

GENERAL AFFIDAVIT.

For the testimony of employers, or near neighbors, or fellow workmen, or 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 Illinois, County of Cook, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 110960 of
2 William Willis Company, No 9 Regiment, Indiana Vols.

3 ON THIS 11th day of May A. D. 1892 personally appeared before
4 me, a Notary Public in and for the aforesaid County, duly authorized to
5 administer oaths Wm B Kearns aged 56 years, whose Post Office
6 address is, 6547 State St Chicago Ill County of Cook State of Illinois

7 well known to me to be respectable and entitled to credit, and who, by being duly sworn,
8 declares in relation to aforesaid case as follows: That the occupation of affiant is
9 cooper and that he is well and personally acquainted with the claimant
10 William Willis and has been personally acquainted with him
11 about 31 years, and that he was troubled with Throat

12 & Lung trouble & Deafness ever since he
13 came home from the army I know that
14 he came home sick with the measles & that
15 he has & is not able to do more than 1/4
16 of a man's work at manual labor
17 I know these facts because I have been
18 a neighbor of his most of the time

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 inability, 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.

REPRODUCED AT THE NATIONAL ARCHIVES

Div. West

Ex'r. P.

William Willis, disability of claimant, were forwarded to the
Co. K 19th Regt Indiana Vols.

Cert. No. 110,960, number, 2nd 1892 said claim was rejected by the
Pension Office on the ground that "No ratable disability was

been shown therefrom since December, 30th 1887
Indianapolis, Ind., November, 30th 1892.

the claim.

Sir:-

I therefore pray an appeal from the decision of the Hon.
Commissioner of Pensions on the ground that such rejection
of pension, I have respectfully to state that the claimant's
was not in accordance with the physical condition of the claimant
declaration in said claim was forwarded to the Pension Office
ant, is wholly unjust and that in justice to the claimant the
on July 6th 1887.

decision should be reversed.

That claimant was examined before the Board of Medical Ex-
aminers at Franklin, Indiana on September, 8th 1887.

That testimony supporting said claim was forwarded to the
Pension Office on March 24th 1888 and additional testimony was
forwarded to said office on July, 21st 1888, which testimony com-
plied with all the requirements of the Pension Office.

The claim was placed upon the "Completed files" on May 27th
1890.

By some error in the Pension Office this claim was confused
with a William Willis of Co. E, 42nd Regt, Indiana No. 87,982, who
died on December, 20th 1884 and by reason of said error and con-
fusion this claimant was caused annoyance and expense and his
claim delayed.

That on April, 20th 1892 the claimant was re-examined before
Hon. Secretary of the Interior:
the Board of Medical Examiners at Indianapolis, Indiana.
Washington, D.C.

That on July, 2nd 1892 the affidavits of James Kerne and W.B.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., August 25, 1893.

Appeal in the claim of	"	
William Willis,	"	D.D. 16,271.
Co. K, 9th Ind. Inf.,	"	26-66.
Ctf. No. 110,960.	"	

" " " " " " " " " " " "

Sir:

In response to Departmental call of December 5, 1892, for a report on appeal in the claim cited above, I have the honor to submit the following statement:

This soldier was in receipt of a pension of \$12 per month on account of gunshot wound of left forearm and right shoulder, when, December 22, 1887, a claim for increase was filed on account of pensioned disabilities and new disabilities of disease of throat and lungs, and deafness of left ear. September 2, 1892, so much of the

ant; that in justice to claimant the decision should be reversed.

Upon a medical examination, made April 20, 1892 in this claim, an 8/18 rating for gunshot wound of left forearm and results, and 4/18 for gunshot wound of left shoulder and results, was recommended.

The appeal and papers in the claim are herewith transmitted for your consideration.

Very respectfully,

Wm. Lochman
Commissioner.

The Honorable
Secretary of the Interior.

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the Clerk of Court must attach his Certificate, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Return to **BENJAMAN C. WRIGHT & CO., Indianapolis, Ind.**

State of Indiana County of Mason SS:

In the matter of Indiana New Orleanty Pension Claim No. 110960
of William Willis late of Co A.
9th Regiment, Ind. Inf. Volunteers.

On this 2 day of March, 1894, before me a Notary Public

within and for the County and State aforesaid,
personally appeared John D. Smith, aged 39 years, whose post-office
address is Indianapolis, County of Mason, State of Indiana
and 10108 Greenwood Street, aged — years, whose post-office
address is —, County of —, State of —

well known to me to be reputable and entitled to credit, and who, being duly sworn according to law, upon ~~their~~ ^{his} oaths declares that I have been intimately acquainted with said Wm Willis for the last seventeen years. I first made his acquaintance when we were employed by Gen. Burtin in the Coppering business. Some 17 years ago and I have known him well and intimately ever since that time. And all this time he has been troubled with a bad cough and seems to have some kind of throat or lung trouble and I judge from the cough he has that his throat or lungs were affected in some way. And all this time his hearing has been bad in one ear I don't remember which ear. And often during this time I have known him to have to quit work for (some times) weeks at a time on account of said troubles. I am confident that on an average each year since I have known him he has not been able to do over or more than two thirds the labor of an able bodied man on account of said disabilities. All this time he has been a man of good moral and temperate habits. These disabilities have grown more serious in the last seven or eight years. The above statement was written in my presence and from one statement made by one to the writer the 2 day of March 1894 and in making same I was not aided or prompted by any written, printed or other stated or unstated and they have no interest or concern in this matter.

