

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 578-911

VETERAN

James M. Cronin

RANK

Pat.

SERVICE

Co F-58. Ind. Inf.

CAN. NO.

16589

BUNDLE NO.

47

Act of Feb. 6, 1911

INVALID

MG

Cert. No. *578911*

Name, *James M. Condros*

Rank, *Plt*; Service, *Co F 58 Ind*

Inf

Agency: Original Roll: *Indpls.*

Transf'd *1* to

" *1* to

Issued *Apr 18 1911*

Mailed *APR 19 1911*

Rate and period, \$ *15*, from *Mar 29 1911*

Class *Resis*
Issue *5*
Entered

Fee, \$
Deductions: *0*
Disability:

Issued *Nov. 5 1912*

Mailed *NOV 6 1912*

Rate and Period, \$ *19.00*, from *May 23 1912*

Class *Resis*
Issue *6*
Entered

Fee, \$
Deductions: *0*
Disability:

DEAD.

ACT OF MAY 11, 1912

Entered	Issue	Class	Fee, \$	Rate and period, \$, from
				Mailed
Entered	Issue	Class	Fee, \$	Rate and Period, \$, from
				Mailed
Deductions:				
Disability:				
INDORSEMENTS.				
DROPPED				
EB 19 1919				
<i>Dead</i> <i>H.S.M.</i>				

INVALID. (Series.....)

M. C. J. Cert. No. 5-78911
Name, James M. Coyle
Rank, Pvt.; Service, Co. 758 Ind. Inf.

Agency. { Original Roll: Indianapolis
Transf'd....., 1....., to
"....., 1....., to

3rd Issue. Class. Du. e.
Entered
Issued..... Apr. 9th 1904
Mailed..... 15th 1904
Rate and Period, \$12....., from Mar. 9th 1904
Fee, \$.....
Deductions:.....
Disability Chr. diarrhoea and resulting disease of liver and rectum.

4th Issue. Class. Inc.
Entered
Issued..... March 20-1908
Mailed..... MAR 21 1908
Rate and Period, \$14....., from Nov. 20, 1907
Fee, \$.....
Deductions:.....
Disability:.....

INVALID. (Series.....)

Cert. No. 578911

Name, James M. Condra

Rank, Pvt; Service, Co. F. 58th Inf. Vol. Inf.

Original Roll Indianapolis

Agency, Transf'd 18....., to

"..... 18....., to

Issued, May 14th 1891

Mailed, June 5th 1891

Rate and Period, \$ 4 from June 5th 1888

and \$ 8 "Aug 11th" 1891

Deductions:

Disability: Chr. diarrhoea & dysentery
dis. ase liver & rectum

Issued....., 18

Mailed....., 18

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

Deductions:

Disability:

Issued....., 18

Mailed....., 18

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

Deductions:

Disability:

Issued....., 18

Mailed....., 18

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

Deductions:

Disability:

INDORSEMENTS.

3/96. Atty. Gen. noted. J. M. J. [unclear]
[unclear] [unclear] [unclear] [unclear] [unclear]
[unclear] [unclear] [unclear] [unclear] [unclear]

INVALID. (Series _____)

Cert. No. 5-78,911

Name, James M. Condra
Rank, Priv; Service, Co "F" 58th Ind
Vol Inf

Original Roll: Indianapolis

Agency: Transf'd, 18____, to
2 " _____, 18____, to

Issued, _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued May 20, 1890

Mailed 26, 1890

Rate and Period, \$ 10⁰⁰, from Apr 5, 1890

Deductions: _____

Disability: Chr. diarrhoea and
res. dis. of liver and rectum

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

INDORSEMENTS.

James M. Condra
Private
Co "F" 58th Ind
Vol Inf
Apr 18, 1901 Att. Hon. Miss
Att. Barton, ind. by O. & inc
RAD

EXT.
J. C. # No. 578,911
Act of June 27, 1890.

IND.
ILL.
IOWA.

WIS.
MINN.
NEBR.
KANS.
NEV.
COLO.
CAL.
OREGON.
IND. TY.
N. MEX.
DAKOTA.
WASH.
UTAH.

James W. Condra
P. O. Washington
Service: 600 1st Inf

Enlisted: _____, 18 .
Discharged: _____, 18 .
Application filed: Oct 14, 189 .

Alleges: _____
Any other Claim filed: *See list.*

Numerical No. 26,202

6/149
Attorney: James D. Wrens
P. O. Vincennes
Ind

Recognized. _____ Contract.
Cert. of Dis. Searched for _____, 18 .
J.P.

No

[3-216.]

Ex'r. **INVALID.**
No. *175*

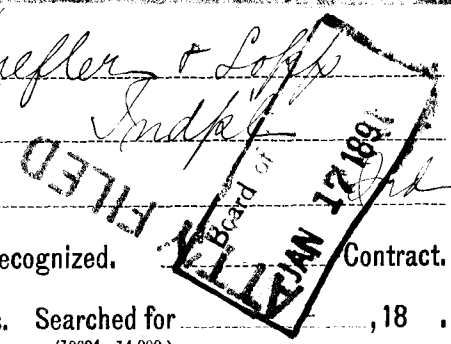
Acts of July 14, 1862, and March 3, 1873.

James M. Condra
P. O. *Washington*
Savics Co - Ind
Service: *Qui. F. 58 Ind. Reg.*

Enlisted: *Sep. 23*, 18*64*
Discharged: *June 25*, 18*65*
Application filed: *June 5*, 18*88*.

Alleges: *Chr. diarr. resulting dis.*
of rectum, liver, stomach &
heart & rheu.
Re-enlisted:

Attorney: *Knefler & Loff*
P. O. *Ind. pt.*
Recognized. Contract.
Cert. of Dis. Searched for _____, 18 ____
(10694-14,000.)



July 5, 1888
IND. *10/10/88*
Nov. 23/88 - K. V. ...
IOWA.

Jan. 2/88. K. V. ...
WIS. *Apr 11/89. K. V. ...*
MINN. *July 22/90. A. G.*
NEBR. *...*
KANS. *Lutens Wood & Leable*
NEV. *Jan 16/91. clant*
COLO. *...*
CAL. *...*
OREGON. *claim B of B*
IND. TY. *Feb 14/91. Ex. Corp. Ord.*
N. MEX. *Petersburgh. Ind.*
DAKOTA.
WASH.
UTAH.

No.

758

3 1647.

Act of Feb. 6, 1907.

Cert. 578.911

Name James M. Couderc
204 Lemmon St.
Washington, Ind.

Application filed March 27 1911
Service, F. S. J. Ind. Inf.
Apr 11/11 To ag for ag 11/11

Blank lined area for additional text or notes.

C-2

W. H.

INDEX

TO SPECIAL EXAMINER'S REPORT.

Claim of *James M. Bondra*

Case No. 578.911.

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Depositions.	REPUTATION.
1 to	Index			
<i>2</i>	Notice to claimant			
<i>3</i> to <i>4</i>	Summary			
<i>5</i> to <i>12</i>	Claimant's statement		<i>a</i>	<i>Good</i>
<i>13</i> " <i>14</i>	<i>Michael D. Scanlan M.D.</i> <i>See Ex. b. J. 16.</i>		<i>B</i>	<i>" Excellent</i>
<i>15</i> " <i>16</i>	<i>James F. Poole M.D.</i> <i>See Ex. b. J. 17.</i>		<i>b</i>	<i>" Excellent</i>
<i>17</i> " <i>18</i>	<i>Henry Gans M.D.</i>		<i>D</i>	<i>" Excellent.</i>
<i>19</i> " <i>20</i>	<i>Joseph J. Kendall</i> <i>See Ex. b. J. 8.</i>		<i>E</i>	<i>Unreliable.</i>
<i>21</i> " <i>22</i>	<i>Martin L. Borchers</i>		<i>F</i>	<i>Good</i>
<i>23</i> " <i>24</i>	<i>Jonathan Spaulding</i> <i>See Ex. b. J. 12.</i>	<i>x</i>	<i>G</i>	<i>"</i>
<i>25</i> " <i>26</i>	<i>John W. Davis</i> <i>See Ex. b. J. 15</i>		<i>H</i>	<i>"</i>
<i>27</i> " <i>28</i>	<i>John W. Biddinger</i>		<i>I</i>	<i>"</i>
<i>29</i> " <i>30</i>	<i>Wm F. Spaulding</i>		<i>J</i>	<i>"</i>
<i>31</i> " <i>32</i>	<i>John M. Peak</i>		<i>K</i>	<i>" Excellent</i>
<i>33</i> " <i>36</i>	<i>Trice Stafford</i> <i>See Ex. b. J. 13.</i>		<i>L</i>	<i>"</i>
<i>37</i> " <i>38</i>	<i>Wm H. Dutton</i>		<i>M</i>	<i>"</i>

Department of the Interior,

OFFICE OF SPECIAL EXAMINER U. S. BUREAU OF PENSIONS

At Washington, Indiana
May 18, 1896

NOTICE OF SPECIAL EXAMINATION.

Case of James M. Condra Off. No. 578.911.
To James M. Condra, Claimant:

You are hereby notified that, by order of the Commissioner of Pensions, the undersigned will, on the 20 day of May, A. D. 1896, and continuing thereafter as long as may be necessary, at Washington, County of Davis and State of Indiana, and elsewhere if necessary, conduct a special examination of the aforesaid pension claim, at which time and place all material witnesses will be heard.

And you are further notified that you have the privilege of being present, in person or by attorney, during said special examination, and of cross-examining said witnesses and of introducing any material evidence on your own behalf, if you so desire.

Jno. W. Lennin
Special Examiner.

Spl. Exr. Lennin

I acknowledge service of copy of above notice this 18th day of May, 1896

and desire the examination to begin at once

Witness to signature
2 Arthur Smith James M. Condra
Gas W. Pinkan

Washington D.C. Ind.

Oct. 27, 1896.

Hon. Comr. of Pensions
Washington D.C.

Sir.

I have the honor to return all
the papers and submit my report in Case
No. 578,911 James M. Condra Co. Fr. 58"
Ind. vol. Inf. whose Po. address is
Washington D.C. Ind.

This case was referred to the S. E.
Division for a Special Examination to deter-
mine origin and continuance of alleged injury to
left eye in service, also whether he suffered
from right eye in service and origin and con-
tinuance of alleged rheumatism, and
came to me for initial examination.
I advised claimant as to all his rights and
privileges but he did not desire to be pres-
ent at the examination of witnesses and bring
all further notices.

Of the original affidavits, Enoch Wood (B.J. 7)
is dead. George Combs lives at New Lebanon
Sullivan Co. Ind. and Thomas H. Haley at Lex-
ington Davidson Co. N.C.

The claimant is a more than usually
intelligent man and has a good repu-
tation for truthfulness. Of the wit-
nesses, all have good reputation except

Joseph D. Kendall who is unreliable. His statement before me fails to sustain his former affidavit and while he assumes an air of innocence, I am satisfied that he habitually makes affidavits in pension cases and swears to facts of which he has no knowledge.

