

Declaration for the Increase of an Invalid Pension,

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the CERTIFICATE of the CLERK OF THE COURT as to the official character and genuineness of the signature of such officer MUST BE ATTACHED. Neglect to comply with this requirement will cause TROUBLE and DELAY. Return to BENJAMIN C. WRIGHT, Indianapolis, Ind.

STATE OF Indiana }
COUNTY OF Marion } SS:

On this 17th day of June A. D. one thousand eight hundred and eighty four personally appeared before me, a Clerk of the Circuit Court, within and for the County and State aforesaid William Willis aged 42 years, a resident of Indianapolis County of Marion State of Indiana

who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency, at the rate of \$6.00 dollars per month, certificate No. 110,960 by reason of disability from

gun shot wound of left arm and right shoulder

Incurred in the Military service of the United States while a private in Co. K. 9th Ind. Inf. Regt.

That he believes himself to be entitled to an increase of pension on account of
By reason of gun shot wound of left arm said arm is very weak painful cant lift or handle anything of any weight. Arm gives out easily.
By reason of the wound in the right shoulder suffers almost constant pain especially in changes of weather shoulder is weak.
He is disabled by reason of said wounds to such an extent that he claims he is entitled to a very much higher rate of pension than he is now drawing

William Willis

and for the purpose of prosecuting his claim to a final issue he hereby appoints with full power of substitution and revocation, BENJAMIN C. WRIGHT, OF INDIANAPOLIS, INDIANA, his true and lawful attorney

His Post-office address is 70. 18. Wright St. Indianapolis
Marion County Indiana

William J. Orrall, William Willis
(Signature of Claimant)

Woodford Wells
(Two witnesses who can write sign here.)

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. 110,960

Name of claimant, William Willis
 Rank, Private
 Company, "K"
 Regiment, 910
 State, Ind. Vols

EXAMINING SURGEON'S ADDRESS:

Post office, Indianapolis
 County, Marion
 State, Ind
 Date of examination, July 23, 1884

Present rating.

The applicant states that he is now paid at the agency for a Three fourths disability, on account of G.S.W. left arm, and that he applies for increase on the ground that

That the present rating is unjustly low, or that there has been actual increase of the disability.

Increase disability

Particular description.

He states that he is 42 years of age, that he weighs 155 pounds, and that he is 5 feet 0 inches in height.

His pulse-rate per minute is 78, his respiration 24, and his temperature Normal

The surgeon should not recommend increase excepting for one of two reasons—that the present rating is unjustly low, or that the disability has really increased. In either case the reasons for changing the present rating should be clearly set forth, and should include a full statement of the physical and rational signs.

The examination reveals the following conditions:

The ball entered one inch above styloid process of left ulna passing directly through the arm making its exit at inner side of flexor carpi ulnaris—the cicatrix is deeply adherent to bone at point of entrance, and also to tendons of muscles, interfering with motions of hand in flexion (Dis. one half 1/2)

Another ball entered about 3 inches below the outer edge of right clavicle just in front of right axilla, passing posteriorly round out out just below lower margin of right scapula near posterior w. of right axilla. The cicatrices are deep and craggy, interfering with upward & forward motions of arm (Dis. 1/2)

Judging from the condition and history of the claimant, it is our opinion the disability was incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.

We find the disability as above described to entitle him to a Total 4/4 rating.
J. H. Bigelow
Henry Garrison
 Examining Surgeon.

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

Sec. 4, Act July 25, 1882. "That all certificates shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time of his examination, and a statement of all structural changes. The fee for such examination and satisfactory certificate therefor, shall be two dollars, &c., &c. No certificate will be considered satisfactory, or such examination paid for, unless the above requirements of the law are satisfied."

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

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

Insert character and number of claim. Increase Pension Claim No. 110960

Name and rank of claimant. Wm Willis, Rank, Private

Company K 9 Reg't Ind | Indianapolis Ind State, (Post office address of the Board)

Claimant's post office address. Indianapolis Ind | Feb 10, 1886. (Date of examination.)

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

Cause of disability. Gunshot wound left forearm right shoulder resulting rheumatism

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

Pulse rate per minute, 69; respiration, 19; temperature, 98 3/5; height, 5 feet 9 inches; weight, 152 pounds; age, 44 years.

He makes the following statement upon which he bases his claim for increase left arm is painful and "goes to sleep"

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

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

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

Upon examination we find the following objective conditions: Ball entered one inch above styloid process left ulna passing through flexor digitorum ^{muscle} two inches above wrist, inner aspect; Cicatrix of entrance adherent to ^{ball} of exit depressed and dragging; each cicatrix being ^{one half} inch in diameter. Third and fourth fingers permanently flexed one half. - Same ball reentered pectoralis major muscle right side one inch and a half above anterior angle of axilla passing through axilla and finding exit one inch above posterior angle of right axilla passing through latissimus dorsi muscle - Cicatrices normal; motion of shoulder joint impaired one fourth; crepitus, stiffness and partial ankylosis of right shoulder joint; probably suffers neuralgic pains and anaesthesia from injury to right axillary and left ulnar nerves; heart action and condition normal; no enlargement or impaired motion of any joints or any atrophy of muscles in any part of body. motion of left wrist not impaired

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and, that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 1/4

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

rating for the disability caused by gunshot wound left forearm total for that caused by gunshot wound right shoulder, and nothing caused by rheumatism

* See the back. † Here state whether for original, increase, restoration, or renewal, or for re-rating. R. H. Stone Pres. R. H. Stone Sec'y. C. E. Wright Treas.

