

**Dear Patron:**

**We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.**

**COMPLETE FILE ENCLOSED**

**BEST AVAILABLE COPY.**

State of Kansas }  
Sheridan County }

On this day, personally appeared before me the U. S. Marshal for the above County

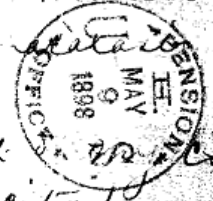
Charles McDonald, who is personally known to me and after being duly sworn, on his oath says: I am the claimant in Pension claim No. 871- and was called Member of Co. W. 8<sup>th</sup> Reg. Ind. Inf. in the war of the rebellion. I am now 67 years old and next of kin dead.

I served 4 years in the U. S. Service, and was discharged the 8<sup>th</sup> day of September 1865.

I have been troubled with Rheumatism and Heart disease ever since.

I am alone in the world, and have no means of support except what little I am able to do in the way of farming. For at the present time I am so weak and unable to do any work.

That I do not know of any Comrade or Regt. except Dr. Williamson of Hill City Kansas who know me during my army life. With



known to me since.

That I am now in difficult circumstances and  
unless I get help will soon be a public  
man.

— as a result of country physically and  
morally, and that my present condition is not  
the result of my own vicious habits.

That I feel that I am doing a nation's duty  
in accordance with my service and my present  
inability.

Wm. M. ...

... I went to ... on the ...  
... 6th day ... 1888 ... stating that  
the above ... was written by me as dictated  
by the claimant and that ... my own  
personal knowledge ... is ...  
... condition is correct.

Wm. M. ...



... Feb 1 1881



That the Citizens of St. Louis who have subscribed  
in names below hereby make affidavit that  
we have known Clark McDonald for the last  
two years past, and know from and personal  
knowledge that the statements he has made as  
to his present condition are true, and we believe  
they are all true and correct in every particular.

Benjamin Cooper

Henry G. Hornes

W. W. Taylor

Samuel B. Davidson & Co.

A. L. McCallister

J. S. Turner

Frank W. Moore Editor & Publisher

Subscribed in my presence and sworn to  
before me this 6<sup>th</sup> Day of May 1898

J. B. Geigley, Notary Public  
Com. Exp. 12/31/1900



**General Affidavit for any Purpose.**

State of Iowa County of Appanoose S. S.  
In the matter of Clark M<sup>c</sup> Donald

personally comes the affiant who being first sworn, on oath says: *That I am acquainted with said Clark M<sup>c</sup> Donald and that he has been at my residence and I have taken care of him. on account of his being unable to pursue on his journey, because of a wound received while in the Army, furthermore I do not think said M<sup>c</sup> Donald was capable of performing or following his usual occupation.*

and affiant further swears that he is not interested in the prosecution of the claim, and his Post Office address is

Centerville Obi of Appanoose State of Iowa

Affiant's signature.  
*James S. Ellis*

Two witnesses when signed by mark. {

Subscribed and sworn to before me this 27 day of June 1881 The affiant is the person he represents himself to be, and a credible witness. I am not interested in this claim sought to be established. Witness my hand and seal, day and year above written.  
The contents were read over to affiant before signing the same.

*J. L. Taylor Clerk* Official Signature **SEAL**  
*of the District Court*

If this evidence is sworn to before a Notary Public or Squire, it will be necessary to have the Clerk's certificate attached, unless said Notary or Squire already has such a certificate on file in the Pension Office showing official capacity. If such a certificate is on file, the Notary or Squire must say so, in his Jurat.  
Return to N. W. FITZGERALD & CO.,  
Washington, D. C.

RETURN TO  
U.S. PENSION AGENCY  
WASHINGTON, D. C.

3-402.

Certificate No. 211871 Department of the Interior,  
Name Clark McDonald 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,

*McClay Brandt*  
Commissioner.

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

Answer.....

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

Answer.....

Third. What record of marriage exists?

Answer.....

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.....

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

Answer.....

*I have made out two of these papers*

*Clark McDonald*  
(Signature.)

Date of reply, ....., 189...

0-8

5301b750ml-98

Act of June 27, 1890.

# Additional INVALID PENSION.

*Case 871  
201871  
Applicant*

Claimant, Clark M. Donald I. C. No. 201871  
P. O., Hoxie, Rank, Private and Corporal  
County, Sheridan, Company, B  
State, Kansas, Regiment, 8, Ind. Mt. Inf.  
Rate, \$ 12 per month, commencing May 16, 1901.

*B*

Deduct subpayments

Pensioned for Total inability to earn a support by manual labor.

*WESTERN*

no RECOGNIZED ATTORNEY.

Fee, \$ \_\_\_\_\_  
Agent to pay.

*Also found as private*

### APPROVALS.

Submitted for Adm. Sept. 22, 1902 C. S. Hardy, Examiner.

Approved for gunshot wound of left thigh, rheumatism, heart failure, partial paralysis of left side, right hydrocele, constipation and debility. Deduct subpayment

Approved for gunshot wound of left thigh, rheumatism, right hydrocele, partial paralysis and debility.

payments on general law and drop name from the rolls thereon too.

Aggregate of disabilities shown, permanent in character: \$ 12

Sept. 26, 1902  
Sept. 4, 1902

J. Roy  
Legal Reviewer

Quiley  
Medical Examiner  
Oct. 1, 1902

Coke  
Medical Reviewer

Sept. 29, 1902 Ch. Johnson  
Re-Reviewer  
Oct. 7, 1902

Now pensioned under other laws at \$ 6.00 per month for gunshot wound of left thigh

Enlisted August 20, 1861, honorably discharged August 28, 1865

Reenlisted \_\_\_\_\_, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_

Declaration filed May 16, 1901, alleges permanent disability, not due to vicious habits, from Rheumatism, heart failure, partial paralysis of left side, hydrocele and constipation.

*D. S. W.*

Hon. W. A. Reeder, M. C.

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

Act of June 27, 1890.

Additional  
INVALID PENSION.

Claimant: Clark McDonald ✓ Ct. 201 ✓ 871  
 P. O.: Boxie ✓ Bank: Capital  
 County: Sheridan ✓ Company: B  
 State: Kansas ✓ Regiment: 8 Ind. Vol. Inf.  
 Rate: \$ \_\_\_\_\_ per month commencing July 6-1900.  
 Pensioned or \_\_\_\_\_ ability to earn a support by manual labor.  
 Name: \_\_\_\_\_ RECOGNIZED ATTORNEY. Fee: \$ \_\_\_\_\_  
 P. O.: \_\_\_\_\_ Agent to pay.

*max.*  
 Request no benefit to claim  
 who is now on the parole  
 under general laws at  
 equal rate from a prior  
 date.

*Reb. Cheesman*  
*J. R. S. O. A.*  
*July 6, 1901*

REJECTED  
 July 8, 1901

APPROVALS.

Submitted for *Quincy*, *Jan 19 1901*, *Moore M*, Examiner.

Approved for gunshot wound of left thigh  
 rheumatism disease of heart paralysis of left  
 side catarrh of head stomach & rectum age 69.

Approved for gunshot wound of  
 left thigh rheumatism  
 disease of heart and rectum.

*July 22*, 1901, *R. B. Cheesman*  
 Legal Reviewer.

Aggregate of disabilities shown, permanent in character: \$ *8-66*  
 not entitled to a rate in excess of  
 under prior application  
*W. Holt* Medical Referee.

" *24*, 1901, *J. R. S. O. A.*  
 Re-Reviewer.

*July 28*, 1901.

Now pensioned under other laws at \$ *8.00* per month for *g. s. m. left thigh*

Recs. at \$ *2.00* per mo. from *Aug. 26, 1865*, and \$ *6.00* per mo. from *July 22, 1888*, and  
 \$ *8* per mo. from *Oct 16, 1889*.

Enlisted *Aug 20*, 1861, & honorably discharged *Aug 28*, 1865

Reenlisted *Nov*, 1861, honorably discharged \_\_\_\_\_, 18

Declaration filed *Sept. 16*, 1892, alleges permanent disability, not due to vicious  
 habits, from gunshot wound of left thigh, rheumatism and  
 resulting heart disease and palsy

Rec. filed *July 6*, 1900, gunshot wound in left thigh, rheumatism,  
 heart disease, paralysis of left side and catarrh of  
 head and stomach

*Ann X. A. Reeder*, M. C.

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



# Declaration for Invalid Pension.

(Act of June 27, 1890.)

To be executed before a Clerk of a Court of Record or a Notary Public or Justice of the Peace *having a Seal.*

State of Kansas , County of Sheridan , ss:

On this 5 day of September , A. D. one thousand eight hundred and ninety two personally appeared before me, a Notary Public in and for the county and State aforesaid, duly authorized to administer oaths, Clark McDonald aged 62 years, a resident of the City of Hopic of Sheridan , county of the , State of Kansas , who being duly sworn according to law, declares that he is the identical Clark McDonald who was enrolled on the 25<sup>th</sup> day of August , 1861, in Company B 8<sup>th</sup> Regiment Indiana (Here state rank, company and regiment in military service, or vessel, if in the navy.) Volunteer Infantry, and Veteranized Jan 1<sup>st</sup> 1862

in the war of the Rebellion, and served at least ninety days in the service of the United States, and was honorably discharged at Darien Georgia on the 28<sup>th</sup> day of August , 1865

That he is physically unable to earn a support by manual labor by reason of gunshot wound of left thigh, Rheumatism resulting heart disease, and piles (Here state the name and nature of the disability.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has not applied for pension under application No.        That he is a pensioner under certificate No. 201871

(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 U. S. under the provisions of the act of June 27, 1890. He hereby appoints E. BRANDENBURG, of Washington, D. C., his lawful attorney to prosecute his claim, and agrees to allow his said attorney a fee of ten dollars. His postoffice

address is Hopic Sheridan County Kansas

Attest:  
Oliver M<sup>th</sup> Drabb  
Geo R. McDonald

Clark McDonald  
(claimant's signature.)

Also personally appeared Oliver McDonald, residing at Hoxie Kansas, and John R McDonald, residing at Hoxie Kansas, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Clark McDonald the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 18 years and 15 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.

Oliver McDonald  
John R McDonald  
(Signatures of witnesses.)

STATE OF Kansas COUNTY OF Shelby

Sworn to and subscribed before me this 5<sup>th</sup> day of September, A. D. 1892 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the

words \_\_\_\_\_ erased,

and the words \_\_\_\_\_

added; and that I have no interest, direct or indirect, in the prosecution of this claim

L. J. Ziegler  
(Signature)  
 Notary Public, Terre Haute, Ind.  
(Official Character.) 4/18/95



Execution not good unless Seal is attached.

64 201,871.  
 Act of June 27, 1890.  
**SOLDIER'S CLAIM FOR PENSION**  
 ORIGINAL  
Clark McDonald, Applicant.  
Pvt. Co. B. 5<sup>th</sup> Regt.  
Indiana Infantry, 1<sup>st</sup> Div.  
 Date of execution Sept 5<sup>th</sup> 1892

FILED BY

E. PRANDENBURG,

412 5th Street N. W.

WASHINGTON, D. C.

Printed and for sale by E. J. Gray, 1024 Pa. ave., Washington, D. C.

Act of June 27, 1890,

# AS AMENDED BY ACT OF MAY 9, 1900

## DECLARATION FOR INVALID PENSION.

STATE OF Kansas }  
COUNTY OF Sheridan } ss.

On this Third day of July, 1900 A. D. one-thousand-nine-hundred  
personally appeared before me, a County Clerk within and for the county and  
State aforesaid, Clark M. Donald, aged 69 years,  
a resident of Hopie, county of Sheridan

State of Kansas, who, being duly sworn according to law, declares that he is the identical  
person who was ENROLLED at Greenfield Hancock Indiana under the name  
of Clark M. Donald on the 25<sup>th</sup> day of Aug. 19. 61  
18, as a Private in Company B 9<sup>th</sup> Indiana Infantry  
(Here state rank, and company and regiment in the Army, or vessel, if in the Navy.)

To serve 3 years or during the war  
in the service of the United States, in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED  
at Warren Georgia on the 28<sup>th</sup> day of Sept., 1862

That he also served \_\_\_\_\_  
(Here give a complete statement of all other services, if any.)

X That he was not employed in the military or naval service prior to \_\_\_\_\_, 1861  
That he has not been employed in the military or naval service since \_\_\_\_\_, 1862

That his personal description at enlistment was as follows: Age, 30 years; height, 6<sup>2</sup> feet, 11 inches;  
complexion, fair; hair, light; eyes, blue; That he is Wholly  
(Wholly or in part)  
incapacitated for earning a support by manual labor by reason of Gum shot in left thigh  
(Here name the disease or injuries by which disabled)  
and Rheumatism and heart Disease and stroke of  
paralysis in left side with Catarrh of head &  
Stomach

That said disability is not due to his vicious habits, and is to the best of his knowledge and belief of a permanent character.

That he is \_\_\_\_\_ a pensioner and his present rate of pension is \$ 8.80 a month. That he has \_\_\_\_\_ heretofore  
applied for pension. Certificate No 201471  
(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, as amended by Act of May 9, 1900.

That he hereby appoints Himself  
~~HENRY B. PHILLIPS, OF WASHINGTON, D. C.,~~

his true and lawful attorney to prosecute his claim. Attorney fee to be \$10.

That his POST-OFFICE ADDRESS is Hopie Sheridan Co Kansas  
county of \_\_\_\_\_ State of \_\_\_\_\_

Attest: (1) C. A. Cress \_\_\_\_\_  
(2) David T. Nigg \_\_\_\_\_  
Clark M. Donald ✓  
(Claimant's signature)





Also personally appeared C. A. Cissna, residing at Hoxie Kansas  
 and Saml. J. McGinnis, residing at Hoxie Kansas, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Charles Mc Donald, 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 of  
8 years and 7 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.

C. A. Cissna  
Saml. J. McGinnis  
 (Signatures of Witnesses.)

Sworn to and subscribed before me this 3rd day of July A. D. 1900

and I hereby certify that the contents of the above declaration, etc., were fully made  
 known and explained to the applicant and witnesses before swearing, including the  
 words....., erased, and the  
 words....., added; and that  
 I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

B. R. Reed  
 (Signature.)  
County Clerk, Sheridan Co., Wyo.  
 (Official character.)

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace or  
 other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his  
 official character, signature and term of office must be certified by the proper State, county or city officer under his official seal,  
 unless such a certificate has been filed in the Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are  
 duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

045  
 2018  
 AS AMENDED BY ACT OF MAY 9, 1900.  
 Act of June 27, 1890

Claim for Pension.

INVALID.

Name Charles Mc Donald  
 Service Private Co. B. 8th  
Infantry

FILED BY  
**HENRY D. PHILLIPS,**  
 476 LOUISIANA AVENUE  
 WASHINGTON, D. C.  
 LANDS AND PENSIONS DEPARTMENT  
 JUL 14 1900  
 Filed July 14, 1900

Act of June 27, 1890.

AA

DECLARATION FOR INVALID PENSION.

AA

STATE OF Kansas  
County of Sheridan ss.

On this 1<sup>st</sup> day of May, A. D. one thousand nine hundred and One  
personally appeared before me, a County Clerk within and for the county and  
State aforesaid, Clark M<sup>c</sup>Donald, aged 70 years,  
a resident of Hovie, county of Sheridan  
State of Kansas, who, being duly sworn according to law, declares that he is the identical  
person who was ENROLLED at Greenfield Indiana under the name  
of Clark M<sup>c</sup>Donald on the 25<sup>th</sup> day of August  
1861, as a private in Co B. Eight Ind. Vol. Inf  
(Here state rank, and company and regiment in the army, or vessel, if in the navy.)

in the service of the United States, in the war of the rebellion, and served at least ninety days, and was HONOR-  
ABLY DISCHARGED at Darien Georgia, on the 28<sup>th</sup> day of September  
1865. That he also served None  
(Here give a complete statement of all other services if any.)

That he was not employed in the military or naval service prior to August 25<sup>th</sup>, 1861

That he has not been employed in the military or naval service since September 28, 1865

That his personal description at enlistment was as follows: Age, 30 years; height, 5 feet 11 1/2 inches;  
complexion, light; hair, light; eyes, blue. That he is wholly  
(Wholly or in part)

incapacitated for earning a support by manual labor by reason of Rheumatism, Heart  
(Here name the disease or injuries by which disabled.)  
failure, Partial Paralysis of left side,  
Hydrocele, and Constipation

That said disability is not due to his vicious habits, and is to the best of his knowledge and belief of  
permanent character. That he is now a pensioner. That he has not heretofore applied for pension.

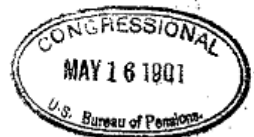
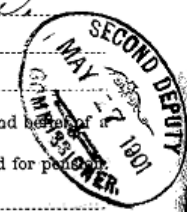
201871  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.)

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. and May 9<sup>th</sup> 1900

That his POST-OFFICE ADDRESS is Hovie  
county of Sheridan, State of Kansas

That he hereby appoints \_\_\_\_\_  
(If he desires to employ an attorney.)  
of \_\_\_\_\_, his true and lawful attorney to prosecute his claim.

Attest: (1) Saul T. Meggins  
(2) A. L. McCallum  
Clark M<sup>c</sup>Donald  
(Claimant's signature.)



Also personally appeared Sauil J. Wiggins, residing at Howe Haus  
 and A. L. McCallum, residing at Howe Haus, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Clark McDonald, 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 of Eight years and Nine 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.

Sauil J. Wiggins  
A. L. McCallum  
(Signatures of witnesses.)

Sworn to and subscribed before me this 1st day of May, A. D. 1900

and I hereby certify that the contents of the above declaration, etc., were fully made  
 known and explained to the applicant and witnesses before swearing, including the  
 words or make his mark, erased, and the  
 words And May 9" 1900, added; and that  
 I have no interest, direct or indirect, in the prosecution of this claim.

P. P. Reed  
(Signature.)

County Clerk  
(Official character.)

Sheridan Co Haus

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of  
 the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by  
 law to have and use a seal, his official character, signature, and term of office must be certified by the proper State,  
 county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for  
 general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and  
 signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

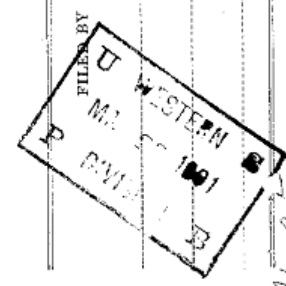
ACT MAY 9, 1900. no AA

Receipt of papers acknowledged  
 Act of June 27, 1890.  
 by Mail Division.

CLAIM FOR PENSION.

INVALID.

Name: Clark McDonald  
 Service: U S Army, Va.  
W. C. 201, 871 575



W B. C. H. May 12, 1901

Act of June 27, 1890.

INVALID PENSION.

Claimant, Carrick McDonald Off. 20.871.  
 P.O., Leipsic Rank, Private  
 County, Sheridan Company, B  
 State, Kansas Regiment, 8<sup>th</sup> Ind. Vol. Inf.  
 Rate, \$ \_\_\_\_\_ per month, commencing Sept. 16<sup>th</sup> 1892

Disabled by \_\_\_\_\_

REJECTED.

RECOGNIZED ATTORNEY.

Name, E. Brandenburg Fee, \$ \_\_\_\_\_ Agent to pay.  
 P.O., Leipsic Articles filed, \_\_\_\_\_, 189 \_\_\_\_\_

APPROVALS.

Submitted for Rejection June 19, 1895 H. W. Schaff Examiner.

Approved for gunshot wound of left thigh Approved for gunshot wound of left thigh, rheumatism and disease of rectum,  
rheumatism and disease of rectum. Rept disease of heart, no disability under Act June 27, 1890. Decision of Med. Dep. \$6. No benefit.  
No benefit. No issue. No other ratable disability.