While the testimony of reliable witnesses sufficiently establishes continuance of eyes disease of eyes and the operation in my judgment. I must state the fact that claimant wanted to procure the testimony of this man Kendall to facts not within his knowledge, discredits his case, with me, and I think there should be further careful examination as to the point of origin. I think there is possible merit in the case but recommend further examination as to origin as follows.

- ✓ Thomas M. Cauble Bristol Ellis Co. Texas.
 - ✓ Charles Cauble Salem Washington " Ind.
 - ✓ Salem Anderson " " " "
 - ✓ James F. Davison Princeton Gibson " "
 - ✓ Isaac A. Hopkins Opolis Crawford " Kans
 - ✓ John W. Emmons Owensville Gibson " Ind.
- and elsewhere as per list if necessary

Very respectfully
Geo. W. Linnin.
Special Examiner

DEPOSITION *A*

Case of *James M. Condra* *Cy* No. *578.911.*

On this *Eighteenth* day of *May*, 1896, at *Washington*, County of *Adams*, State of *Indiana*, before me, *Geo. H. Tension*, a Special Examiner of the Pension Office, personally appeared *James M. Condra*, Claimant, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: *My name is James M.*

Condra. Age 54 years, occupation. Laborer. Res. D. P. O. address. Washington Adams Co. Ind. I enlisted at Jeffersonville. Ind. on the 23 day of Sept. 1864, as a private in Co. F. 58. Ind. Vol. Inf. and was honorably discharged at Louisville Ky June 25. 1865. I am now pensioned at the rate of \$8. per mo. payable at the Indianapolis Agency for Charles Crocker and result of disease of vertebra and liver, and was claim income of pension on the following years disabilities to wit. Disease of eyes, result of injury of left eye incurred in the service and loss of arm duty & rheumatism incurred in service and loss of duty.

I never was in the military or naval service of the U.S. other than as above stated. For the five years preceding my enlistment I lived in Washington County Ind. in and near Salem. I was engaged in farm work and other kinds of labor. I worked some for my self and some work and did different kinds of labor for whom I would employ me. I worked in the Stone quarry for a while

at Salem for a man named Thad-
 dous whom first name I forget.

Among my associates and fellow soldiers
 at that time were John Barclay and
 Wesley Spalding. Bundy lived at Sa-
 lem the last I knew of him and Wesley
 Spalding lived at Coal City Clay Co. Ohio.
 I was pursued before I went in
 the army. I must take a dose of doctors
 medicine with both I went in the army.

When I enlisted I was examined
 at Jeffersonville by Dr. Merritt, I think
 his name, I think he was an army Sur-
 geon. I was stripped and examined
 and questioned carefully.

Among others examined with me at the
 same ^{time} was a man named Harrison Col-
 lins who lived near Salem and exhibited
 at the same time I did. He lived at Sa-
 lem after the war and he died but I think
 now he is in Texas or Colorado.

Also James Lowder who lives near Salem
 or did the last I knew of him - I do not re-
 collect any others who are living but I think
 the whole Company was examined at the same
 time.

I contracted the injury to my
 eye in Dec. 1864, near ~~the~~ ^{the} Cann-
 hel. See under the following circumstances
 The men cutting down poles to make
 into bundles to throw into sloughs and
 canals to enable the army to cross,
 It was after night and dark and I got
 struck in the eye with a log or twig
 and injured it. No I do not think it
 was done by one of my comrades. I could
 not tell how it was done. I may have
 done it myself. The men were thick
 and crowded and in the dark I could

myself had it happened.

It was my left eye. It became very painful at once, and my eye swelled so fast, that I shut and covered it with a cloth, and the next morning it was very bad. It did not swell so I could not see out of it, at all but I could see very little. I kept bathing it in cold water and that is all I did for it. I did not go to the doctor. I got some of my comrades to look in my eye but they could not see anything, and I just kept on with the cold water applications and the inflammation went down and the pain left my eye but the sight was left impaired. I noticed the impairment of the sight of that eye so soon as it got easy of the pain. It was several days a week or more, before the pain subsided. I could just see daylight with that eye when the other was closed. There seemed to be a screen over that eye and a speck on the side. My sight in that eye never did improve much. I have never been able to see much with it, I can see the other eye and then I can not see enough to do any kind of work. Everything is dim and indistinct. I make for myself enough to be of any account to me.

About four years ago my right eye became affected and I know it is through sympathy with the other. My eyesight is now so poor that I am not able to distinguish a man across the street unless I know him very well and see his action. I cannot distinguish the lines in a newspaper even in a good light. They all seem to me as blur together. So I can not read but I give this as an illustration of my defect of vision. So I never had any treatment.

8. for my eye while in the service. The reason I did not is because I was able to get along after my injury and I had never had any treatment by a doctor, and I thought it would cure all right of itself.

I contracted the rheumatism at Fort Slocum. So I felt it first while on that march. We had been greatly exposed on that march and I first felt the rheumatism near Fort Slocum. It was first in my legs and shoulders but not severe and I got along. I had nevering at tasks of it so long as I remained in the service but was never excused from duty on account of it as I never had any treatment for it while in the army.

I was not treated by a doctor for anything while I was in the army, as I was never excused from duty on account of sickness.

I was mustered out with my company at Louisville and sent at once to Salem Ohio, to my mother's home. She now lives here with me. I lived in Salem about a year and worked at different kinds of labor, for different persons, among others to Mr. Gibb who was at Salem the last I knew of him.

Witness my hand and seal this 18th day of May 1896.
James M. + Gordon
Deponent.

I read to and subscribed before me this 18th day of May 1896, and I certify that the contents were fully made known to deponent before signing.

J. W. H. Loomis
Special Examiner.

DEPOSITION *a*

Case of *James M. Condon* *vs* No. *578,911*

On this *6th* day of *Nov*, 189*1*, at *Con*, County of *Con*.

State of *Con*, before me, *a*

Special Examiner of the Pension Office, personally appeared *James M. Condon*, Claimant, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says:

I moved in 1866 to Wake. Sp. Dennis Co 5 miles south of Nash. My wife and I worked in a Chair shop for Jonathan Spalding and lived there about two years and then moved to Washington and have lived there ever since. Except one year, I lived a second time in Wake Sp. I have worked in Coal Mines and at rail road section work, and in the shops and any kind of laboring work I could get.

I have been troubled with my eyes ever since the war and since I first received the Grant and for the past few years they have been much worse and I have ^{not been} able to do much work on account of them. I cannot do any work excepting ordinary eyeight. Only the most ordinary labor. I am now at work starting up lumber. I have had recurring attacks of rheumatism ever since the war and have been laid up with it very often. It kept getting gradually worse all the time after the war, but I never had to lay off on account of it till about fifteen years ago. After that I went to work in the coal mines.

At times I have frequently been unable to work on account of it. The attacks will lay me up from a week to a month and I have an average of 6 or 8 attacks every year I am sure there is of it more than ever I think of the time - and am obliged to you for what you have done to help for the time -

I have been treated for my eyes several times by Surgeons - The first doctor I had was Dr. John H. Williams - I don't know whether he is still in practice - The next was Dr. James H. H. of Washington - and then Dr. James H. H. of Washington - and then Dr. James H. H. of Washington - I don't know whether he is still in practice -

The next was Dr. J. S. of Washington - and then Dr. James H. H. of Washington - I don't know whether he is still in practice - I have also consulted Dr. Lee of Washington. There were Doctors here treated myself at different times for Rheumatism and I have taken other remedies prepared at home. I have used a cedar needle of hens egg, turpentine and turpentine and other like remedies prepared at home - I must try to get relief from rubbing in ointments at times. I have never tried anything stronger permanent relief.

- My officers are -
- Alexander Mason, Captain, Virginia Volunteers
- I don't remember the Lieutenants or orderly Sergeants.
- Among my Comrades are
- Hezekiah M. Cobble - Salem Washington Co. Ind.
- James Dewey " " " "
- James Lowder " " " "
- are my favorites.
- Other comrades are
- James A. Worison - Printers, Gibson Co. Ind.
- Isaac A. Hopkins - Opolis Crawford Co. Ind.

John W. Deacons Onnsville Gibson Co Ind
I do not recall the names of any other
creditors.

By there are others that I remember was
Cowan Bank residence unknown
Wm. M. Mitalf " "
Henry Britman " "

Scout Connor, " "
but I think they were from Gibson Co.
Ind.

Among my neighbors who have been seen
since the above are -

John Anderson Salem Washington Co Ind.
Charles Cobble " " "
Felix Stafford Washington Dorris "
M. L. Bouhans " " "
Charles Peat " " "
John H. Dorris " " "
Frank Spalding " " "
John Bunker " " "

I have met with no
inquiry of any kind since the year to
affect my eyesight or liable in
any way.

I desire that the following returns
be examined.

John Bundy Salem Washington Co Ind
Niles Spalding ^{at} Clay City Clay Co. "
and expect to find persons indebted by them.

Also -
Charles Cobble ^{Salem} ~~Washington~~ Washington Co. Ind
Wm. Anderson " " "

to the same point.
Thomas Cobble res. unknown
James Deery " "

James Loudon " "
James H. Douison Princeton Gibson Co. Ind
George A. Hopkins Opolis Crawford Co. Ind

John W. Deacons, Onnsville Gibson Co. Ind -
and expect to find persons in service
and in debt of duty of driver of the wagon
and inquiry to be made by them. I am not

12. ^{able} to give the give the addresses of the three
 just named. Who were my best friends
 and I ask that the same be produced and
 their depositions taken.

- | | | | |
|-------------------|------------|------------|----------|
| Dr. Hask | Salem | Washington | C. Chad |
| Dr. Roop | no | unknown | |
| J. F. Parks M.D. | Cumbrick | Dorces | S. Chad. |
| John Scoulan M.D. | Washington | Dorces | " " |
| Henry Gess, M.D. | " | " | " " |
| Eric Stappord | " | " | " " |
| M. L. Bourham | " | " | " " |
| Charles Peak | " | " | " " |
| John H. Davis | " | " | " " |
| Frank Spalding | " | " | " " |
| John Ringers | " | " | " " |

and expect to find continuances of them.
 At times and directed defect of equipment
 by them. I do not desire to be pres-
 ent either in person or by attorney at
 the further special examination of
 this case and waive my right to no-
 tice. The foregoing has been
 read to me, I understand it and
 my answers are correctly recorded.

Witness to Signature
 Jas. A. Pinkham
 Austin Smith
 J. W. Goudin
 M.D.
 Defendant

Deponent.

Sworn to and subscribed before me this 18th day of May
 1896, and I certify that the contents were fully made known to deponent before signing.

J. W. Lennier

DEPOSITION B

Case of *James M. Condon* et al, No. 578.911.

On this *Twenty Seventh* day of *August*, 1896, at *Washington*, County of *Dennis*, State of *Indiana*, before me, *Geo. W. Linnin*, a Special Examiner of the Pension Office, personally appeared *Michael D. Scoulson*, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My name is *Michael D. Scoulson* age *58* years, occupation *physician Res. & P.O.* address *Washington Dennis Co. Ind.*

I have been practicing medicine since 1868.