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

Erasmus B. ...

Declaration for Increase of an Invalid Pension.

(OLD AND NEW DISABILITY.)

State of Indiana, County of Marion, 1908.

On this 25 day of February, A. D. one thousand eight hundred and eighty7

personally appeared before me, John E. Sullivan

a Clerk of the Circuit Court within and for the County and State aforesaid,

William Willis, aged Forty five years, a resident of

Indianapolis, County of Marion, State of

Indiana, who, being duly sworn according to law, declares that he

is a pensioner of the United States, by Certificate number 110960, and duly enrolled at

the Indianapolis Indiana Pension Agency, at the rate of (10⁰⁰) Ten

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

Military service of the United States while serving as Private

[State whether military or naval.]

Give rank, company, and regiment

in company K, 9th Regiment Indiana Volunteers or other organization, if in the Army; and rank and vessel if in the Navy.

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

He further declares that he is disabled in the following manner, to wit: Gun shot of left fore arm and right shoulder

Application is also hereby made for increase of pension on account of a new disability, to wit: at _____

_____ in the State of _____, on or

about the _____, 186 _____, Here name the new disability for which pension is claimed, state

when, where, and how contracted, and if treated in hospital give names of hospitals and dates of treatment.

That his left arm is very much worse since that it is only with great agony that he can use it at all. That the pain in the right shoulder continually grows worse. That his arms are nearly useless

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

M. H. Daniels of Indianapolis Ind

his true and lawful attorney, to prosecute his claim.

His post-office address is 41 Minerva St Indianapolis Indiana

Erasmus W. H. H. H.

William Willis
[Signature of Claimant.]

William O. Miller

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. *MC* Pension Claim No. *110960*

Name and rank of claimant. *William Willis*, Rank, *Pvt*

Company *R, 9 Reg't Ind 025* | *Danville Ind* State, *Ind*

Claimant's post office address. *Indianapolis Ind* | *Med April 6* (Date of examination.) *1887*

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

Cause of disability. *gun shot wound left forearm and right shoulder*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of *10* dollars per month.

Pulse rate per minute, *84*; respiration, *17*; temperature, *98.5*; height, *5* feet *8* inches; weight, *149* pounds; age, *45* years.

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

Here give the claimant's statement as briefly and as compactly as possible. *I gradually injured left arm*

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

Upon examination we find the following objective conditions: *Cic 3/4 inch diameter deep dragging and adherent ulnar side back of left forearm with ulnar wrist cicatrice 2 times reaches up 2 inches and is adherent to bone. Cic 3/4 inch diameter front left forearm 3 inches above wrist deep + dragging. Partial loss of bone substance lower half of ulna. Cic 1 1/2 inch non-ad, non-dep, front of right shoulder 1 3/4 inch obliquely upward and inward from axilla and Cic, posterior aspect right shoulder 1/2 inch diameter non-dep non-ad one inch obliquely upward and inward from axilla.*

Rheumatic test's show sens at normal in thumb + first finger and up inner side left forearm and 1/2 loss of sens at index, middle + ring fingers and ulnar side of arm. These fingers are paralyzed but he has but little use of them. Size of forearm same as right but muscles are soft and flabby. There is a loss of strength and uncorresponding to loss of sensation. Right shoulder joint motion unimpaired, but painful. Sensation normal at arm.

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

Disability exists equivalent to *14/18* loss of hand & foot from *g.s. wd* left forearm & rt shoulder

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ----- probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *14/18 2nd grade*

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

rating for the disability caused by *g.s. wd left forearm & rt shoulder* for that caused by -----, and ----- caused by -----

* See the back.
 † Here state whether for original, increase, restoration, or renewal, or for a re-rating.
O B Johnson, Pres. *W Johnson*, Sec'y. *J B Brew*, Treas.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION

He requests to be ordered before Columbus Ind. Ex. 188

State of Indiana } ss:
County of Marion

On this 2 day of July, A. D. one thousand eight hundred and eighty seven personally appeared before me, a Notary Public within and for the County and State aforesaid, William Willis aged 45 years, a resident of the City of Indianapolis county of Marion, State of Indiana who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency at the rate of twelve dollars per month, by reason of disability from gun shot wound of left fore arm and right shoulder incurred in the Military service of the United States while Private Co. H. 9th Reg. Ind. Vol.

Private (Here state rank, company and regiment, if in the Army—vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of low rating for gun shot wound of left fore arm and right shoulder reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be describe. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.

Contracted measles at Federman N. Va. Army 1862 under the following circumstances. Exposure to measles. The above disability, Measles has resulted in disease of lungs & throat and partial loss of hearing of left ear.

He appoints KNEFLER & LOPP, OF INDIANAPOLIS, COUNTY OF MARION, STATE OF INDIANA, his true and lawful attorneys to prosecute his claim. That his Post-office address is 4 Minnow St. Indianapolis County of Marion State of Indiana

Claimant's signature: William Willis

Attest: James B. Cairns
Glenn S. King
(Two Witnesses to Claimant's 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. *no* Pension Claim No. *110960*
Name and rank of claimant. *Wm Willis*, Rank, *PL*
Company *K, 9 Reg't Ind* State, _____
Claimant's post office address. *Madisonville Ind 41 Minerva St* (Post office address of the Board.) *Franklin Ind Sept 7*, 1887. (Date of examination.)

