

copy

8-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

2/25/16

9/25/15

DEC 13 1915, 191

Certificate No. 847 433

Class Act of May 11, 1912.

Pensioner Charles B. Dennison

Soldier

Service Corp. B. 52 Mass. Inf.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 77 - to Dept. 4, 9/15
has this day been dropped from the roll be-
cause of death Oct 15 1915
ARTHUR DENNISON CONS

847433 ACT MAY
CHARLES B DENNISON

Very respectfully,

W. N. Campbell
Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known.

6-2249

PLATE DESTROYED

MILITARY SECRETARY'S OFFICE
MAR 17 2428457 1905
WAR DEPARTMENT

3-050.
Westerly
East
Div. S.P.V. Ex'r.
Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C. March 16, 1905.

Respectfully referred to
The Military Secretary,
War Department, re-
questing full military
history of the soldier
and statement of his age
at date of enlistment.

One enclosure -
no other report on file

Juv. Cf. 847433
Charles B. Dennison
B. 52 Mass. Vol. Inf
V. Warner
Commissioner.

MILITARY SECRETARY'S OFFICE
MAR 17 2428457 1905
WAR DEPARTMENT
CASE OF

Charles B. Dennison
B Co., 52 Reg't Mass. Vol. Inf
Co., Reg't

Cf. 847433
(Pension Bureau Number.)

AST. DIV.
MAR 18 1905
RECEIVED
WAR DEPARTMENT

THE MILITARY SECRETARY'S OFFICE.

The statement hereto attached is respectfully
furnished to the

Commissioner of Pensions,

in response to the request contained in the com-
munication herewith returned

Matthew Smith

The Military Secretary.

Per

FINANCE
DEC 11 1915
GROUP 3

OFFICE OF
DANA MALONE
CHARLES N. STODDARD
ATTORNEYS AT LAW
FIRST NATIONAL BANK BUILDING
GREENFIELD, MASSACHUSETTS.

TELEPHONE 38.

December 9, 1915.

The Commissioner of Pensions,
Washington, D. C.

Dear Sir:-

Charles B. Dennison died October 15, 1915.
To what part of the pension, due December 4th, is his
estate entitled?

Yours very truly,

Charles N. Stoddard
C. N. S.

DEC 13 1915 8-1027 to Dis. Office
Clf - 847 433

ACT OF JUNE 27, 1890.

OK

3-402.

BOSTON,

Certificate No. 8471433
Name, Charles B. Dennison
1352 Mass Inj
Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C., January 15, 1898.

SIR:

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

Very respectfully,

W. C. Evans

Commissioner of Pensions.

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

Answer. Yes Maria A. Barber Dennison Maria A. Barber

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

Answer. Jan 1st 1868 By Rev. J. F. Moore of Greenfield

Third. What record of marriage exists?

Answer. on Town records

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

Answer. No

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

Answer. Yes 2
Arthur Le Dennison Born Aug 12 = 1864
Frederic B. Dennison " Dec 8 = 1867

Charles B. Dennison

(Signature.)

Date of reply, June 4, 1898

FRANCIS N. THOMPSON,
NOTARY PUBLIC, COURT HOUSE,
GREENFIELD, MASS.

0-8

5301b750ml-98

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

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

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

Very respectfully,

CHARLES B DENNISON
COLERAIN MASS
847433 ACT MAY

G. M. [Signature]
U. S. OFFICE
MAR 20 1915
Commissioner.

FOLD HERE.

- No. 1. Date and place of birth? *Answer. Jan 17. 1840 Halifax Vermont.*
The name of organizations in which you served? *Answer. 52nd Regiment Company B. Massachusetts volunteers*
- No. 2. What was your post office at enlistment? *Answer. Colerain Mass.*
- No. 3. State your wife's full name and her maiden name. *Answer. Maria Angelina Barber*
- No. 4. When, where, and by whom were you married? *Answer. Dec. 31. 1864 at Greenfield Mass. Rev. John F. Moore.*
- No. 5. Is there any official or church record of your marriage? *I do not know.*
If so, where? *Answer. Probably at Greenfield or Colerain.*
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer. No.*

FOLD HERE.

- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer. No other husbands.*

- No. 8. Are you now living with your wife, or has there been a separation? *Answer. Dead.*

- No. 9. State the names and dates of birth of all your children, living or dead. *Answer.*

Arthur L. Dennison born August 12. 1866
Fred B. Dennison " November 8. 1868.

March 19. 1915.

(Signature) *Charles B. Dennison*



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of Franklin } ss.

On this 25th day of May, A. D. one thousand eight hundred and ninety-two

personally appeared before me, a Justice of the Peace

within and for the county and State aforesaid, Charles B. Dennison

aged 52 years, a resident of the Town of Colram

of Franklin, State of Mass.

who, being duly sworn according

to law, declares that he is the identical Charles B. Dennison who was

ENROLLED on the 27th day of August, 1862, in Co. B. 52d

Regt. Mass Vol. as a Private [Here state rank, company, and regiment in military service, or vessel, if in the Navy.]

in the service of the United States,

in the war of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Greenfield Mass. on the 15th day of August,

1863. That he is wholly unable to earn a support by reason of Rheumatism

Very Difficult and general disability [Here name the diseases or injuries from which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has never applied for a pension under application No. That he is a pensioner under certificate No.

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

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the act of June 27, 1890.

That he has never been employed in the military or naval service otherwise than as stated above.

[If in the service prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.]

He hereby appoints J. B. PARSONS, State Pension Agent of Massachusetts, 29 Pemberton Square, Boston, his true and lawful attorney to prosecute his claim (without fee); that his post-office address is Greenfield, county of Franklin, State of Mass.

ATTEST: Chas. A. Smith, Nellie A. Comack

Chas. B. Dennison [Claimant's signature.]

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts, County of Franklin, ss:

On this 25th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public, Charles B. Demmison, who, being duly sworn according to law, declares that he is 72 years of age, and a resident of Colrain, county of Franklin, State of Massachusetts; and that he is the identical person who was ENROLLED at Colrain, Massachusetts, under the name of Charles B. Demmison, on the 30th day of August, 1862, as a private, in Co. B, 52 Reg. Mass. Vol.

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.) in the service of the United States, in the civil war, and was HONORABLY DISCHARGED at Greenfield, Mass., on the 15th day of August, 1863. That he also served.

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 11 inches; complexion, light; color of eyes, blue; color of hair, light; that his occupation was farmer; that he was born January 17, 1840, at Halifax, Vermont.

That his several places of residence since leaving the service have been as follows: said Colrain except less than two years in said Halifax immediately after said discharge.

That he is a pensioner under certificate No. 847,433. That he has applied for pension under original No.

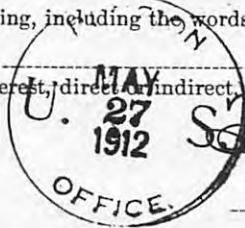
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Colrain, county of Franklin, State of Massachusetts.

Attest: (1) Marion E. Sandforth, (2) Ellen K. O'Keefe, Charles B. Demmison (Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 25 day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words

[L. s.] erased, and the words and that I have no interest, direct or indirect, in the prosecution of this claim.



per Francis N. Thompson, NOTARY PUBLIC FOR MASSACHUSETTS.

GREENFIELD, MASS. OFFICIAL CHARACTER: PENSION EXPIRES AUGUST 28-1916.

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

Validity accepted to execution S. J. [Signature] Chief. Law Division.



Commonwealth of Massachusetts.

PENSION DEPARTMENT, STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts, County of Franklin,

ss.