I know the claimant *James M. Condon*. I was called on by him to treat his eyes at one time. I am not able to give the exact date of the treatment as I kept no account against him. I think it was two or three years ago or perhaps longer. I came two months or years ago and shortly after that I treated his eyes and have treated them at different times since.

Ques. How were his eyes affected, and what treatment did you give them

Ans. He had granulation of the lids and Catarrh. Both eyes were affected in the same way and it was a bad case. I treated him with a tincture, which I applied externally to the ball of the eye and also gave him internal remedies. I relieved the granulation with the same tincture. The disease yielded to treatment but there has been a recurrence of the trouble several times since and I have given him like treatment. No. I have not been

to effect a permanent cure. I can only
give him relief. I do not believe in
any other cure.

His eyesight has been poor ever
since I have known him but he is able
to get around and do ordinary work, ex-
cept when suffering from an acute attack
or after a decided.

I do not think I have treated him in the
last seven or eight years. This trouble
was evidently of long duration when I was
first called on. In my opinion it is
of scrofulous origin induced by ex-
posure. He must have seen or to whom he
was first afflicted in this way.

No. I have never treated him for any
other ailment. If he has had other
troubles I do not know it.

It troubles me in both eyes but I think
the left is the worst.

I made the affidavit dated
July 17, 1892, and after having it read I
think it is all correct and I do not see
need to add anything to the statement, in
addition to what I have said above.

I am not able to do more and
have no interest. The property has been
put over to me. I understand it and
my answer as correctly as possible.

Michael D. Scanlon
Deponent.

Deponent.

Sworn to and subscribed before me this 27. day of August,
1896, and I certify that the contents were fully made known to deponent before signing.

J. W. Linn
Special Examiner.

DEPOSITION 6

Case of James M. Condon Cop. No. 578.911.

On this Thirtieth day of October, 1896, at Washington, County of District of Columbia, before me, Geo. W. Linn, a Special Examiner of the Pension Office, personally appeared James F. Parks, M.D., who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My name is James F. Parks

age 58 years - occupation physician, Res. 1704 1/2 St. No. address Contact Rooms Co. Ind. I know the claimant James M. Condon. He lived in Drake Sp. for several years soon after the war, and while he lived in Drake Sp. I was his family physician. I remember that he was ailing at times and that I treated him at different times, but I cannot now say that he ever was down in bed bad sick. I have no recollection of his having a bad spell of sickness. My recollection is that he had some chronic trouble which at times required treatment. I continued to be his family physician after he removed to Washington for a time. I am not now able to recall the nature of his ailment.

Ques. Do you recollect that you ever treated him for any trouble with his eyes. If so, please state the nature of the ailment and the degree to which he was disabled thereby.

Ans. Yes, since you mention it I do recollect that he had weak eyes, and that I prescribed and administered remedies for them for this trouble at different times. This was about 1873, perhaps a little earlier.

or a little later and after that at various times. He had gonorrhoeal lids. I remember that I prescribed a solution of nitrate of silver and morphine to both his eyes.

He had weak eyes for years to my knowledge. I can't say now that he ever was compelled to entirely lay off from work on account of his eyes, but I do recollect that he had to wear green goggles to protect his eyes.

I have not treated him for ten years or more and have seen him only occasionally during that time.

I under the affidavit dated January 24th 1889, after reading the same and reflection, I am not able to recall the facts concerning treatment for malaria and diarrhoea there stated, but I believe the facts are as there stated but have slipped my mind. I do not remember clearly, but my impression now is that he claimed that he contracted his trouble with his eyes in the service.

I am not able to determine whether he has no interest.

The foregoing has been read over to me. I understand it, and my answers are correctly recorded.

James L. Parks, MD
Deponent

Deponent.

Sworn to and subscribed before me this 19th day of October, 1896, and I certify that the contents were fully made known to deponent before signing.

Jos. W. Linnin.
Special Examiner.

DEPOSITION

Case of James M. Gordon, Ctp. No. 578.911.

On this 22 day of June, 1896, at Washington, County of Davis, State of Indiana, before me, Geo. St. Leger, a Special Examiner of the Pension Office, personally appeared Henry Guss, M.D., who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My name is Henry Guss, age 51 years. Occupation physician. P. O. address Washington, Davis Co. Ind.

I have known the claimant since 1876. I was called into his family to treat some of them and then got acquainted with him. I prescribed for him and that goes on shown by my books but my books do not show and I cannot recall what the treatment was for. I have never treated him at any time for any length of time or through any spell of sickness.

I may have been probably called upon for him at different times through the years when I was his family physician. I have not practiced in his family for several years. I do remember that I have heard him complain of rheumatism for the past year or two years at different times - but I have not treated him. He told me that Dr. Seaman was treating him.

Q. How many times have you seen him since you have heard him complain of rheumatism?
A. I do not recollect anything of

thy kind. I do not recollect that I ever trusted him for it.

All the knowledge I have of his schematizing is from the complaints I have heard him make of recent years. I am not able to claim any and have no interest.

The foregoing has been read to me and it is correct.

Henry Jones MD
Deponent.

Deponent.

Sworn to and subscribed before me this 22 day of June, 1896, and I certify that the contents were fully made known to deponent before signing.

Jos. W. Linnin.

Special Examiner.

DEPOSITION &

Case of James M. Gordon Cof No. 578.911.

On this First day of September, 1896, at Washington, County of Adams State of Indiana, before me, Geo. M. Linn, a Special Examiner of the Pension Office, personally appeared Joseph J. Kendall, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My name is Joseph J. Kendall.

Aged 51 years. Occupation General P.O. P.O. address, Washington, Adams Co. Ind.

I am the identical Joseph J. Kendall. Who served as a private and Corporal in Co. No. 58. 1st Vol. Inf from Oct. 1861. to July 1865.

Q How long have you known James M. Gordon the claimant.

A Well sir, I do not know that I knew him until the last year or a half. I knew he was in our Company in the service for a short time. He was present at or near Atlanta, as I do not remember much about him in the service. He was there but a short time. I think he left us before we started on the march to the sea.

Q How far any recollection of his being very sick or being injured in any way while with the Command.

A Well I think he was sick and left us there at Atlanta but what it was I could not tell you. I had not much acquaintance with him.

I never saw him after he left the Company until 3 or 4 years ago, or within the last year or a half. I had quite well acquainted with him. I think that he was

complains of some disease and that he can hardly keep up at work, but I do not know what his particular ailment is, I might have had him say but I don't recollect doing anything wrong with his sight or hearing.

Ques.

Ans. Yes sir. I never paid much attention I see the means. I was but I do not recollect that I ever heard him say anything about his eyes.

Ques.

I do not remember of making any affidavit in this case but the reference to the affidavit dates Feb'y 14, 1892. Looks like mine. I have no knowledge of the facts stated in that affidavit, and if I had known that it contained those statements I would not have made it. I was on detail at the alleged time of injury to his eye and about from the command and could not have had personal knowledge of said facts and I do not now remember to have ever known it.

Ans I know as can recollect I have told you today.

I am not at all to discuss and we have no interest

The foregoing has been read over to me, I understand it and my answers are correctly recorded.

Joseph T Kendall
~~Joseph T Kendall~~ Deponent.

Deponent.

Sworn to and subscribed before me this 18th day of September, 1896, and I certify that the contents were fully made known to deponent before signing.

J. W. N. Linnin,
Special Examiner.

DEPOSITION *F.*

Case of *James M. Condon* City No. *578.911.*

On this *ninth* day of *October*, 1896, at *Washington*, County of *Dorris*, State of *Indiana*, before me, *J. W. H. Lemmon*, a Special Examiner of the Pension Office, personally appeared *Martin L. Bokham*, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: *my name is Martin L.*

Bokham. Age 69 years. occupation undertaker. Res. D. O. address Wash- ington. Dorris Co. Ind.

I have known the claimant for about twenty years. I em- ployed as a farm hand about that long ago at various times doing day ^{work} work. He worked for me off and on for several years but never more than a few days at a time. At that time he had some trouble with his eyes. we were frequently com- plaining of something like rheu- matism. He complained of aching and would frequently give that as an excuse for not working when wanted. I remember about his eyes more distinctly because of their appear- ance. They looked sore and inflam- ed. Sometimes he wore spectacles ~~at that~~ when I met him.

I never inquired particular- ly into the nature of this trouble with his eyes and only know of it from his com- plaints and from their appearance. He has never been unable to work or get around on account of this ~~eye~~

defect of eyes, but I do know that
his vision was not good. That was
my opinion.

I have seen him frequently
during all the years since I first
made his acquaintance, and have
often noticed that his vision was not
good, or sometimes apparently much
worse than others.

I am not akin to Cairn
and have no interest. My fore-
going has been read to me, I un-
derstand it and my answers are
correctly recorded.

Martin J. Bourham
Deponent.

Deponent.

Sworn to and subscribed before me this 17th day of October,
1896, and I certify that the contents were fully made known to deponent before signing.

Jos. M. Luccini,
Special Examiner.

DEPOSITION *G.*

Case of *Jesse M. Gordon* *Ct. No. 578.911.*

On this *Eight* day of *September*, 189*6*, at *Washington Dc.*, County of *Dennis* State of *Indiana*, before me, *Jos. W. Garrison*, a Special Examiner of the Pension Office, personally appeared *Jonathan Spaulding*, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: *My name is Jonathan Spaulding. Age 64 years. Occupation former Pres. of Washington Dc. D. Co. address Washington Dc. Dc. I know*

I have known the claimant all his life. He is my cousin. We were raised together in the same neighborhood near Salem Washington Co. Dc. I knew him well up to the time he enlisted - He was a sound healthy boy and grew up to enlistment. I saw him within a short time after his discharge. His health was not so good as before he went in the service. His eyes were weak. That was the worst of his trouble. No. there was nothing else that I can now remember. I moved out here to Dennis Co. in a year or two, and in a short time he came over here, and I have lived in the same vicinity to him, and have seen him often during all that time since. I do not know what was the matter with his eyes but they just seemed to be weak just as if like they are now. I had him to make for me making clothes for a short time after he came to Dennis Co. and at that time his eyes were troubling him.

He complains of times that they are so much that he could hardly see to do his work. He complains of them both. Yes. He has had this trouble with his eyes off and on ever since he came out of the army. Sometimes they are so bad that he can scarcely see at all, as is usual. times so bad as to be confined to his house and kept in a darkened room.

His chief complaint has been of his eyes but I have occasionally heard him complain of rheumatism within the last 8 or 10 years and it appears like the older he gets the more he complains of it.

No. I do not know of his eyes being laid up with rheumatism. No. I do not remember that I ever heard him complain of dizziness.

I was the official doctor March 20, 1889, which you read over and after having it read I am not now able to recall to mind that I ever heard him complain of dizziness.