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

Cause of disability. *OSW left for arm & right shoulder. measles & dis of lungs and throat & partial deafness left ear*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of *Twelve* dollars per month.
Pulse rate per minute, *80*; respiration, *28*; temperature, *99*; height, *5* feet, *10* inches; weight, *147* pounds; age, *46* years.

Here give the claimant's statement as briefly and as compactly as possible. He makes the following statement upon which he bases his claim for *PL*
50% low rating for genu & left for arm & right shoulder
New disability - measles resulting in dis of lungs & throat & partial loss of hearing left ear

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. Upon examination we find the following objective conditions: *OSW left for arm - ulnar*
lateral side - 1 inch above wrist joint size 1/2 by 1/2 inch ad her wrist & drag - 4 x 4
ulnar (palmar surface) 3/4 in above exit w & wrist but not ad her or
drag size 1/2 by 1/2 - OSW - rt shoulder - 7/8 exit w & point midway between
axillary fold ant - size 1 1/4 by 1/4 in - not ad her wrist or drag. Exit w & 1 in
above axillary fold post, size 1 1/2 by 1/4 in - not ad her wrist or drag. Limit of motion
of left forearm - wrist 1/4 supination 1/4 - rt shoulder limited 1/4; muscles
of left arm soft & flabby - Comptor meas - shows rt arm one in larger
than left at elbow - 1/2 in at traps
Range - 34 1/2 - 36 - 1/2 in in space. slight curve at right apex with
irregular wavy vertebral masses. Left normal - not sufficient rate
Throat, severe Chr Pharyngitis -
Deafness - Left C - Right 1/40 - Left m lymph Gray & bulging
sternis of cutaneous tube

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

Nutrition, not good - 13 lbs below average weight - appear -
ance feeble - cheeks sunken - eyes surrounded
by dark rings

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has

not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *9/15* rating for the disability caused by *OSW & ms*, *1/8 Throat* for that caused by *1/4 left ear*, and _____ caused by _____

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

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

W. C. Hall, Pres. *J. C. Donnell*, Sec'y. *R. D. Bellan*, Treas.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana }
County of Marion } SS:

1 On this 14th day of Nov, A. D. one thousand eight hundred and
2 eighty seven personally appeared before me, Wm. C. Conk
3 within and for the County and State aforesaid, William Willis
4 aged 45 years, a resident of the City of Indianapolis
5 county of Marion, State of Indiana who, being duly
6 sworn according to law, declares that he is a pensioner of the United States, enrolled
7 at the Indianapolis Ind Pension Agency, at the rate of
8 Twelve dollars per month, by reason of disability from
9 Gum shot wound of left fore arm and right
10 Shoulder (Here name the disability for which pension was granted.)
11 incurred in the Military service of the United States while Private
12 Co. K 9th Reg. Ind. Vols (Here state rank, company and regiment,
if in the Army—vessel, if in the Navy.)

13 That he believes himself to be entitled to an increase of pension on account of low
14 rating for gum shot wound of left fore arm and (Here state the
right shoulder New disability
reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for
which not pensioned, the location of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals

15 What while a member of the above organization in the
16 service and time of duty at or near Anderson, Va
17 about July 1862 Contracted Measles under the following
18 circumstances Exposed to Measles, the above disabi-
19 ty Measles has resulted in disease of lungs & throat
20 and partial loss of hearing of left ear

21 He prefers the Commission of Ad Surg
22 that he appoints **KNEFLER & LOPP, OF INDIANAPOLIS, COUNTY OF MARION, STATE**
23 **OF INDIANA**, his true and lawful attorneys, to prosecute his claim. That his Post-office
24 address is 41 Winema Indianapolis Marion
25 State of Indiana

Claimant's signature: William Willis

Attest: John S Wright
Arthur Rice
(Two Witnesses to Claimant's Signature)

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Indiana, County of Cass, ss:

IN THE MATTER OF the original invalid Pension Claim No. 110960 of William Willis Priv Company, Co. 9th Regiment, Indiana Volunteers.

ON THIS Sixth day of February A. D. 1888 personally appeared before me, a clerk of the Circuit Court in and for the aforesaid County, duly authorized to administer oaths John Banta aged 50 years, a resident of Jefferson Township in the County of Cass and State of Indiana whose Post Office address is Logansport Cass County Indiana well known to me to be respectable and entitled to credit, and who, by being duly sworn, declares in relation to aforesaid case as follows:

That he is well and personally acquainted with William Willis and has been personally acquainted with said William Willis about 26 years, and that Applicant was late a member of Co. 9th in the 9th Regt. of Indiana Infantry Volunteers war of the rebellion that William Willis was a private in the 6th Co. company, that in the month of February 1862, said Company Co. 9th was stationed for a short time at Fulton in West Virginia, that the said William Willis while the company was so stationed then was sick with measles, that at this distance of time applicant cannot remember the extent or effect of his illness, He knows that several of the men were sick then with measles and in several instances the disease terminated fatally Willis was one of those who was then and there sick with measles Applicant has only seen the said Willis a few times since the war

Instructions—read carefully.

The witness must state: 1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him. 2d. If he knew him before his enlistment what his physical condition was at that time, and that he was then found and free from disability, and especially free from the disease for which he claims pension. 3d. If he employed or worked with him since his return from the army he should state where it was and at what business or if he had known him as a neighbor only, he should state about what distance from him he lived; how frequently, on an average, each week month or year, he saw him and conversed with him, and how intimate this was with him during this time, and from what disease or disability he has suffered during all the time he employed or worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor, because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witness has been his employer, or has worked with or for him, he should state about what proportion of a sound, able-bodied man's work he was able to do—whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound and doing the same kind of work. He should also state how he is able to say what his disabilities have been and are now, and he should describe fully and clearly the symptoms as they appear to him in his case; in fact, describe his physical condition fully during each year of his acquaintance with him.