H. C. Hough W. H. Brandenburg  
 Legal Reviewer. Special Referee.  
July 18<sup>th</sup> 1895. July 15, 1895.

It now pensioned under other laws. Last paid to \_\_\_\_\_, 189 \_\_\_\_\_, at \_\_\_\_\_  
 Pensioned from August 26, 1865, at \$ 4 for Left Thigh  
 " " July 22, 1888, " 6 " Do  
 " " Oct. 16, 1889, " 8 " " "

SERVICE SHOWN BY RECORD.

Enlisted August 25, 1861, honorably discharged August 25, 1865  
 Re-enlisted \_\_\_\_\_, 18 \_\_\_\_\_, honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_  
 Declaration filed Sept. 16, 1892, alleges permanent disability, not due to vicious habits,  
 from gunshot wound left thigh, rheumatism heart disease and piles.

0-487 Printed No. 186

State of Kansas }  
Sheridan County } P. S.

WESTERN  
JUL 9 1932  
MICHIGAN

Charles Cisna of Hoxie Kansas of the age of 63 years and Fred W. Fay of Hoxie Kansas of the age of 69 years upon their oath do state that they are and have been acquainted with Clark McDonald of Hoxie Kansas for the past Eight years and further that they of their personal knowledge and by their intimate acquaintance with Clark McDonald know that he has had since their acquaintance Rheumatism and that he also had right Hydrocele and that he suffered partial Paralysis about three years ago. And that he is a constant sufferer from said disabilities, and his financial condition is such and has been such since our acquaintance that he has been unable to procure proper medical attention, as his meager income derived from his work as shoemaking and his inability to work by reason of said disabilities will not procure for him needed medical attention, As to our knowledge of seeing and being in his Company from day to day. We know that he is unable to do manual labor at all

at.  
Charles Cisna Post Office Hoxie Kansas  
Fred W. Fay " " Hoxie Kansas

State of Kansas }  
Sheridan County } P.D.

Personally appeared before me a County Clerk  
in and for said County and state Charles Cressna  
of the age of 63 years whose Post Office address is  
Hoye Sheridan County Kansas and Fred W Fay of  
the age of 69 years whose Post Office address is  
Hoye Sheridan County Kansas do each for him-  
self solemnly swear that they are the above  
named affiants. Fully know the contents  
of the foregoing affidavit and know the  
facts therein to be true.

Given under my hand and seal this  
the 3rd day of July A.D. 1902

B. P. Reed

County Clerk

Sheridan County Kansas

(FORM No. 58.)

*Wesburn* Branch, National Home for D. V. S.,

*July 15<sup>th</sup>* 18*90*

To the *Hon. Commr. of Pensions*  
Washington, D. C.

Sir: I have the honor to report that *Clayton D. Donnell*  
late *B Co 8<sup>th</sup>* Regiment *Inf Regt* Pensioner, Certificate No. *201841*  
at the rate of \$ *6.00* per month, has this day been *Discharged from the Home*

Very respectfully,

*Wm. J. Proctor*  
GOVERNOR.

*J. Henry Locke*  
*Truflins* Ex'r. INVALID

No 305384

~ 862

Acts of July 14, 1862, and March 3, 1873.

*Locke*

*Clark M. Don of G.*  
*Account*  
P. O. *Lowndes*  
*Chapin*  
*Chapin*

Service: *Co "B" 8<sup>th</sup> Ind. Vol.*

Enlisted: *Aug 20*, 1861.

Discharged: *Sept. 25*, 1865.

Application filed: *Aug 22*, 1879.

Alleges: *G.S. of left thigh.*

Re-enlisted: \_\_\_\_\_

Attorney: *N. W. Fitzgerald*  
P. O. *Present*

Recognized. \_\_\_\_\_ Contract.

Cert. of Dis. Searched for \_\_\_\_\_, 18

FILED



~~Mar - 1881~~  
~~Dec 2/81~~  
May 9/81  
c 57-58-60-62  
L. ...  
Sept. 27-1881. S. G. -  
Gen. ...

3-1081.

PENSIONER DROPPED.

United States Pension Agency,

Topeka, Kansas.

APR 11 1905, 1905

Certificate No. 201871

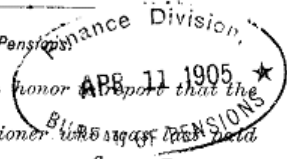
Class **INVALID**

Pensioner Clark McDonald

Soldier

Service Cpl B & Ind

The Commissioner of Pensions



SIR: I have the honor to report that the above-named pensioner was ~~dropped~~ at \$ 12, to 4 Nov 1904 has been dropped because of **DEATH**

Died 8 Dec 1904

PM Hoxie Kans.

Very respectfully,

[Signature] United States Pension Agent.

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

C.S. Hardy  
3-182.  
(Old No. 8-428.)

Medical Division,

BUREAU OF PENSIONS,

Washington, D.C. June 9, 1902.

No. Claim *291,841*.

Claimant *Mark McDonald*

Soldier  
Co. *D* *1st* Reg't *Ind. Inf.*

Respectfully returned to *Chief of*  
*West. Div.*

*The maximum rate*  
*under Act of June*  
*27, 1890 may be allowed*  
*in pending claim*  
*for gunshot wound*  
*of left thigh, rheum-*  
*atism of hip joint, partial*  
*paralysis of senile*  
*debility.*

*Quill*  
Medical Examiner

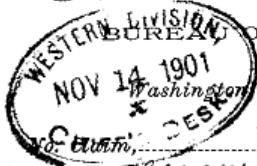
Approved

*J. H. Raub*  
Medical Referee

Medical Referee.

*M.* Division.

Department of the Interior,



Washington D., C. *Nov 14th*, 1901

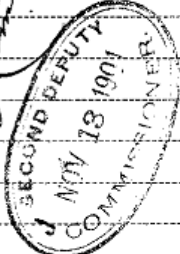
Cert. No. *20,871*  
Claimant, *Clark W. Donald*

Soldier .....  
Co. *B*, *9th* Regt *Ind* *Vol*

Respectfully referred to Hon. S. M. Ketter,  
Deputy Commissioner in charge,  
allegedly in request of Hon. W. S. Ruder  
that this case be advanced to an  
immediate consideration.

Last adj. held by 8<sup>th</sup> Div. *1901*  
referred to *10th* Div. *1901*  
Supt. *16th* Div. *1901*  
Cert. *16th* Div. *1901*

*Claimant's name as per  
cert. is Clark W. Donald  
not Clark W. Donald  
as per cert. is Clark W. Donald  
not Clark W. Donald  
as per cert. is Clark W. Donald  
not Clark W. Donald*



*Warner White*

Chief of *Western* Division.

*J. E. T.*

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C. Jan 11, 1901.

*Out*  
No. Claim, *201,871*

Claimant, *Clark McDonald*

Soldier, *1*

Co. *B, 8* Reg't *Ind Vol Inf*

Respectfully returned to *Chf West Dist*

*Under Act of June 27, 1890 claimant is entitled to \$8 for gunshot wound of left thigh, rheumatism, disease of heart and semity*

*No other disability affecting rate*

*Not entitled to a rate in excess of \$8 under provisions of Act*

*W. H. ...*  
Medical Examiner.

Approved:

*A. V.*

*J. F. Rankin*  
Medical Referee.

ATTACH THIS SLIP TO THE FACE BRIEF.

Jan. 4, 1907  
Cert. No. 201, 871  
Claimant, Charles M<sup>o</sup> Donald  
Soldier, " " "  
Co. B, 8 Reg't Cav. Imp.

Respectfully referred to the Medical Referee.

Claimant is pensioned under Act July 4, 1862, at \$ 8<sup>00</sup> per month, from Oct. 16, 1864

Has a pending claim under Act March 27, 1890,

to begin July 16, 1900,

Claim ~~not~~ legally established. Except general disability, ~~not~~ accepted

Please state to what date entitled under last-mentioned claim, on the evidence now on file, and if same confers no benefit, note rate on brief face, and send case to Board of Review for rejection. Pending causes of disability, general disability, ~~not~~ accepted

J. S. Sullivan  
Chief of West Div.

W. M. ... Ex'r.

D. P. PED

Apr 6 1905  
dead and adv  
Apr 17/05. C.E.S.

Act of June 27, 1890  
3-730. Old No. 3-230.

INVALID. (Series \_\_\_\_\_)  
Cert. No. 20187  
Name Clark McDonald  
Rank Supt; Service Co. 138  
Original Roll Topetra  
Agency Transfd 190 to \_\_\_\_\_  
" " 90 to \_\_\_\_\_

DEAD

Issued Oct. 13, 1907  
Mailed 1 21, 1907  
Rate and Period, \$12. from May 1907

Drop under the General Law upon this issue.

Deductions: \_\_\_\_\_  
Entered Disability Inability to earn a  
substantial manual labor

Issued \_\_\_\_\_, 190  
Mailed \_\_\_\_\_, 190  
Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 190

Deductions: \_\_\_\_\_

Entered Disability: \_\_\_\_\_

Issue. Class. Fee, \$  
Entered

Dec. 1884 Atty Genl claim filed by him Nov 5. 11 w/ warrant med exp & recovery.

Feb. 25 92 - Receivers inform of reg. of Oct. 21/91. 91.99

Aug. 16/95: clant. & atty. Brandenburg, rec'd of adjudication of June Act clant. at 6.  
The ins. which clant. reg. unless his father's name, in refund to Act July 14, 1882 at  
7. per month. 8.

W. L. 19/90. Oct. 19/91. J. A. A. A.  
Aug 19/91. State of Va. to clant. (per Hon. J. D. Sobel). J. A. A. A.  
The reg. of Oct. 21/91. 91.99

114

3-230

INVALID. (Series 201871)

Cert. No. 201871

Name, Clark McDonald

Rank, Pri ; Service, Co. 1st Regt. Inf.

Original Roll: Act. 1871

Agency: Trans. Tex. Ordnance & Ammunition

Issue: 1871

Mailed: 1871

Rate: 1871

State and Territory



(3-230.)

INVALID. (Series **201871**)

Cert. No. **201871**

Name, **Clark McDonald**

Rank, **Pri.**; Service, **C. S. Ind. Co. Draft**

Original Roll: **Res. Manned**

Agency: **Trans'd Dec 9, 1889, to 2d B**  
**Trans'd (Ex. Order May 7 '77) to Topeka,**  
**18, to**

Issued **Jan'y 31, 1889**

Mailed **Feb 3, 1889**

Rate and Period, \$ **4.**, from **Aug. 26, 1888**

Deductions:

Disability: **Y.S.M. of left thigh**

Issued **June 29, 1889**

Mailed **July 12, 1889**

Rate and Period, \$ **6.**, from **Feb 22, 1889**

Deductions:

Disability: **"Y.S.M. of left thigh"**

Class High

Class Spec

Issued, **Feb 12, 1890**

Mailed **Feb 15, 1890**

Rate and Period, \$ **8.**, from **Oct 16, 1889**

Deductions:

Disability: **Y.S.M. of left thigh**

Issued \_\_\_\_\_, 18

Mailed \_\_\_\_\_, 18

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18

Deductions:

Disability:

INDORSEMENTS.

*Handwritten notes:*  
... C.T. ...  
... Cause & dated ...  
... to aty & Clerk ...  
... 1889 ...  
... 1889 ...  
... medical examination ...  
... 1-91 aty ...

[2-216a]

Ex'r. No. 201.871

Act of June 27, 1890.

Blank Mc Donald

P. O. Hoxie

Sheridan Co. Kan

Service: Sgt. B. 8. Ind. Inf

Enlisted: Aug. 20, 1861

Discharged: Aug. 28, 1865

Application filed: Sep. 16, 1899

Alleges: "May 16" 1901

Any other claim filed: Of. 201.871.

Numerical No. 11

Attorney: E. Brandenburg

P. O. City

Recognized. **FILED.** Contract.

Cert. of Dis. Searched for

IND. Dec. 29-92  
ILL.  
IOWA. March 15/93  
Hill

WIS. Sept. 14, 1900. G. Post Office

MINN. City, Kan. Affirmation

NEBR. Jan. 4, 1901. Claim thro' Xam

KANS. H. A. Reeder consideration

NEV. for every settlement

NEV. June 20, 1902. Claimant

COLO. through How. W.A. Reeder

CAL. for continuance of

OREGON. Rheum, right Hydrocele

IND. TX. and partial paralysis

N. MEX. from May 16 to Sept. 15, 1900.

DAKOTA. C. A. H.

WASH. Aug 22, 1902. P. 27.

UTAH. for cred of affiant

UTAH. Leigha Red Gray.

WASH. C. A. H.

UTAH. Sept. 22, 1902. Status (Cred. b.)

UTAH. Rev of Review) to Claimant

UTAH. through How. W.A. Reeder.

Increase INVALID PENSION.

Claimant, Clark McDonald

P. O., Hoxie  
County, Shenandoah  
State, Kansas

Rank, Private  
Company, B Co  
Regiment, 8<sup>th</sup> Ind. Vol. Inf.

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for \_\_\_\_\_

No RECOGNIZED ATTORNEY. REJECTED.

Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_  
P. O., \_\_\_\_\_; Agent to pay.  
Articles filed \_\_\_\_\_, 1 \_\_\_\_\_

Western Division 1

APPROVALS.

Submitted for Adm Nov 14<sup>th</sup>, 1901.  
Approved for gun shot wound  
of left thigh

B B Albert, Examiner.  
Approved for gun shot wound  
of left thigh  
to increase

Nov. 15, 1901, H O Norris  
Legal Reviewer.  
\_\_\_\_\_, 1901, \_\_\_\_\_  
Re-Reviewer.

Deicy, Medical Examiner.  
J. Sans, Medical Reviewer.  
Nov. 19, 1901, J. Rank  
Medical Referee.

Enlisted Aug 25<sup>th</sup>, 1861. Discharged Aug 25<sup>th</sup>, 1865. Last paid to  
Pensioned at \$ 8<sup>00</sup> per month for gun shot wound of left thigh from  
Oct 16/89.

PRESENT CLAIM.

Declaration filed May 16<sup>th</sup>, 1901, due from period comm. (Supra)

Claimant doe writes

W A Reed M. C.

HISTORY OF CLAIM.

Pensioner, Clark McDonald, Certificate No. 201871  
1st service, Co B 8th Inf; enlisted, Aug 25, 1861; discharged, Aug 25, 1865  
2nd service, .....; enlisted, ..... 18.....; discharged, ..... 18.....

Pensioned from Aug 26, 1865, at \$ 4.00 per month for gun shot wd  
of left thigh; inc. to \$6.00, Feb 22/88; \$8.00, Oct 16/89.

Original declaration, act of July 14, 1862 filed Aug 22, 1879  
alleged gun shot wound of left thigh  
In declar filed June 9/85 - inc - ref Jan 5/86  
" " " Aug 31/86 " " Nov 5/86  
" " " July 26/87 " " May 5/87  
" " " Dec 10/87 - inc meriting  
" " " Feb 14/88 - as pension meriting  
" " " Nov 5/88 - inc and meriting  
" " " Sept 5/88 - inc  
" " " Oct 15/90 - inc res then meriting  
debility and affection of heart - ref Oct 21/91  
In declar filed Nov 9/96 - same as last above  
ref Apl 26/99

In origin declar act June 27/90 filed Sept 16, 1892  
alleged gun shot wound left thigh, then throat dis  
and pills Ref July 15/95  
In declar filed July 6/1900, same, paralysis left side  
and cataract of head and stomach, Ref Jan 28/1901.

B

3-003.  
(Old No. 3-011.)

B

# DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Kansas  
COUNTY OF Sheridan

On this 1<sup>st</sup> day of May, A. D. one thousand nine hundred and one  
personally appeared before me, a County Clerk within and for the county and  
State aforesaid, Clark McDonald, aged 70 years,  
a resident of Howie, County of Sheridan  
State of Kansas, who, being duly sworn according to law, declares that he is a pensioner

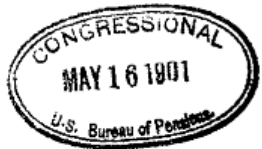
of the United States, enrolled at the Topeka, Kansas Pension Agency at the rate  
of \$8.00 dollars per month, by reason of disability from gun shot wound  
in left thigh [Here name the disability for which pensioned.]

incurred in the military service of the United States while a Private in  
Co. B. 8<sup>th</sup> Ind. Vol Inf [Here state rank, and company, and regiment, if in  
the Army, or vessel if in the Navy.]

That he believes himself to be entitled to an increase of pension on account of increase of  
disability from gun shot wound in left  
thigh. Received in the charge of Vieckburg  
May 22<sup>nd</sup> 1863. Sent to Indianapolis Ind  
for treatment. Two days after receiving  
wound. Treated in the field hospital by  
regimental surgeon Dr Biglow.

That he hereby appoints \_\_\_\_\_, his true and  
lawful attorney, to prosecute his claim. That the number of his pension certificate is 201871  
That his post-office address is Howie  
County of Sheridan, State of Kansas

ATTEST: (1) Saml. T. Higgins  
(2) A. L. McCallum  
Clark McDonald  
[Claimant's signature.]



17202b(001-01)

Also personally appeared Sauil J. Wiggins, residing at Hope Kansas  
 and A. L. McCallum, residing at Hope Kansas, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Black M. Donald, 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 of Eight years and Nine 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.

Sauil J. Wiggins  
A. L. McCallum  
 [Signatures of witnesses.]

SWORN to and subscribed before me this 1st day of May, A. D. 1901

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 or make his mark, erased, and the  
 words \_\_\_\_\_, added; and that

I have no interest, direct or indirect, in the prosecution of this claim.

P. R. Reed  
 [Signature]  
County Clerk  
 [Official character]  
Sheldon Co. Kans

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of  
 the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by  
 law to have and use a seal, his official character, signature, and term of office must be certified by the proper State,  
 county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for  
 general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and  
 signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

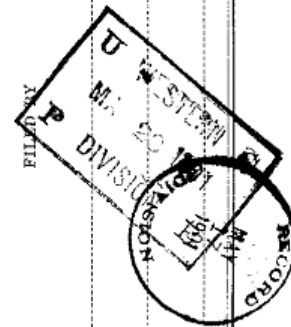
3-003.  
 (Old No. 8-011.)

**B** INVALID **B**

**CLAIM FOR INCREASE.**

Claimant: \_\_\_\_\_  
 Service: \_\_\_\_\_

PENSION CERTIFICATE NOT REQUIRED.



# INVALID PENSION.

*W* REISSUE TO ALLOW ADDITIONAL DISABILITY.  
 Pensioner, *Calash. McDonald ex-201871.*  
 P. O., *Hopie* Rank, *Private*  
 County, *Sheridan* Company, *B.*  
 State, *Kansas* Regiment, *8. Ind. vol. Inf.*  
 Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for \_\_\_\_\_

*W* RECOGNIZED ATTORNEY.  
 Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_; Agent, **REJECTED**  
 P. O., \_\_\_\_\_ Articles filed *May 17/99* 18\_\_

### APPROVALS.

Approved for *as pensioned & resulting general debility, the result of alleged rheumatism*  
 Submitted *Adm. March 22, 1899* Examiner, *Hatcher White*  
 Approved for *G. S. Ind. of left thigh, (old) Inc. pending* Approved for *General debility, inability to*  
*Alleged resulting general debility, & affected of entire system, Ref. to Med. Referee.* *thigh 8/18* *General debility, and "affection of entire system" not accepted as result of wound.*  
*Reject Rheumatism (new) on ground of no record of same, and of claimants declared inability to furnish evidence to establish the claim, also of heart, not alleged to be of same origin.*  
 April 15, 1899 *Sisson* Med. Referee. *Apr 26, 1899* *White* Med. Referee.