I know that when he returned from the army he was broken down in health apparently and not near so capable for work as before. His eyesight was good before enlistment and has since been good since. I know these facts from having had him next for me before and after enlistment. I have no witness the foregoing has been read to me and it is correct.

Witness to Signature.
 Trice Stafford Jonathan + Spaulding
 John W Greenwood 8.. Deponent.

Sworn to and subscribed before me this 8.. day of September 1896, and I certify that the contents were fully made known to deponent before signing.

Jos. H. Lennine.
Special Examiner.

DEPOSITION No

Case of James M. Condon Ch No. 578.911.

On this Eighth day of September, 1896, at
Wale Sp., County of Davis.

State of Indiana, before me, J. W. N. Lemmon, a
Special Examiner of the Pension Office, personally appeared John H. Doris,

who, being by me first duly sworn to answer
truly all interrogatories propounded to him during this Special Examination of aforesaid
pension claim, deposes and says: My name is John H. Doris.

Age 50 years. Occupation former Post Office
Sp. & P.O. carrier, Washington, Davis Co. Ind.

I have known the defendant since a-
bout 1867. At that time he lived near
Salem, Washington Co and came to this
neighborhood to visit relations.

He stayed a week or two here at that
time and I did not see him again for
several months. He then came back
here and resided with his cousin Jonathan
Spaulding. He afterwards made my
sister and settled in this neighborhood
as a maker of making chairs, or ordif-
ferent kinds of work for a time or year
and then became for several years, and
then moved to Washington and went to be a
carriage maker for several years. He has
worked at the Rail Road shops in Wash-
ington, and I have seen him often and know
him well during all that time.

Ques. Was it any illness or sickness that he
had since you have known him?

Ans. I do not recollect anything except
that his eyes have been bad ever since
I have known him. He has worn
ing green glasses the first time I ever saw
him and complained of his eyes. This was

and an inflammation when I first knew him. He has been troubled with his eyes off and on ever since. Sometimes they are much worse than others. I know that at one time when he was laid in Washington he was almost blind and they kept him in a darkened room. I was at his house twice while he was in that condition. Yes it looks like there was a kind of a growth over his eyes. I could not say whether they had grown worse of late years but I have not paid particular attention to his eyes for several years. I do not recollect that he told me when his trouble with his eyes originated. Yes. He has been frequently in hospital for much of my time by this trouble with his eyes. I think one of his eyes has been worse than the other but I cannot say which one. I remember that they were ^{both} operated.

I made the affidavit dated Feb. 6. 1892. which you read me and the facts therein stated are correct according to my present recollection, except that I did not know him right away after discharge. My impression is that I first met him about 1867 but I have known him very well since that time.

I have no interest in this case. The foregoing has been read over to me. I understand it, and my answers are correctly recorded.

John H. Davis
Deponent.

Sworn to and subscribed before me this 8th day of September 1896, and I certify that the contents were fully made known to deponent before signing.

Jos. H. Lemmon.
Special Examiner.

DEPOSITION *d*

Case of *James M. Gordon* *Cy*, No. *578.911*.

On this *Second* day of *September*, 189*6*, at *Washington*, County of *Douglas*, State of *Indiana*, before me, *Jos. W. Lammie*, a Special Examiner of the Pension Office, personally appeared *John W. Beidinger*

who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: *My name is Jos. W. Beidinger*

Age 56 years. Occupation la. worker - R.R. & address Washington D.C. Mrs G. Beid.

I have known the claimant for ten or fifteen years last past. I have worked with him since 1887 and have seen him every day when at work during all that time. I work in the freight ^{car shop} of the B. & O. R.R. and he is employed at the same place in the lumber yard.

What has been the condition of his health during the time you have known him and if poor, state what his ailments have been.

It has been poor. He complains of pain in his neck back and head, a good deal and complains that he has something like dyspepsia. He is also troubled with rheumatism according to his complaints.

Yes, he has been in this condition ever since I have known him well. He will go round asleep standing on his feet. I have often seen him go round asleep as usual when on his feet at work.

There has also been something the matter with his eyesight ever since I have worked with him. I do not know

Wiped the trouble with his eyes is. I only know that his vision has been bad since I have worked with him and that it has grown worse and now his eyesight is very poor. He can just get around at such work as he does now which does not require good eyesight. He is a sort of a roustabout in the lumber yard. It is work that is done & mostly by boys and old men and is not hard labor. He always has told me that the trouble with his eyes and all his other complaints originated in the army.

No. I have never noticed any thing peculiar in the appearance of his eyes and I do not know what treatment he has ever had for them. He has got to wearing glasses part of the time here lately.

I can't say that he has ever been laid off of work on account of sickness or of his eyes. There are a large number of men employed in the shop and he might often be laid off and I know nothing of it.

No. I do not honestly think he could do work equal to a greater of a good hand at hard work. He could not hold a job at any kind of hard work.

I am not able to claim and he has no interest. The foregoing has been read over to me, I understand it and my answers are correct by record -

John W. Bridgman
Deponent.

Sworn to and subscribed before me this 2nd day of September, 1896, and I certify that the contents were fully made known to deponent before signing.

J. W. Linn
Special Examiner.

DEPOSITION

Case of James M. Gordon City No. 578-911

On this first day of September, 1896, at Washington, County of Prince George's, State of Virginia, before me, Geo. W. Linn, a Special Examiner of the Pension Office, personally appeared William F. Spaulding, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My name is Wm. F. Spaulding.

Age 57 years, occupation laborer, Res. and P.O. address Washington, District of Columbia.

I had known the claimant since my boyhood. He was raised in the near neighborhood about two miles from Solom Washington Co. Ind. I knew him quite well up to the time he enlisted in the army and I knew that he was a sound healthy man before the war.

I do not remember how soon I saw him after his discharge, after the war he met me here to District Co. and a few years after I came over here and we have both lived in this County ever since. He had several times to town when I would be here, and we have both lived here in the city, near for a party and I have worked with him at coal mining and other work, and have always been friendly with him, and associated with him more or less.

Ques. What ailments or sickness has he had since his discharge from the army and how long has he known of it, if any.

Ans. Shortly after I moved here and went to work at the coal mines with him I heard him complain of rheumatism. He said his hands, wrists and knees pained him and his joints would swell and he would be compelled to lay off work and take a good

^{in complaint}
deal of time. At the same time of his stone
ach out back and eyes.

I could not say whether one or all of his
ailments caused him to lay off work, but
I know there was something the matter with
him that made him lose time.

Q. How was his eyes affected?

A. Well they were red, and inflamed and
swollen. There seemed to be a secretion over them.
I know that he could not see well.

He has continued to complain of rheumatism
and has often been unable to work and laid up
and not able ^{to get about} at all, at times, and he says it
was rheumatism and I know that at such times
his knees and legs are swollen.

His eyes have troubled him right along
I think they are about the same all the
time. He always complains that he
cannot see well, and several times they have been
so bad that he could hardly see to get about.

He now has had a right strabismus near vision
I have known him since the war. Nothing like
he was before. I do not recollect that he has
ever told me how his ailments originated.

I am a cousin to Chas. G. G. I have
no interest. The foregoing has been read
over to me, I understand it, and very
accurate or correctly recorded.

Returns to Signatures.

William F. + Spaulding
Deponent.

Eric Stafford

Walter Driscoll

Deponent.

Sworn to and subscribed before me this 15th day of September
1896, and I certify that the contents were fully made known to deponent before signing.

Jos. H. Linnin

Special Examiner.

DEPOSITION *K.*

Case of *James M. Condra* *Ex. No. 578.911.*

On this *Tenth* day of *June*, 18*96*, at *Veale Sp.*, County of *Dorris*, State of *Indiana*, before me, *Geo. W. Linn*, a Special Examiner of the Pension Office, personally appeared *John M. Peat*,

who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: *My name is John M. Peat, age*

51 years, occupation *farmer*. Res. *Veale Sp. Ind.* P.O. address, *Hickington Dorris Co. Ind.*

I know the Claimants, I have known them about 30 years. Shortly after the war they moved into their neighborhood and lived here several years, and then moved to Washington. I was not particularly acquainted with them till about 1872 or 3 but knew them by sight for some time before that. In 1875 I employed them to work on farm work and he worked for me during that season. He did all kind of farm work in that year. Plowing, harrowing and other work usual on a farm.

I found out while he worked for me that year that his teeth were poor that is, he complained a good deal. He complained of his back & eyes, I do not know what the trouble with his back was. It might have been rheumatism. I remember about his eyes not only from his complaints, but also from their appearance. They were inflamed and red a good deal of the time. They were more than he would get

to get. It seems to me that ^{he} had to lay off most times while he worked for me, on account of severe ailments but I do not recall the particular trouble now. He was an Egyptian mummy, man and didn't give up easily.

He does not recall that he, ^{had} diarrhoea or Piles, or Rheumatism which the trouble with his feet of which he complained was Rheumatism.

He only worked for me one season, but he may have worked for me after that for a few days at a time as it seems to me he did, but I am not able to recall any thing further about his ailments. Except that I met him once several years ago in ~~the~~ this neighborhood when his eyes were badly inflamed and ~~all~~ red, but he was wearing goggles. I do not recollect what he said if anything about them.

I do not remember that he ever told me where he contracted his ailments. I am not able to claim out, as he has no interest. The forgery has been read over to me, I understand it and my answers are correctly recorded.

John M. Peck
Deponent.

John M. Peck
Deponent.

Sworn to and subscribed before me this 10 day of June, 1896, and I certify that the contents were fully made known to deponent before signing.

Jos. H. Loomis
Special Examiner.

DEPOSITION *L*

Case of *James M. Condon* No. 578.911.

On this *twenty second* day of *June*, 1896, at *Washington*, County of *Daviess*, State of *Kentucky*, before me, *Geo. H. Linn*, a Special Examiner of the Pension Office, personally appeared *James Stoford*, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: *My name is James Stoford.*

Age 53 years, occupation laborer for T. P. Adams, Washington Daviess Co. Ind. I have known the claimant all his life. He is my cousin and my wife is his half sister. We lived in the same neighborhood in Salem Kentucky for years up to 1859, when I removed to Daviess County. I did not see anything more of him till the fall of 1866, after his discharge from the service when he came to my mother's house in Daviess Co. and boarded there until he was married about 1867. I have known him well and seen him often since.

We have lived in this vicinity ever since without the exception of about a year or more he lived in Salem. I have been quite intimate with him for nearly thirty years.

He was very stout and hearty when a boy and I never knew or heard of his having any serious ailments prior to his service. There was nothing the matter with his eyesight prior to his enlistment to my knowledge and I believe I would have known it if there had been.

There was no condition on his return

Ans.

Ans.

from the scene

He claims to have rheumatism and complains of misery and pain in his limbs, and was at times crippled up with it so that he could not walk.

He also had something the matter with his eyes, at that time. He claimed that a scene had passed on one of his eyes - I think it was his left eye. He complains of this, and his eyesight was defective. Dr. Munn influenced and got red, and he complained of pain from it. His sight was serious by improvement by this. I remember that his eyesight was so bad shortly after this, that he went up hunting and sold his gun. He was a fair shot before the war.