PROOF OF DISABILITY.

NOTE.—This Affidavit must be executed by commissioned officers of Claimant's Company; but if such evidence cannot be procured, two enlisted men of Claimant's Company should testify in separate affidavits.

State of Indiana, County of Boass, ss.

IN THE MATTER of the original Invalid Pension Claim No. 110960
of William Willis Priv. Co., Co. 9th Reg't. Inda Vols.

THIS Sixth day of February A. D. 1888, personally appeared
before me, a clerk of the Circuit Court in and for the aforesaid
County, duly authorized to administer oaths, Dyer B. McConnell
aged 53 years, a resident of Logansport, in the County of
Boass and State of Indiana

and who being duly sworn according to law, states that he is acquainted with
William Willis applicant for Invalid Pension, and knows
the said William Willis to be the identical person of that name
who enlisted or volunteered as a private in Company W & Gth
Regiment of Indiana Infantry Vols., and who was discharged at
on or about the 27th day
of August 1867, by reason of (Here insert the reason of the soldier's discharge, if known;

if not known, so state.
That the said William Willis while in the line of his duty,
at or near Fatterman in the State of West Virginia
did, on or about the _____ day of February 1862, become

disabled in the following manner, viz:
He contracted and suffered from measles
(Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or
was then and then so sick as to be sent to
injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it
a regimental hospital,
affected him.)

That facts stated are personally known to the affiant by reason of his presence
(Here state whether affiant
there at the time. Affiant became 2nd Lieut. and
was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant
of the Company while there at Fatterman, and
relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.)
gave personal attention to the sick of the Company
But he cannot say any thing about the
illness of Willis, then except that he was
ill with measles, the effect of his sickness
or its duration he can not now remember

Sick - 6

16

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Indiana, County of Cass, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 110960 of
2 William Willis Co. 9th Indiana Volunteers.

3 ON THIS sixth day of February A. D. 1888
4 personally appeared before me, a clerk of the Cass Co. Ct. in and for the aforesaid
5 County, duly authorized to administer oaths John M. Schley aged 42
6 years, a resident of Boon Township in the County of Cass
7 and State of Indiana whose Post Office address is
8 Royal Center, Cass County Indiana well known to me to be
9 respectable and entitled to credit, and who, by being duly sworn, declares in relation to afore-
10 said case as follows:

11 That he is well and personally acquainted with William Willis
12 and has been personally acquainted with said William Willis
13 about 26 years, and that affiant was an enlisted man in Co. R
14 of the 10th Regt. of Indiana Volunteer Infantry
15 and then became acquainted with the said Willis who
16 was a member of the same company. That the Regt.
17 to which affiant belonged, was sometime during the
18 months of January and February 1862. Stationed
19 at Falmouth in Western Virginia, and that while
20 there a number of the members of Co. R aforesaid
21 were attacked with measles and the said
22 William Willis was one of those who was sick in
23 the regimental Hospital at Falmouth with
24 measles and I was then informed and believed
25 and still believe, that since he left the service
26 he has never seen the said Willis.

Instructions—read carefully.

The witness must state:
1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If he knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If he employed or worked with him since his return from the army he should state where it was and at what business or if he had known him as a neighbor only, he should state about what distance from him he lived; how frequently, on an average, each week month or year, he saw him and conversed with him, and how intimate he was with him during this time, and from what disease or disability he has suffered during all the time he employed or worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor, because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted and how severe they were. In this connection, if the witness has been his employer, or has worked with or for him, he should state about what proportion of a sound, able-bodied man's work he was able to do—whether $\frac{3}{4}$, $\frac{2}{3}$, $\frac{1}{2}$, $\frac{2}{5}$, $\frac{1}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound and doing the same kind of work. He should also state how he is able to say what his disabilities have been and are now, and he should describe fully and clearly the symptoms as they appear to him in his case; in fact, describe his physical condition fully during each year of his acquaintance with him.

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GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Illinois, County of Cook, ss:

IN THE MATTER OF the original invalid Pension Claim No. 110,960 of William Willis Company, 9th Regiment, Indiana Volunteers.

ON THIS Fourteenth day of February A. D. 1888 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized, to administer oaths, William B. Kerns aged 54 years, a resident of Englewood in the County of Cook and State of Illinois whose Post Office address is Englewood Illinois well known to me to be respectable and entitled to credit, and who, by being duly sworn, declares in relation to aforesaid case as follows:

That he is well and personally acquainted with William Willis and has been personally acquainted with said William Willis about 28 years, and that at the time the said Willis enlisted in the service of the United States, i.e., in the Company K of the 9th Regiment of Indiana Volunteers he was sound and free from disease, and that he, saw the said Willis about the time, or very soon after his return from the Army, in the fall of 1864, that he then looked like a man suffering from disease, that he informed affiant that he had had an attack of the measles while a soldier, and that he was still suffering from its effects, that he lived in the same town as this affiant from the time of his discharge in 1864 until he Willis removed from affiant locality in 1874, that affiant was on intimate terms with the said Willis, seeing him as often as two or three times a week during the entire time, and that the Claimant was unable to do any able bodied mans work during that time and that the reason for his inability to work was the effects of Measles, and that such was his condition a greater or less portion of each year, have known times when he was totally disabled for work. Claimant always said that he could not work on account of the measles. This affiant further states that Claimant was treated for the disease and remained, for several years by Doctors Thorpe and Buchanan of Logansport Indiana. He also states that at the time of Claimants enlistment in the Army