[Two witnesses required when mark is made.]

Attest by two witnesses who can write.

John D. Smith
Affiant's Signature.

Affiant's Signature.

Subscribed and sworn to before me, this 2 day of March, 1894, and I certify that the contents of the foregoing affidavit were duly read and fully made known to affiants before making oath to the same, and that I have no interest in this matter.

Official Signature Grace M. Lay
GP

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the Clerk of Court must attach his Certificate, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Return to **BENJAMAN C. WRIGHT & CO., Indianapolis, Ind.**

State of Indiana County of Marion SS:

In the matter of Increase and New Disability Pension Claim No. 110,960
of William Willis late of Co K
9th Regiment, Inf. Light Volunteers.

On this 2 day of March, 1894, before me a Notary Public

within and for the County and State aforesaid,
personally appeared Francis M. Ranscroft aged 62 years, whose post-office
address is Indianapolis, County of Marion, State of Indiana
and P. 351, North California St., aged _____ years, whose post-office
address is _____, County of _____, State of _____

well known to me to be reputable and entitled to credit, and who, being duly sworn according to law, upon ^{his} their oaths declare, that I have been well and intimately acquainted with said W. Willis for the last seventeen years and all this time he has been a sufferer from some throat or lung disease with bad cough. For several years we were employed in the same shop and had lived within a few squares of each other all this time & for several years on the same street & opposite each other. That on an average each year during this period he has in my opinion been fully one third disabled for ordinary manual labor by reason of said disability. And in addition to the above he has been partially deaf which would severely interfere with or be a detriment in the many occupations. His habits all the time I have known him have been strictly moral and temperate. The above statement was written for me in my presence & from oral statement made by me to be under the date of March 2/94 & in making the same I was not prompted or aided by any written or printed statement or recital

and they have no interest or concern in this matter.

[Two witnesses required when mark is made.]

Attest by two witnesses who can write.

Francis M. Ranscroft
Affiant's Signature.

Affiant's Signature.

Subscribed and sworn to before me, this 2 day of March, 1894, and I certify that the contents of the foregoing affidavit were duly read and fully made known to affiants before making oath to the same, and that I have no interest in this matter.

Official Signature Grace McKay
N.P.

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the Clerk of Court must attach his Certificate, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Return to **BENJAMAN C. WRIGHT & CO., Indianapolis, Ind.**

State of Indiana County of Marion SS:

In the matter of Income and New Disability Pension Claim No. 110-960
of William Willis late of Co. H.
9th Regiment, Ind. Inf. Volunteers.

On this 2 day of March, 1894, before me a Notary Public
within and for the County and State aforesaid,
personally appeared David J. Taylor, aged 48 years, whose post-office
address is Indianapolis, County of Marion, State of Indiana
and No. 239 North California, aged — years, whose post-office
address is —, County of —, State of —

well known to me to be reputable and entitled to credit, and who, being duly sworn
according to law, upon ^{his} oaths declares that that I have been well and
intimately acquainted with said Wm Willis for the
past ten years. most of this time have worked with him as
a cooper when he was able to work. all this time he has been
troubled with a bad cough with some throat or lung trouble
at times better than again worse but never free from it. His hearing
has been imperfect the left ear - all this time. At times he is
compelled to lay off for work on account of said troubles
this occurs frequently. In my opinion he has been fully and
thoroughly disabled for ordinary work in an army such as you since I
have known him on account of said troubles. He has a family
to support + is compelled to work whether able to do so or not
he has been a man of good habits ever since I have
known him - The above statement was written for me in my
presence and for one statement made both written by me this
March 2, 1894. and in making the said I was not aided or prompted
by any printer or writer, stenographer or scribe
and they have no interest or concern in this matter.

[Two witnesses required when mark is made.]

Affidavit by two
witnesses who
shall write.

David J Taylor
Affiant's Signature.

Affiant's Signature.

Subscribed and sworn to before me, this 2 day of
March, 1894, and I certify that the contents of
the foregoing affidavit were duly read and fully made known
to affiants before making oath to the same, and that I have no
interest in this matter.

Official Signature Horace M. ...

MEDICAL TESTIMONY.

NOTICE.—This affidavit should, if possible, be in the handwriting of the physician. All the facts in the possession of the affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

Return to **BENJAMIN C. WRIGHT & CO., Indianapolis, Indiana.**

STATE OF Indiana COUNTY OF Madison, ss;

Personally appeared Dr. John A. Long M. D., whose postoffice address is Indianapolis County of Madison State of Indiana

who, being duly sworn, upon his oath declares as follows: That he is a practicing physician of 19 years standing, and that William Willis he is informed, was a Private in Co. K. 4th Regiment, Ind. Inf. Volunteers; and that

Left ear he is almost unable to hear anything at times; then again hears fairly well. Has chronic catarrhal trouble of posterior fauces and the larynx. Am inclined to believe this the cause of aggravation of the hearing.

Chronic Bronchitis of both lungs. In forced inspiration is only able to expand 1 1/2 in. More or less constant pleuritic pain under scapular. Days he is constantly expectorating at night. Not able to work more than half to two thirds of time.

The catarrhal condition is affecting the stomach producing indigestion.

This evidence was one of Dr. Long was one file when rejected.

Affiant has no interest in this matter.

SUBSCRIBED and sworn to before me, this 5th day of June, 1897, and I certify that the person whose name appears signed to the foregoing affidavit is the person he represents himself to be, a practicing physician, reputable in his profession, and a good and creditable witness, and that I have no interest in this matter.