### HISTORY OF CLAIMS AND FORMER ACTION.

*Howe & Co. Attorneys*  
 Discharged \_\_\_\_\_, 18\_\_ Last paid to \_\_\_\_\_ at \$ *8-*  
 Pensioned from \_\_\_\_\_, 18\_\_ at \$ \_\_\_\_\_ for *G. S. W. of left thigh -*  
*Inc. to 10/15/88 & 10/15/88 ps. Oct. 16/88 in same*  
*Inc. re. reg. June 25/86, Nov. 14/86, May 17/88 & Oct. 21/88.*  
 Claim under act June 27, 1894, up to July 15, 1895.  
 Original declaration filed *Aug 22, 1897*; alleged *G. S. W. of left thigh*  
 " " *June 2/85 - Aug. 20/86 & Aug 20/89* alleged *he. same.*  
 Declaration filed *Dec. 10, 1897*; alleged *he. same. Relia. No. 64/88. Re. Rating.*  
 " " *Sept 5 & Nov 5/88* " " & *Rating.*  
 Arrears allowed *Oct 12-1897* " " & *Rating.*

### PRESENT CLAIM.

Declaration filed *Nov. 9, 1899* he. same & *result of general debility;*  
*also for heart disease & rheumatism result of suppression in service*  
*affidavit filed Oct. 18/97 & letter filed Aug. 20/97. declares inability*  
*to prove origin of rheumatism & heart disease -* *me.*

Increase INVALID PENSIO

Claimant, *Delark Mc Donald*

P.O., *Marion* Rank, *Pri*  
County, *Grant* Company, *B*  
State, *Ind.* Regiment, *8" Ind. Vol. Inf*

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

REJECTED.

Disabled by \_\_\_\_\_

RECOGNIZED ATTORNEY:

Name, *lett* Fee \$ \_\_\_\_\_, Agent \_\_\_\_\_ to pay.  
P.O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

APPROVALS:

Submitted for *Sept 21, 18 91* *William*, Examiner.  
Approved for *gun shot wound of left thigh* *118 - no increase*

*Oct 9, 18 91* *Kanna*, Legal Reviewer. *Reilly*, *MR*  
*Oct 21, 18 91* *Chas. J. Ingram*, Medical Referee.

Discharged *Aug 25, 18 65* Last paid to \_\_\_\_\_, at \$ *8*

Pensioned from *2.6*, 18 *6*, at \$ *4*, for *gl. wound of left thigh*

Original declaration filed *Aug. 22, 18 79*, alleged *same*  
*the original was filed 2/86 & Nov 10/86 & May 17/87.*  
*the original was filed July 22/88*  
*the original was filed Oct. 16/89.*

Arrears allowed from \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_

PRESENT CLAIM.

Declaration filed *Oct. 13, 18 90*. *same as res. shunt*  
*dis. of heart & nervous debility.*



201871  
glo

Increase **INVALID PENSION.**

**Claimant,** Clark M. Donald  
P.O., Ottumwa  
County, Wapello  
State, Iowa  
Rank, Private  
Company, 8. Ind Vol Inftry  
Regiment, 8. Ind Vol Inftry

**Rate, \$** 8.00 per month, commencing October 16 1889.

**Disabled by** Gunshot wound of left thigh

**RECOGNIZED ATTORNEY:**  
Name, Jere Johnson  
P.O., City  
Fee \$ 1000, Agent \_\_\_\_\_ to pay.  
Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

**APPROVALS:**  
Submitted for Adam Jany 28, 1890. Examiner, James P. Russell  
Approved for Gunshot wound of left thigh. Re-rating not considered. Approved for G.S.M. of left thigh 8/8 from Oct. 16, 1889.

Filed Feb 3, 1890 [Signature], Legal Reviewer. [Signature] M.D. Bell, M.C., Feb 7, 1890, Medical Referee.

Discharged August 25, 1865. Last paid to \_\_\_\_\_ at \$ 600.  
Pensioned from August 26, 1865, at \$ 4.00, for as above.

Original declaration filed Aug 22, 1879; alleged as above.  
Increase by Jany 25, 1886; Nov. 10, 1886; May 17, 1887.  
Increase to \$ 8.00 from Feb 22, 1888.

Arrears allowed from \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_.

**PRESENT CLAIM.**  
Declaration filed Sept 5, Nov 5, 1888. Increase as above and re-rating claimant writes now.

201891  
New Mexico

~~Inc & Re Rate~~ **INVALID PENSION.**

**Claimant,** Clark M. Donald

P. O., Russell Rank, Private  
 County, Lucas Company, B  
 State, Iowa Regiment, A Ind vol Inf.

**Rate,** \$ 6. per month, commencing February 22, 1888.

**Disabled by** g. d. w. of left thigh

**RECOGNIZED ATTORNEY:**  
Edw Johnson Fee \$ 10, Agent \_\_\_\_\_ to pay.  
 P. O., City Articles filed \_\_\_\_\_, 18 \_\_\_\_

**APPROVALS:**

Submitted for May 25 - 1888 Donald, Examiner.

Approved for G. D. W. of left thigh Approved for G. D. W. of left thigh  
1/8 from Feb 22/88.

June 25, 1888, Taylor, Legal Reviewer. June 27, 1888, [Signature], Medical Referee.

Discharged Aug 25 - 1885 Last paid to \_\_\_\_\_, at \$ 4  
 Pensioned from 4/26 - 1886, at \$ 4, for as above

Original declaration filed Aug 22 - 1879 alleged as above  
Int rej Jan 25 - 1886  
" " Nov 10 - 1886  
" " May 17 - 1887

Arrears allowed from \_\_\_\_\_, 18 \_\_, to \_\_\_\_\_, 18 \_\_, at \$ \_\_\_\_\_

**PRESENT CLAIM.**

Declaration filed Dec 10 - 1887 as above Re-rate  
Sup " Feb 14 - 1888 " " " "

Increase **INVALID PENSION.**

Claimant, Clark W. Donald

P. O., <u>Russell</u>	Rank, <u>Private</u>
Company, <u>Lucas</u>	Company, <u>B</u>
Regiment, <u>Inf.</u>	Regiment, <u>8 Ind. Inf.</u>

**REJECTED**  
MAY 14 1887

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Disabled by g. o. w. of left thigh

**RECOGNIZED ATTORNEY:**

Name, <u>Conder &amp; Co.</u>	Fee \$ <u>10.</u> , Agent _____ to pay.
P. O., <u>Wash. D.C.</u>	Articles filed _____, 18 _____

**APPROVALS:**

Submitted April 30, 1887 Rehner, Examiner.

Approved for g. o. w. of left thigh Approved for no increase 1886,  
no results.

May 4, 1887, H. Stetter, Legal Reviewer. May 5, 1887, Johanna, Medical Referee.

Discharged Aug 25, 1886 Last paid to \_\_\_\_\_, at \$ 4.

Pensioned from " 26, 1886, at \$ 4. for g. o. w. of l. thigh

Original declaration filed Aug 22, 1887; alleged same  
In re Rej. Jan. 25/86 & Jan. 20/86

Arrears allowed from \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_

**PRESENT CLAIM.**

Declaration filed Jan 26, 1887 In. on above

Wright writes: files a letter for [unclear] a [unclear] [unclear] [unclear]

# Increase INVALID PENSION.

Claimant, Clark Mc Donald ✓  
 P. O., Russell ✓ Rank, Priv. ✓  
 County, Lucas ✓ Company, B ✓  
 State, Iowa ✓ Regiment, 8 Ind. Vol. ✓  
 Attorney, Reeve and Gaston Des Moines Iowa Fee, \$10. ag. pay ✓  
 Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

**REJECTED.**

NOV 9 1909

Disabled by g. A. w. of left thigh  
 Submitted Oct 27, 1886 by Reher, Examiner. ✓

Approved for G. S. W. of left thigh Approved for No increase ✓

Nov 3, 1886, A. A. Doan Reviewer. Dec. 2, 1886, Johubau (bill) Med. Referee.

Discharged Aug 25, 1865. Certificate surrendered \_\_\_\_\_, 18\_\_\_\_  
 Original application filed "22", 1879. Last paid at \$ 4, to ✓ \_\_\_\_\_, 18\_\_\_\_  
 Increase application filed "30", 1886

Pensioned Jan. 31, 1881, from Aug 26, 1865, at \$ 4. per month  
 for g. A. w. of left thigh  
In. rej. Jan. 27/86 ✓

Claims Same

H. M. B.

# Increase INVALID PENSION,

**Claimant,** *Clark M McDonald*  
**P. O.,** *Russell* Rank, *Private*  
**County,** *Linn* Company, *B*  
**State,** *Iowa* Regiment, *8 Ind Vol*  
**Attorney,** *Geo E Lemon* City, *Fee. \$ 10*  
**Rate, \$** \_\_\_\_\_ per month, commencing \_\_\_\_\_

**Disabled by**  
 Submitted *Rej Dec 28, 1880,* by *W C Clapp*, Examiner.

Approved for

**REJECTED.**  
**JAN 14 1886**

Approved for

*No increase*

, 18 ,

Reviewer.

*G. Stapleton & John Kaufmann*  
*July 8, 1886,* Med. Referee.

**Discharged** *Aug 25, 1864* Certificate surrendered \_\_\_\_\_, 18 \_\_\_\_\_  
**Original application filed** *Aug 22, 1879* Last paid at \$ *4*, to \_\_\_\_\_, 18 \_\_\_\_\_  
**Increase application filed** *June 9, 1882*  
**Pensioned** *Jan 31, 1882* from *Aug 26, 1864*; at \$ *4* per month  
 for *S. S. W Left thigh.*

Claims *Same*

201871

# ORIGINAL INVALID PENSION

Claimant, *Clark McDonald*  
 P.O., *Hummeston* Rank, *private*  
 County, *Wayne* Company, *B.*  
 State, *Iowa* Regiment, *8th Ind. Vol.*  
 Attorney, *N. H. Fitzgerald* Washington D.C.  
 Fee, \$ *10<sup>00</sup>* Agent *not to pay*  
 Rate, \$ *4* per month, commencing *Aug. 26<sup>th</sup> 1865*

Disabled by *G. S. W'd left thigh*  
 Submitted *Dec. 20<sup>th</sup>*, 1881, by *N. H. Locke* Examiner.

Approved for *Gun shot wound of left thigh* Approved for *G. S. wound of left thigh*  $\frac{1}{2}$

*Jan 9<sup>th</sup> 1882*, *J. S. Sengman* Reviewer. *Jan. 21, 1882*, *Jos. W. Rawlins* Med. Referee.

Enlisted	<i>August 20</i>	<i>1861</i>	<i>No other</i> service from	
Mustered	<i>Aug. 25<sup>th</sup></i>	<i>1861</i>	<i>18</i>	<i>to</i> <i>18</i> <i>in</i>
Discharged	<i>Aug 25<sup>th</sup></i>	<i>1865</i>		
Declaration filed	<i>Aug 22</i>	<i>1879</i>	Not in military or naval service since <i>Aug.</i>	
Last material evidence filed	<i>18</i>	<i>25</i>	<i>1865</i> , when discharged. <i>Declaration</i>	

### BASIS OF CLAIM.

Alleges in declaration filed *Aug 22. 1879* that on the *22<sup>nd</sup>* day of *May* *1863* at *Vietsburg Miss* he received a *G. S. W'd* in the *left thigh*.  
"Record"

"A" Declaration for Original Invalid Pension. "A"

STATE OF Kansas  
COUNTY OF Osborne } S. S.

On this 6 day of August A. D. one thousand eight hundred and seventy 9  
personally appeared before me the County Clerk Clerk; the same being a Court  
of Record of the County and State aforesaid Clark M. Donald  
a resident of Osborne City County of Osborne State of Kansas  
who being by me duly sworn according to law, on his solemn oath, deposes as follows, to wit:

"I am the identical Clark M. Donald who was enrolled on the 20  
day of Aug. 1861 in Company B. of the 8 Reg't of Ind.  
Vol's., commanded by Captain Sam'l H. Dumbear and I was honorably discharged at  
on the 25 day of Sept. 1865 and my age is  
now 48 years. While in the service aforesaid, and in the line of my duty I received the following disability, to wit:

On the 22<sup>nd</sup> day of May 1863 at Vicksburg  
Miss, recd a gunshot wound through the  
left thigh, which gets worse all the  
time and disables me for manual labor  
the greater part of the time, and claim  
a pension for wound of thigh.  
Was treated by the regt surgeon Bigelow  
and in hosp. at Evansville and  
Indianapolis, Ind.

I have never been employed in the Military or Naval Service of the United States otherwise than set forth above.  
Since leaving the Service, I have resided at Different places  
and my occupation has been Shoemaker before my entry into the Service aforesaid I was of good,  
sound physical health, being at enrollment a Shoemaker and I  
am now so much disabled from obtaining my subsistence by manual labor by reason  
of my disabilities above stated, received in the service of the United States, and I make this Declaration for the purpose  
of being placed on the Invalid Pension Roll of the United States. I hereby appoint and empower, with full power of  
substitution, NATHAN W. FITZGERALD OF WASHINGTON CITY, D. C. my true and lawful Attorney to prosecute  
my claim. My Post Office address is Osborne City County of  
Osborne State of Kansas.

Clark M. Donald  
(Claimant's Signature.)  
Attest:  
Two Witnesses. W. W. Pickering  
E. J. Gregory

Also personally appeared J. W. Addison residing  
 at Osborne City and Preston Rawson residing  
 at Osborne City persons whom I certify to be respectable and entitled to credit, and  
 who being by me first duly sworn according to law, say they were present and saw Clark McDonald  
 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 this claim for Pension.

Signatures of Witnesses.

J. W. Addison  
Preston Rawson

Sworn to and Subscribed before me, this 6 day of August A. D. 1879

The contents of the foregoing Declaration were fully made known and explained to claimant  
 and witnesses before swearing, including the words \_\_\_\_\_

[SEAL.]

\_\_\_\_\_ added; and I have  
 no interest in this claim for Pension

C. B. Davis  
 Signature.

County Clerk  
 (Official Character.)

"A" INVALID "A"  
 Claim for Pension

ORIGINAL.

Clark McDonald

Co. B. 5 Reg't

1 Vols.

Received direct from Claimant  
 N. W. FITZGERALD.

FILED BY

**NATHAN W. FITZGERALD,**

CLAIMANT'S ATTORNEY.

WASHINGTON, D. C.

By





DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Iowa }  
County of Lucas } 88.

On this 14<sup>th</sup> day of May, A. D. one thousand eight hundred and eighty-five, personally appeared before me, Josiah P. Sprague, a Notary Public within and for the County and State aforesaid, Clark M<sup>c</sup> Donald, aged 57 years, a resident of Russell, County of Lucas, State of Iowa, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Des Moines Iowa Pension Agency, at the rate of four dollars per month, by reason of disability incurred in the military service of the United States while serving as Private of Co "B" of the 8<sup>th</sup> Regt. Ind. Col. (Give rank, company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

that his present physical condition is such that he believes himself entitled to receive an increased pension; and that he herewith returns his present Pension Certificate, numbered 201,571

He further declares that he is disabled in the following manner, to wit: Gun-shot wound of left thigh on 22<sup>d</sup> Mar. 1863 at Vicksburg, making charge against fortifications (Set forth your present disability, giving time when, place where, and circumstances under which wounds were received or disease contracted.)

He hereby appoints, with full power of substitution and revocation, GEORGE E. LEMON OF WASHINGTON, D. C., his true and lawful attorney, to prosecute his claim; that his residence is No. Russell Lucas County Iowa (Give own, County, and State; and if you reside in city where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles from nearest Post Office.) in Russell street, of Russell County of Lucas, and State of Iowa; that his Post Office address is the same. (Give Town, County, and State.)

Clark M<sup>c</sup> Donald (Claimant's Signature.)

Two witnesses to Claimant's Signature sign here:

(1) A. J. Woodman  
(2) C. L. Perkins

Also personally appeared A. J. Woodman residing at Russell Iowa and C. L. Perkins residing at " " persons whom I certify to be respectable and entitled to credit.

and who, being by me duly sworn, say they were present and saw Clark M<sup>c</sup> Donald 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.

A. J. Woodman  
C. L. Perkins (Signatures of Witnesses to identity of Applicant.)

Two attesting Witnesses to signatures by X mark

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

This blank is prepared and is for the Exclusive use of GEORGE E. LEMON, of Washington, D. C.

SWORN TO AND SUBSCRIBED before me this 12<sup>th</sup> day of May

A. D. 1886, and I hereby certify that the contents of the above declaration &c., were fully made known and explained to the applicant and witnesses before swearing, including the words:

(If any words have been erased in the application, enter

them here.)

[ L. S. ]

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

and that I have no interest, direct or indirect, in the prosecution of this claim.

Josiah F. Sprague  
(Signature.)  
Notary Public  
(Official character.)  
Certificate on File

Applications for Increased pension may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes: the official character of such officer must be certified by the Clerk of Court, under the seal thereof.

As this may reach the hands of some persons unacquainted with this House, we append hereto, as specimens of the testimonials in our possession, copies of letters from several gentlemen of political and military distinction and widely known throughout the United States:

Washington, D. C. March 1, 1876.

We, the undersigned, having an acquaintance with Captain George E. Larson for the past few years, and a knowledge of the systematic manner in which he conducts his extensive business, and of his reliability for the full and prompt payment of all claims generally contracted with him, do hereby testify.

A. Y. RICE,  
Chairman, Committee on Resolutions, House Reps.

W. F. SIMMONS, Member of Congress,  
Fourth Congressional District of Virginia.

R. W. TOWNSHEND, Member of Congress,  
Michigan Congressional District of 7th.

Baltimore, Maryland, October 24, 1876.

I take great pleasure in recommending Captain George E. Larson, now of Washington, D. C., to all persons who may have claims to settle or other business to prosecute before the Department at Washington, Maryland, and Fifth Department, alike in all matters growing out of the late War, especially in the Paymaster's and Quartermaster's offices. I have had occasion to employ him for many years, and have personally known him since he was a young man, and am well informed, and successful. As a brilliant officer during the war, and an honorable and successful practitioner, I recommend him strongly to all who may need his services.

S. A. HUMPHRY, Member of Congress,  
Fourth Congressional District of Alabama.

House of Representatives, Washington, D. C.

From several years' acquaintance with Captain George E. Larson, and a knowledge of the systematic manner in which he conducts his extensive business, and of his reliability for the full and prompt payment of all claims generally contracted with him, do hereby testify to the collection of bounty and other claims against the Government. His experience in this line gives him superior advantages.

W. F. SIMMONS, Member of Congress,  
Fourth Congressional District of Virginia.

JAS. D. STRAWBRIDGE, Member of Congress,  
Michigan Congressional District of 7th.

Executive Mansion, Ross City.

Captain George E. Larson, of Baltimore, Maryland, has been employed by me for the collection of claims against the Government, and I am well acquainted with his character, and am well informed of the systematic manner in which he conducts his extensive business, and of his reliability for the full and prompt payment of all claims generally contracted with him, do hereby testify to the collection of bounty and other claims against the Government. His experience in this line gives him superior advantages.

M. BRAYMAN,  
Governor of Idaho and late Adj.-Gen., Va.

Any person desiring information as to my standing and responsibility will, on request, be furnished with a satisfactory reference in his vicinity or Congressional District.

REQUEST POSTAL STAMPS FOR REPLIES AND FOR RETURN OF PAPERS.

INVALID.

CLAIM FOR PENSION.  
INCREASE.

JUN 30 1886

Blank No. 200

Witness, "D" R. Rep's.

Vol.

No. of Pension Certificate 201, 171

NO SUB AGENT.

FILED BY  
GEORGE E. LEMON,  
ATTORNEY AND COUNSELLOR AT LAW,  
OFFICES, 615 FIFTEENTH STREET N. W.,  
WASHINGTON, D. C.,  
P. O. DRAWER 325.

# Declaration for the Increase of an Invalid Pension.

TAKE NOTICE—If this declaration is executed before a Justice of a Peace or a Notary Public, the certificate of the CLERK of the COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Iowa County of Lucas ss.