Instructions—read carefully. The witness must state: 1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him. 2d. If he knew him before his enlistment what his physical condition was at that time; and that he was then sound and free from disability, and especially free from the disease for which he claims pension. 3d. If he employed or worked with him since his return from the army he should state where it was and at what business or if he had known him as a neighbor only, he should state about what distance from him he lived; how frequently, on an average, each week month or year, he saw him and conversed with him, and how intimate he was with him during this time, and from what disease or disability he has suffered during all the time he employed or worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor, because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witness has been his employer, or has worked with or for him, he should state about what proportion of a sound, able-bodied man's work he was able to do—whether 1/2, 2/3, 3/4, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were much less on account of his inability to labor, than were paid to others physically sound and doing the same kind of work. He should also state how he is able to say what his disabilities have been and are now, and he should describe fully and clearly the symptoms as they appear to him in his case; in fact, describe his physical condition fully during each year of his acquaintance with him.

36 he weighed about 180^{1/2} lbs and that his weight at
39 this time is only about 145^{1/2} lbs, and that he is a
40 large boned man

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

45 L. Brandell
46 J. C. Rhiney

William B Herms

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

(Signature of Affiant.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

State of Illinois, County of Cook, 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 _____ on line _____ erased, and the words _____ on line _____ 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 Redfield
(Official Signature.)
Notary Public
(Official Character.)

L. S. Henry Welf, Clerk of the Circuit Court in and for aforesaid County and State, do certify that Chandler S Redfield Esq. who has signed his name to the foregoing declaration and affidavit, was at the time of so doing a Notary Public 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 the seal of office, this 17 day of

February 1888

Henry Welf
Clerk of the County Circuit Court.

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.

No. 10,960

CLAIM OF
William Wills
Smith Co. Ill. Reg't,
Illiana Vols.

FOR ORIGINAL INVALID PENSION.

AFFIDAVIT OF

William B Herms
P. O. Englewood, Illinois.

4

FILED BY
KNEFLER & LOPP,
ATTORNEYS FOR CLAIMANT,
INDIANAPOLIS, - - - INDIANA.

HISTORY OF CLAIMANT'S DISABILITY,

MADE BY CLAIMANT HIMSELF.

State of Indiana, County of Marion, ss.

1 IN THE MATTER of the original pension claim No. 110960
William Willis Price, No. 9th Reg't. Inda Vols.

3 ON THIS 27 day of July A. D. 1888, personally appeared
4 before me, a Notary Public in and for the aforesaid
5 County, duly authorized to administer oaths, William Willis
6 aged 45 years, a resident of Indianapolis, in the County of
7 Marion and State of Indiana well known to me to

8 be reputable and entitled to credit, and who, being duly sworn, declares in relation
9 to aforesaid case as follows: My Post-office address is No. 411 Main
10 St. Indianapolis Indiana (Give present address in full.)

11 Since my discharge from said service, on the 27th day of Aug, 1864
12 I have resided in Logansport Ind from discharge in 1864
13 until the month of March 1874 since which
14 time I have resided in Indianapolis
15 Indiana

16 and that my occupation has been that of a Cooper and Railroadman
17 I further state that the disability for which a pension is claimed arises from
18 Disease of Lungs and Throat and partial
19 deafness the result of measles
20 which was contracted at or near Fetterman
21 Sa on or about July 1862 by reason of
22 Exposure to Measles which were prevalent
23 in Camp at that time

24
25 From my said discharge to present time I have received the following medical treat-
26 ment for said disease. By Dr. Phelps of Logansport Ind
27 who treated me for above complaints from
28 my discharge in 1864 until about the year
29 1867 or 1868 and Dr. Breckman of Logansport
30 Ind treated for said complaints from 1868
31 until 1870. These Doctors are now dead
32 since 1870 I have had no medical treatment
33 but have used different kinds of cough remedies

12

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Indiana, County of Marion, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 110.960 of
2 William Willis Company, Co. 94 Regiment,
3 Indiana Volunteers.

4 ON THIS 27 day of February A. D. 1888
5 personally appeared before me, Notary Public in and for the aforesaid
6 County, duly authorized to administer oaths, Josiah C. Willis aged 55
7 years, a resident of Indianapolis in the County of Marion
8 and State of Indiana whose Post Office address is
9 92 Patterson St well known to me to be
10 respectable and entitled to credit, and who, by being duly sworn, declares in relation to afore-
11 said case as follows;

12 That he is well and personally acquainted with William Willis
13 and has been personally acquainted with said William Willis
14 about years, and that since the Spring of 1874 and

15 that in the fall of 1874 claimant worked
16 for me and continued in my employ for
17 5 or 6 years consecutively, during which
18 time I knew him well and intimately
19 and since have seen him every few weeks
20 up to the present time. Upon my first
21 acquaintance with claimant he seemed
22 to be afflicted with and complained of
23 trouble of his throat and lungs and
24 noticed that he was hard of hearing.
25 These infirmities he informed me were
26 the result of a severe attack of measles
27 which he had in the army, and on
28 this account he could not do a full
29 days work. His business is that of a Cooper.
30 He worked by the piece and was unable
31 to earn as much wages as an able bodied
32 man who worked beside him at the same
33 work. These troubles have continued
34 and have grown worse each year since
35 my first acquaintance with him to the
36 present time. In my opinion he is
37 disabled one half for manual labor.