Official Signature: John P. Wilson Clerk

The physician making this statement is requested to fill up a full diagnosis of the case, so that a medical man could readily understand the nature of the disability.

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

MEDICAL TESTIMONY.

Take Notice—This affidavit should, if possible, be in the handwriting of the physician. All the facts in the possession of the affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician that fact should be stated. Return to BENJAMIN C. WRIGHT, Indianapolis, Ind.

STATE OF Indiana }
COUNTY OF Marion } SS:

Personally appeared John S. Parsons, M. D., whose Postoffice address Indianapolis, County of Marion and State of Indiana, who, being duly sworn, upon his oath declares as follows:

That he is a practising physician of 34 years standing, and that Mr. Willis he is informed, was a Private in Co K - 9 - Regiment 1st - Inf. - Volunteers; and that I have just carefully examined the above Pension

claimant and I find the following conditions to exist. He has two very prominent scars of a gun shot wound one is situated just in front of the right shoulder and just above the front opening to the axillary space and the other is situated to the back of the shoulder just above the axillary. There is a depression of these scars and from the direction that this ball must have went it passed through the muscles and arteries of the region. He also has a crippled wrist of left hand which is as follows. There is a deep and sacratized scar just above the head of the ulna where it articulates with the wrist. This shows on examination that a considerable portion of this bone has been carried away or sluffed out as the result of the wound as the surface of the bone is both depressed and rough on its surface for as much as three inches or more, causing this wounded portion of the bone to lay too near the radius and causing great sensations upon pressure on this region and as a result of this wound the muscles of this arm have atrophied and more flabby than the ones on

the opposite side. This entire arm and hand is of little use to him. He has tenderness upon pressure over both shoulders, tenderness over the spine just below the ribs also over the 9th and 10th vertebra and over the lumbar region. He is wearing a plaster over the last named locality. His pulse is vibratory being expansive and contractile alternately. On examination of the lungs the left lung throughout its upper half gives forth that peculiar snoring sound on respiration with a sore spot over the left bronchi upon slight pressure. There is some sound to be heard in the right lung just above the right bronchi. The examination of his throat and its appendages shows a red and irritable and a patulous appearance with him and then small particles of a white pus-like matter. He is so nearly deaf in the left ear that to close the right one he can faintly hear a person speak in a loud voice near the head. He is about what we would call three fourths deaf in the left ear and one fourth deaf in the right. In my judgment the lung and throat trouble is the result of measles which he had in the army and that the deafness is the result of the throat trouble. His diseases are of long standing incurable and will continue to increase. He is wholly unable to earn a living by labor and in my judgment he ought to be pensioned in accordance to the usual rating for such soldiers.

Affiant has no interest in this matter. none whatever

John S. Parsons, M. D.

S
1007



Subscribed and sworn to before me this 19 day of November, 1891, and I certify that the party whose name appears signed to the foregoing affidavit is the person he represents himself to be, a practising physician, reputable in his profession, and a good and credible witness, and that I have no interest in this matter.

Official Signature: James W. Fowler, Clerk, Municipal Court

The physician making this statement is requested to fill up a full diagnosis of the case, so that a medical man could readily understand the nature of the disability.

It is always preferable that this SHOULD BE EXECUTED BEFORE CLERK OF COURT; but if before a Justice of the Peace or Notary Public, HAVE CLERK OF COURT ATTACH CERTIFICATE OF OFFICIAL CAPACITY of such J. P. or N. P. in all cases. Return to BENJAMIN C. WRIGHT, Indianapolis, Ind.

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. Ince Pension Claim No. 110960
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Wm Miller, Rank, Pat.

Company K, 9 Reg't Ind V. Inf Indianapolis Ind. State,
[Post-office address of the Board.]

Claimant's post-office address. Indianapolis Ind.;
41 McPherson St. [Date of examination.] Feb 13, 1895

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 arm & right shoulder

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of \$12.00 dollars per month.

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

Here give the claimant's statement as briefly and as compactly as possible. Gun shot wound of left arm recd. at Sedburgh West Va. in 1862 wound of right shoulder recd. Lookout Mt. Tenn. in 1863.

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 98.5; height, 5 feet 9 1/2 inches; weight, 160 pounds; age, 53 years. Body well nourished, muscles firm, pulse Calland, Lungs & Spleen normal.

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

Heart puls 70 apex beat & cardiac dulness normal all sounds normal. There is gun-shot wound left arm. Entrance of ball in inner surface of arm at margin of linn third scap is size of cherry white in color superficial non adhesion on outer surface of arm (about opposite scapulae) is a scar size of cherry white & glistening non-adhesive no loss of tissue either muscular or bone. Claimant alleges his arm is "weak" from the wound. Right shoulder 3 in below the external portion of acromion Clavical is a scar (entrance of ball) 3/4 in wide 1/2 in length scar is non-adhesive white and glistening, superficial no loss of tissue, on external surface of arm one inch above axillary space - is a scar 1/2 in in diameter funnel shaped - white & glistening is non-adhesive (exit of ball) no loss of tissue no loss of motion to arm. No other disabilities found to exist disabilities not believed to be due to vicious habits.

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.

Rate for each cause of disability for the disability caused by _____, for that caused _____

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.

William Kelly

Rank, Private

Company K 9 Reg't Ind Inf

INDIANAPOLIS, IND. State,

[Post-office address of the Board.]