In the matter of the claim for pension increase of 847 433 Act of June 27th 1890, of Charles B. Dennison

of Company B, 52d Regiment Mass Infantry Vols. :-

Personally came before me, a Notary Public in and for aforesaid County and State, the said Charles B. Dennison and resident of Colrain in the County of Franklin, State of Massachusetts, who being duly sworn, declares in relation to aforesaid claim, as follows: -

That he was born on the seventeenth day of January A.D. 1840

Charles B. Dennison Colrain Mass



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

RECEIVED APR 6 1905 EAST DISTRICT

Just over

PENSION OFFICE APR 4 1905

Affiant's Signature, P. O. Address, Affiant's Signature, P. O. Address,

Attest - when any affiant signs BY MARK two persons sign here.

[OVER.]

Sworn to and subscribed before me this day by the above-named affiant

Here insert affiant's name or names.

B. Dennison,

; Charles; and I certify that I read

said affidavit to said affiant, and acquainted him with its contents before he executed the same

that I am well acquainted with the claimant & he is a credible witness. I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this first day of April 1905.

Sign here.

Francis N. Thompson,

NOTARY PUBLIC

Greenfield, Mass.



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

Act of June 27th 1890.

847 433

CLAIM FOR

Increase Pension

Charles B. Dennison

60 B. 52" Mass 1906.

AFFIDAVIT OF

Charles B. Dennison

FILED BY

PENSION DEPARTMENT,

STATE HOUSE,

BOSTON, - - MASS.

A R

R

Brady

COMMONWEALTH OF MASSACHUSETTS.

FRANKLIN, SS:

In the matter of the claim for pension of CHARLES B. DENNISON of Colrain in the County of Franklin in said commonwealth, (Eastern Division, Inv. Ctf. No. 847,488, Co.B.52d Mass.Mil. Inf.)

Personally appeared before me, a Notary Public in and for said state residing in said county, came said Charles B. Dennison, who being duly sworn declares in relation to said claim that he was born on the seventeenth day of January, 1840, and is now of the age of seventy years and is the applicant for pension aforesaid.

Charles B. Dennison

Sworn to and subscribed before me this day by the above-named affiant, Charles B. Dennison, and I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same, and that he is a credible witness and well known to me. Witness my hand and notarial seal at Greenfield in said County this twenty-first day of March, 1910.

Francis N. Thompson,
NOTARY PUBLIC FOR MASSACHUSETTS
GREENFIELD, MASS. COMMISSION EXPIRES AUGUST 21-1914.

PENSION B U. MAR 22 1910 S. OFFICE.

RECEIVED MAR 22 1910 EAST. DIV.



Commonwealth of Massachusetts.

Mom

PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

DECLARATION FOR INCREASE OF INVALID PENSION,

Under Act of June 27, 1890.

STATE OF MASSACHUSETTS.

COUNTY OF *Franklin*

} ss.

On this *23rd* day of *Jan.*, A.D. one thousand nine hundred and *five* personally appeared before me, a *Justice of the Peace* within and for the County and State aforesaid, *Charles B. Dennison*, aged *65* years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the *Boston* Pension Agency at the rate of *6* dollars per month, by Certificate No. *847,433*, on account of disability from *rheumatism, and disease of chest*,
[Here state the disability for which pensioned.]

that he served as a *Corporal Co B 52 Regiment Mass. Volunteers*
[Here state rank, company and regiment, if in army; rank and vessel, if in navy.]

He further declares that he believes himself to be entitled to an increase of pension for the following reasons, to wit: that the above-mentioned disabilities have increased; and that he is also suffering from the following additional disabilities: *Rupture of Weak Knees*.
[Here state reasons for applying for increase; whether disability has increased or present rate is considered inadequate, or otherwise.]

that said additional disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent; that he appoints *J. B. Parsons*, Deputy *State Judge* Commissioner of Pensions, State House, Boston, Mass., his true and lawful attorney to prosecute his claim WITHOUT FEE; that his (applicant's) residence is No. _____, in Street, in *Colerain*, County of *Franklin*, and State of *Mass.*; that his Post-Office address is *Colerain*

Charles B. Dennison
Charles B. Dennison
[Claimant's signature.]