Instructions—read carefully.

The witness must state:
1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.
2d. If he knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.
3d. If he employed or worked with him since his return from the army he should state where it was and at what business or if he had known him as a neighbor only, he should state about what distance from him he lived; how frequently, on an average, each week month or year, he saw him and conversed with him, and how intimate he was with him during this time, and from what disease or disability he has suffered during all the time he employed or worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor, because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted and how severe they were. In this connection, if the witness has been his employer, or has worked with or for him, he should state about what proportion of a sound, able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound and doing the same kind of work. He should also state how he is able to say what his disabilities have been and are now, and he should describe fully and clearly the symptoms as they appear to him in his case; in fact, describe his physical condition fully during each year of his acquaintance with him.

WILLIS - 110960 - 94

INABILITY AFFIDAVIT,

TO BE EXECUTED BY THE CLAIMANT.

State of Indiana, County of Marion, ss.

1 IN THE MATTER of the original Invalid Pension Claim No. 110960
2 of William Willis Private, 16. 9th Reg't. Inda Vols.

3 THIS 27th day of July A. D. 1888, personally appeared
4 before me, a Notary Public in and for the aforesaid
5 County, duly authorized to administer oaths, William Willis
6 a resident of Indianapolis, in the County of Marion

7 and State of Indiana, whose Post Office address is
8 #41 Minerva St well known to me to be reputable and

9 entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as
10 follows: That he is unable to comply with the requirements of the Pension Office as to

11 proof of Medical Treatment for Malaria
12 while in the service

13
14 for reason that Dr. Sherman of LaPorte Ind
15 the Surgeon of the 9th Ind Vols who
16 prescribed for and treated me in the
17 Regimental Hospital for Malaria in
18 dead

19
20
21
22
23 That he is unable to prove his condition from date of discharge up to the year
24 1888 by medical testimony for the reason that Dr. Amos
25 and Duchannet of Logansport Ind
26 gave me prescriptions and treatment from
27 my discharge up to the year 1870 or 1871
28 are both dead. Since that time viz
29 1870 or 1871 I have used remedies for
30 throat and lungs which I have
31 bought from drug stores (Patent or
32 Proprietary remedies)

13

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Ind., County of Harrison, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 110960 of
2 William Hillis Company N. 9 Regiment,
3 Ind. Volunteers.

4 ON THIS 28th day of February A. D. 1888

5 personally appeared before me, a _____ in and for the aforesaid
6 County, duly authorized to administer oaths James Ferris aged 52
7 years, a resident of Indianapolis in the County of Marion
8 and State of Indiana whose Post Office address is
9 114 West 2nd St well known to me to be

10 respectable and entitled to credit, and who, by being duly sworn, declares in relation to afore-
11 said case as follows:

12 That he is well and personally acquainted with William Hillis
13 ~~and has been personally acquainted with said~~

14 ~~about~~ _____ years, and that he first became acquainted with

15 Wm. Hillis sometime in the spring of 1866, at Logans
16 port, Ind. by living a near neighbor to him, having

17 known his wife before her marriage to Hillis and
18 by this means became intimately acquainted with

19 him, which acquaintance and intimacy continued
20 until 1874 when claimant visited my house at Logans

21 port several times after his leaving Logansport, and
22 in 1877 I removed to Indianapolis and have con-

23 tinued, on intimate and personal & social terms with
24 claimant. During this entire time claimant has

25 been troubled with a throat and lung difficulty and
26 has been hard of hearing, all of which are easily ob-

27 served by his coughing and clearing his throat. Claim-
28 ant has told him many times that these troubles

29 were caused by the measles which he had in the
30 army. These troubles were noticeable upon my first

31 acquaintance with him, and they have continued
32 each year since to the present date, growing more

33 troublesome & severe each year. I could say that he
34 cannot do as much as $\frac{1}{2}$ of a sound & healthy

35 man's labor, on account of these troubles. I also
36 know that claimant doctored with Drs. Thorpe & Buch

Instructions—read carefully.
The witness must state:
1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.
2d. If he knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.
3d. If he employed or worked with him since his return from the army he should state where it was and at what business or if he had known him as a neighbor only, he should state about what distance from him he lived; how frequently, on an average, each week month or year, he saw him and conversed with him, and how intimate he was with him during this time, and from what disease or disability he has suffered during all the time he employed or worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor, because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted and how severe they were. In this connection, if the witness has been his employer, or has worked with or for him, he should state about what proportion of a sound, able-bodied man's work he was able to do—whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his disability in labor, than were paid to others physically sound and doing the same kind of work. He should also state how he is able to say what his disabilities have been and are now, and he should describe fully and clearly the symptoms as they appear to him in his case; in fact, describe his physical condition fully during each year of his acquaintance with him.