ON THIS 24<sup>th</sup> day of August A. D. one thousand eight hundred and eighty 6.

personally appeared before me a Notary Public within and for the county and State aforesaid

Clark McDonald aged 56 years, a resident of Russell

County of Lucas State of Iowa

who being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the

Des Moines Pension Agency at the rate of Four Dollars per month,

Certificate No. 201,871, by reason of disability from Gun shot wound in  
(Here name the disability for which pension was granted.)

left thigh—

incurred in the Military service of the United States, while serving as a Private 2  
(Military or Navy) (Here state rank, company, and

"B" Co. of the 9th Reg. of Ind. Vol.  
regiment, if in the army; vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of Gradual

increase of disability for which is now  
[Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be

described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time,

in the first place  
place and circumstances of its origin, and the names of the hospitals, where treated in the service should be fully stated. The dates of

treatment should be given as nearly as possible.]

That he hereby appoints with full power of substitution and revocation H. D. REEVE, of Des Moines, Iowa,  
his true and lawful attorney to prosecute his claim.

His postoffice address is Russell Lucas Co. Iowa

Clark McDonald  
(Signature of Claimant.)

Stanford Lewis  
Theodore King  
[Two witnesses who can write sign here.]

Also personally appeared Sanford Lewis residing at Russell  
Iowa and Theodore King  
 residing at Russell Iowa, 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  
Clark McDonald the claimant sign his name (make his mark) to the foregoing  
 declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance  
 with him that he is the identical person he represents himself to be; and that they have no interest in the pros-  
 ecution of this claim.

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

Sanford Lewis  
Theodore King  
 Signature of Affiants

Sworn to and subscribed before me this 24<sup>th</sup> day of August A. D. 1886 and

I hereby certify that the contents of the above declaration, &c, were fully made  
 known and explained to the applicant and witnesses before swearing, including the  
 words \_\_\_\_\_

erased, and the words \_\_\_\_\_

added; and that I have no interest, direct or indirect in the prosecution of this  
 claim.

Josiah F. Sprague  
 [Official Signature]  
Notary Public  
 [Official Character.]

L. S.

I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid County  
 and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the  
 foregoing declaration and affidavit was at the time of so doing \_\_\_\_\_ in and  
 for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and  
 credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188\_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before  
 a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a sepa-  
 rate slip of paper.

INVALID.  
 CLAIM FOR INCREASE

Clark McDonald Applicant.  
Col Reg't.  
Ind Vols.  
 Pension Certificate No. 201,871



Filed by Ernest Gaston  
E. D. H. H. H. H.

Solicitor of Government Claims,  
 DES MOINES, IOWA.  
 Bennett Eng. Co., Des Moines, Iowa.

Declaration for the Increase of an Invalid Pension.

State of Iowa, County of Lucas, SS:

ON THIS 13<sup>TH</sup> day of January, A. D. one thousand eight hundred and eighty 7 personally appeared before me, a Notary Public within and for the County and State aforesaid, Clark Mc Donald aged 56 years, a resident of Russell County of Lucas State of Iowa, who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Des Moines Pension Agency at the rate of \$ 4.50 dollars per month, Certificate No. 201,871, by reason of disability from gun shot wound of left thigh (Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a private (Here state rank, company, and regiment, if in the army; vessel if in the Navy.) Co B 8<sup>th</sup> Regt Ford Vols.

That he believes himself to be entitled to an increase of pension on account of increased disability resulting from the disability for which pension was granted.

The disability disables him for labor at his trade nearly half of the time, and increases with his age, that he hereby appoints, with full power of substitution and revocation,

SOULE & CO., Attorneys and Solicitors of Claims, Washington, D. C., his true and lawful attorneys, to prosecute his claim.

His Post Office address is Russell, Iowa

Samford E Lewis Clark Mc Donald (Signature of Claimant.)

Agro King (Two witnesses who can write sign here.)

Also personally appeared Samford E Lewis residing at Russell Iowa

and Agro King

residing at Russell Iowa 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 Clark

Mc Donald the claimant sign his name (make his mark) to the foregoing

declaration; that they have every reason to belief 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.

Samford E Lewis

Agro King (Signature of Witnesses.)

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

Sworn to and subscribed before me this 13<sup>th</sup> day of January A. D. 1887

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

erased and the words

added; and I have no interest, direct or indirect, in the prosecution of this claim.

*Joseph T. Sprague*  
(Official Signature)

*Notary Public*  
Certificate as *Notary in Power of the*

[L. S.]

I, \_\_\_\_\_ Clerk of the County Court in and for aforesaid County

and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the

foregoing declaration and affidavit was at the time of so doing \_\_\_\_\_ in and

for said County and State, duly commissioned \_\_\_\_\_; that all his official acts are entitled to full faith and credit, and that

his signature thereunto is genuine

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE: This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

INVALID.

CLAIM FOR INCREASE.

*C. M. Oswald, Applicant.*

Co *B*, Reg't. *8<sup>th</sup>*

*Ind't* Vols.

Pension Certificate No. *201, 871*



FILED BY

SOULE & CO.,

Attorneys & Solicitors of Patents & Claims,

P. O. BOX 16,

Washington,

D. C.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Iowa County of Lucas

On this 4<sup>th</sup> day of December A. D. one thousand eight hundred and eighty seven personally appeared before me, a Notary Public within and for the county and State aforesaid

Clark M. Donald aged 54 years, a resident of Russell county of Lucas State of Iowa who being duly sworn according to law, declares that he is a pensioner of the United States

enrolled at the Des Moines Pension Agency at the rate of 4 dollars per month. Certificate No. 201871 by reason of disability from gun shot wound in left thigh (Here state the name of the disease, wound or injury for which pension is claimed as it appears on your certificate.)

incurred in the military service of the United States while serving as a Private in Co. B Regt. 8<sup>th</sup> Indiana Vol. That he believes himself

to be entitled to an increase of pension on account of disability resulting from cause aforesaid. He feels that the rate of pension which he now receives is not commensurate with the degree of his disability. He therefore files this application for increase of pension and requests a medical examination by all board of examining surgeons to whom special instructions may be issued, so that the full extent of his disability can be ascertained.

Disability increases with advancing age. I  
ask a careful review of all the evidence  
heretofore filed and both granting and increase  
of this pension  
(Here state how your disability now affects you.)

He requests to be ordered for examination by the Board at Centerville Appanoose Co because it is easier and more convenient for him to travel to that point, and he hereby appoints with full power of substitution and revocation, JERE JOHNSON, his true and lawful attorney to prosecute his claim.

His post office address is Russell Lucas County Iowa (State your address in full.)

Clark M. Donald  
(Claimant's signature.)

(If applicant is sick, two witnesses must sign here.)



Also personally appeared W. L. Werts residing at Russell Iowa  
and Jarvis C. Sawyer, residing at Russell Iowa, persons whom I  
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

Clark Mc Donald 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.

W. L. Werts

Jarvis C. Sawyer  
Signatures of Witnesses.

(If witnesses sign by mark, two persons who can write sign here)

Sworn to and subscribed before me this 11 day of December A. D. 1918

[L. S.]

I and hereby certify that the contents of the above declaration, &c. were fully made  
known and explained to the applicant and witnesses before swearing, including the  
words  
and meaning  
and that I have no interest, direct or indirect, in the prosecution of this claim.

Jonah F. Springer  
Notary Public  
(Official Commission)

Certificate in Office of Commissioner

NOTICE: If the pensioner claims increase for a new disability this declaration must be executed be-  
fore a Commissioner. If he claims increase on account of the disability for which he is already pensioned,  
it may be executed before a Notary Public or Justice of the Peace.

A  
INVALID  
CLAIM FOR INCREASE

Clark Mc Donald

B. 8th

Indiana

Pension Certificate No. 20187

PENSION CERTIFICATE NOT REQUIRED.



This claim has been reviewed by and is for the record.  
**TERRIE JOHNSON,**  
ATTORNEY AT LAW  
SOLICITOR OF PATENTS  
LAND AND PENSION CLAIMS  
WASHINGTON, D. C.



DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Iowa County of Lucas  
On this 8<sup>th</sup> day of February A. D. one thousand eight hundred and eight Eight  
personally appeared before me, Notary Public within and for the county and State aforesaid  
Clark M. Donald aged 57 years, a resident of  
Russell county of Lucas State of

Iowa who being duly sworn according to law, declares that he is a pensioner of the United States,  
enrolled at the Des Moines Pension Agency at the rate of \$4 dollars per month, Certificate  
No. 201871 by reason of disability from gunshot wound in left  
thigh (Here state the name of the disease, wound or injury for which  
pensioned, as it appears on your certificate.)

incurred in the military service of the United States while serving as a Private  
in Co. B 8 Regt. Indiana Vols. That he believes himself  
to be entitled to an increase of pension on account of disability resulting from cause aforesaid. He feels  
that the rate of pension which he now receives is not commensurate with the degree of his disability. He  
therefor files this application for increase of pension and requests a medical examination by a board of ex-  
amining surgeons to whom special instructions may be issued, so that the full extent of his disability may  
be ascertained.

Suffer with lameness on account of said  
wound and works with great difficulty. Able  
resting and increase  
(Here state how your disability now affects you.)

He requests to be ordered for examination by the Board at Creston  
because it is financially more convenient for him to travel to that point and he hereby appoints with full  
power of substitution and ratification TERRE JOHNSON his true and lawful attorney to prosecute  
his claim.  
His postoffice address is Russell Iowa (State your address in full.)

Clark M. Donald  
(Claimant's Signature.)

(If claimant sign by mark, two witnesses must sign here.)

Also personally appeared John Brantley, residing at Russell Iowa  
and J. H. Winston, residing at Russell Iowa, persons whom I  
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Clark McDonald, 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 the  
acquaintance with him, that the person he represents is manifestly to be, and that he is, the  
person in the possession of the claim.

(If witnesses sign by mark, two persons - he can write sign here)

John Brantley  
J. H. Winston  
Signatures of Witnesses

Sworn to and subscribed before me this Eighth day of February, A. D. 1888

and I hereby certify that the contents of the above declaration, &c. were fully made  
known and explained to the applicant and witnesses before swearing.

[L. 8.]

and the words

and that I have no interest, direct or indirect, in the prosecution of this claim.

Josiah J. Sprague  
Notary Public  
Certificate of Josiah J. Sprague

NOTICE: All the pensioner claims increase for any disability this declaration is to be submitted in  
for a Court of Record. If the claims increase on account of the disability for which he is already pensioned,  
it may be received before a NOTARY PUBLIC or JUSTICE OF THE PEACE.

**INVALID CLAIM FOR INCREASE**  
Clark McDonald  
"B" &  
Indiana  
Pension Certificate No. 201877  
**PENSION CERTIFICATE NOT REQUIRED**

RECEIVED  
FEB 14 1888  
OFFICE

This blank has been prepared by act in conformity with the provisions of the Act of March 3, 1878, and is to be used by the  
**JERE JOHNSON**  
ATTORNEY AT LAW  
SOLICITOR OF PENSION  
LAND AND PENSION CLAIMS  
WASHINGTON D. C.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Iowa, County of Marshall,--ss.

On this 30 day of October A. D. one thousand eight hundred and eighty 8  
personally appeared before me, A. D. GASTON, Notary Public within and for the County and State aforesaid,  
Clark M. Donald aged 58 years, inmate of  
Iowa Soldiers' Home, County of Marshall, State of Iowa, who, being duly sworn according to law, declares that he  
is a pensioner of the United States, enrolled at the Des Moines Pension Agency at the rate of Six  
dollars per month, Certificate, No. 241,871; by reason of disability from gun shot wound  
(Here name the disability for which pension was granted.)  
of left thigh

incurred in the Military service of the United States, while serving as a Private in  
(Military or Naval) (Here state rank, company and  
Co. "B" 8 Regt. Indiana Inf. Co. 1  
regiment, if in the army; vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of Increased disability  
for which already pensioned by gun shot wound of  
Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on ac-  
left thigh. He is disabled to such an extent, he is  
count of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin  
unable to work longer at his trade of Shoemaker, and  
and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

greatly disables him from performing manual labor  
of any kind, that his rate is not in accordance with  
his disability, nor in proportion to that allowed others  
for similar and equivalent disabilities, and therefore  
he asks that his rate be corrected, and he be granted  
an Order to appear before board of Ex. Surgeons at  
Marshalltown Iowa for such re-rating

that he hereby appoints, with full power of substitution and revocation,  
**A. D. GASTON, ADJUTANT IOWA SOLDIERS' HOME,**  
his true and lawful Agent, to prosecute his claim.

His Postoffice address is Iowa Soldiers' Home, Marshalltown, Marshall County, Iowa.

Clark M. Donald  
(Claimant's Signature.)

(If claimant signs by mark, two witnesses must sign here.)

Also personally appeared Capt. A. Goodenough residing at Iowa Soldiers Home,  
Marshalltown and Refus Lewis residing at  
Iowa Soldiers Home. 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 Clark M. Donald  
Iowa Soldiers Home. the claimant, sign his name (make his mark) to the foregoing  
declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him  
that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

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

R. Goodenough  
Refus Lewis  
(Signature of Affiants.)

Sworn to and subscribed before me this 30 day of October A. D. 1888  
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 I have no interest, direct or indirect, in the  
prosecution of this claim.

A. D. Gaston  
(Official Signature.)  
Notary Public  
(Official Character.)

Certification file

I, \_\_\_\_\_ Clerk of the County Court in and for aforesaid County  
and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the  
foregoing declaration and affidavit, was at the time of so doing \_\_\_\_\_ in and  
for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and  
that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188 \_\_\_\_\_.

L. S.]

Clerk of the \_\_\_\_\_

INVALID CLAIM FOR INCREASE

Clark M. Donald Applicant.

Co. B Reg't. 8

Michener Vols.

Pension Certificate No. 261,071

Filed by

**A. D. GASTON.**  
ADJUTANT IOWA SOLDIERS' HOME,  
MARSHALLTOWN, IOWA.

MARSHALL PRINTING COMPANY, Marshalltown, Iowa.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Iowa County of Wapello

On this 17th day of Aug A. D. one thousand eight hundred and eighty eight

personally appeared before me, a Just of Court within and for the county and State aforesaid

Clark McDonald aged 58 years, a resident of Ottumwa county of Wapello State of Iowa

who being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the La Moine Pension Agency at the rate of \$4.00 dollars per month, Certificate No. 201871 by reason of disability from Gun shot wound (Here state the name of the disease, wound or injury for which

of left thigh pensioned, as it appears on your certificate.)

incurred in the military service of the United States while serving as a member in Co. B 8th Regt Indiana Vols. That he believes himself

to be entitled to an increase of pension on account of disability resulting from cause aforesaid. He feels that the rate of pension which he now receives is not commensurate with the degree of his disability. He therefor files this application for increase of pension and requests a medical examination by a board of examining surgeons to whom special instructions may be issued, so that the full extent of his disability may be ascertained.

Disability constantly increasing & he requests both revocation & increase of pension.

He requests to be ordered for examination by the Board at because it is easier and more convenient for him to travel to that point, and he hereby appoints with full power of substitution and revocation, JERE JOHNSON, his true and lawful attorney to prosecute his claim.

His post office address is Ottumwa Wapello County (State your address in full.)

Chas Jepson  
Chalkinson

Clark McDonald  
(Claimant's Signature.)

(If claimant sign by proxy, two witnesses must sign here.)



Also personally appeared Chas Jepson, residing at Ottumwa Ia  
 and A. Wilkinson, residing at Ottumwa Ia, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
 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.

Chas Jepson  
A. Wilkinson  
 Signatures of Witnesses

(If witnesses sign by mark, two persons who can write sign here)

Sworn to and subscribed before me this 17 day of Aug  
 and I hereby certify that the contents of this instrument are  
 known and explained to the applicant and witnesses before signing, including the  
 words \_\_\_\_\_  
 and the words \_\_\_\_\_  
 added; and that I have no interest, direct or indirect, in the prosecution of this claim.

J. J. Perdue  
 (Signature)  
Clarendon Court  
 (Official Title)

NOTE: If the pensioner claims increase for a new disability, and has not already been pensioned before, it must be secured before a Notary Public or Justice of the Peace.

A  
 INVALID  
 CLAIM FOR INCREASE  
Chas M. Donald  
 Regt. B. H.  
 Vols. Indiana  
 Pension Certificate No. 201.891  
 PENSION CERTIFICATE NOT REQUIRED  
 SEP - 5 1889  
 OFFICE  
 This blank form must be returned to the Pension Office  
 STEVE JOHNSON  
 ATTORNEY AT LAW  
 SOLICITOR FOR PENSIONERS  
 LAND OFFICE BUILDING  
 WASHINGTON, D.C.

**B**      **DECLARATION FOR THE INCREASE OF AN INVALID PENSION:**      **B**  
THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Indiana }  
County of Grant } ss:

On this 7<sup>th</sup> day of Oct, A. D. one thousand eight hundred and eighty 90  
personally appeared before me, a Notary Public

within and for the county and State aforesaid, Clark M. Donald, aged 60 years,  
a resident of the Nat'l Aid Home, county of Grant  
State of Indiana, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Washington, D. C. Pension Agency at the rate  
of 8.00 dollars per month, by reason of disability from Gun shot wound  
(Here name the disability for which

in Left Thigh incurred  
pension was granted.)

in the Military service of the United States while Private of Co. B, 4th  
(Military or Naval.) (Here state rank, company, and

Indiana Infantry Regt.  
regiment, if in the Army—vessel, if in the

That he believes himself to be entitled to an increase of pension on account of Increase of  
(Here state the reasons for applying for increase.)

Disability Resulting in Rheumatism and  
If on account of increase in the disability for which already pensioned, this should be described. If on account of disability for which not pensioned, the location of the

Heart Affections and Nervous Debility  
wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully

stated. The dates of treatment should be given as nearly as possible.)

.....  
.....  
.....

that he appoints Himself, of

county of \_\_\_\_\_, State of \_\_\_\_\_, his true and

lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is Soldiers Home

county of Grant <sup>Town</sup> of Marion, State of Indiana

Claimant's signature: Clark M. Donald

Attest: \_\_\_\_\_

Also personally appeared Daniel Schraaf, residing at Walt Whit Ford  
 and Henry A. Standish, residing at Walt Whit Ford persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Clark McDonald, 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.

Daniel Schraaf  
Henry A. Standish  
 (Signatures of witnesses)

SWORN to and subscribed before me this 7 day of Oct, A. D. 1890  
 and I hereby certify that the contents of the above declaration, &c., were fully made  
 known and explained to the applicant and witnesses before swearing, including the words  
 [L. s.] \_\_\_\_\_, erased, and the words  
 \_\_\_\_\_, added; and that I have  
 no interest, direct or indirect, in the prosecution of this claim.

Frank W. Torrance  
 (Signature)  
Notary Public  
 (Official character)

B  
 INVALID.  
 B

CLAIM FOR INCREASE.

\_\_\_\_\_, Applicant.  
 \_\_\_\_\_, Reg't.  
 \_\_\_\_\_, Vols.

(PENSION CERTIFICATE NOT REQUIRED.)



FILED BY \_\_\_\_\_

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Bureau of Pensions or the pension agents, should be stated.  
 Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.  
 Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.  
 If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.



130

# DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Kansas, County of Shedden, SS;

ON THIS 6<sup>th</sup> day of November, A. D. one thousand eight hundred and ninety-6  
personally appeared before me, a Clerk of the District Court  
within and for the County and State aforesaid, Clark McDonald, aged 65  
years, a resident of the Town of Novie county of Shedden  
State of Kansas, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Washington, D.C. Pension Agency, at the rate  
of 8 dollars per month, Certificate No. 201,871, by reason of disability from gun  
Here name the

shot wound in left thigh incurred  
disability for which pension was granted.

in the Military service of the United States while a Private in  
Military or Naval Here state rank, company, and regiment, if in

Company B, 8<sup>th</sup> Indiana Infantry  
Army—vessel, if in Navy.