I know that Dr. Seaman and Dr. Potts and Dr. Carr, have all treated him but whether they treated him for disease of eyes I can't say. Yes, I do know that Dr. Seaman treated him for disease of eyes. I have been with him when he went to see the doctor. His eyesight has in my opinion steadily failed ever since the war. He says now that he can hardly see out of that eye at all, and it is apparent that his sight is very greatly impaired. My opinion is that only one eye is affected - ~~at~~ at least one is much worse than the other. Yes, this defect of eyesight has interfered with his work - He worked with me on a coal bank for ^{some} years and frequently his eyes would get bad and he would lay off for weeks. He always told me from the

Trice Stafford

Deponent.

Sworn to and subscribed before me this 22 day of June, 1896, and I certify that the contents were fully made known to deponent before signing.

J. W. L. L. L.

Special Examiner.

DEPOSITION

Case of James M. Lander Cop, No. 578,911.

On this Twenty second day of June, 1891, at
Can, County of Can

State of _____, before me, _____, a
Special Examiner of the Pension Office, personally appeared Price Stafford

who, being by me first duly sworn to answer
truly all interrogatories propounded to him during this Special Examination of aforesaid
pension claim, deposes and says:

beginning that got his eye
hurt while in the service and been of
duty, while cutting cane poles on the
Sherman ranch but I am not able to
remember exactly how he said it or
occurred. I made the affidavit dated
January 11, 1889. That statement is ac-
cording to my present recollection,
true, and the reason I did not state
anything then about his defective
eyesight was, that he was not then
down in a degree of eyes and I
was just asked to tell what I knew
at this point. I do remember that
he had diarrhoea as well as
the rheumatism on his return from
the service and has had a suffer
from both of those disabilities, more
or less ever since.

He is now disabled
for the performance of manual
labor at best one half from all his dis-
abilities. He is frequently sick and
confined to his house. I do not
believe he is able to do any work
hard manual labor now. The work
he is now engaged in is light and he
is able to make most of the time. His

eyeight is now so badly affected as to
be very noticeably. He looks at things very
close and complains a good deal of this
disability - I have no interest.

The foregoing has been read
over to me, I understand it and
my answers are correctly made.

Trice Stafford
Deponent.

Deponent.

Given to and subscribed before me this 22 day of June
1896, and I certify that the contents were fully made known to deponent before signing.

Dr. H. L. Linn
Special Examiner.

DEPOSITION M.

Case of James M. Condra Cf. No. 578911.

On this Fourth day of June, 1896, at Washington Sp., County of Davis State of Indiana, before me, Jos. M. Lammie, a Special Examiner of the Pension Office, personally appeared William Dayton, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My name is William H.

Dayton. Age 48 years. Occupation farmer.
Res. Washington Sp. V.P.O. address
Washington Davis Co. Ind.

I came to this ^{neighborhood} in the last year of the war, and a short time after that Claimant moved in here and went to farming and lived within a mile of me for several years and during that time I knew him well and saw him often and worked with him occasionally.

That if any ailment or disease had he while you knew him.

When I first got acquainted with him he was complaining of piles and continued to complain of it during all my acquaintance with him. He was frequently laid off from work and he said it was an ailment of the piles. He said he could not stand lifting and I know that he shielded himself against lifting, and was frequently laid up at home not able to work. At such times as he would be complaining of piles he would sit ~~down~~ sideways as though he was not in these parts and would scratch himself a good deal

in the region of the forehead or though it was irritated.

He also had some trouble with his eyes. I think it was the right eye. I do not know what was the matter with it, but he said it originated in the service. His eyes would get so sore so that he complained that he could not see to read or hardly to do any work. I have seen him when he was almost blind. This trouble with his eyes would be much more so at some times than others. I think it bothered him worst in hot weather.

He was in the condition I have described all the time he lived in this neighborhood. When he left here he went to Washington, four miles away, ever since then I have seen him occasionally only, but when I have seen him he has frequently complained of not being well. I think his troubles were the same. Yes, he had diarrhoea when he lived here, and complained of that a good deal but his main trouble was the piles.

I am not able to describe any other part of his interest. The first time I saw him was near the river, I understood it and my answers are correctly recorded.

William H. Dayton
Deponent.

Sworn to and subscribed before me this 10th day of June, 1896, and I certify that the contents were fully made known to Deponent before signing.

Jos. W. Leavins
Special Examiner.

CLAIMANT'S STATEMENT.

DEPOSITION *76.*

Case of *James M. Condra* *Off.*, No. *578.911.*

On this *Twenty-sixth* day of *October*, 189*6*, at
Washington, County of *Douglas*
State of *Illinois*, before me, *J. W. Lennin*, a
Special Examiner of the Pension Office, personally appeared *James M. Condra*
_____, the applicant in the aforesaid pension claim, who says:

Q. If it should become necessary to further examine your claim, by taking the testimony of witnesses elsewhere, do you desire to be present in person or be represented by an attorney, or both, at such further examination? If so, you will be notified as to the place and time when it is to be made.

A. *No.*

Q. Should you change your mind and desire to be present, or be represented by an attorney during any further examination of your case, will you at once address a letter to the "Commissioner of Pensions, Washington, D. C.," giving the name and the number of your claim, informing him that you have so changed your mind, and desire to be notified when your claim is to be further examined?

A. *Yes.*

Q. State the names of the person or persons and their post-office addresses, instrumental in the prosecution of your claim for pension.

A. *James P. L. Keen, Vincennes, Ind.*
Geo. Ind.

Q. State what contract or contracts you have made with such person or persons for their services in prosecuting your claim for pension, and whether such contract or contracts were written or verbal.

A. I agreed in writing to pay him ten dollars in case my claim was allowed.

Q. State the amount of fees paid by you or at your instance, to whom paid, and all the circumstances connected with the transaction.

A. I have paid nothing except one dollar for postage.

Q. Please give me the names of all witnesses that you desire examined elsewhere, with their post-office addresses, and also state what you expect to prove by each witness.

A. Joshua Beudy, Salem Washington Co. Clerk
Warley Spalding, Coal. City Clay Co. "
and expect to prove prior soundness by them.
Hiram Cobble, Salem Washington Co. Clerk
James. Stearns, Salem " "
James Loudens " "
James. F. Davison, Princeton Gibson " "
and expect to prove by them incurrence of injury to eye in service and line of duty.

Q. Have you any complaint to make as to the conduct, manner, or fairness of the examination of your claim? If so, please state specifically what it is.

A. No, Sir.

Q. Do you desire to introduce any more testimony before me?

A. No.

Witness to signature.

Trice Stafford
Wesley Driscoll

James M + Condron
Deponent.

Sworn to and subscribed before me this 20th day of October, 1896

and I certify that the contents were fully made known to deponent before signing.

Jno. W. Linnin.
Special Examiner.

W.C.

(3-450)

OCT 30 1896

S. E. D.

Ref No. 578,911.

Claimant James M. Condra

Soldier: " " "

P. O. address: Washington

County: Duval State: Fla

Recommendation: For Ex.

Geo. W. Lemire

Special Examiner.

REFERENCE.

, 189

Chief S. E. Division.

RECOMMENDATION.

, 189

Reviewer.

ACTION.

Ordered by
Gen. St. in Libanus
Co. 1st Regt. Hevite.

W. J. Murphy

Commissioner.

Greenville, Texas, April 10, 1897

Cef. # 578911 - Indianapolis Agency.
James M. Condra, Co. F, 58 Ind. Inf.
Washington, Davess Co. Indiana.

Hon. Commissioner of Pensions
Washington, D. C.

Sir:

I have the honor to submit my report
in the above entitled claim which came to
me for the testimony of Hiram M. Cauble as
to origin in service and line of duty of injury of
left eye, and rheumatism. Witness gives an account
of injury to one eye (unable to say which now) similar
to claimant except that he thinks it was not
dark, and says it was wooden poles not cane poles
that they were cutting. He does not remember
rheumatism. His reputation is good and testimony
entitled to full credit. I think the claim for
injury of eye meritorious and recommend further
examination as follows:

Charles Cauble, Salem, Washington Co. Ind
B. Anderson, " " " " " "
Isaac C. Hopkins, Opolis, Crawford Co. Kansas

Very respectfully

George M. Flick
Spec. Exr

DEPOSITION *A*Case of *Jas M. Condra* Ct No. *578011*

On this *10* day of *April*, 189*7*, at
Greenville, County of *Hunt*
 State of *Texas*, before me, *George M. Fleck*, a
 Special Examiner of the Pension Office, personally appeared *Hiram M.*
Cauble, who, being by me first duly sworn to answer
 truly all interrogatories propounded to him during this Special Examination of aforesaid
 pension claim, deposes and says: *Age 56; occupation mechanic; post-*
office address as above. I served as a private in Co. F,
58 Ind. Vol. Inf. from August 1864 until the latter
part of June 1865. I remember James M. Condra of
my company very well. I knew him well before
service, and ^{we} lived within a mile of each ^{other} for some
time after he was mustered. I do not think I have
seen him since he moved to Washington, Davis Co. Ind.
I remember him having camp diarrhoea a great deal
of the time all through the Georgia campaign. I
remember him getting hurt in the eye near Savannah,
Ga. in December 1864 a few days before Christmas. We
were cutting poles to bundle rice straw in for
the pickets to carry in attacking the town which had
not yet surrendered. We were about 17 miles up
the river from Savannah. I was only a few feet
from him when it occurred. A limb or twig flew
back and struck him in the eye. I do not
remember which eye. I did not see the twig
hit his eye, but I saw him throw his hand up
to his eye and say he had been hit in it, and
the eye was watering and turned some red.
The eye kept red and seemed to bother him some
all the rest of his service, also as long as I
knew him afterward. There was never anything
the matter with "the other eye" as long as I
knew him, but I cannot remember now whether
it was the right eye or left eye that he got

hurt in. He and I lunched together all the time
 we were in service. I don't remember the time
 of day. ^{but he got hurt.} It couldn't have been dark, and it was
 wooden poles, not cane poles, that we were cutting.
 I don't remember him doing anything for his eye
 except wetting it with water. I do not remember
 just how long I did know him after service, but
 I remember that he still complained of his eye
 troubling him.

I have no recollection of him complaining of
 rheumatism at any time.

I have no interest in this claim. I am not related
 to claimant. I have understood your questions and
 my answers are correctly recorded.

William M. Beable

Deponent.

Sworn to and subscribed before me this 10 day of April, 1897, and I certify that the contents were fully made known to deponent before signing.

George M. Flick
 Special Examiner.

S. E. D.

No. 515

Claimant: James M Bondia

Soldier:

P. O. address: Washington

County: Davies State: Ind

Recommendation: Further Ex

George M. Elch

Special Examiner.

REFERENCE.

, 189

Chief S. E. Division.

RECOMMENDATION.

, 189

Reviewer.

ACTION.

To Washington G. Ind
open

See Summary

A. C. [Signature]

Commissioner

Petersburg Pike Co Ind

November 21, 1896.