11871
50777
1888

Indianapolis 16th 1889

In answer to this I will say that
the servant William Willis Carnest working
for me in the Feb of 1874 & continued to
work for me for 5 or 6 years during which
time I was with him every day. and since that
time I have saw him every few days & am
well acquainted with ^{him} up to the present time
When I first became acquainted with Carnest
he complained of his head & lungs hurting
him when he took a little cold he told me
he had been affected in that way every
since he had the measles in the army and he was
had of hearing from the same cause & I
notice as he gets older he gets worse each
year he is a Cooper and in my opinion
he is fully one half disabled

Josiah C. Willets

Logansport Sept 17th 89

To Hon. James Garner

Commissioner
I have no recollection of making an affidavit
for Wm. Willis know that he was in my cell
and had medals. he went away from here
about ten years ago. have not seen or
heard from him since. Thinks he
is in Indianapolis. I'd Respt John Banta

Indianapolis Ind Sep ~~17~~²³ 1889

well you wanted me to state when
I first saw William Willes I saw him
at Sagansport in the fall of
1865 after he come out of the service
and he was hard of hearing then
and continues to get ~~an~~ no better for
I have lived near to him ever since
~~he~~ he come out of the army
yours
James Keens

Englewood Cl

Sep 27-89

Mr James Tanner

Dear Sir

have Received your letter of sep 9
in regard to William Willis.

I first saw Mr Willis at Logansport Ind
in Dec 1864 The first night after getting
Home from the army my self. he had been home
for some time and was still very poorly.
his sickness commenced while in the army. he
was shot in the riot and in the shoulder from
which he has nearly lost the use of his arm
he was wounded at the Battle of Stone River
he also had the measles while in the army
which left in very much broken in health.
he has not been able to work more than
two or three days a week since in fact I have known
him to be laid up for three weeks at a time
with his arm. in fact he is not fit for manual
labor or has not been for some time
the above was written for Mr Kennis. as he
is crippled in the hand.

Yours Respectfully
William B Kennis

ad 6739 La Fayette ave

Logansport Indiana

Oct 18th 1889

Respectfully Returned

Willis had measles at Fallmons
W. Va. in Jan or February of 1862.
Exact date I cannot give. I
knew that he had the measles then
with many of the other boys. Some of
whom died. Willis was in the same
house with me when he was taken
sick, and he was sent to the hos-
pital there, but the extent of his sickness
was and its effect upon him I
cannot now state. It seems to
me that after that he was much
away from the company of the
that and as I remember he was
absent sick.

John M. Sear
Cuy

GENERAL AFFIDAVIT.

For the testimony of employers, or near neighbors, or fellow workmen, of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.
The witness should prepare this affidavit in his own hand-writing; if he can not do so, have it done by the officer before whom he executes the same.

State of Indiana, County of Marion, ss:

IN THE MATTER OF the original invalid Pension Claim No. 110,960 of William Willis Company, No 9 Regiment, Indiana Vols.

ON THIS 20 day of April A. D. 1892 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to

administer oaths James Herue aged 54 years, whose Post Office address is, Indianapolis County Marion State of Indiana
414 N. Second St

well known to me to be respectable and entitled to credit, and who, by being duly sworn, declares in relation to aforesaid case as follows: That the occupation of affiant is

Carpenter and that he is well and personally acquainted with the claimant William Willis and has been personally acquainted with him about 27 years, and that I knew him to complain

from the time he came home from the army to the year 1874, more or less with lung trouble and throat trouble and he also was heard of hearing in his left ear, and said troubles disabled him fully 1/2 from doing manual labor, and said troubles have been continuous since that time.

I state these facts from personal knowledge, hearing him complain and from observation.

NOTE.
Read Carefully.
The witness must state whether he was the employer or was employed by claimant, or is a fellow workman, or neighbor of claimant, showing what was his physical condition from disability, for which pension is claimed, NAMING THE DISABILITY at the date of his first acquaintance with claimant, or at the date of his discharge from the service, and what it has been EACH YEAR SINCE to the present time, and to what extent he has been incapacitated from earning a living by manual labor, and the extent of such disability, whether one-fourth, one-third, one-half, or three-fourths.

This Blank is prepared by FRED KNEFLER, Indianapolis, Ind., and is to be used exclusively for his business.

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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. 110960

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Mrs. Willis

Rank, Pr

Claimant's post-office address.

Company K, 9 Reg't Ind Infy

Indianapolis Ind State,

[Post-office address of the Board.]

Indianapolis Ind

April 20

1897

[Date of examination.]

Cause of disability.

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:

Left hand left fore arm & right shoulder, dis of lungs, throat & deafness of left ear,

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

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

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

[Original, increase, restoration, &c.]

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

As I was wounded at Look out Mountain Tenn 1863 in November, dis of lungs & throat was contracted in that region in 1862 and the deafness has come on since he came out of the service.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, 78 respiration, 18; temperature, 98.6; height, 5 feet 9 inches; weight, 156 pounds; age, 50 years.

Contracted and to the point of entrance of ball, anterior aspect of left fore arm, in area 4 inches extended 2 inches above wrist joint adherent, dragging & under evidence injury to ulna & radius of bone said to have been removed, there is considerable swelling of bony structure extending up the fore arm two inches from entrance of ball, anterior of right wrist aspect same arm extended almost immediately opposite entrance of ball, area 4 inches adherent but not under or adherent, rotation & pronation unimpaired, flexion & extension unimpaired, but the middle & ring fingers cannot be closed into palm of hand on account of contraction of the tendons from his trying to resist dynamometer shows 30 left hand, 40 right hand, rating for G.D.W. of left fore arms as Eight Eighteenths.