Claimant's post-office address.

INDIANAPOLIS, IND.

August 4, 1897

[Date of examination.]

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: "Loss of left fore arm & right shoulder Disease of throat & lungs Impaired hearing"

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

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

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

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

That in addition to wound of left forearm & right shoulder he has disease of throat lungs and impaired hearing of left ear all of which originated in the service"

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 20; temperature, 98°; height, 5 feet 8 1/2 inches; weight, 144 pounds; age, 36 years. Irregular adherent dragging and dense two cicatrix 1/2 x 1 inch in extension situated on dorsal aspect of left forearm in its aspect and 1 1/2 inches above wrist joint. Said to be point of ball entrance. Second cicatrix of similar size appearance and condition situated on anterior aspect of left forearm two inches above wrist joint. Said to be point of ball exit. The rough condition of the lower extremity of left claw indicates considerable osseous absorption from wound. Absorption and supuration of left forearm limited on fourth by non-kylosis or impaired motion of left wrist. We also find a third cicatrix size of silver dime and normal appearance and condition situated 1 1/2 inches above the anterior margin of right axillary space. Said to be point of re-entrance of ball and a fourth cicatrix 1/2 x 3/4 inch in extension of normal condition marking the exit of ball. No ankylosis or impaired motion of right shoulder from wound. Pharyngeal surface glaucous or congested follicles enlarged and coated with leucaceous mucus purulent secretion. An granular pharynx & gits. No laryngeal disability. S. N. maps, Pres. J. J. Givver, Sec'y. R. F. Stone, Treas.

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

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."

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.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 20; temperature, 98°; height, 5 feet 8 1/2 inches; weight, 144 pounds; age, 56 years.

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

Irregular and recent dragging and dense two creases 1/2 x 1 inch in diameter situated on dorsal aspect of left forearm in mid aspect and 1 1/2 inches above wrist joint. Said to be point of balls entrance. Second crease 1/2 x 3/4 inch in diameter situated on anterior aspect of left forearm two inches above wrist joint. Said to be point of balls exit. The rough condition of the lower extremity of left forearm indicates considerable excessive absorption from gonorrhea and suppurative of left forearm. Limited motion of left wrist due to adhesions and rigidity of left wrist. The elbow joint is normal. The right shoulder is normal. The point of balls entrance of ball and a fourth crease 1/2 x 3/4 inch in diameter of normal condition. Marking the exit of balls. No ankylosis or impaired motion of right shoulder from gonorrhea. Pharyngeal surface glaze or coagulated follicles and glands coated with leucaceous mucus abundant secretion. Air granular pharynx. No laryngeal disability. S. N. maps, Pres. J. J. Givner, Sec'y. R. G. Stone, Treas.

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."

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

Shoofed shoulders chest expansion 2 1/2 inches, 3 1/2 - 3 7/8; no abnormal dulness of lungs. Spirometry or elsewhere auscultation reveals slight mucous rales bronchii both sides of chest and slight increase of vocal resonance lungs and hyperinflated. Heart normal. Spleen enlarged. Tonsils, adenoids and nasal form of pharyngeal and bronchial catarrh. External auditory meatus and membrane tympani normal. No perforation nor canal. Discharge of left ear. Tubo imperforate. Hearing left ear. Unable to hear the loudest distinct conversation at one foot or watch tick on contact. Has total deafness of left ear. Hears ordinary conversation at six feet. No aurals disability of right ear. Pre rate 10/18 for gonorrhea of left forearm and right shoulder 2/18 for disease of throat, lungs, and total deafness of left.

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."

Exam of William Miller Oct. 9
Dial Dept. Cor. 11th & 12th

West Div., *Jew*, Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *Oct. 3, 1898*

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
and additional
requesting ~~a full~~ military and medical his-
tory of the soldier *if any on file*

No other report on file.

Invch. No. *110.960.*Name, *William Willis*Co. *K*, *9th* Reg't. *Ind. Vol. Inf*


Commissioner.

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

William Willis
(Capt. *Sassell's* co.)
Co. *K*, *9* Reg't *Indiana Inf*
was enrolled *August 19, 1861*,
and *W. Out on Ind. Vol. Inf. Sept. 15, 1864*,
by reason of expiration of
term of service.

From *Enrol, 1861*, to *W. out, 1864*,
he held the rank of *Private*

and during that period the rolls show him present
except as follows *April 18, 1862 (PSM)*
Absent on Recruiting Service
in Indiana; Same reports
to Dec. 31, 1862;
June 30, 1863, Absent detailed
building monument on Battle
field of Stone River by order
of Brig. Gen. Haysen,

Same reports to Oct. 31, 1863,
Dec 31. 63, Absent wounded
and sent to Hosp. Nov. 25. 63.
Feb. 29. 64 Absent left sick
at Chattanooga, Tenn.
March 4. 64.
April 30. 64, Left in Hosp. at
Chattanooga Tenn March 5 64
in consequence of wounds
recd Nov. 20 63; Similar
reports to Aug. 31, 1864

The medical records show him treated as follows
No record found addi-
tional to that furnished
in report dated Jan. 3,
89, Newark.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

New Disability

Pension Claim No. *110,960*

Name of claimant.

William Wilby

Address of Board. *INDIANAPOLIS, IND. O.*

Company

9 Reg't Infantry

State.

Claimant's post-office address.

INDIANAPOLIS, IND.