Sir:

I have the honor to return all the papers and submit the following report in Serv. Claim Ct No. 57891 James M. Coates Co. of F. 38, Ind. Val. Inf.

Claim by P. O. Washington Daviss Co Ind

This claim was referred to the S. E. Div.

to determine origin & continuance of al-

leged injury to left eye in the service

and line of duty and whether he suf-

fered from disease of right eye while

in service and since discharge and

origin and continuance of alleged

rheumatism and came to me with

notice waived for the testimony of

Comrades, James F. Davissou Primeston

Gibson Co Ind & John W. Emmerson Amers-

ville Gibson Co Ind. as to origin of same

which testimony I took while in

that vicinity on aches mark.

Neither of the witnesses were able to

give any information as to the

points at issue, both remembered

the claimant but could recall nothing

of the injury to left eye or

that there was anything wrong

with claimants eyes in service

3

Comrade Davissau testifies that he remembers that claimant had diarrhoea all along on the Atlanta Campaign but does not remember that there was any thing else. If he remembers claimant well enough to remember the diarrhoea (and that is what he is pursued for) it would seem that if there was any thing very seriously wrong with his eyes it would be remembered as well.

I don't think that origin in the service is shown and recommend further examination for that purpose as follows viz:

- Hiram M. Leavelle Bristol Ellis Co Tex
 - Charles Cable Salina Washington a Ind
 - John Anderson " " " "
 - Isaac A Hopkins Opolis Crawford " Kans
- and elsewhere as per list if necessary,
(See Summary of Spec Exs Linnius report.)

Very respectfully
B. G. Bales
Special Examiner

Hon. Commissioner of Pensions
Washington D.C.

DEPOSITION *u*

Case of *James M. Candra* of No. *578911*

On this *12th* day of *November*, 1896, at *Omursville*, County of *Gibson* State of *Indiana*, before me, *B. C. Bales*, a Special Examiner of the Pension Office, personally appeared

John W. Emerson, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My age is *58* years,

I occupation *farmer* residing *P.O. Omursville Ind.* *was* *capt. 2nd Lt. in Co. F 58* *Ind. vol. inf. 1st Dist. in Gibson Co. Ind.* *in Oct. 9, 1861, was dis. charged at Indian* *apolis Ind. July 25, 1865.*

I remember that there was a man by the name of *Jim Candra*, in our Co. *1st Ky* *I* cannot say whether it was *"James M."* *or not. I* cannot remember just where he came to us, *I* think it was some where near *Atlanta Ga.* *I* remember that he was with us on the march to the sea, and possibly he may have come to us while we were at *Chattanooga* time. *He* was a recruit - a drafted man.

I do not remember of any disabilities that he had at any time or place while in the service if so when where or what was it.

ans *I* do not now remember of any thing at any time or place.

I do not remember that there was any thing wrong with his eyesight. *My* *self* *I* do not have any recollection of him receiving any injury to his left eye as alleged by him in Dec 1864 near *Atlanta Ga.* *My* *self* *I* have no

recollection of his having rheumatism
 or deafness as he alleges, he may
 have had it all but I do not re-
 member it. So far as I remember
 him he was a reasonably stout man
 I do not think he was a stout rugged
 man I think he was inclined to
 be rather slender, but I do not
 recall of any specific disability
 that he had.

I am no relation to him and have no
 interest in his claim. I have
 heard my answers read &
 they are correctly recorded.

J. W. Emmons
 Deponent

Deponent.

Sworn to and subscribed before me this 18th day of November,
 1896, and I certify that the contents were fully made known to deponent before signing.

B. C. Baker

Special Examiner.

DEPOSITION 13

Case of James M. Cannon et al, No. 578,911.

On this 17th day of November, 1896, at Princeton, County of Gibson, State of Indiana, before me, R. L. Bales, a Special Examiner of the Pension Office, personally appeared

James V. Davison, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: My age is 62 years

Occupation Carpenter. P.O. No. 3 Princeton Ind
years Sept 1861. 58, Ind., Vol., Inf.

Enlisted here at Princeton in Nov. 1861 and was discharged at Indianapolis Ind July 25, 1862. I remember that claimant was a member of the same Co & Reg. He was a recruit but I don't remember just when he came to the company, I think we were some where in Kentucky I think near Salmon Springs. I think it was in 1862, when he joined us.

Yes sir I was with the Co when it was at Savanna Ga. and at Atlanta Ga.

I do not know of any disease or disability that claimant had at any time & place, in the service.

ays ~~that~~ he had the chance fever as most of the rest of us had. He had it all along in the Atlanta Campaign, but he disappeared from the regiment but I don't recall just where. I don't know where he went. I don't know whether he went to hospital. He had diarrhoea as long as I recollect him. I don't know of him having anything else. I don't know whether he had chumpation or not

No I don't remember that he had any thing wrong with his eyes No sir I don't recollect that he received any injury to his eyes at any time or place

I recollect that there was a detail sent out there at Samamaka to cut cane to make fascines in which to cross the swamp. but I was not with the detail. No I don't recollect whether he was with it or not. No I don't recollect the circumstances that he relates nor that he received any injury to his eye. No sir I was not there at that time.

The only disability that I heard him complain of that I now remember is the deafness. I never knew him before the war and have never known any thing of him since the service.

I am no relation to him & have no interest in his claim. I have heard my answers read and they are correctly recorded.

James T. Davison
Deponent.

Deponent.

Sworn to and subscribed before me this 18th day of Nov 1896, and I certify that the contents were fully made known to deponent before signing.

Bela Balis
Special Examiner.

U.

(3-450) NOV 25 1896

S. E. D.

Ref No. 578911

Claimant: James M. Leandra

Soldier: " " "

P. O. address: Washington

County: Jarvis State: Ind

Recommendation: Sur. Exam.

R. L. Bales
Special Examiner.

REFERENCE.

....., 189.....

Chief S. E. Division.

RECOMMENDATION.

....., 189.....

Reviewer.

ACTION.

Dec 14, 1896
D. Allis Co. Texas
origin
See summary + 1896

[Signature]
Commissioner.

New Albany, Ind., May 31, 1896.

The Honorable Commissioner of Pensions,
Washington, D. C.

Sir:

I have the honor to return herewith all of the papers and to submit my report in pension claim Ctf. No. 578,911, of James M. Condra, Pvt. Co. F, 58 Regt., Ind. Vol. Inf., whose post office address is Washington, Daviess Co., Ind.

The claimant is pensioned at the rate of \$8 per month from the Indianapolis Agency, under the general law, on account of Chronic Diarrhoea and Resulting Disease of Liver and Rectum.

He now claims on DISEASE of EYES, resulting from an injury to left eye, incurred in service and line of duty, and also on RHEUMATISM.

No evidence of rheumatism found.

The claim was referred for special examination to determine "origin" and "continuance" of injury to left eye, also to determine facts as to condition of right eye, and rheumatism, and the case came to me for examination as to "origin" as per "summary" of Special Examiner Flick's Report. Neither Charles Cauble nor Clem Anderson was in the service. I took their statements as to continuance, though neither remembered any thing material.

Efforts to locate Joshua Bendy, James Denny, and Henry S. Cribb, named by claimant in his statement before the special examiner, were unavailing.

Dr. Wm. C. Flack, alleged to have treated claimant first

after his return from the service, now lives at or near Council Grove, Morris Co., Kansas, and I recommend that he be seen.

✓ James Lowden, ^{now living at} named by claimant as a bunkmate, now lives at or near Gundy, Logan Co., Nebraska. He should be seen.

✓ James B. Cochran, Garden City, Kans., will also remember claimant in the service, as they enlisted from same locality.

I doubt the merits of the claim.

Very respectfully,



Special Examiner.

DEPOSITION

Case of James M. Condra, No. 578,911

On this 27th day of May, 1897, at near Salem, County of Washington State of Indiana, before me, Frank A. Moore, a Special Examiner of the Pension Office, personally appeared Charles Cause, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: I am 62 years old, farmer, res + P.O. ad. as above. I was not in service.

I remember the claimant James M. Condra, but I'm not positive whether I knew him before or since the war. I don't know positively whether he lived around here since the war. He used to cut wood around here, but I don't know just where he did live. No, I don't believe he ever worked for me any. I don't know how long he did live around here, but I saw him off and on for a number of years. When I knew him he was always able to do work and he was considered an able bodied man and there was nothing wrong with him that I know of. I never knew him to be sick.

I know nothing about his eyes being affected or his having any disability. I don't remember much about him.

I am not related nor interested. I've heard nothing that would even indirectly reported.

Charles Cause
Deponent

Subscribed and sworn to before me this 26th May, 1897 and I certify that the contents were fully made known to deponent before signing.

Frank A. Moore
Special Examiner

DEPOSITION

Case of James M. Couderc, No. 578,911

On this 28th day of May, 1897, at
 Salem, County of Washington
 State of Indiana, before me, J. M. Moore, a
 Special Examiner of the Pension Office, personally appeared Marion
C. Anderson, who, being by me first duly sworn to answer
 truly all interrogatories propounded to him during this Special Examination of aforesaid
 pension claim, deposes and says: I am 59 years old; clerk;
 res. & C. O. ad. Salem, Washington Co., Ind.

I am a second cousin of the claimant
 James M. Couderc. I have known him
 all his life. I never knew him to have
 any sickness or to incur any disability
 of any kind before the war. I have
 lived in this town all my life, and
 claimant was raised out about a mile
 or so in the country. I was not in service

After the war claimant lived in this
 neighborhood a short time, and I think
 he worked on a farm, and I didn't
 see him very often. He was a single
 man.

Indeed I don't remember there being any
 thing the matter with him - in fact
 I was not with him enough to find out.
 At present I can't call to mind his ever
 complaining of any thing. I know I've
 not seen him in ten or fifteen years.
 He never visited.

I don't know any thing about his
 having rheumatism, disease of eyes or
 chronic diarrhoea.

2- Can you remember even noticing
 any thing wrong with his eyes?
 A. No, I can not.

(3-450.)
S. E. D.

JUN 5 1897

cf. No. 578, 911

Claimant: James Mc. Conner

Soldier: " " "

P. O. address: Washington

County: Davis State: Ind

Recommendation: For Exam

Wm. F. MOORE

Special Examiner.

REFERENCE.

....., 189.....

Chief S. E. Division.

RECOMMENDATION.

....., 189.....

Reviewer.

ACTION.

June 28, 1897
D. Lagan Co. Sec
origin. See summary

[Signature]

Commissioner.

Howard Kausus
Oct 12th 1898

Hon H. Clay Evans
Comm of Pensions
Washington
D.C.

Sir

I have the
honor to return the papers and
submit my report on the claim
of James M. Couder late private
in Co F. 5-8th Ind Vol Inf Reg
No. 3-78, 911

Notice of further examination waived

This claim was referred to the S. E.
Division to determine its general
merits as to injury to left eye and
injury to right eye as a sequance and
rheumatism and came to me for
further examination as to origin.