That he believes himself to be entitled to an increase of pension on account of General  
Here state the reasons for applying

debility, and a general giving away of the  
for increase. If on account of increase in the disability for which already pensioned, that should be described.  
entire system. Has Rheumatism of the right  
arm, and is unable to do manual labor  
except at remote intervals. at present is  
unable to work at all, and has no  
means of support except his pension.  
That his disability is not caused by his own  
viceious habits. But he believes them to  
result from exposure, while in the  
line of duty as a soldier -

that he appoints ~~E. H. ...~~ of

County of \_\_\_\_\_, State of \_\_\_\_\_, his true and lawful

attorney to prosecute his claim. That his Post-Office address is \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_

Clark McDonald  
Signature of Claimant.

Two Witnesses who can write sign here.

Also personally appeared Wm. Baite, residing at  
Hoxie Kansas and C.R. Pearson  
 residing at Hoxie Kansas, 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  
Clark M. Donald, 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.

Wm. Baite  
C.R. Pearson  
 Signatures of Witnesses.

Sworn to and subscribed before me, this 6<sup>th</sup> day of November, 1896  
 and I hereby certify that the contents of the above declaration, &c., were fully made  
 known and explained to the applicant and witnesses before swearing, including the words  
C. Brandenburg Washington &c erased, and the words  
If any words have been erased in this affidavit, enter it here.  
 \_\_\_\_\_ added; and that I  
If any words have been added in place of any erased enter them here.  
 have no interest, direct or indirect, in the prosecution of this claim.

Official Signature: J.L. Bugler  
 Official Character: Clk Dist Court

[L. S.]

The POST-OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.  
 Pensions are, by law, exempted from any liability on account of the obligation of the pensioners, and no lien upon them can be recognized.  
 Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.  
 If executed before any officer other than a clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

Mr. C. J. 201,871  
 J + O  
 O & M  
 INVALID.

CLAIM FOR INCREASE.

Clark M. Donald Applicant.  
C. B. Donald Reg't.  
 Vols. \_\_\_\_\_

Pension Certificate No. \_\_\_\_\_



FILED BY  
 RECORDED  
 NOV 13 1896  
 RECEIVED

Printed and sold by W.H. Moore & Co., Box 608, Washington, D. C.

LAW DIVISION,  
 B. NOV 12 1896 P.  
 RECEIVED.

**N. W. FITZGERALD & CO.,**

ATTORNEYS AND COUNSELORS AT LAW AND SOLICITORS OF CLAIMS AND PATENTS.

WASHINGTON, D. C., *June 4<sup>th</sup>* 1881.

Here give the number of Co. and No. of Regt.

I hereby certify that I am claimant for Pension No. *305,384*  
I was late of Company *"B"*, *Eighth (8)* Regiment  
*Indiana* Vols, and the following is a full, true and correct

statement of all treatment, received by me while in the service of the United

States, to the best of my recollection: *Was first treated by*  
*Dr Bigelow our regimental Surgeon at Vicksburg*  
*Miss. about 4 days then at the City Hospital*  
*at Indianapolis Ind. but do not remember*  
*the Surgeon name.*

**NOTICE!**

Here give a full and complete statement of all the treatment you received while in the service. State the names, numbers and locations of all Hospitals in which you received treatment, and state whether general, brigade, regimental, division, post, corps or field hospital. — State date of entering each, and date of leaving. If not treated, in the service state that fact.

Given this *22<sup>nd</sup>* day of *June* 1881.

and I further state my Post Office address is *Hammerton*

State here the present Post Office address of claimant.

County of *Wayne* State of *Iowa*

*Clark W. Donald*  
Claimants Signature.

This statement must be signed by claimant himself, and need not be sworn to.

HOSPITAL STATEMENT

*Blank M. S. Donald*

-OF-

No. *"B"* Date of *Sept 11* Regt.

*Indiana* Vols.

Claim for

*Original Service*

No. *308,384*

Filed by  
NAT. WARD FITZGERALD & CO.,  
Attorneys.

*R 1038.*

*For claimant*  
**General Affidavit for any Purpose.**

State of Iowa County of Appanoose S. S.

In the matter of Clark McDonald

personally comes the affiant who being first sworn, on oath says:

*That he ~~has~~ cannot get any official evidence for the reason that his Captain S. H. Dunbar is Dead and his Lieutenant W. G. Hill is also dead & Saut Smith was taken Prisoner in the Cedar Creek Battle and I have not heard from him since I have written to the Adjutant of the State of Indiana but have got no answer yet as soon as Received will forward to you*

and ~~affiant further swears that he is not interested in the prosecution of the claim~~, and his Post Office address is

*Humboldt Iowa*

Man's Signature  
*Clark McDonald*

Two witnesses when signed by mark. {

Subscribed and sworn to before me this 22<sup>nd</sup> day of June 1881 The affiant is the person he represents himself to be, and a credible witness. ~~I am not interested in this claim sought to be established.~~ Witness my hand and seal, day and year above written.

*The contents were read over to affiant before signing the same*

*J. S. Taylor Clerk* Official Signature SEAL

If this evidence is sworn to before a Notary Public or Squire, it will be necessary to have the Clerk's certificate attached, unless said Notary or Squire already has such a certificate on file in the Pension Office showing official capacity. If such a certificate is on file, the Notary or Squire must say so, in his Jurat

Return to N. W. FITZGERALD & CO.,  
Washington, D. C.

Horsie Kaus.

Nov 6<sup>th</sup> 1896

To the Hon Commissioner of Pensions  
Washington D.C.

Dear Sir, I send you to day my application  
for an increase of Pension hoping you will  
put it on file and send me the proper blanks  
for prosecuting my claim.

I am old, and poor, and alone in the world  
and have no means of support except what little  
I can make mending shoes when I am able to  
work. Please comply at your earliest convenience  
and greatly Oblige yours Respectfully

Clark McDonald

W  
Div.  
E. r.  
M. D. eff. no. 201,871  
claimant Mr. Donald

3-078.

INVALID.

Department of the Interior,

BUREAU OF HEADQUARTERS,

Washington, D. C., April 17, 1897

C. B. J. Reg't Ind. Vol. Inf.  
Return this with your reply.



SIR:  
In the above-entitled claim, the testimony indicated in paragraph No. 1, 2 should be furnished.

1. The affidavit of a COMMISSIONED OFFICER, first sergeant, or two enlisted men of claimant's company, setting forth when, where, and under what circumstances the alleged inflammation was contracted.

Only in exceptional cases, when good reasons are shown for inability to furnish testimony of members of the claimant's own company, will affidavits of members of other companies be accepted.

2. The affidavit of the surgeon, or assistant surgeon, of claimant's regiment as to treatment for jaundice while in the service. It is desirable that the description of the disability should be, as far as practicable, in the handwriting of the surgeon.

- If claimant is unable to furnish any part of the testimony indicated, he should state the facts and reasons under oath.
- Each witness must state his post-office address and means of knowing the facts to which he testifies.
- All erasures and interlineations in testimony must be certified to by the officer before whom the affidavit is executed—who may be any person authorized to administer oaths, his official character and signature being certified to under the seal of the proper officer.

This circular should be returned with your reply.  
Very respectfully,

Mr. Charles M. Donald,  
Hoyt.

*[Signature]*  
Commissioner.

Sheridan Co-1  
Kans.

INVALID.—Continuance of Disability.

STATE:

*W- J.W. Ex'r. M.D. No. 221,871 Clark M. Donald*

Department of the Interior,

BUREAU OF PENSIONS,

*Co. B, 8. Reg't. Ind. Inf.*  
Return this with your reply.

Washington, D. C., *April 5, 1897*

SIR:

In the above-entitled claim for pension the testimony indicated in paragraph No. *102* should be furnished—

1. The testimony of physicians who have attended claimant since the date of his discharge from the service, showing the history and degree of the disability from alleged *neuritis*

during each year, the dates and duration of all treatment administered, and a full description of the disability in all its phases.

It is especially important that the physician who first attended the claimant after his discharge from the service should state the date his attendance commenced and claimant's condition at that time,

especially if he then suffered from *same*.

(The affidavit should be, as far as practicable, in the language and handwriting of the physician.)

2. If the claimant can not furnish the testimony indicated above, he should state the fact and reasons under oath, and furnish that of persons by whom he was employed, fellow workmen, or neighbors, showing what his physical condition was at the date of their first acquaintance, and what it has been each year since to the present time, and especially to what extent he has been incapacitated for obtaining sub-

sistence by manual labor in consequence of *same*.

The statement of the witnesses in regard to the manner in which the claimant was affected should be full and definite, setting forth the symptoms observed, in order that the medical officer of the Bureau may be enabled from such description of symptoms to determine the nature and character of the disability; and they should show how they obtained a knowledge of the facts to which they testify.

Each witness should state his post-office address.

The credibility of witnesses and all erasures and interlineations in testimony must be certified to by the officer before whom the affidavit is executed, who may be any person authorized to administer oaths for general purposes, his official character and signature being certified to under the seal of the proper officer.

This circular should be returned with your reply.

Very respectfully,

*A. C. Bond*  
*W. Lockman*  
Commissioner.

*Mr. Clark M. Donald*

*Hayie*

*Merced Co.*

*Stans*





Subscribed to and sworn before me this 14<sup>th</sup> day  
of April 1897  
Clarner Thompson Clerk District Court Thunders  
County Kansas  
1003rd. Kans. April 14<sup>th</sup> 1897

Hon. H. Clay, Cavan, Commissioner, Pensions Washington D C  
Dear Sir

Your Circular of April 5<sup>th</sup> Received I will say  
in my Case for increase of pension you ask me for Evidence  
that i am Totally Unable to furnish for the Reason that when  
we was Mustered out of the Service we did not have a Commissioned  
Officer in the Company My Captain Died of Smallpox and  
my first Lieutenant was Snowed at Vicksburg 2<sup>nd</sup> Lieutenant  
was Taken Prisoner in the Shenandoah Valley we was  
Commanded By our first <sup>Sergeant</sup> till we was Mustered out of Service  
a short time after he was sent to the Insane Asylum and i  
have not seen or heard of one of my Company since 1866  
if there was any way that i could get the Evidence i would  
send it But i am Now 66 Years Old and i dont think i  
will have long to Remain on Earth and before i could get the  
Evidence you Require i would be in my Grave i was before  
a Board of Doctors at Colby Kansas and i supposed they  
Reported my Condition I will say i am all Broke down  
Result of being in the Army for four Years I am not able  
work much but do all i am able Leaving the Matter in  
I am Sir yours Truly  
Clark McDonald  
Co B 5<sup>th</sup> Ind Inf

APR 17 1897  
OFFICE

Office, Sheridan Co Kansas Oct 5<sup>th</sup>/97  
Hon. A. Clay Evans Com Pensions Washington D C  
Sir

Your Communication Dated Oct 5<sup>th</sup>/97  
Received Stating the Examination Made at Colby  
Kan Jan 6<sup>th</sup>/97 in my case Shows the Existence  
of Heart Trouble which was not Mentioned in my  
Application I was aware I had Heart Trouble  
and Rheumatism and Catarrh & Gun Shot  
Wound If you will Examine my Application  
I think you will find my Application Stated  
General Disability which was and is the Result  
of Four years of Hard Service and Exposure  
to Hail Rain and Snow Shot & Shell.  
I think it was through some mistake that I was  
Ordered to be Examined for Rheumatism  
Alone I knowing the Existence of all these  
Diseases I Made my Application for  
General Disability I will send you the  
Evidence asked for with this Statement  
you will also find that my Application



was not made under Act June 27/90  
But under the Old Law the Rheumatism &  
and Heart Trouble has been Gradually  
Growing on me since 1867 But i think all  
These Troubles has been the Result of being  
in the army and Subject to Exposure  
to all kind of weather and all kind of  
Privation and as i get Older they get  
worse But they are not from Drink for  
I dont Drink and I dont have any other  
Habit Except using Tobacco that could  
be considered vicious

Yours Resp

Clark McDonald

J. G. L. Feigler N. O. in and for Sher-  
idan County Kan. Do hereby certify  
that the above was signed ~~and~~ in  
my presence and sworn to before  
me this 14<sup>th</sup> day of Oct. 1897.

J. G. L. Feigler N. O.  
My Com Exp. Feb. 12. 1901.

# GENERAL AFFIDAVIT.

STATE OF Indiana  
COUNTY OF Warrick } SS:

In the matter of \_\_\_\_\_

Personally came before me, a Notary Public in and for aforesaid County  
and State, Marion Philpott, aged 37 years,  
and \_\_\_\_\_, aged \_\_\_\_\_ years,  
citizen of the Town of Greenfield P.O., County of Warrick, State of \_\_\_\_\_,  
Post Office Address.  
well known to me to be reputable and entitled to credit, and who, being duly  
sworn, declare in relation to aforesaid case as follows:

*That he is a late member of Company B 8 Regiment Ind Vol and that Clark McDonald was a member of the same Company & Regiment. And at the Battle and Charge of Mackinac on the 22<sup>d</sup> day of May 1863, the said Clark McDonald was wounded in his left thigh & saw him and the wound before he was removed from the field and departed from sight to wit,*

And I further declare that I am not interest in said case, and I am not concerned in its prosecution, and I am not related to said applicant.

Attest—when any affiant signs BY MARK (two persons.)  
Signature of Marion Philpott  
Affiants.

Sworn to and subscribed before me, this day, by the above named affiant ; and I certify that I read said affidavit to said affiant , and acquainted h with its contents before h executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant personally known to me; that he a creditable person and so reputed in the community in which he reside .

WITNESS my hand and official seal, this 30th day of August 1881

Sign here George W. Duncan  
Notary Public

NOTE—This should be sworn to before a CLERK OF COURT or JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character on the back hereof, and not on a separate slip of paper.

State of Louisiana, County of Neauvech, ss:

I, Ephraim Marsh, Clerk of the County Court in and for aforesaid County and State, do certify that George W. Duncan, Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing a Notary Public in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

WITNESS my hand and the seal of office, this 1st day of September 1881

Ephraim Marsh  
Clerk of the County Court

Comra 11 1

If a Notary Public (or Justice of the Peace) will put his signature and the seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. Such Certificate for each Department where many authentications are required, will save much expense. Several papers executed before one N. P. or J. P. on the same day, need County Clerk's Certificate on one only, if all are to be used in one case. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

No 5053817  
**General Affidavit**

CASE OF  
Clark Mc Donald  
State Co. B. 5th Ind  
FOR  
Crigh Geo. Ferguson

AFFIDAVIT OF  
John H. Ferguson  
Notary Public

**General Affidavit for any Purpose.**

State of Indiana County of Wauerscb S. S.

In the matter of Clark M. Donald for value a Pension

personally comes the affiant who being first sworn, on oath says: that he is a resident  
of Greencastle P. O. age 55 years in the County of Wauerscb  
and state of Indiana and that he was a late a member  
of Company "G" 8<sup>th</sup> <sup>Regiment</sup> Indiana Volunteers and he further  
says that he was well acquainted with Clark  
McDonald of Company "B" same Regiment  
and was present with him at the Charge of  
Vicksburg and found him after the battle  
lying on the ground wounded in the left thigh  
unable to walk, and assisted in taking him  
to the Hospital

and affiant further swears that he is not interested in the prosecution of the claim, and his Post Office address is

Greencastle Co. of Wauerscb State of Indiana  
Alford H. Kelly  
Mack

witnessed when signed by mark.  
John A. Dobbins  
David H. Dineen

Subscribed and sworn to before me this 9<sup>th</sup> day of August 1881. The affiant is the person he represents himself to be, and a credible witness. I am not interested in this claim sought to be established. Witness my hand and seal, day and year above written.  
The contents were read over to affiant before signing the same

George H. O'Connell Notary Public  
Official Signature

If this evidence is sworn to before a Notary Public or Squire, it will be necessary to have the Clerk's certificate attached, unless said Notary or Squire already has such a certificate on file in the Pension Office showing official capacity. If such a certificate is on file, the Notary or Squire must say so, in his Jurat  
Return to N. W. FITZGERALD & CO.,  
Washington, D. C.

State of Indiana  
Deaneck County I Ephraim Marsh Clerk of the Honorable  
Circuit Court in and for said County and State do  
hereby certify that George W. Duncan before whom the  
within affidavit was made was a Notary Public  
at the time duly qualified and commissioned  
as such that his signature thereto attached is  
genuine and I have no interest in this  
matter  
Witness my hand and seal this 7th day of September  
1881  
Ephraim Marsh  
Clerk of the Circuit Court

Comrade

# GENERAL AFFIDAVIT.

State of Iowa County of Wapelle ss.

In the matter of the pension claim of Clark McDonald  
late of Co B - 8th Louisiana Vol.

ON THIS 1 day of May, A. D. 1889 personally appeared before me, a  
Clara Kof District Court in and for the aforesaid County, duly authorized to administer oaths,

Ed Powell of Attorneys  
Attorneys

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_  
in the County of \_\_\_\_\_ and State of \_\_\_\_\_

whose post-office address is \_\_\_\_\_

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

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

I am a graduate of Albany Medical College  
N.Y. and I have been engaged in the practice  
of Medicine since January 1865

That I have known Clark McDonald for  
last 18 months and have during that time treated  
him and other members of his family or in other words  
have been his family physician for that time

I first prescribed for him about one year ago for men-  
strous disturbances or neuralgia. Early in March last  
I prescribed for him for cystitis or bladder trouble  
accompanied with a renal difficulty. Prominent  
symptoms frequent micturition incontinence  
of urine, pain in region of kidneys

treatment has produced some amelioration of above  
trouble following that there has been or hip stiffness  
of left shoulder and hip with soreness while sitting  
up or using the limbs. This seems to be of rheumatic  
character. The locality of his old wound on the back  
of the left thigh is just where it most interferes with  
his labor he being a shoemaker. The weight of the  
limb rests on the bench just where the wound occurs

And the injury of the branches of the sciatic seem to  
have been such that he cannot remain in the  
position required for work only a short time  
when he is compelled to leave the bench and come  
around to get relief which is only temporary

The neuralgia and rheumatism caused by the injury  
of the nerves in the locality of the wound seem only  
to grow upon as age increases and in my judgment  
is a permanent trouble

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

RECEIVED  
MAY 18 1889  
OFFICE

Ed Powell

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

[Signature of Affiants.]



STATE OF Iowa COUNTY OF Wapello

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

[L. S.]

E. Morton  
[Official Signature.]  
Clerk District Court  
[Official Character.]

I \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_ who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; and that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. (If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.)

ADDITIONAL EVIDENCE

CLAIM OF

Clark McDonald  
Vol. 1  
Reg. 1889

FOR  
Shoreman Lawson  
E. Morton

MAY 8 1889  
OFFICE OF AFFIDAVIT

J. E. JOHNSON  
ATTORNEY AND SOLICITOR  
WASHINGTON, D. C.

This blank has been prepared by and for the exclusive use of

Office: 422 5th St. Los Angeles 540.

INCREASE OF PENSION.  
(FOR A BOARD.)

Claim No. *201.871*

Name of claimant, *Clank M. McDonald*

Rank, *Private* ADDRESS OF THE BOARD:  
 Post office, *Shanton*  
 Company, *D.* County, *Lucas*  
 Regiment, *8th Ind Vols* State, *Ind*  
 Post-office address, *Russell Lucas Co* Date of examination, *Oct 28*, 188*5*.

WE HEREBY CERTIFY that in compliance with the requirements of the law\* we have carefully examined this applicant, who states that he is now paid *Four* dollars per month on account of *U.S. M. Left Thigh* and that he claims an increased rating for the reason that *disability has increased*, and that he is now disabled to *3/4* degree for earning his subsistence by manual labor.

His pulse-rate per minute is *72*; his respiration *20*; his temperature *99*; his height is *5* feet and *9 1/2* inches; he weighs *148* pounds, and he states that he is *34* years of age.

Touching his disability and his reasons for asking an increase of pension, he makes the following statement:

Here give the claimant's statement of his reasons for claiming an increased rating as fully and as completely as possible.