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

Also personally appeared *Eugene A. Newcomb* residing at *Greenfield, Mass.*, and *John D. Bouker* residing at *Greenfield, Mass.* persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw *Charles B. Dennison*, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

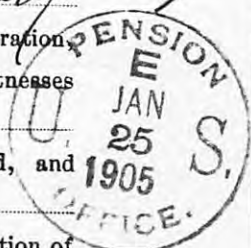
Eugene A. Newcomb
John D. Bouker
[Signatures of witnesses.]

[If either witness signs by mark, two persons who can write sign here.]

Sworn to and subscribed before me this *23rd* day of *January* A.D. 190*5*, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the claimant and witnesses before swearing, including the words *21*

the words *23rd* erased, and *1905* added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Francis M. Thompson
NOTARY PUBLIC
Justice of the Peace
[Official character.]



[SEAL.]



MILITARY SERVICE.

JULY 14 702162 1892

Write nothing above this line.

NAME OF SOLDIER:

Charles B. Dennison.

Eastern Div. Bureau of Pensions,
No. 1113971. July 13, 1892

SIR:

It is alleged that the above-named man enlisted 27
Aug., 1862, and served as a Pvt.
in Co. B., 52 Reg't Mass. Vol. Inf.
also as a _____ in Co. _____ Reg't
and was discharged at
Greenfield Mass.
on 15 Aug., 1863.

No. of prior claim _____

The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termination of service.

Very respectfully,
Green B. Rawm
Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

War Department,
Record and Pension Division.

JUL 14 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS

The rolls show that

Charles B. Dennison
mentioned in the preceding instrument, was credited
Sept 11, 1862 and 7mo at
2 Corp Aug 14, 1862
with Co as Charles
B. Dennison



BY AUTHORITY OF THE SECRETARY OF WAR.

J. Cairwood
Major and Surgeon, U. S. Army

m m

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of MASSACHUSETTS
County of FRANKLIN, } ss.

On this 18th day of February, A. D. one thousand nine hundred and seven, personally appeared before me, a **NOTARY PUBLIC** within and for the county and State aforesaid, Charles B. Dennison, who, being duly sworn according to law, declares that he is 67 years of age, and a resident of Cobrain county of FRANKLIN, State of MASSACHUSETTS; and that he is the identical person who was ENROLLED at Greenfield, Mass. under the name of Charles B. Dennison, on the first day of September, 1862, as a corporal, in Co. B. 52nd Reg. Mass. Vol. Inf. (Here state rank, and company and regiment in the Army, or vessels if in the Navy.) Detached to topographical engineers department in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Greenfield, Mass. on the 14 day of August, 1863.
That he also served _____
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 10 inches; complexion, light; color of eyes, blue; color of hair, brown; that his occupation was farmer; that he was born January 17, 1840, at Hadley, Ct.

That his several places of residence since leaving the service have been as follows: Cobrain, Mass., excepting one year about 1864 in Hadley, Ct.
(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has _____ heretofore applied for pension Letts No. 847 433
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is Cobrain, county of FRANKLIN, State of MASSACHUSETTS.

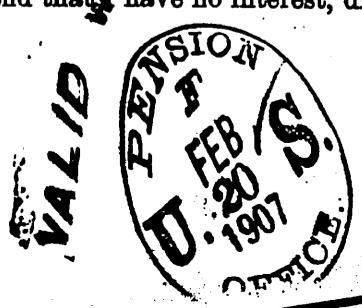
Attest: (1) Fred P. Pelton _____
(2) John D. Bouker _____
Charles B. Dennison
(Claimant's signature in full.)

Also personally appeared Fred P. Pelton, residing in Greenfield, Mass., and John D. Bouker, residing in Greenfield, Mass., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles B. Dennison, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of ten years and ten 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.

Fred P. Pelton
John D. Bouker
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 18 day of February, A. D. 1907, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Francis N. Thompson
NOTARY PUBLIC
Greenfield, Mass.
(Official character.)



ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of MASSACHUSETTS
County of FRANKLIN, } ss.