October 19, 189*8*

[Date of examination.]

Cause of disability.

#574 Paterson St) 1" Sunspot wound of left arm and right shoulder for the purpose of also for resulting rheumatism and injury of left hand. He receives a pension of Twelve dollars per month.

He makes the following statement upon which he bases his claim for *New Disability* [Original, increase, restoration, etc.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

As stated above

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

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

Pulse rate, *72-72-100*, respiration, *18-18-24*, temperature, *98°*
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, *5* feet *8 1/2* inches; actual weight, *102* pounds; age, *27* years.

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

See entry size of silver quarter dollar slightly adherent and tender situated 1 1/2 inches above anterior angle of right axillary space said to be point of ball entrance second entry of similar size and condition situated 1 inch above posterior angle of right axillary space said to be point of ball exit which appears to have passed in almost a horizontal direction from forward backward which claimant says caused extensive hemorrhage. At the time he was wounded he found no evidence of osseous destruction. Slight crepitation in right shoulder and upper and middle portions of fourth from thumb and forefinger and that claimant describes pain in tracheal plexus of nerves. He also found a century size of silver dime situated on anterior aspect of left arm ulnar side 2 1/2 inches above wrist joint adherent and sensitive said to be point of ball entrance. Second century fulcrum shaped and adherent 7/8 x 3/4 inch dimension situated over posterior aspect of left ulna 2 inches above wrist joint said to be point of ball exit. A rough condition of plane at point of ball exit indicates osseous destruction. Inability to flex the little and ring fingers of left hand to quite the normal degree and inability to extend these fingers to more than one half the normal degree indicates lesion of both the flexor and extensor tendons of these fingers of left hand. We also find that the grip of left hand is impaired about one half as compared with right hand but the calloused condition of left hand shows that claimant uses the hand to considerable extent in manual labor. We find slight crepitation in left

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."

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

S. H. Marks, Pres. *J. J. Garner*, Sec'y. *R. T. O'Neil*, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

(over)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim.

New Disability

Pension Claim No. 110960

Name of claimant.

William Miller

Put R, Company 9, Reg't Infantry
[Rank.] INDIANAPOLIS, IND.

INDIANAPOLIS, IND.

Oct 19, 1898
[Date of examination.]

EXAMINATION—Continued.

Shoulder above and wrist but no actual loss of motion with alleged pain along the course of humeral and ulnar nerves and at times a sense of numbness as if from neuralgia a possible result of gunshot wound. We find no atrophy of left arm and hand as compared with right. Neither do we find crepitation or impaired motion of any other joints. No enlargement or deposit of joints or other evidence of osteoarthritism. The condition has been described as attributable to gunshot wounds of right shoulder and left arm. We rate 4/18 for gunshot wound of right shoulder and 8/18 for gunshot wound of left arm as we find protraction and supination of left forearm one fourth impaired and motion of left wrist to the same extent with weakness of the latter as mentioned. We also rate 2/18 for resulting stenosis of right shoulder and left shoulder and arm and 2/18 for neuralgia of tracheobronchial right shoulder and for that of ulnar and humeral nerves.

Pharyngeal surface glazed and congested follicles enlarged and coated with scant mucous-purulent secretion. No aphonia or congestion of vocal cords. Has slight chronic pharyngitis. Chest symmetric and well developed expansion two inches 37" 39" no abnormal dulness of lungs either elsewhere. Auscultation reveals normal respiratory murmur no rales no expectoration or cough at this date. We rate 2/18 for disease of throat a possible result of measles and nothing for disease of lungs.

External and internal examination normal. Left Membran tympanum dull and depressed. Left Eustachian tube impermeable. Right Membran tympanum normal. Right Eustachian tube permeable. Hearing R ear. Hear ordinary conversation at 6 ft. Left ear. Inability to hear or hear very poor conversation at 6 ft. but can hear the same at 3 ft. We rate 3/30 for slight deafness left ear. Except as described this man is sound and healthy.

S. A. Mapes, Pres. J. J. Garver, Sec'y R. F. Stone, Treas.

MEDICAL TESTIMONY

NOTICE.—This affidavit should, if possible, be in the handwriting of the physician making the affidavit, and he should state that it was written by him. All the facts in the possession of the affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

Return to **BENJAMIN C. WRIGHT & CO., Indianapolis, Indiana.**

STATE OF Indiana COUNTY OF Marion, SS:

Personally appeared David Wall M. D., whose postoffice address is Indianapolis County of Marion State of Indiana

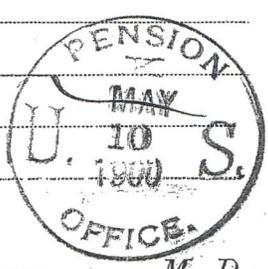
who, being duly sworn, upon his oath declares as follows: That he is a practicing physician of 39 years standing, and that William Willis he is informed, was a Private

in Co. A, 9th Regiment, Ind. Inf. Volunteers; and that

He has been the family Physician of said Wm Willis for the last five years and has prescribed for him a large number of times the last a few days since.

He suffers greatly from ulcerative tonsillitis which attacks him once or twice a month.

He also suffers frequently with chronic bronchitis, particularly in wet cold weather and on slight exposure. His rest at night is broken by coughing and expectoration. His breathing is labored after slight over-excitation, and he cannot retain the air on inhalation, as it produces coughing instantly. His chest measure - 36 inches - 37 inches on expansion is - I think out of proportion to his height (5 ft 5 in) and weight 148 lbs. Pulse 80 and feeble. Suffers from constipation and gastric indigestion a great part of the time. Is not able to work at any hard labor, and frequently not at all.