To take the deposition of Sicut
Dance. A. Hopkins, but he can't
remember claimant even after
hearing his record and statement
read. So his evidence adds
nothing to the claim either way.
The claim seems to me to
be of doubtful merit.

I recommend further exam-
ination as follows
Case of Crown Oakland City
Get on Pedestal
Respectfully submitted

Wm Hamill
Spec Exam

I'd like to take up this case out of
As order for the union that I
could do so without loss of
time or expense

Wm Hamill
Spec Exam

DEPOSITION

Case of James M. Condra Co, No. 578,911

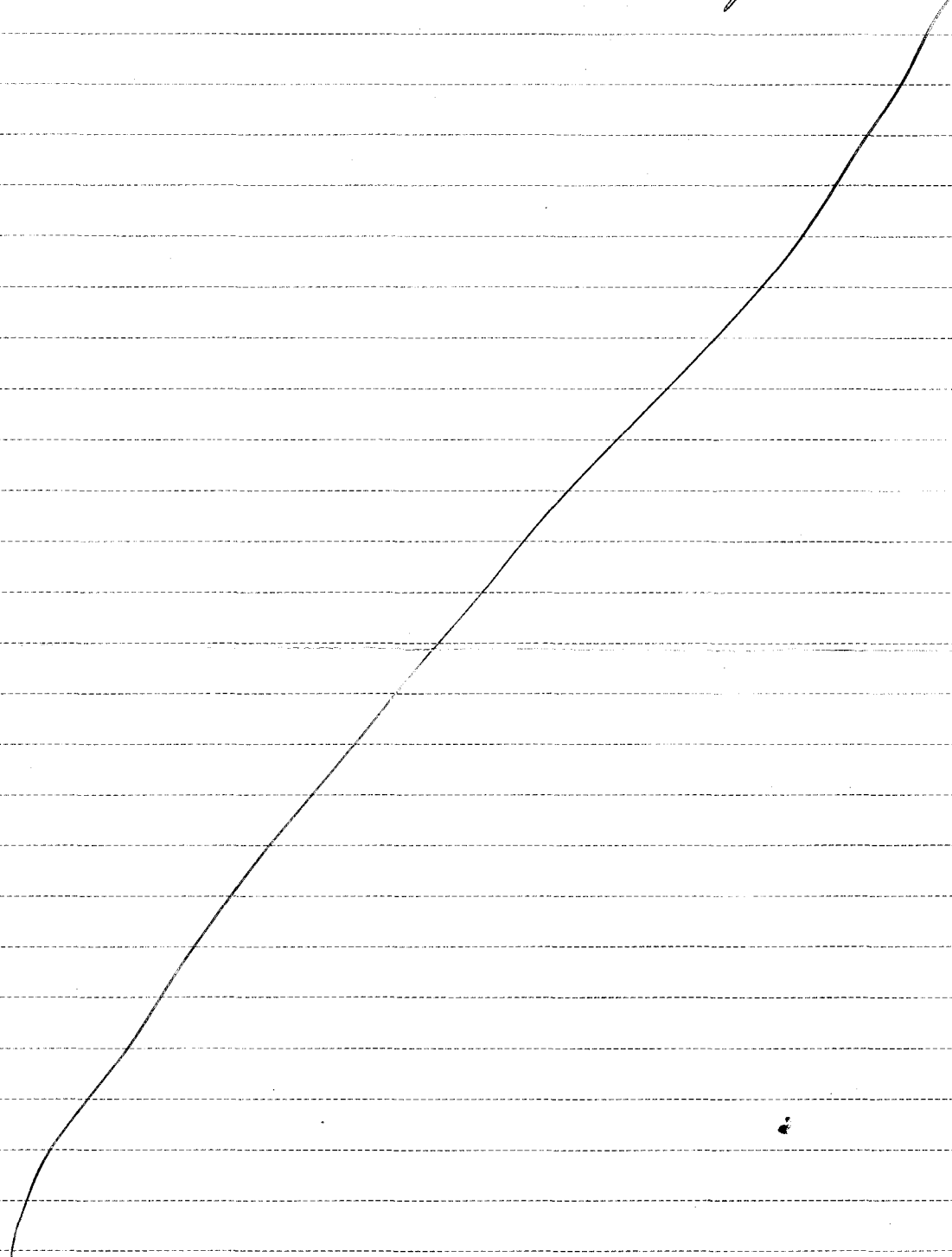
On this 11th day of Oct, 1897, at
 Opolis, county of Crawford,
 State of Kansas, before me, J. M. Karnit, a
 special examiner of the Bureau of Pensions, personally appeared Isaac
 A. Hopkins, who, being by me first duly sworn to
 answer truly all interrogatories propounded to him during this special
 examination of aforesaid claim for pension, deposes and says:

I am 64 years of age; my post-office address is Opolis
 Kansas occupation a farmer. I was
 a private to begin with mustered out 1st
 Lieut of Co. F. 58th Ind Vol Regt
 I have no recollection of James
 M. Condra ever belonging to that
 Company and if he did he must
 have been a recruit or transferred
 to me from the 10th Indiana Vol. Regt
 which was consolidated with our Regt
 in 1864. I have heard Claimant's
 record and statement
 sent but I can't remember
 him at all and consequently
 can't remember any ailments
 that he might have had. He
 states our march correctly &
 we made bundles as he says
 but to remember the man I
 can't. And can't make any
 statement at this time in this
 claim that will benefit either
 the claimant or the government
 I am not related to Claimant
 interested in this claim nor
 concerned in its prosecution
 Thus

Do you thoroughly understand

and Comprehend the questions
asked you, and are your answers
to them correctly recorded in this
deposition
Ans Yes Sir

Isaac A. Hopkins
deponent



Deponent.

Sworn to and subscribed before me this 11th day of Oct.,
1898, and I certify that the contents were fully made known to deponent
before signing.

J. M. Hamill
Special Examiner.

OCT 17 1898
(9-150.)

S. E. D.

History
No. 578,911
Claimant: *James M. Dudley*
Soldier: *Dani*
P. O. address: *Washington*
County: *Davis* State: *Iud*
Recommendation: *For Honor*

J. M. Kessell
Special Examiner.

REFERENCE.

, 189

Chief S. E. Division.

RECOMMENDATION.

, 189

Reviewer.

ACTION.

Oct 18, 1898
To Gibson County Ind for
orig
See summary.

J. H. Hancock
Acting Commissioner.

DEPOSITION

Case of James M. Coutra, No. 578,911

On this 25th day of May, 1897, at
Salem, County of Washington
 State of Indiana, before me, John D. Moore, a
 Special Examiner of the Pension Office, personally appeared Marion
C. Anderson, who, being by me first duly sworn to answer
 truly all interrogatories propounded to him during this Special Examination of aforesaid
 pension claim, deposes and says: James 39 years old; clerk;
 res. & C.O. ad. Salem, Washington Co., Ind.

I am a second cousin of the claimant
James M. Coutra. I have known him
 all his life. I never knew him to have
 any sickness or to incur any disability
 of any kind before the war. I have
 lived in this town all my life, and
 claimant was raised out about a mile
 or so in the country. I was not in service

After the war claimant lived in this
 neighborhood a short time, and I think
 he worked on a farm, and I didn't
 see him very often. He was a single
 man.

Indeed I don't remember there being any
 thing the matter with him - in fact
 I was not with him enough to find out.
 At present I can't call to mind his ever
 complaining of any thing. I know I've
 not seen him in ten or fifteen years.
 He never visited.

I don't know any thing about his
 having rheumatism, disease of eyes or
 chronic diarrhoea.

Q-Can you remember even noticing
 any thing wrong with his eyes?

A-No, I can not.

We never worked together any after
the war, nor associated together.

I have heard foregoing read
and am correctly reported

M. C. Anderson
Deponent

Deponent.

Sworn to and subscribed before me this 25 day of May
1897, and I certify that the contents were fully made known to deponent before signing.

[Signature]

Special Examiner.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION

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

STATE OF Indiana, COUNTY OF Daviess, SS:

ON THIS 18th day of February, A. D. one thousand eight hundred and 96

personally appeared before me, a Justice of the Peace within and for the County and State

aforesaid, James M. Cordra, aged 54 years, a resident

of City Washington County of Daviess State

of Indiana, who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Indianapolis Pension Agency at the rate of Eight (8)

dollars per month, Certificate No. 578911; by reason of disability from Chronic diarrhoea

and resulting disease of liver and

intestines.

incurred in the Military service of the United States, while serving as a private

Co. H. 58th Reg. Ind. Vol. Inftry.

and regiment, if in the army; vessel if in the navy.

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

the disability for which pension was

allowed and for resulting

disabilities as follows: to wit:

Rheumatism, Vertigo, heart trouble,

disease of stomach & kidneys and

disease of eyes and lungs.

General disability. He asks a

Medical Examination by a Board

of Government Surgeons, and

that he be placed on the pen-

sion roll of the U.S. at a rate

commensurate with his combined

disabilities as described. He believes

himself entitled to 24 dollars

per month as he believes his com-

bined disabilities aforesaid

equivalent to the loss of a hand

or foot.

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

J. H. Collins of Washington Ind.

his true and lawful attorney, to prosecute his claim.

His Post Office address is Washington Indiana

J. M. Stiles

James M. Cordra

Eric Stapp

(Two witnesses who can write, sign here.)

(Signature of claimant.)

200

200

200

200

200

200

200

200

200

200

200

200

Witnessed Nov 17 1914

1896-17-96

Also personally appeared *J. W. Strocker* residing at *Washington*
and *Trice Stafford* residing at *Washington*
persons whom I certify to be respectable and entitled to credit, and
who being by me duly sworn, say they were present and saw *James M. Condrick*
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 they have no interest in the prosecution of
this claim.

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

J. W. Strocker
Trice Stafford
(Signature of Affiants.)

Sworn to and subscribed before me this *18th* day of *February* A. D. 18 *96*
and I hereby certify that the contents of the above declaration, &c., were fully made known and explain-
ed 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.] *to file*
om

W. B. Rendall
(Official Signature.)
Justice of the Peace
(Official Character.)

I, *to file om*
Clerk of the County Court in and for aforesaid County
and State, do certify that *James M. Condrick*, 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 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 _____, 18 _____.

[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.

Ky

INVALID.

CLAIM FOR INCREASE AND RE-RATING.

James M. Condrick
Applicant.

Co. F, 58th Reg't.

Vol.

Pension Certificate No. *578.911 do*

Washington

to be sworn by

LAW DIVISION,
B. MAR 3 1896 P.M.
RECEIVED
Filed by

W. P. COLLINS,
MONTGOMERY, INDIANA.

WALTERS & CO., PRINT. WASHINGTON, INDIANA.

M. W.

Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., *Feb. 12,* 1896

No. Claim, _____

Cert. No. *578.911*

Claimant, *James M. Coutra*

Soldier, *same*

Co. *F*, *58* Reg't *Ad. Vol. Inf.*

Respectfully *referred to the*

Chief of the Spec. Em. Div.

for special examination

and with in clip of Division

herewith.