On this fourth day of March, A. D. one thousand nine hundred and ten, personally appeared before me, a Notary Public within and for the county and State aforesaid, Charles B. Dennison, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Colrain county of FRANKLIN, State of MASSACHUSETTS; and that he is the

identical person who was ENROLLED at Colrain, Mass under the name of Charles B. Dennison, on the September day of 1862, as a private, in Co B 52nd Reg Mass Militia Inf.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Greenfield, Mass., on the 14 day of August, 1863.
That he also served in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Greenfield, Mass., on the 14 day of August, 1863.
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, heretofore given in earlier application feet inches; complexion, heretofore given in earlier application; color of eyes, heretofore given in earlier application; color of hair, heretofore given in earlier application; that his occupation was heretofore given in earlier application; that he was born heretofore given in earlier application, 18heretofore given in earlier application, at heretofore given in earlier application.

That his several places of residence since leaving the service have been as follows: Colrain, Mass.
(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has not heretofore applied for pension not
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is Colrain, county of FRANKLIN, State of MASSACHUSETTS.

Attest: (1) Clifton L. Field Charles B. Dennison
(Claimant's signature in full.)
(2) Eugene A. Newcomb

Also personally appeared Clifton L. Field, residing in Greenfield, Mass. and Eugene A. Newcomb, residing in Greenfield, Mass., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles B. Dennison, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 25 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.

Clifton L. Field
Eugene A. Newcomb
(Signatures of witnesses.)



SUBSCRIBED and sworn to before me this fourth day of March, A. D. 1910, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words heretofore given in earlier application, erased, heretofore given in earlier application, added;

and the words heretofore given in earlier application, and that I have no interest, direct or indirect, in the prosecution of this claim.

Validity accepted
S. A. Cuddy,
Chief, Law Division.

Francis A. Thompson
NOTARY PUBLIC FOR MASSACHUSETTS
GREENFIELD, MASS.
(Signature.)
APRIL 22-1910

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON March 6, 1915.

The Postmaster

Colerain, Massachusetts.

MAR 12 1915

Sir:

The Bureau has been informed that Charles B. Dennison, who receives pension under certificate #847,433, through your office, is totally disabled both mentally and physically and requires constant care, and that he is suffering from senile dementia.

You are, therefore, requested to state whether he is laboring under a legal disability imposed by the laws of your State? Is he under guardianship? If not, is he in your opinion mentally competent to receive and disburse the pension which was recently increased to \$22.50 per month? You should also state whether he has a wife.

An early response, under cover of the enclosed envelope, will be very much appreciated.

Very respectfully,

J. M. Stebbins
Commissioner

In answering your inquiries in regard to C. B. Dennison I will say, I do not know the cause of his disability. He has no guardian. in my opinion he is not mentally competent to receive and disburse his pension. he has no wife. lives with his son Arthur L. Dennison who is married.
Very Respectfully, J. C. Thompson P.M.



For like a child. Has what is known as senile dementia and is a general wreck physically and mentally.

If this condition allows for any more than the increase of two dollars which is allowable by age, it would aid very much in his care.

I am told he should draw thirty dollars. Any advice you can give me, as to how to apply, or procure this will be thankfully received.

Dr. H. G. Stetson of Greenfield

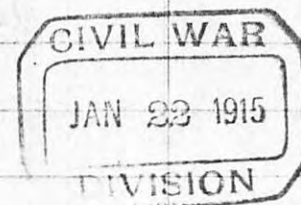
Mass. is his attending physician and he will be willing to give any information regarding his condition which may be required.

Most Sincerely yours.

Arthur L. Dennison

Colran.

Mass.



SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Pension Claim No. 847433

Address of Board.

Wash D.C. State.

Wash D.C., 1905
[Date of examination.]

Names of disabilities.