Affiant has no interest in this matter.

David Wall M. D.

SUBSCRIBED and sworn to before me, this 21st day of April, 1890, and I certify that the person whose name appears signed to the foregoing affidavit is the person he represents himself to be, a practicing physician, reputable in his profession, and a good and creditable witness.

[L. S.]

Official Signature: Horace M. Hudley

my commission expires Feb 17th 1902 Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer who has a SEAL. If sworn to before a Justice of the Peace without seal, the CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

gmm

No. 1460.

Declaration for Increase of Invalid Pension.

(UNDER THE GENERAL LAW.)

State of Indiana, County of Marion, SS:

On this 14th day of March A. D. 1903, personally appeared before me, a Notary Public, within and for the County and State aforesaid, William Willis, aged 61 years, a resident of Indianapolis, County of Marion and State of Indiana, who being by me 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 12 dollars per month, under Certificate No. 110,960, by reason of disability from

Gunshot wound of left fore arm and right shoulder
(Insert No. of Certificate.) (Here state the name and nature of your disability as it is in your Pension certificate.)

incurrred in the service of the United States while serving as a Private in Company K of the 9th Regiment of Indiana Inf Volunteers. That he believes himself entitled to an increase of pension on account of increased disability resulting from cause for which pension was granted.

That (State here the extent and character of increase of disability for which pensioned.)

My wounds trouble me to such an extent that I can hardly dress myself, have pains in my wounds so I can't sleep and my disability is such that I am unable to do any manual labor, I believe I am entitled to a higher rating

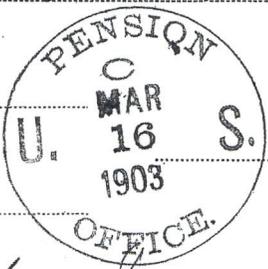
That he hereby appoints, with full power of substitution and revocation,

my self of Indianapolis Ind his true and lawful attorney to prosecute his claim.

His Post Office address is 514 Patterson St Indianapolis Ind

Witnesses:

John Jansen
John W. Petty
(Two witnesses who write must sign here.)



William Willis
(Claimant's signature.)

Also personally appeared John Jansen, residing at Indianapolis Indiana, and John W. Petty residing at Indianapolis Indiana, persons whom I certify

to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw William Willis, the claimant, sign his name (or make his mark) to the foregoing; that they have every reason to believe from the appearance of said claimant, and their acquaintance with him for 10 years and 25 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.

Witnesses:

John Jansen
John W. Petty
(Affiant witnesses must sign here.)

SURGEON'S CERTIFICATE

Insert character and number of claim.

Increase

Pension Claim No. *110,960*

Name of claimant.

William Willis

Address of Board.

Indianapolis P. O.

Company *K. 9 Reg't Ind Vol Inf*

Ind State.

Claimant's post-office address.

514 Patterson St Indianapolis Ind.

May 27th, 190*8*

[Date of examination.]

Cause of disability.

Burn shot wound of left fore arm and right shoulder -

He receives a pension of *Twenty* dollars per month.

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.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *Contracted in the service -*

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, *Ohio*; age, *61* years; height, *5'8 1/2*; weight, *142* pounds; complexion, *light*; color of eyes, *blue*; color of hair, *dark*; occupation, *none*; permanent marks and scars other than those described below, _____

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

Pulse rate, *72-74-90*; respiration, *17-18-22*; temperature, *98 2/8*;

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

Burn shot wound of left forearm - There is a depressed adherent cicatrix located one inch above the styloid process of the ulna of left forearm. Cicatrix tender and painful - Said to be point of entrance of ball. There is a cicatrix upon anterior and smooth on palmar aspect of left forearm 2 inches above wrist. Said to be point of exit of ball - Ball in its course injured radius as evidenced by roughness and depression of bone - also ext flexor tendons of middle ring and little fingers. Causing contraction of tendons and causing permanent flexion of these fingers. Manual grip of left hand is very feeble - Nails are badly injured as evidenced by numbness and pain in these fingers - Use of hand for purpose of manual labor is diminished. Rating 7/18.

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

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

Burn shot wound right shoulder - There is a smooth non-adherent cicatrix situated one inch above and two inches inward of right axilla. Said to be point of entrance of ball - There is a recessed cicatrix situated at posterior angle of axilla of right shoulder. Said to be point of exit of ball - Ball passed beneath bone but injured tendons muscles and nerves causing neuritis of right shoulder and of axillary region causing pain in shoulder at all times aggravated at night. Causing him to arise almost every night to rub shoulder with liniments and similar applications to relieve pain - Motion of shoulder is limited and painful - Rating 8/18.

S. B. Moore, Pres. *R. S. Ford*, Secy. *Will Charlton*, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3-156, in use) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

where the words appear, and sign at the foot of the certificate, and also on the back of the same.
 "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.]

6-552

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim.
 Name of claimant.

Ingram Pension Claim No. 110,960
William Willis
514 Patterson St. Indianapolis, Ind. Ind
9 Company 9 Reg't Inf
514 Patterson St. Indianapolis, Ind. May 27, 1903
 [Date of examination.]

EXAMINATION—Continued.