*Says round pains him so that he can not sit on his bench nor sleep well. A knot comes at times on leg below the knee as large as a hen egg*

Upon examining this applicant we find the following objective conditions which, in our judgment, do entitle him to an increased rating:

Here give a full description of the conditions by which the claimant is now disabled, and compare his present condition with that which existed when the present rating was allowed.

*We find a cicatrix 2 inches in length by 1 inch in breadth on post portion of upper third of thigh which is not adherent to parts beneath. Measurement does not show difference in size of two thighs.*

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *1/2 total* rating for the disability caused by *U.S. M. Left Thigh*, for that caused by \_\_\_\_\_, and \_\_\_\_\_ caused by \_\_\_\_\_, the sum of which aggregates *1/2 Total*.

\* See the back.

*C. Fitts*, Pres.,  
*M. A. Judd*, Sec'y,  
*J. M. Marsh*, Treas., } BOARD.

RECEIVED SYMPTOMS

IN CASE OF

*Blank*

On *Dec 3* Page *8<sup>th</sup> Jul 1885*

**Application for Increase.**

No. *241871*

Date of examination: *Oct 6<sup>th</sup> 1885*

*28<sup>th</sup> 1885*

*Richard A. Steg*  
Resident Surgeon

Post office, *Charleston*

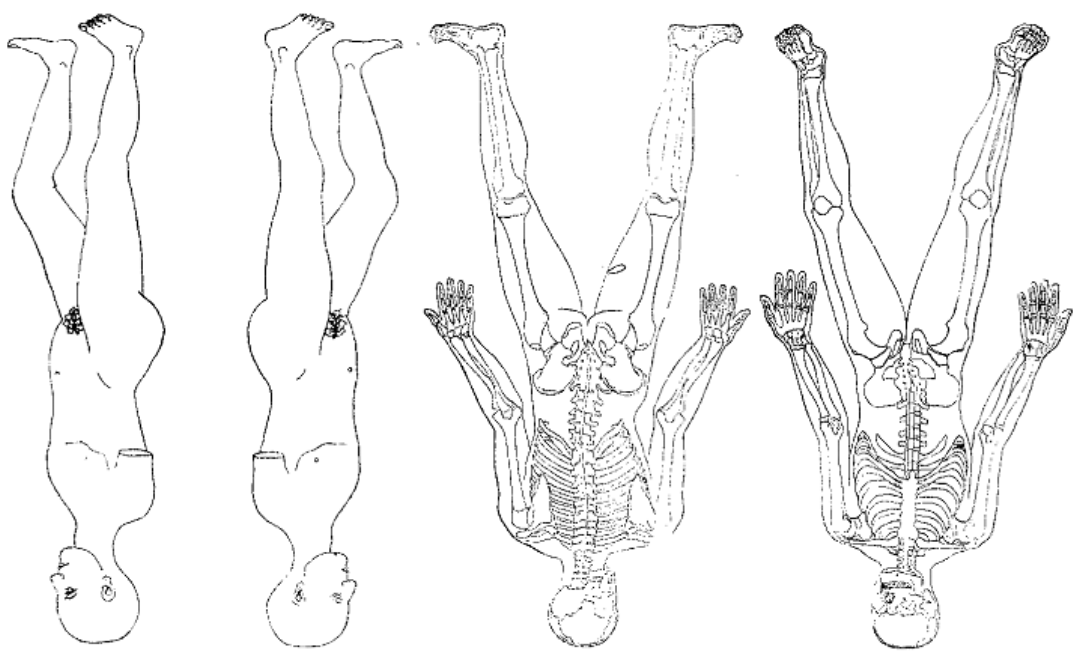
County, *Sumner*

State, *South Carolina*

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



PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate containing 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.]



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. *201,871*  
Name and rank of claimant. *Clark McDonald*, Rank, *Private*  
Company, *B. 8 Reg't Ind Vol*, *Chariton* State,  
Claimant's post office address. *Russell Iowa* (Post office address of the Board.)  
*October 6<sup>th</sup>*, 188*6* (Date of examination.)

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

Cause of disability. *ASW left thigh*

If a pensioner, fill in the amount, if not, erase the whole line. and that he receives a pension of *\$4.00* dollars per month.  
Pulse rate per minute, *97*; respiration, *22*; temperature, *98 1/4*; height, *5*  
feet, *11* inches; weight, *149* pounds; age, *56* years.

He makes the following statement upon which he bases his claim for *Dis*  
*my leg is affected by cramps and numbness. I am a shoe maker. My leg gets almost useless. I am getting worse every year. I am often unable to work at my trade*  
Here give the claimant's statement as briefly and as compactly as possible.

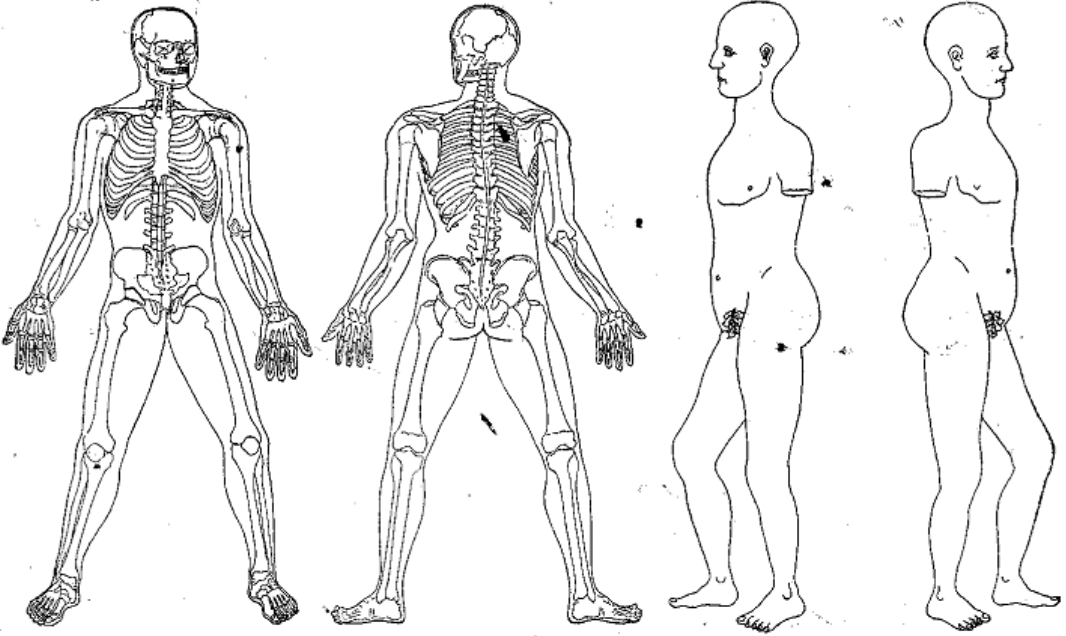
Upon examination we find the following objective conditions: *Wound*  
*Ball passed through superficial integuments transversely on posterior surface of left thigh above junction of middle & upper third making a cicatrix 1 1/2 inches. Cicatrix is adherent to the deep fasciae and superficial muscles, which interfere somewhat with flexion and extension of leg. There is also some varicose condition of leg below the wound extending below the calf of leg we think the probable result of wound*  
Here give a full symptom picture of the case, underlining all the physical and rational signs, but confining it to the present condition of the claimant.  
It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, etc., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ..... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *1/2 "total"* rating for the disability caused by *ASW left thigh* and *1/4 "total"* for that caused by *Varicose Veins*  
by *1/4 "total"* and *1/4 "total"* = *3/4 "total"*

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

\* See the back.  
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
*W. H. Hitch*, Pres. *L. L. Groves*, Sec'y. *J. S. Back*, Treas.

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



Single surgeon ~~can~~ use this blank, changing "we" to read "I" and "are" to read "my." They will erase the words "President," "Secretary," and "Board" where the words appear, and sign at the foot of the certificate, and do so on the back of the same.



SURGEON'S CERTIFICATE

AT CASE OF  
*Charles M. Donald*  
 Co. 8, 8<sup>th</sup> Regt. Ind. Inf.

Applicant for *Discharge*

No. *201871*

DATE OF EXAMINATION:

*October 6<sup>th</sup>*, 188*6*.

*W. F. Leitch*, Pres.,  
*G. S. Shivers*, Sec'y,  
*W. S. Rankin*, Treas., } BOARD.

Post office, *Sharonville*

County, *Lucas*

State, *Ohio*

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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

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 dis- inju., 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. *201.871*

Name and rank of claimant. *Clark M. Donald*, Rank, *Private*

Company *B, 8 Reg't Ind Vols* | *Chariton Va* State, (Post office address of the Board.)

Claimant's post office address. *Russell Va* | *April 6<sup>th</sup>* (Date of examination.) *1887.*

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

Cause of disability. *G.S.W Left thigh & Varicose Veins - of both legs*

and that he receives a pension of *4.00* dollars per month.  
Pulse rate per minute, *75*; respiration, *18*; temperature, *99*; height, *5* feet, *11 1/2* inches; weight, *156* pounds; age, *56* years.

He makes the following statement upon which he bases his claim for *Inc*  
*My leg gets numb, and pains me badly I am a shoe maker & find the jar from pegging gives me pain often pains me so I cant rest at night there is enlarged Veins I think was caused from the wound*

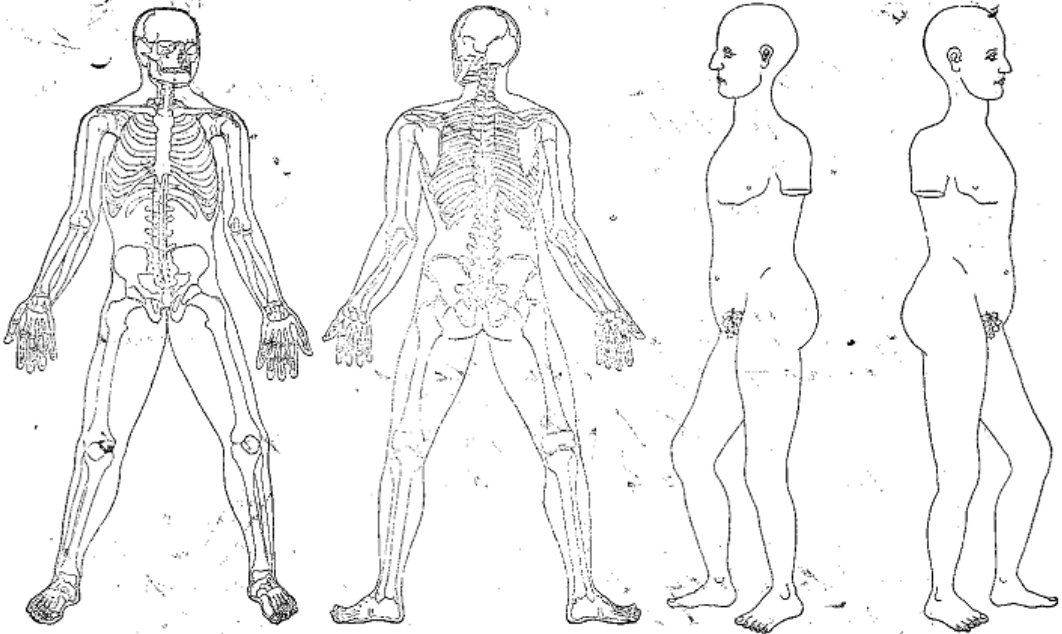
Upon examination we find the following objective conditions: *G.S.W Left thigh ball passed just below the Gluteofemoral crease posterior portion of the femur cicatrix is 2 1/2 by one inch is superficial and not adherent, it is only a flesh wound*

*Has has Varicose Veins in both legs below the knees the right being worse than the left cant say as to whether the result of army service but think such was the cause probably marching and fatigue duty*

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ..... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *1/2 "total"*

Rate for each cause of disability. *G.S.W Left thigh 1/2 total* or that caused by *Varicose Veins* caused by *"total"*

\* See the back. Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
*G. S. Brown*, Pres. *L. S. Brown*, Sec'y. *J. M. Haddock*, Treas.



Single Surgeon. **TERA**  
 27 1887  
 RECEIVED  
 Single Surgeon. **RECEIVED** this being changing "we" to read "I," and "our" to read "my." They will erase the words "Pres," "Secy," and "Board" where the words appear, and sign at the foot of the certificate and sign on the back of the same.

**SURGEON'S CERTIFICATE**

*W. H. M. of Indiana*

Co. B 8 Regt. *Quail Mts.*

Applicant for *Re-enlistment*

No. *871*

DATE OF EXAMINATION:

*March 6*, 1887

*W. H. M.*

Pres., BOARD.

*W. H. M.*

Secy., BOARD.

Post office, *Chatterton*

County, *Lucas*

State, *Ohio*

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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs, and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 26, 1882.]

*W. H. M.*



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. 241871  
Name and rank of claimant. Clarr Mc Donald, Rank, Private  
Company B. 8. Reg't Ind. Vols. Ottumwa, Wapello Co., State,  
Rupell, Lucas Co., Iowa (Post office address of the Board.)  
Iowa - Feb. 22, 1888. (Date of examination.)

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

Cause of disability. Gunshot wound of left thigh

If pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Four dollars per month.  
Pulse rate per minute, 78; respiration, 19; temperature, 97.5; height, 5 feet 10 inches; weight, 142 pounds; age, 56 years.

He makes the following statement upon which he bases his claim for increase of pension:-

Here give the claimant's statement as briefly and as compactly as possible. Received gunshot wound near Vicksburg, Miss., in 1863, while in the service of the U. S.

Upon examination we find the following objective conditions:

Here give a full synopsis picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. All general organs are normal.  
Ball passed transversely through the superficial integuments of left thigh, posterior surface two inches below the gluteal fold, leaving a depressed and adherent cicatrix two inches in transverse length and one and three fourths inches in width. Atrophy of the left thigh at point of wound is 3/4 of an inch in circumference as compared with the right. Cicatrix is tender.

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

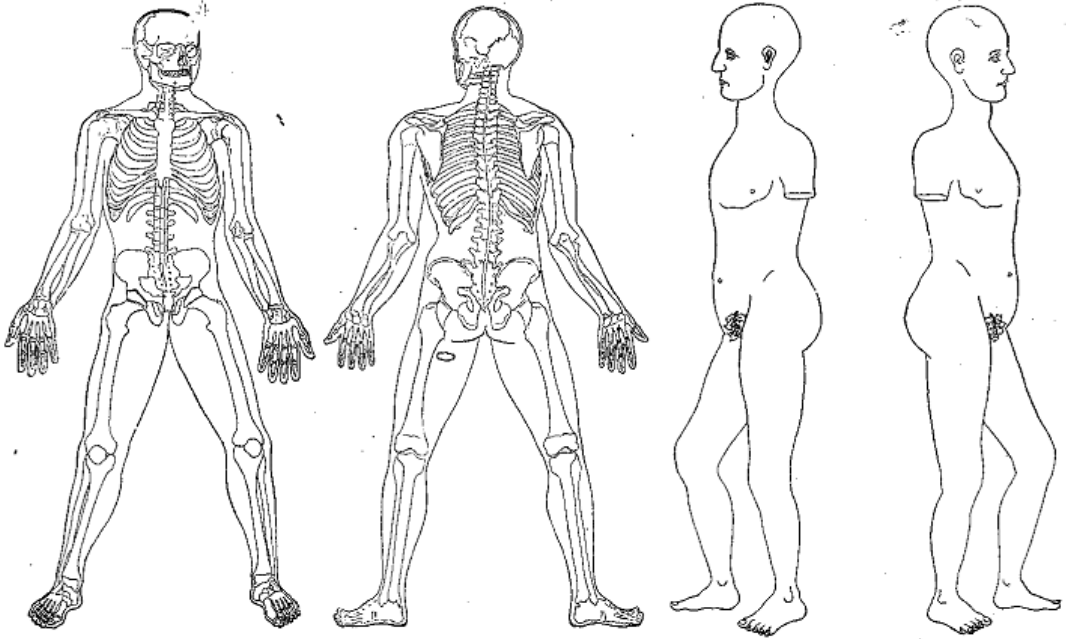
From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ..... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 6/8 rating for the disability caused by gunshot wound of left thigh for that caused by ..... and ..... caused by .....

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

\* See the back.  
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
W. L. Cro, Pres. J. P. Doyle, Sec'y. E. H. Matthews, Treas.

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





Single surgeons will use the blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Presy," "Secy," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and insert their names in the blank space of the same.

**SURGEON'S CERTIFICATE**

IN CASE OF

*Clare W. McDonald*

*O. B. Smith* Regt. *Chas. D. O'Leary*

*Applicant for license*

No. *201871*

DATE OF EXAMINATION:

*April 22*, 188*8*

*Wm. G. ...* Pres.,  
*Wm. ...* Secy.,  
*...* Treas., } BOARD.

Post Office

*Stimmon*

County

*Stimmon*

State

*Ohio*

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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and functional signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress, passed July 25, 1882]

MAR 25 1888

*100*

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. 201 871.  
Name and rank of claimant. Clark McDonald, Rank, private.  
Company B., 8<sup>th</sup> Reg't. Ind. Inf. | Ottumwa, Napells Co., State,  
(Post office address of the Board.)  
Claimant's post office address. Ottumwa, Napells Co., Iowa | Iowa - Oct. 16<sup>th</sup>, 1889.  
(Date of examination.)

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

Cause of disability. Gunshot wound of left thigh.

If a pensioner, fill in the amount; if not, state the whole line. and that he receives a pension of six dollars per month.  
Pulse rate per minute, 70; respiration, 20; temperature, 98.8; height, 5 feet, 10 inches; weight, 137 pounds; age, 59 years.

He makes the following statement upon which he bases his claim for increase of pension:

Here give the statement as briefly and as compactly as possible. Received gunshot wound at Vicksburg, Miss, in 1863, while in the service of the U.S.

Upon examination we find the following objective conditions:

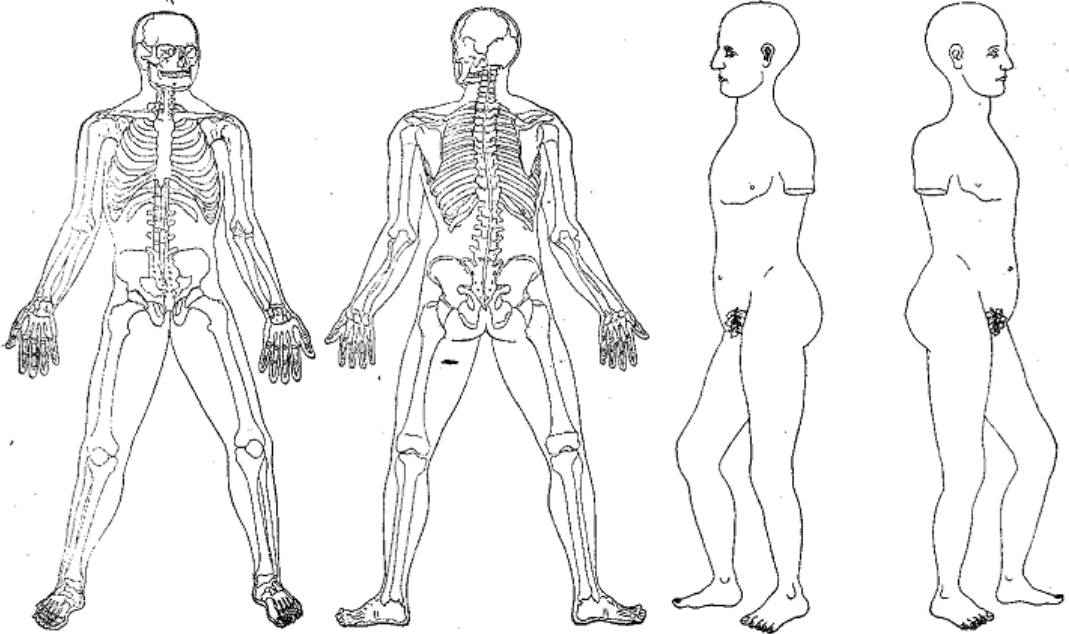
Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. The general organs are normal.  
Ball entered the left thigh at center of posterior surface, two inches below the gluteal fold, penetrated through the flexor muscles of the thigh, lodged against the femur and was extracted, two inches below the point of entrance. Results a transverse scar 1 1/4 inches in length by 1/2 inch in width, adherent, depressed and tender.  
The left knee is swollen to the extent of 3/4 of an inch as compared with the other, slight lameness in walking. There is probable injury to a branch of the posterior femoral nerve.  
The condition of applicant entitles him to a higher rating.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1, total, 2, 3/4, 2/3, 1/2, 1/3, 1/4, through the grades, without any regard to soldier and cents, and to make such a full particular description as will allow to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ..... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 10 rating for the disability caused by gunshot wound of left thigh for that caused by ....., and ..... caused by .....