He receives a pension of 6 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: Resurrection 1 1/2 years since

Chert 1864 rupture 5 years mark
Arises and eye 1 year since
1 year mark in forehead 1865
born in France in France

Birthplace, France; age, 65 years; height, 5 ft 6
weight, 175 pounds; complexion, light; color of eyes, gray
color of hair, gray; occupation, Farmer; permanent marks and
scars other than these described below, _____

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

Pulse rate, 72 72 72; respiration, 21 21 21; temperature, 98;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Resurrection left knee to swelling
and over the knee aspect of leg and
apostoma 1/2 inch in diameter bright
angle of tumor now of tumor and
alleged pain in motion and mark
no other evidence of lesion
remains. That of eye at first
swelling and redness of eye
with labor. As a result of
that rather requires no more of
or operation.

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

Swelling in eye from tumor
Exposure to light and

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.

Right eye tumor in the eye
subconjunctival tumor in eye
since my eye 1/2

Age and brevity of service

Decision of Board not favorable
Alleged tumor in eye 1865
as above in eye
Malocclusion in eye
any other disability in eye
elder. In eye - chief tumor in eye
which eye had up for eye
and eye 1865 to eye
der of eye in eye
Redness in eye

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

no other disability in eye
providing the patient with eye
for eye and support by eye
and eye in eye
Alleged malocclusion in eye

A. C. Miller, Pres. J. P. Bond, Treas.

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

Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

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

"I hereby certify that Dr. Wacker, Dr. Frederick and Dr. Wood were personally present and actually participated in the examination of Frank Quinn, the claimant in this case, on 2nd day of May, 1903.

(Signature.)

A. J. Frederick

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

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 190."

Witnesses to mark.

(Signature of Applicant.)

RECEIVED
MAY 25 1903
U. S. SURGEON'S OFFICE
PENSION

OFFICE OF THE SURGEON'S CERTIFICATE

IN FAVOR OF Frank Quinn
C. S. Wood Regt.

APPLICANT FOR Inc 439
No. 847

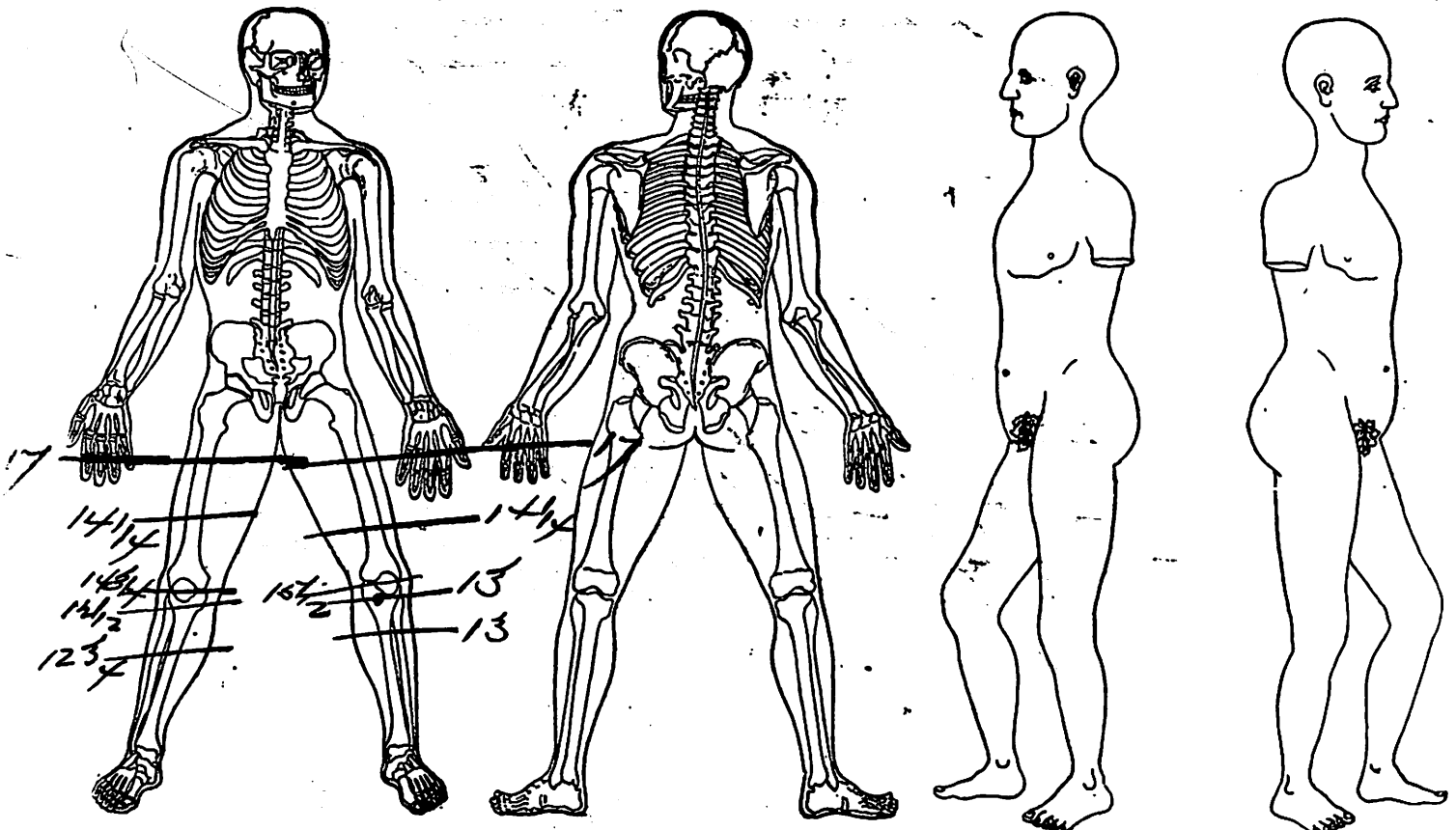
DATE OF EXAMINATION:

May 27 1903

A. C. Wacker Pres., BOARD
A. J. Frederick Secy.
A. J. Wood Treas.

Post office, Freeport
County, Wacker
State, W. Va.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-532



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.

(Paste continuation sheet, if used, here.)

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.

Original Army Pension Claim No. 1113.971

Name and rank of claimant.

Chas. B. Lennison, Rank, Corp.

Claimant's post-office address.

Company B, 52 Reg't Innes, I. S. Grenfield Innes, State,
Hosefield Mass [Post-office address of the Board.]
[Date of examination] July 27, 1892.

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.

Rheumatism Long difficulty - & General debility

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

and that he receives a pension of 00 dollars per month.

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

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

Had inflammatory Rheumatism, confined to house 3 months.
Has had trouble with St. Lung for 3 years being worse in cold weather.
Had four days in which in the U.S. Army at Fort Hudson La. 1863, July.

40

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 20; temperature, 98; height, 5 feet 10 inches; weight, 150 pounds; age, 57 years: Heart normal, no perceptible

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

Enlargement of joints, Limited motion in rt. Knee, in flexion. 1/4 less than normal, tenderness on pressure, & causing lameness in walking result of rheumatism, appears enlarged
A rating of four (4/8) Eighteenth is recommended
Liver atrophied 1/4" spleen normal, no hypertrophy. The testine subnormal; result of mal. poison. A rating of two 2/8
Eighteenth is recommended
Chest expansion 33 1/2 + 36. Respiratory normal, at lung, full, tho' not obstructed no bronchitis. There is slight depression over upper 1/3 of st. chest, and a history & appearance of intercostal rhumatism, which is the probable cause of disorder of st. chest & lung. A rating of four (4/8) Eighteenth is recommended. Full size of st. lung, & normal nature of walls

No other disability is found.

He is, in our opinion, entitled to a 4/8

Rate for EACH cause of disability.

rating for the disability caused by rheumatism 4/8 for that caused by St. Lung & Throat 4/8 for that caused by St. Lung & Throat

E. C. Coy, Pres. A. Walker, Sec'y. St. J. Wright, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not.
6-552