Wrist from same ball extended right wrist 2 inches above the anterior border of radius, slightly under not adherent a dragging, said to be point of entrance, scar joint of right wrist in area, extended 1 inch above the posterior border of the right radius, slightly under adherent & under no signs of freedom of the humerus, in capsule joint unimpaired of motion no atrophy of muscles, important blood vessels & nerves (none).

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 8/18 rating for the disability caused by G.D.W. of left fore arms & 4/18 for that caused by G.D.W. of left shoulder, and for that caused by

S. W. M. Pres. J. J. Garver, Sec'y. A. H. C. Treas.

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

Continue record of examination here.

and to have escaped injury, acting for 95% of left
 shoulder, Power of Eight months.
 No record or other disability. Chest Symmetrical
 measurement, 35 x 38, No dullness, Apices a shallow, No rales
 or other abnormal symptoms of lungs, No actings for lungs
 in throat. # Clinical notes: Membran lymphatic normal,
 resolution notes possible. Claimant bears ordinary line of
 vision 6 feet and in, and from right ear, they being examined
 separately, No disability, no actings for deafness,
 Except on one end & hearing.
 # Heart's action & position, & valves sounds normal in all respects.



SURGEON'S CERTIFICATE

IN CASE OF

Mr. Willis
Co. K, 9 Reg. Ind. Inf

Applicant for Discharge

No. 110,960

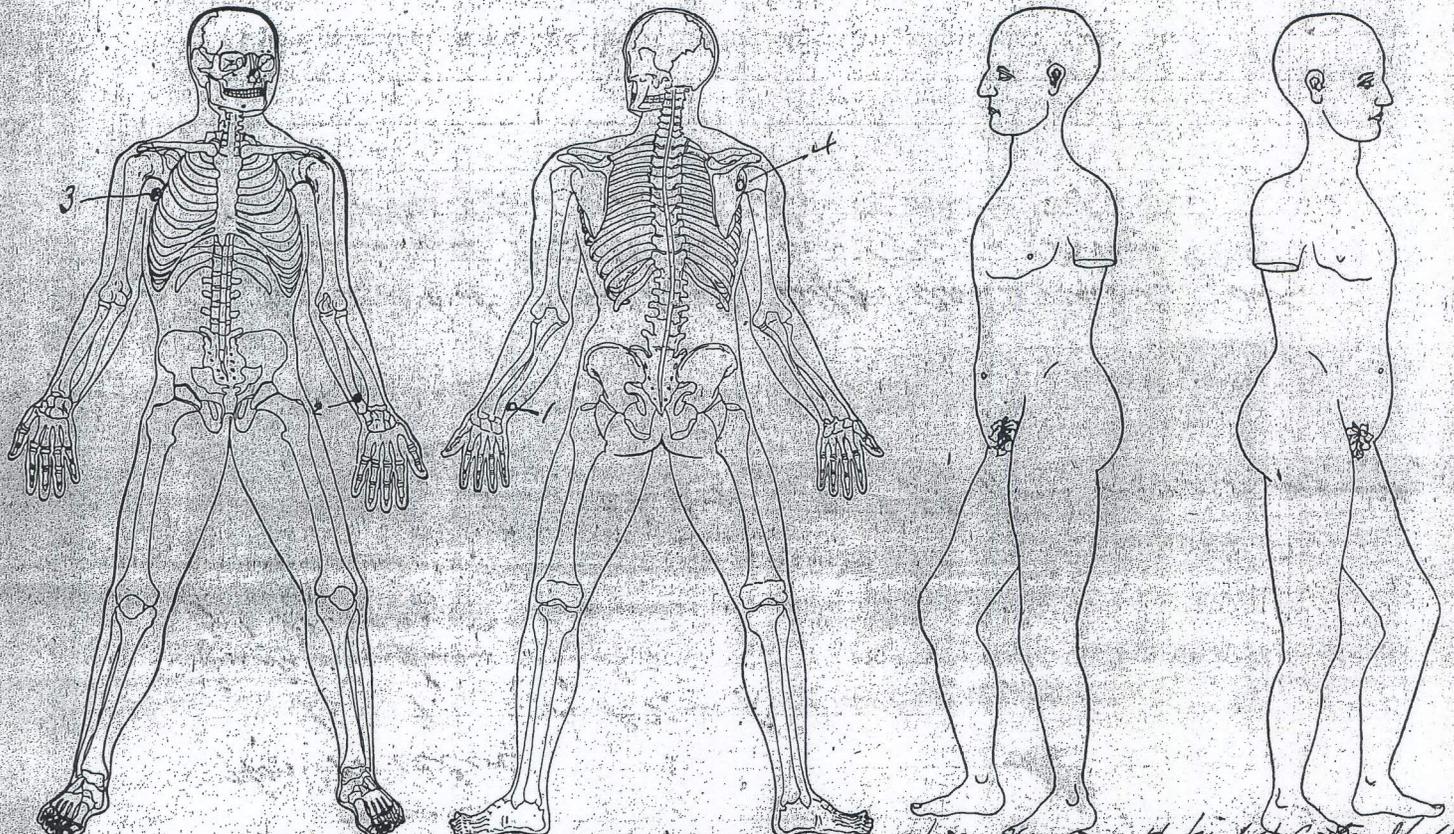
DATE OF EXAMINATION:

April 20, 189*2*

S. S. Mages Pres.,
S. S. Garra Sec'y,
Ch. Koch Treas.,
 BOARD

Post office *Indianapolis*
 County *Madison*
 State *Indiana*

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



1. side of skeleton, 2. side of skeleton, 3. front of torso, 4. back of torso

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.]