Rate for each cause of disability. If prolonged by vicious habits, the word and should be crossed and the reason for the rating given.

\* See the back.  
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
D. L. ..., Pres. D. ..., Sec'y. J. Collins, Treas.



Single surgeons will use this blank changing "we" to read "I" and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

**SURGEON'S CERTIFICATE**

IN CASE OF

*Blank McDonald*

Co. *B. 8<sup>th</sup>* Regt. *Ind. Inf.*

Applicant for increase.

No. *201871.*

DATE OF EXAMINATION:

*Oct. 16<sup>th</sup>*, 188*7*.

*W. D. Douglas*, Pres.,  
*J. A. ...*, Sec'y,  
*J. A. ...*, Treas., } BOARD.

Post office, *Stamora*

County, *Washells*

State, *Ill.*

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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

*67*

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. Imp Pension Claim No. 201871  
(State above whether for original, increase, or restoration.)  
 Name and rank of claimant. Clark M. Donald, Rank, Priv.  
 Company B 8" Reg' Infan<sup>ty</sup> vol. Union Grant Co Ind State,  
(Post-office address of the Board.)  
 Claimant's post-office address. Morion Ind<sup>na</sup> 21" Jan., 189 1  
(Date of examination.)

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

Cause of disability. in the service, viz: G. S. W<sup>th</sup> left thigh. res. rheumatism. dis  
of heart & nervous debility  
 and that he receives a pension of Eight dollars per month.

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

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

He makes the following statement upon which he bases his claim for Imp  
(Original, increase, restoration, &c.)  
G. S. W<sup>th</sup> left thigh pains him worse than  
ever. hurts him to walk & especially in damp  
weather. Took rheumatism 2 yrs. ago. hurts  
him most in shoulders & neck & all his joints  
his heart pains him very much, & says he  
is quite nervous.

Here give a full description of the disability, in accordance with pars. 6, 6 1/2, 62, 63, of Book of Instructions for 1899.

Upon examination we find the following objective conditions: Pulse rate, 96;  
 respiration, 22; temperature, 99; height, 3 feet 11 1/2 inches; weight, 135  
 pounds; age, 60 years. G. S. W<sup>th</sup> left thigh, ball entered  
at posterior aspect of thigh upper third  
leaving a transverse scar 2 1/2 inches. The ball  
was removed by the surgeon, slightly  
dragging. Rheumatism, heart. Area of  
heart normal, apex beat neither felt or  
seen. 1<sup>st</sup> sound is increased 2<sup>d</sup> sound di-  
minished. There is an occasional diastolic  
sound. Rheumatism, tenderness over  
cervical & dorsal region, also over  
sacrum. Tender behind left trochanter,  
patella reflex diminished in r<sup>th</sup> leg. &  
normal in left. Nervous debility.  
No notice no particular nervous disorder  
Physique poor.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 8/18  
 rating for the disability caused by G. S. W<sup>th</sup> left thigh. for that caused  
 by heart dis. and 7/18 for that caused by  
Rheumatism & nervous debility

S. C. Kumbach Pres. Frank Lewis Sec. James E. Deaton, Treas.

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

Continue record of examination here.

Blank lines for continuing the record of examination.



**SURGEON'S CERTIFICATE**

IN CASE OF

*Charles M. Donald*  
Co. B, 8<sup>th</sup> Reg't Ind<sup>pt</sup> Vol.

*Applicant for Surgeon*

No. *201871*

DATE OF EXAMINATION:

*21<sup>st</sup> Jan* 1891

*John Campbell, Pres.,*  
*Mark Gray, Sec'y,*  
*James Buchanan, Treas.,*  
BOARD.

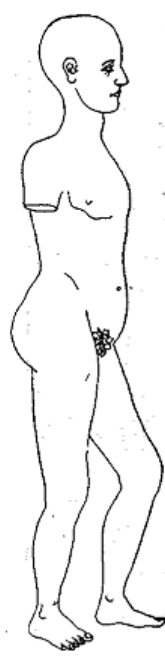
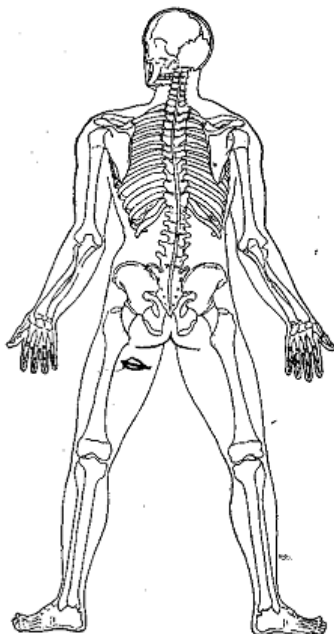
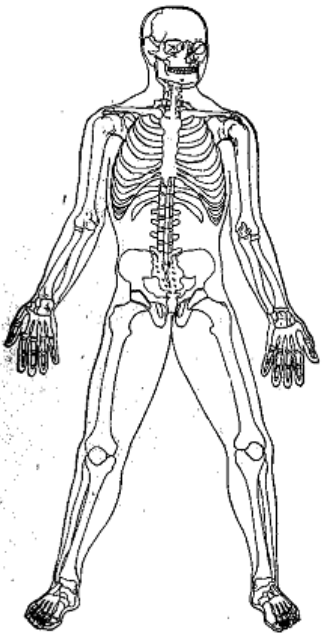
Post office, *Wagon*

County, *Grant*

State, *Ind*

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

*770*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROV. ED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

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 Pension Claim No. 201871  
Name and rank of claimant. Clark McDonald, Rank, Private  
Company, B, Reg't 8<sup>th</sup>, Croft, Indiana State,  
Claimant's post-office address. Worcester Will City, Indiana [Postoffice address of the Board.]  
[Date of examination.] May 3 1893

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: Gunsight wound of left thigh Rheumatism  
Wear Disease and piles

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

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

Wound left thigh received at Weyburn, May 22/63  
took cold was suffered with sciatic Rheumatism  
ever since - more or less has been confined to house  
so he was unable to do any labor as much as four months  
at time has been troubled with rheumatism and piles for the last four  
years so that he has been totally unable to perform any physical  
labor has had pain in region of back most all time

Upon examination we find the following objective conditions: Pulse rate, 78;  
respiration, 20; temperature, 98.5; height, 5 feet 11 inches; weight, 135  
pounds; age, 42 years.

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

Gunsight wound of left thigh ball  
center left side of posterior part of thigh three  
inches below the gluteus maximus crease  
passed parallel through biceps muscle made  
exit on right side three inches from place of entrance  
leaving a scar at place of exit one and half inch  
in size muscle very much relaxed thigh  
atrophied is two inches smaller from hip to  
knee than right thigh would be slight  
limb with dragging motion certainly suffers with  
Sciatic Rheumatism Sustains two thirds  
injury and entitled to Eight Dollars per  
month Rating has Piles Proctum from internal  
Sphincter extending further up is completely  
covered with granulations the size of a pin point  
rectum very much inflamed hemorrhoidal  
bones slightly enlarged one pile tumor at posterior part  
of anus half inch in size sustains one third injury  
and entitled to four Dollars per month Rating no  
Disease of Heart nor any other disease  
existing all other organs normal

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 88  
rating for the disability caused by Gunsight wound of left thigh for that caused  
by piles 4/18 and \_\_\_\_\_ for that caused by \_\_\_\_\_

\_\_\_\_\_, Pres. W.D. Williams, Sec'y. \_\_\_\_\_, Treas.

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

Continue record of examination here.

Blank lines for continuing the record of examination.

REC'D JUL 10 1893 OFFICE  
*W. A. Selah*

**SURGEON'S CERTIFICATE**

IN CASE OF  
*Oliver M. Donald*  
Co. *D.* - Reg't *I<sup>st</sup> Indiana*

Applicant for *Insurance*

No. *20* 1871

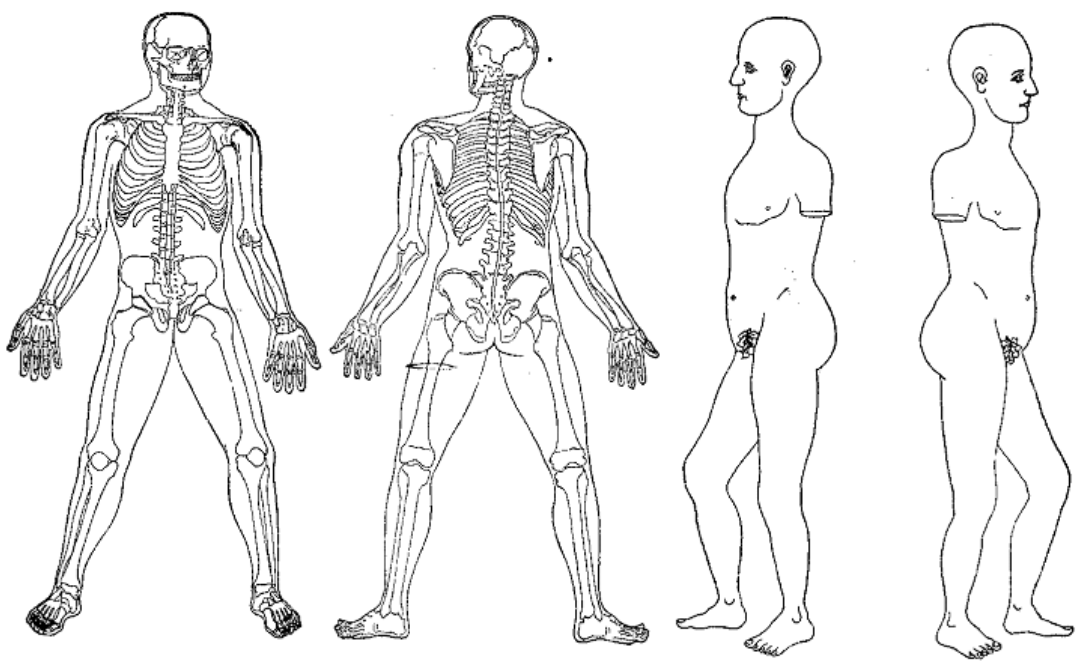
DATE OF EXAMINATION:  
*May 3* 189*3*

*W. H. McLaughlin* Pres.,  
*W. H. McLaughlin* Sec'y,  
*W. H. McLaughlin* Treas.,  
BOARD.

Post office, *Billings*  
County, *Graham*  
State, *Montana*

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

*W. A. Selah*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

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. 208871  
 Name and rank of claimant. Black Mc Donald, Rank, Private  
 Company B, 8 Reg't Ind Inf, Cooley, Thos Co Kan State,  
 Claimant's post-office address. Hosie Kan. [Post-office address of the Board.]  
Jan 6, 1897 [Date of examination.]

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

Cause of disability. in the service, viz: Wound of left thigh, and general debility, + rheumatism of right arm, resulting heart disease and piles  
 and that he receives a pension of Eight dollars per month.

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

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.  
Wound in l. thigh at siege of Vicksburg May 22. 63. Mended up with it at home until Nov. 63. In 1861 was sent to hospital at Arkansas for general debility from exposure + overmarching. My left leg goes to sleep + I sit on my back + work a few minutes. My right arm pains me continually from shoulder to hand, so cannot hold a hammer, am a shoemaker. In 1861, Oct., a spring was poisoned at Georgetown Mo. Many died. I also was poisoned.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 24; temperature, 98.4; height, 5 feet 10 1/2 inches; weight, 159 pounds; age, 66 years. W. of l. thigh. a flesh wound of inner + back part of left thigh left a scar 2 in. below gluteal fold

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

2 in x 1/2 in. not sensitive nor adhesion, slight loss of tissue - General debility. The claimant is fairly nourished as shown by his weight, but tongue is pale + flabby + he seems weak + infirm + broken down. Eye is probably a factor. There seems to be a lack of nerve force.

The actual or probable origin of every existing disability must be fully set forth.

Rheumatism of right arm. The joints seem free from stiffness + swelling, but the muscles seem flabby though comparative measurements show no atrophy. The grip of right hand is diminished we judge 2/3, but board is impeded found to measure it accurately, + Heart disease. Heart's area is increased a half. apex impulse most prominent at the xiphoid cartilage. There is tenderness on pressure over the heart's area. It beat is irregular, intermittent, irritable - There is dilatation, with hypertrophy, no oedema or cyanosis. But dyspnoea is beginning. Pulse standing 86 after work 98. He makes no claim of piles.

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.

Chest, at rest measures. 36. forced up 35 resp. 38 - Resonant on percussion, no rales. The stomach is smaller + much dilated. He is in our opinion entitled to 4/18 rates for W. of l. thigh, 4/18 for gen'l debility, 4/18 for rheumatism of right arm and 3/18 for heart disease.

Each disability must be noted separately, the act of Congress of March 2, 1885, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

H. P. Patton, Pres. V. L. Cassidy, Sec'y. J. W. T. T. T., Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

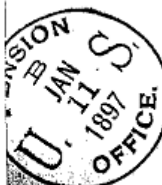


(This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. H. G. Patterson, Dr. V. E. Eddy, and Dr. J. N. Taylor were personally present and actually participated in the examination of blank Mc Donald, the claimant in this case, on 6<sup>th</sup> day of Jan, 1897  
 (Signature.) V. E. Eddy

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

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



N. D.

**SURGEON'S CERTIFICATE**  
*[Signature]*

blank Mc Donald  
 Co. B., 8 Regt. Ind Inf.

Applicant for one

No. 761871

DATE OF EXAMINATION: Jan 6 1897

H. G. Patterson, Pres.  
V. E. Eddy, Sec'y.  
J. N. Taylor, Treas.  
 BOARD

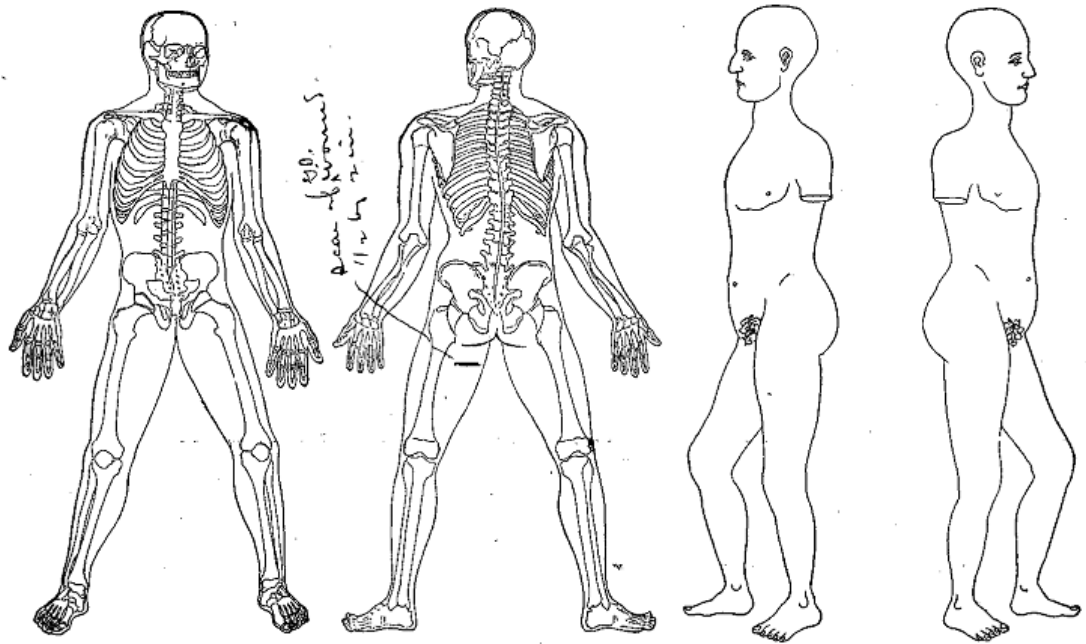
Post office, Osage

County, Thomas

State, Kans

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

White



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

# SURGEON'S CERTIFICATE.

Insert character and number of claim. Injury Pension Claim No. 201871  
 Name of claimant. Blank M. Donald Address of Board. Hill City P. O. Kans  
Co Company B & Reg't Ind Inf State. 1890  
 Claimant's post-office address. St. Joe, Kans [Date of examination.] Oct 3, 1890  
 Cause of disability. Gunshot wound left thigh, rheumatism, best disease paralysis catarrh head & stomach, general & nervous debility  
 He receives a pension of Eight dollars per month.

He makes the following statement upon which he bases his claim for Incense [Original, increase, restoration, etc.]  
 By act of disease in disabilities, also rheumatism and best disease & general debility and inability to earn support

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, 82 100 100, respiration, 17 28 28, temperature, 98 3/4;  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
 height, 5 feet 10 1/2 inches; actual weight, 139 pounds; age, 69 years.

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

Gunshot wound of thigh. On posterior portion of thigh a little anterior to quadratus line and 2 1/2 in below gluteal fold. But one arm evident no atrophy or impairment of motion.  
Rheumatism. Sensitive of both legs with usual joints of tenderness well marked. The humerus at right wrist by gunshot is probably due to scrofula rheumatism.  
Heart. Apex about mid cordation palpation no murmurs or auscultation found in left upper part 2 1/2 in to left left mammillary line. Dullness normal across to 6th intercostal space. 2 in right border of sternum to 2 1/2 in left of left mammillary line. Chythem regular force feeble somewhat normal. No murmurs. There is dyspnoea with exertion and some oedema of legs. There is dilated probable cause rheumatism.

The actual or probable origin of every existing disability must be fully set forth. Whenever 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, 1885, 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.

Paralysis. There is focal paralysis of left side of face of local origin. Partial of left eyelids & muscles of left side of face tongue and pharynx with partial loss of sensibility of left cheek. Vision of left eye impaired with diplopia. Pupils equal large and equal to right. Also some impairment of hearing but hearing ordinary conversation at 3 feet.  
Catarrh head & stomach. Chronic, catarrhal inflammation of oesophagus & pharynx. Catarrh of stomach. Tender. Signs of return & regenerative require some enlarged dilatation about 1 1/2 inches. These conditions probably due to condition of heart. There is hydrocoele about 3 1/2 in in diameter of right testicle. There is general & nervous debility. Except as stated above. No other disabilities. No evidence of vicious habits.

Pres. Tom B. Parker, Sec'y. James Corvick, 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.

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. Parker, Dr. Winnick, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of Clark M. Oswald, the claimant in this case, on 9 day of Oct, 1890.

(Signature.) John P. Parker

(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 \_\_\_\_\_, 1890."