Heart. apex beat in 6th interpace 1/2 inch inside nipple line. Area of cardiac dulness 3x3 1/2 inches. Valve sounds - soft, clear and impulse after exercise normal - No hypertrophy. No edema or cyanosis or dyspnea - No rales. Chest flat but symmetric - Expansion 80x85. No abnormal dulness or rales. Urine. acid. Sp gr 1020. No sugar or albumin. Liver dulness 4 inches on nipple line. No ascites or jaundice -
 No other disabilities and no vicious habits.

A. W. Wood, Pres. R. S. Stone, Sec'y. Fred. ..., Treas.

6-552

No. 1460.

Declaration for Increase of Invalid Pension.

(UNDER THE GENERAL LAW.)

State of Indiana, County of Marion, ss:

On this 11th day of June A. D. 1904, personally appeared before me, a Notary Public, within and for the County and State aforesaid, William Willis, aged 62 years, a resident of Indianapolis, County of Marion and State of Indiana, who being by me 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 Fourteen dollars per month, under Certificate No 110.960, by reason of disability from gun shot-wounds of left fore arm and right shoulder, your disability as it is in your Pension certificate.)

incurred in the service of the United States while serving as a Private in Company H of the 9th Regiment of Ind. Inf. Volunteers. That he believes himself entitled to an increase of pension on account of increased disability resulting from cause for which pension was granted.

That his gun shot-wounds are getting more troublesome and have partly paralyzed his left arm besides he is afflicted with throat and lung troubles acute Rheumatism and impaired hearing of both ears causing sharp pains through head and body which ailments make him unable to earn a support by manual labor.

That he hereby appoints, with full power of substitution and revocation, himself as his true and lawful attorney to prosecute his claim.

His Post Office address is No. 574 Patterson St Indianapolis Indiana

Witnesses: Henry Theising William Willis
John W Petty (Claimant's signature.)
(Two witnesses who must sign here.)

Also personally appeared Henry Theising residing at No. 522 Agnes St Indianapolis Ind., and John W Petty residing at No 415 Patterson St Indianapolis Ind., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw William Willis, the claimant, sign his name (or make his mark) to the foregoing; that they have every reason to believe from the appearance of said claimant, and their acquaintance with him for 22 years and 30 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.

Witnesses: Henry Theising John W Petty
(Affiant witnesses must sign here.)



(If either witness signs by mark, two witnesses who write must sign here.)

(Affiant witnesses must sign here.)

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 110,930.

Name of claimant.

William Willis,

Address of Board.

Danville,

P. O.

Company K 9th. Reg't Ind. Inf.

Ind.

State.

Claimant's post-office address.

Indianapolis, Ind. #514 Patterson St.

August 31st.,

1904

[Date of examination.]

Names of disabilities.

Gunshot wd. left forearm & rt. shoulder, alleged res. in partial paralysis of left arm.

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.

He receives a pension of Fourteen dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Was wd. in left arm & rt. shoulder at Lookout Mt., the same ball causing both wds. I suffer a good deal of pain in arm & shoulder. Am badly disabled & not able to do manual labor.

Birthplace, Butler Co., Ohio; age, 63 years; height, 5-9 weight, 133 pounds; complexion, dark; color of eyes, dark blue; color of hair, gray; occupation, Laborer; permanent marks and scars other than those described below, _____

We hereby certify that upon examination we find the following objective conditions: Pulse rate, 73---84---84; respiration, 24---24---33; temperature, 99; Claimant is not well nourished. Face thin. Shoulders stooped.

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

Muscles soft & relaxed. Some muscular tremor. Skin of hands slightly thickened.

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

Gunshot wd. of left forearm & rt. shoulder. Scar of entrance on back of forearm over ulna, 1 in. above wrist joint, 1/3x3/4 in. in size, depressed, tender, adherent to bone. The bone was injured, leaving a considerable groove in outer side of ulna. Scar of exit on front of forearm, over interosseous space, 2 in. above wrist joint 1/3x1/3 in. in size, tender, slightly depressed & adherent to fascia. Flexor tendons of middle & ring fingers are somewhat contracted, cannot straighten these fingers beyond a rt. angle. He says the fingers are numb & tingle. Supination & pronation are somewhat interfered with. Left shoulder is considerably drooped. Usefulness of arm lessened in a degree equivalent to 3/4. Scar of entrance on chest over second rib, 5 in. to rt. of median line; 1 1/4x3/4 in. in size, slightly depressed, neither tender nor adherent. Missile did not enter thoracic cavity, but passes backward & to the rt. & emerged an inch above the post. angle of axilla, 1/2x3/4 in. in size, slightly depressed & tender, but not adherent. Usefulness of rt. arm lessened in a degree equivalent to 1/3.

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.

Rate. 17/18
Claimant's chest is symmetrical. Measurement-at rest 35-insp. 37-exp. 33. Percussion sounds normal. Moist mucous rales in upper part of rt. lung. Heart-apex beat & area of dulness normal. No murmur. Action fair. Slight dyspnoea after ex., but neither cyanosis nor oedema. Pass water too often. At times has to strain. Water dribbles. Prostate considerably enlarged. Urine-straw color-acid-spec. grav. 1033. No alb. No sugar. He is somewhat deaf in left ear, due to naso-phar. catarrh, which he alleges is the res. of measles in service.

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

No other disabilities found.
Disabilities not due to vicious habits.

J. A. Osborne, Pres. J. T. Darter, Sec'y. Amos Case, Treas.

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

Marginal entries must never be made.

