December 11*, 1897

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history of the soldier

No other report on file.

claim No. 1139 1/2 b

Name, *Henry Alford*

Co. *11th 15th Regt. N.J. Inf.*

[Signature]
Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

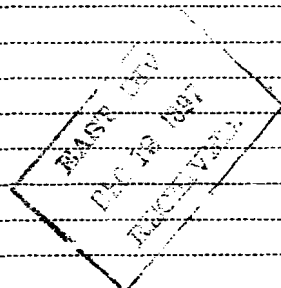
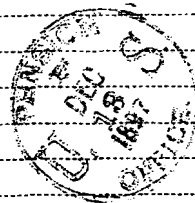
Henry Alford

Co. H, 15th Regt. N.J. Inf.
was enrolled *Aug 8th, 1862*
and *in June 22, 1865.*

From *Enl*, 186, to *7/6*, 186, he held the rank of *Private*

and during that period the rolls show him present except as follows. *Oct 3, 1862. Left at Hosp. in Frederick City Md. Oct 3, 1862. sent to April 30, 1863.*

The medical records show him treated as follows
As Henry Alford, Pri, Co. H, 15 N.J. Inf., Sept. 30 to Oct. 5/62, Debilitas; Oct. 6 to 24/62, labor Rheumatism; Oct. 24/62 to Feb 7/63, Sprain of spine, ret'd to duty; As Wt. Alford, Pri, Co. H, 15 N.J. V., Apr 22 to 29/63, Convalescent, ret'd to duty; As Henry Alford +, exchanged for discharge May 21/63, (no discharges), fit for Invalid bord. Nothing additional found.



BY AUTHORITY OF THE SECRETARY OF WAR:

[Signature]

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

Per *[Signature]*
Washington, D. C., DEC 11 1897

(COMMISSIONER OF PENSIONS.)