(Signature.) \_\_\_\_\_



IN CASE OF SURGEON'S CERTIFICATE

IN CASE OF

Clark M. Oswald

C. F. Reg't 1st Reg't

APPLICANT FOR Increase

No. 201871

DATE OF EXAMINATION: 1900  
Oct 3, 1890

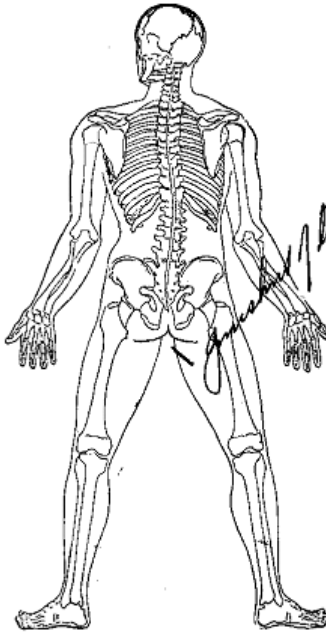
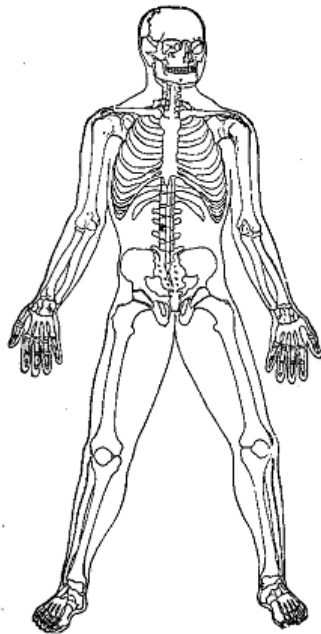
BOARD.  
Alburt, Pres.,  
John P. Parker, Sec'y,  
John Winnick, Treas.,

Post office, Hill City

County, Lawrence

State, Kans

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



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"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.]

# SURGEON'S CERTIFICATE.

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

Insert character and number of claim.

*Incurable*

Pension Claim No. *20187*

Name of claimant.

*Colin McDonald*

*Pvt*, Company *B*, Reg't *5 Ind Inf*

*Oct 2*

*1900*

[Date of examination.]

*189*

### EXAMINATION—Continued.

*Rating: Gunshot wound Sacra, Disease of spine, Paralysis, and General debility. The above with their complications disables the applicant for earning his support by manual labor to the extent of \$12.00 per month and are permanent in character.*

*Admit*

Pres.

*James B. Parker*

Sec'y.

*James K. ...*

Treas.

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.)

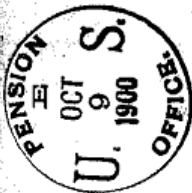
"I hereby certify that Dr. Parker, Dr. Norman, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of Clark McDonald, the claimant in this case, on 3 day of Oct 1900."

(Signature.) John B. Parker

(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, Clark McDonald, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Parker and Dr. Norman, the examining surgeons here present (waiving examination by full board), on this 3 day of Oct 1900."

(Signature.) Clark McDonald



SURGEON'S CERTIFICATE

IN CASE OF

Clark McDonald

Co. B, 8 Reg't Ind Inf

APPLICANT FOR Increase

No. 201871

DATE OF EXAMINATION:

Oct 3 1900, 1899

Abner Pres., John B. Parker Sec'y, BOARD.

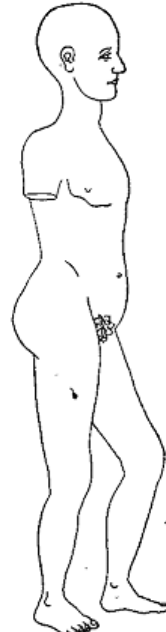
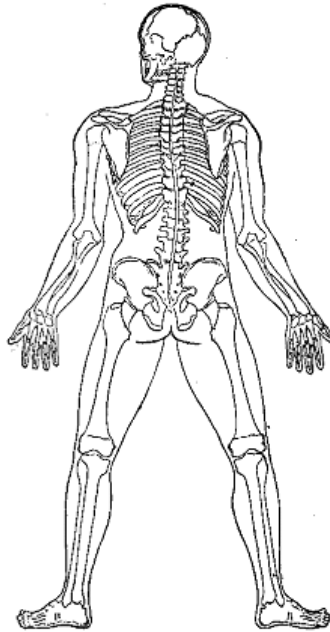
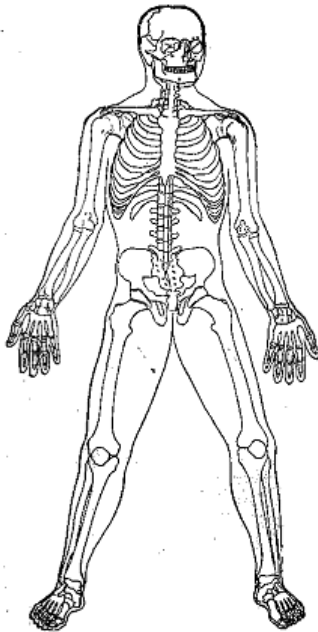
James Morris Treas.,

Post office, Hill City

County, Franklin

State, Kansas

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



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"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.]

# SURGEON'S CERTIFICATE.

Insert of raster and number of claim.

Name of claimant: Clark Mc Donald Pension Claim No. 201871

Address of Board: Colby P. O. Kansas State.

Claimant's post-office address: Hoxie, Sheridan Co Kan. [Date of examination.] Sept 4, 1901

Cause of disability: Rheumatism, hydrops, dyspepsia, partial paralysis + 9.5 W. of left thigh + heart disease

He receives a pension of Eight dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to 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: In service in Mo. in 63 I contracted rheumatism from which has followed it. Can't sleep on left side. Had a stroke of paralysis a few years ago. Received gunshot wound in service. Am unable to work at my trade of a tinner.

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, Shaftsbury, VT; age, 70 years; height, 5-11; weight, 164 pounds; complexion, Light; color of eyes, Blue; color of hair, Gray; occupation, Shoemaker; permanent marks and scars other than those described below, Warts on left forearm (three + initials)

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

Pulse rate, 78-82-96; respiration, 22-24-26; temperature, 98 1/2;

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

Rheumatism - No swelling, stiffness or limitation of joints, no atrophy of muscles, nor other sequelae of rheumatism. He claims to suffer much from lameness + pain in various parts of the body, but of this we have only his statement. The heart's area of dullness is not increased, and no murmurs. But there is an irregular intermission such as is after food in all ages. There is no dullness over either lung, + no rales + no cough. Chest measures 34 1/2, 36 1/2, 38 1/2. Hydrops of right testicle exists, 3 inches in diameter. There is distention, + it is translucent, + does not extend up the spermatic cord.

Faces within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever disability is shown or is believed to be due to an aggravated vicious habit, the opinion of the Board must be stated. When not due to such habits this fact must be stated.

Dyspepsia - Tongue dry + fissured, liver enlarged, and a much dilated stomach which is tympanitic. Ischy paction diarr and evidently, does suffer from poor digestion. Partial Paralysis. Claimant has had Bell's palsy + made an incomplete recovery. The face is drawn to the right, + the left corner of mouth does not close, his "leak" when he attempts to eat or drink. Is able to close the left eye. 9.5 W. of left thigh has left a scar on posterior aspect of left thigh, two inches below gluteal fold. The scar is 2 1/2 inches long horizontally (transversely) by 1 inch. Scar is tender and depressed, and causes some limping in walking.

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

The urine's color is straw, specific gravity 1018, no albumen and no sugar contained therein. This is a feeble old man, unable to do any manual labor, but can sit at the bench + mend shoes an hour or two a day. His disabilities are not due to vicious habits, + consist of rheumatism, heart disease, hydrops, dyspepsia + 9.5 W. of left thigh. He is in our opinion entitled to 7 1/2 per month.

H. G. Patterson, Pres. absent, Sec'y. V. C. Edger, 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 (see 3-155) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

WESTERN  
DIVISION  
OCT 5 1901

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, Charles Mc Donald, hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 1901.

(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, Charles Mc Donald, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. V. C. Eady and Dr. W. C. Eady, the examining surgeons here present (waiving examination by full board), on this 4th day of Sept, 1901."  
 (Signature) Charles Mc Donald

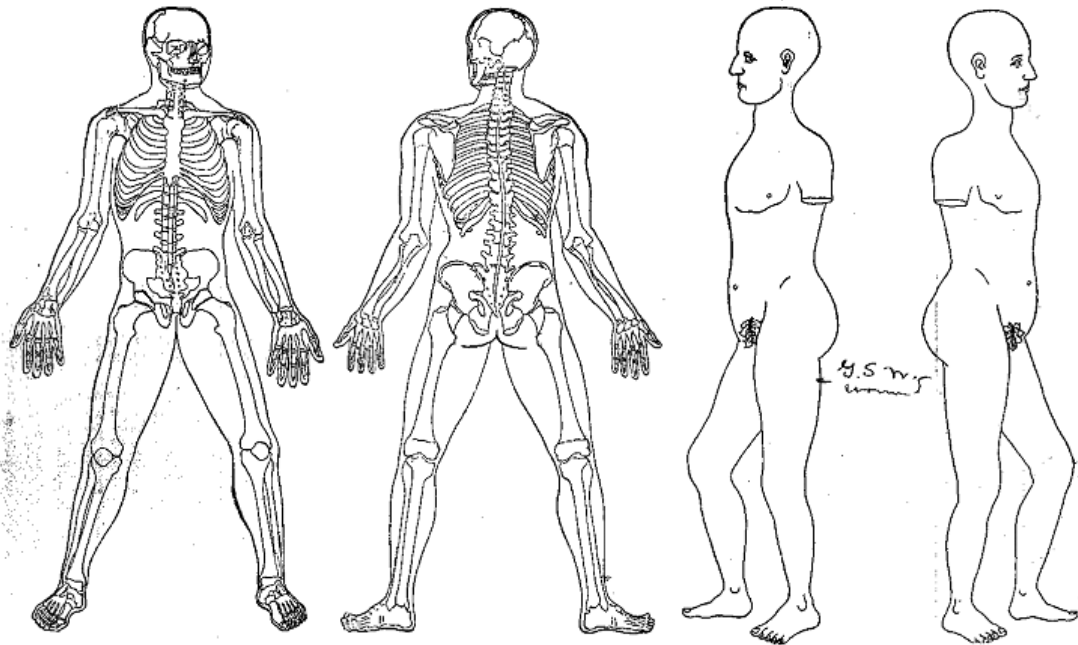


**SURGEON'S CERTIFICATE**

IN CASE OF  
Charles Mc Donald  
Co. B. & Regt. Ins. Inf.  
 APPLICANT FOR inc  
 No. 701871  
 DATE OF EXAMINATION: Sept 4, 1901  
 BOARD:  
W. C. Eady, Pres.  
V. C. Eady, Sec'y.  
V. C. Eady, Treas.  
 Post office, Colby  
 County, Thomas  
 State, Kansas

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

*W. C. Eady*



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"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.]



J.W. Ex'r.

W  
Div.  
No. 201 871  
Calark M. Donald  
Colo. & Reg't Ind. Vol. 4.

Department of the Interior

BUREAU OF PENSIONS

Washington, D. C., April 19, 1898

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. Calark M. Donald,  
Home,  
Sheldon City, Kan.

H. Chas. Smith  
Commissioner

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

Answer: was married to Catherine West in 1853 had no other

No. 2. When, where, and by whom were you married? Answer: O. H. Kendrick

Centreville Wayne Co Indiana in 1853

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

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer: Never had but the one she died April 1895 and dont want any other

No. 5. Have you any children living? If so, please state their names and the dates of their birth.

- Answer: Five four Boys and one Girl
- Oliver A. McDonald Born Nov 5<sup>th</sup> 1854
- C. W. McDonald " Oct 4 1856
- John R. McDonald Feb 3 1860
- Guy E. McDonald Apr 21 1867
- Annie M. Donald Aug 10<sup>th</sup> 1873

Date of reply, Sept 17<sup>th</sup>, 1898.

Clark M. Donald

(Signature.)





# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., February 21, 1881.

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 305,384, and to return it herewith, with such information as is furnished by the files of this Office.

It appears from the Rolls on file in this Office that Clark, Mc Donald was enrolled on the 25<sup>th</sup> day of August, 1861, at Indianapolis, in Co. "B" Eighth Regiment of Indiana Volunteers, to serve years or during the war, and mustered into service as a Private on the 25<sup>th</sup> day of August, 1861, at Indianapolis, in Co. "B", Eighth Regiment of Indiana Volunteers, to serve years, or during the war. On the Muster Roll of Co. of that Regiment for the months of , 186, he is reported

He is reported absent in Hospital,  
Wounded May 22<sup>d</sup> 1863. Company reported  
in action at Vicksburg, Miss, during  
 Siege, from May 19<sup>th</sup> 1863, to July 4<sup>th</sup> (inclusive) 1863.  
Mustered out August 25<sup>th</sup> 1865 as

A. T. Private,  
& Location of wound not stated

23  
w. l. s.

No. 89/63

War Department,  
Surgeon General's Office,

RECORD AND PENSION DIVISION.

Washington, D. C., June 13, 1881

Sir:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 305,384, with such information as is furnished by the records filed in this Office, viz: that Priv. Clark M. Donald, D.A., 8<sup>th</sup> Ind. Inf. was admitted to W. B. H. Coatesville, Ind. June 10, 1863, with G. S. W. left thigh and transferred June 16, '63. Entered W. B. H. Coatesville Ind June 16, '63 with G. S. Wound left thigh and was transferred June 24, '63. Entered City G. R. Indianapolis, Ind. June 25, '63, diagnosis not given, and was transferred July 9, '63.

No Casualty list 8<sup>th</sup> Ind. Michburg, Mich., May 1863, and no hospital records of the Regt. subsequent to 1862, on file.

By order of the Surgeon General:

To the  
Commissioner of Pensions.

J. J. Woodward  
Surgeon, U. S. Army.  
(125)  
per J. Fresh

West Division

Department of the Interior

BUREAU OF PENSIONS

Washington, D.C. April 5, 1897

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

(Descriptive list.)

of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

No other report on file.

Claim No. 221,871.

Name, Charles M. Donaldson

Co. B, 8 Regt. Inf. - 1st Div.

Handwritten signature: C. H. ...

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

Record and Pension Office

WAR DEPARTMENT

Respectfully returned to the

Commissioner of Pensions

Handwritten signature: J. D. ...

Co. B, 8 Regt. Inf. - 1st Div.

was applied August 20, 1861

and mustered Aug 28, 1861

and ...

From ... 1861, to ... 1865

he held the rank of ...

... 1st

and during that period the rolls show him present

except as follows: June 30 to Aug 31

was ...

... in ...

... 30 days leave

from ...

The medical records show him treated as follows:

... Donaldson, ...

... from Nov 19/61 to ...

... Donaldson, ...

... 1861 to ...

... Donaldson, ...

... for medical examination

... 11/63 (one diagnosis), July 14

... 20 days, ...

... Donaldson, ...

... 30 days, ...

... Donaldson, ...

... 21-22/64, ...

... 2/64, ...

... the above is additional

to that furnished in report dated Dec 13/81, ...



By Authority of the Secretary of War:

Handwritten signature: C. A. ...

Chief of Office

Washington, D.C. APR 7 1897

COMMISSIONER OF PENSIONS

West Div. WAM, E.P.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Apr. 14, 1900

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting an attainment in full military and medical history of the soldier, if any on file with us at minimum

WESTERN B  
SEP 19 1900

No other report on file.

No. of No. 2011, 871

Name, Blank meadows

Co. B

*W. H. ...*  
Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, SEP 17 1900

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of Blank M. S. Donald, Capt. Regt. 10 B. S. Regt. 2d. Lt. Ordn. records furnish the following information in addition to that contained in previous reports herewith: Roll Dec. 31, 1861, P. A. at 1861, Agent until about 30 years.

The medical records show him treated as follows: No record found added. Report to that furnished in reports dated Dec 31, 1861 and April 9, 1897, same with

PENSION OFFICE  
SEP 18 5  
U. S.  
OFFICE

BY AUTHORITY OF THE SECRETARY OF WAR:

*W. H. ...*  
Chief, Record and Pension Office.

1 *Joseph M. Smith*  
SURGEON'S CERTIFICATE 1

IN CASE OF

*Frank M. D. Small*

*O. B., 8<sup>th</sup> Regt, Ind. vols.*

Application for Pension.

No. *305-384*

Date of Examination: *June 22*  
*1881*

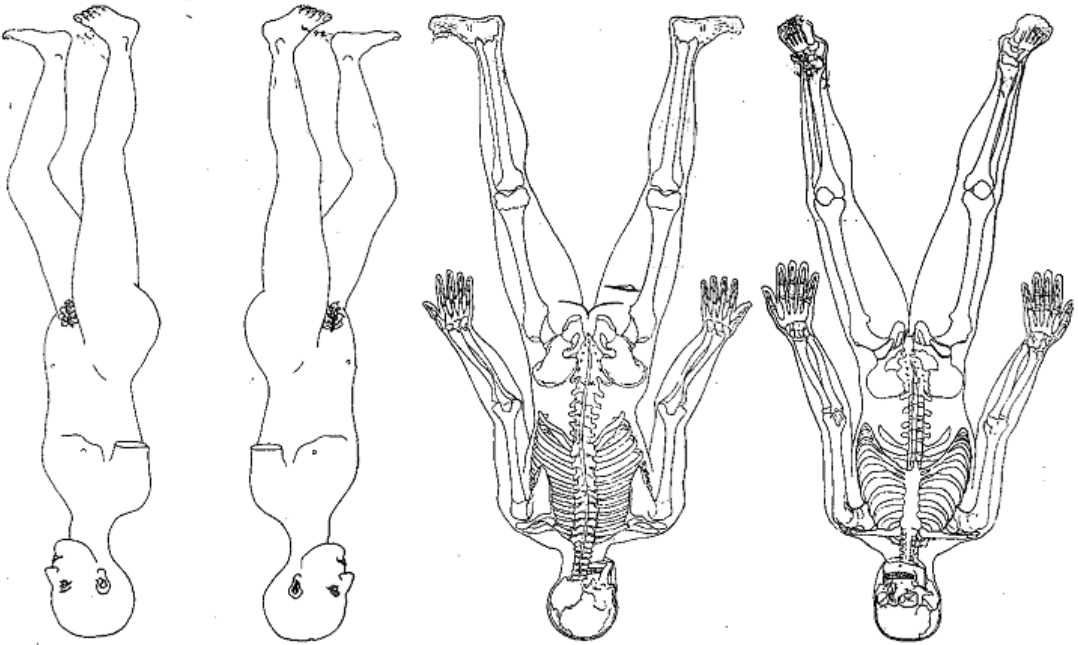
*N. Laddell,*  
Examining Surgeon.

Post Office, *Centerville*

County, *Appanose*

State, *Iowa*

P. S.—Write Post Office address plain and in full.



I EXAMINING SURGEON'S CERTIFICATE I  
IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 305,384

State: Iowa County: Appanoose  
Post Office: Centerville June 22, 1881

I hereby certify That I have carefully examined  
Applicant's service. Clark M. Donald, late a private  
Co. B 8<sup>th</sup> Reg't, Ind. Vols.

in the service of the United States, who is an APPLICANT for an  
invalid pension by reason of alleged disability resulting from gun shot  
wound of left thigh

Degree of disability. In my opinion the said Clark M. Donald  
is one half incapacitated for obtaining his subsistence  
by manual labor from the cause above stated.

Origin. Judging from his present condition, and from the evidence before me  
it is my belief that the said disability did originate in the  
service aforesaid in the line of duty.

Probable duration. The disability is permanent

Particular description. A more particular description of the applicant's condition is subjoined:  
Height, 6ft; weight, 150; complexion, Light  
age, 50; pulse, 78; respiration, 24

Gun shot wound of left thigh. Ball passed through  
upper third of thigh posteriorly and a little inwardly,  
cutting the inner hamstring muscles.

Claimant states that when he walks or works  
much his leg drags - refuses to work good and  
a pain catches him at hip above wound and  
goes down inner side of leg - inner hamstring  
and down to foot - has at times lay by  
for a few days - cannot walk.

The wound was a flesh wound - nothing shows but  
a scar. I have to rely on statements of claimant  
that contraction of muscles  
causes inner hamstring to contract  
causing pain and lameness

him, which is perhaps reasonable as  
the wound appears to have been of considerable magnitude.

Examining Surgeon.