22910.0110.0100

PETITION FOR APPEAL INCREASE GENERAL LAW

State of Indiana)

(SS.

County of Marion)

RECEIVED

To The Honorable Secretary Of The Interior,

Washington D. C.

Sir:-

I, William Willis, late of Co. "K" of the 9th Regt. Ind. Vols. Inf., desire to represent that I am claimant for increase of pension under the General Law, by Ctf. No. 110,960. That my claim was rejected by the Pension Bureau, Oct. 8, 1904; and believing said action to have been erroneous, I desire to Appeal from the decision of the Honorable Commissioner of Pensions, upon the ground of such error, viz:- as contrary to the evidence.

That I am in receipt of \$14 per month, by reason of disability from gunshot wound of left fore-arm and right shoulder. Applied for increase of same, on the ground of increase of the disability; and was medically examined by the Board of Surgeons at Danville, Indiana, Aug. 30, 1904; and believe that in view of the character of the disabilities for which pensioned, and the examination accorded me, that an error has been made in the adjudication of said claim, as not being in accordance with said report and conditions therein stated.

Wherefore, I ask that the decision of the Honorable Commissioner of Pensions be reversed. That my Attorney, Henry Holt, of Indianapolis, Indiana, be informed as to decision herein, when reached.

2 Walter A. Holt

1 William Willis

2 Mabel S. Brinkley

Subscribed and sworn to before me, this 6th day of December, 1904; and I certify that I have no interest in the matters set forth in said Petition.

3 Mabel S. Brinkley
Notary Public.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana County of Marion

ON THIS 6 day of Dec 1904 A. D., one thousand nine hundred and four

before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared: William Willis

late a Private in Company A 9. Regiment of Indiana

Infantry Volunteers, aged 63 years, who, being duly sworn according

to law, declares that he is a pensioner of the United States, duly enrolled at the Indianapolis

Pension Agency, at the rate of \$14.00 dollars per month, under Pension Certificate No. 110,960

by reason of gunshot wound of left forearm and right shoulder.

incurred in the Military service of the United States.

That he believes himself entitled to an increase in pension for the reason that the disability above stated is rated

too low, and increased and further resulting in

loss of use of right shoulder and left

arm to such an extent as to render

ability for the performance of manual

labor equal to or greater than the loss

of hand or foot.

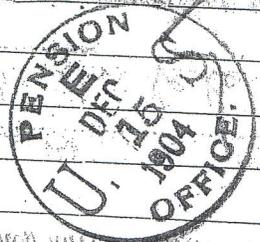
That he thereby appoints HENRY HOLT

his true and lawful attorney to prosecute said claim.

His Post Office address is 514 Patterson St Indianapolis County of Marion

State of Indiana

William Willis
Signature of Claimant.



If claimant signs by mark, two persons who can write must sign here.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

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.

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.

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

Increased Pension Claim No. 110 960

Name of claimant William Willis Address of Board Indianapolis P. O.

A Company 9th Reg't Ind Inf Address of Board Indiana State.

Claimant's post-office address 514 Patterson St Indpls April 12, 1905 [Date of examination.]

Names of disabilities 95% left fore arm & right shoulder

He receives a pension of 14.00 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

above disabilities as stated contracted in service

Birthplace Ohio - W; age 63 years; height _____; weight _____ pounds; complexion Fair; color of eyes Gray; color of hair Gray; occupation None; permanent marks and scars other than those described below _____

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

Pulse rate 72-76 78; respiration 18-18 26; temperature 98.5 98.5

95% - Entrance left fore arm one inch above 1/2 - styloid process in direct contact with outer edge ulna - passed through fore arm to exit 1/2 inch higher up same horizontal plane entrance scar 1/3 inch diam. & intimately adherent to bone - slightly tender on manipulation edge of ulna splintered gives history of splenda of bone passing for weeks after injury was sustained arm & wrist stiffened approximately 1/3 cannot lift weight so much (1/4) as with right hand Rate 12 18

Ball passed on through 1 again entering pectoral muscle 2 inches above & on level axillary margin passing through outer side of thorax to point of exit 1 inch above & 1 1/2 inches back axillary fold posterior arm cannot be elevated above right angle practical flexion by used. Has always sustained severe neuralgic pains in shoulder extending down arm into fore arm & hand arm is atrophied measuring 9 3/4 Corresponding measurement of left arm is 11 inches Rate 12 18

95% - Left hand little & ring fingers stiff in pronation flexion almost in palm. Cannot be extended ulnar nerve divided both fingers very numb - cannot feel sticks or pin These two fingers altogether useless Rating included above.

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.

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

S. B. Murrz, Pres. R. J. [Signature], Sec'y. [Signature] Treas.

The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

3-156.
(Old No. 3-1116)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant: William Miles
 Pension Claim No. 110 960
 Company Q, Regt. Ind Inf
 Address of Board: Indianapolis
Marion Co
514 Patterson St Indianapolis
 Date of examination, not of amendment: April 12, 1906

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Heart apex 6 interpaces over umbilicus
 No valvular murmurs No hypertrophy
 or dilatation No oedema cyanosis
 or dyspnoea No rate
 Lungs No dulness No rales No cough
 or expectoration No rate
 Kidneys Urine clear amber acid
 10% No sugar or albumen No rate
 No other disabilities
 No venous haemorrhage

Marginal entries must never be made.

S. B. Worme, Pres. R. H. Stone, Sec'y. Fred Chamberlain, Treas.