Order 76 Complied with.

Copy of case with case

E. DIVISION,
FEB 14 1896
BUREAU OF PENSIONS.

J. H. May

Chief of *Spec. Em.* Division.

Leuchs, Em.

B. of P. Division.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D.C. *July 7, 1896*

No. Claim *EPD*

Cert. No. *578, 911*

Claimant,

Soldier, *James H. Condra*

Co. *C*, *58* *Regt* *And. V. Inf.*

Requester action in claim under act of June 27, 1890, the law in claim under the general law should be returned to the Western Div. for transmittal to the S. E. D. for the purpose of a special examination to determine origin of the alleged injury of left eye in the service and cause of duty, and circumstances of same since discharge. No record and of claimant's alleged inability to furnish medical evidence in treatment for same in service or at discharge, and the law evidence is

Division.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D., C., 189...

No. Claim,

Cert. No.

Claimant,

Soldier,

Co., Reg't

Respectfully

not sufficient - warrant admission of claim as it now stands. The examination should also determine whether claimant suffered from disease of right eye in service and since discharge, and he should be given an opportunity to prove origin and continuance of the alleged inflammation.

L. H. Brewer

Chief of Division.

Loucks

(3-217.)

INCREASE.

Claim to *Inc*

No. *378911*

James M. Condit

P. O., *Washington*

County, *...*

State, *Ind.*

Application filed, *Oct 30, 1891*

State Service: *F. 58 Ind Inf.*

~~Dec 10 91~~ *Bd.*

Jan 11 1893 A.P. ...

Letter to ...

at ... P.M. ...

July 8 1893 Letter to ...

... to ...

... & ...

... & ...

... & ...

Disability, ...

Attorney, *...*

P. O., *Vincennes*

County, *...*, State, *Ind.*

(Order 107. - 100 M.)

893. (over)

The inclosed form is as follows:

Certificate No. *578911 dated 5th day of Nov 1912*
Name *James M. Condra, Private*
Co. *F 58th* Regiment *Indiana Infantry*

I am pensioned under the Act of May 11, 1912, at the rate of *\$19.00 per month* and claim such benefits under said Act as I may be entitled to by reason of age and length of service, and the provisions of the Act of March 4, 1913. I was *73* years old on the *10th* day of *March* 191*4*.

Name *James M. Condra*
Address *Washington, Indiana, R.F. #1*
Attended to Mark H. Kiefer, Clerk Circuit Court
Lawrence Co. Indiana

The above to be filled in and sent to the Commissioner of Pensions in case you have reached the age of 66, 70 or 75 years since filing your original claim under the Act of May 11, 1912, and that your pension certificate bears a date prior to March 4, 1913, and that you are not now drawing a rate based on 75 years of age.

19
NOV

1914

BUREAU OF PENSIONS
Office of the Disbursing Clerk,

FEB 11 1915

To the Chief, Finance Division:

You are hereby notified that check No. 6882125, for \$ 57
dated FEB 4 1915 in favor of JAMES M CONDRA
post-office WASHINGTON, IND
Certificate # 578911 ACT MAY
209 LEMON ST

Class _____

Section FOUR-----5, has been returned to this office by the

Postmaster, with the information that the pensioner died Jan 30-1915
and said check has this day been canceled.

Very respectfully,
GUY O. TAYLOR,
Disbursing Clerk.

(D-3)

PLEASE DESTROY

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Certificate No. 578911, 191
Class _____
Pensioner James M. Condra
Soldier _____
Service 58 Ind. Inf.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 19, to Nov. 4, 1914
has this day been dropped from the roll be-
cause of death, Jan. 30 1915

Very respectfully,


Chief, Finance Division.
Chief, Finance Division.

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

6-2219

COURT OFFICIALS

JAMES W. OGDON, JUDGE.
WILLIAM H. KIEFER, CLERK,
WM. GEO. HEFFERNAN, DEPUTY CLERK,
GEORGE W. HARMON, SHERIFF,
JOHN H. MCCAFFERTY, DEPUTY SHERIFF,
FLAVIAN A. SEAL, PROSECUTING ATTY.

OFFICE OF

Clerk Danvers Circuit Court

Danvers County, Indiana

COURT CALENDAR

FIRST TERM—FIRST MONDAY IN FEBRUARY
SECOND TERM—FOURTH MONDAY IN APRIL
THIRD TERM—FIRST MONDAY IN SEPTEMBER
FOURTH TERM—THIRD MONDAY IN NOVEMBER

Washington, Ind., Oct 7th 1914

Mr Salzgaber:

My dear Sir: Enclosed find slip filled out in
reference to an inquest in provision of James
Condra, kindly look after same
for him and oblige

Wm H Kiefer, Clerk



Sample

578911
Cert. No. 578911

ACT OF MAY 11, 1912.

Claimant, James M. Condra
P. O., Washington Rank, Private
County, Daviess Service, Co. 58, Indiana Inf
State, Indiana
Rate, \$ _____ per month, commencing May 23, 1912.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____; Fee, \$ _____; Agent to pay.
P. O., _____ Articles filed _____, 19

APPROVAL.

Submitted for Adm. Oct 21, 1912 V. Fletcher Examiner.
Approved for Admission Rate \$ 19. per month; age 71 years.

Reissue from Act February 6, 1907.

Length of pensionable service: 0 years, 9 months, 3 days.
Deductions in service from any cause: None years, 0 months, 0 days,

on account of Nov. 1, 1912 W. Moore Nov 4, 1912 E. Smith
Legal Reviewer. Re-Reviewer.

Enlisted Sept. 23, 1864; honorably discharged June 25, 1865.
Enlisted _____, 18; honorably discharged _____, 18
Enlisted _____, 18; honorably discharged _____, 18
Length of pensionable service: 0 years, 9 months, 3 days.
Pensioned at \$ 15 per month, under Act of Feb. 6, 1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 23, 1912,
Age shown by evidence 71 years; date of birth alleged March 10, 1841
Claimant does not write.
_____, M. C.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Indiana, County of Darke ss:

On this 21 day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, James M. Candara who, being duly sworn according to law, declares that he is 71 years of age, and a resident of Washington, county of Darke, State of Indiana; and that he is the identical person who was ENROLLED at Washington county Indiana, under the name of James M. Candara on the 23 day of September, 1864 as a Private, in company F, 5-8th Ind Vol Inft

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.) in the service of the United States, in the entire war, and was HONORABLY DISCHARGED

at Louisville Ky, on the 26 day of June, 1865.

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

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 inches; complexion, Fair; color of eyes, Grey; color of hair, Light; that his occupation was Farmer; that he was born March 10-, 1841, at Darke county, Ind. Vol Indiana

That his several places of residence since leaving the service have been as follows: in Washington county Indiana until 1868 all since that time in Darke county Indiana to date

That he is a pensioner under certificate No. 5-78911. That he has applied for pension under original No. 5-78911.

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

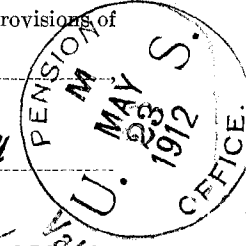
That his post-office address is Washington, county of Darke, State of Indiana

Attest: (1) James P. Wallace (2) John Wood James M. Candara (Signature in full.)

SUBSCRIBED and sworn to before me this 21 day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to applicant before swearing, including the words End Val line to erased, and the words 9 and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. s.] My commission expires Nov. 10, 1914 certificate on file

John W. Kellams (Signature.) Justice of the Peace Washington Ind (Official character)



Validity accepted to execution

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

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 578911

Name, James M. Banda

Service, Nov 3-58 and 1862

Rank, Captain

Rank, Major

INSTRUCTIONS.

This form may be used for original pension or increase of pension.
 Declaration and testimony in support of same 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 certificate has been filed in the Bureau of Pensions for general reference.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-five dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

Original No. _____

Certificate No. 578911

6
578911
Indpls

ACT OF FEBRUARY 6, 1907.

Claimant, James M Conda
P. O., 209 Belmont Rank, Private
Washington County, F. Company,
State, Indiana Regiment, 58 Ind Vol Inf.
Rate, \$ _____ per month, commencing March 29, 1911,

No STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____
P. O., _____

APPROVAL.

Submitted for adm April 14, 1911, Geo. W. Barnes, Examiner.

Approved for Admission

Age over 70

Rate \$15 per month

Reason to allow under act of February 6, 1907:

Deduct supplements and drop from roll under

the general law.

April 13, 1911, permission April 15, 1911, Chas. Wise

Legal Reviewer,

Re-Reviewer.

Drafted Sept 23, 1864 honorably discharged June 25, 1865

Enlisted _____, 18 _____ ; honorably discharged _____, 18 _____

Enlisted _____, 18 _____ ; honorably discharged _____, 18 _____

Pensioned at \$ 14.00 per month, under General Law.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed Mch 29, 1911.

Date of birth alleged, Mch 10 1841

Age shown by evidence 70 years.

Claimant does not write.

Declaration for Pension.

137

Act of February 6, 1907.

~~The Pension Certificate should not be forwarded with the application.~~

INSTRUCTIONS—This form may be used for Original Pension or Increase of Pension. Declaration and testimony in support of same 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 certificate has been filed in the Bureau of Pensions for general reference.

State of Indiana, County of Daviess, ss:

ON THIS 27th day of March, A. D. one thousand nine hundred and eleven personally appeared before me, the clerk of the circuit court within and for the County and State aforesaid, James M. Condra, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Washington County of Daviess, State of Indiana; and that he is the identical person who was ENROLLED at Indy Jeffersonville under the name of James M. Condra on the 12 day of Oct., 1864 as a prt, in Reg. 5 & Ind. Inf. Here state rank, and company and regiment in the Army, or vessels if in the Navy

in the service of the United States, in the Civil War, and was HONORABLY DISCHARGED at State name of war, Civil or Mexican

on the 25 day of June, 1865 That he also served in no other organization Here give a complete statement of all other services, if any

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 8 1/2 inches; complexion, light; color of eyes, gray; color of hair, light; that his occupation was farmer; that he was born March 10, 1841, at Daviess Co., Ind.

That his several places of residence since leaving the service have been as follows: State the date of each change as nearly as possible Salem, Ind., Daviess County, Ind.

That he is not a pensioner. That he has 2 heretofore applied for pension Ch. M. 578911 If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made

That he makes this Declaration for the purpose of being placed on the Pension-Roll of the United States, under the provisions of the Act of February 6, 1907.

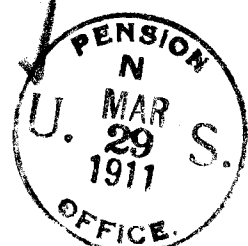
That he appoints, with full power of substitution and revocation, _____

of _____ County of _____ State of _____ his true and lawful attorney, to prosecute his claim, and requests and directs that _____ be allowed and paid, upon the issuance of a Certificate, or thereafter, such fee as may be hereafter provided by law, NOT EXCEEDING TEN DOLLARS.

His post-office address is Washington 209 Lemon St. County of Daviess State of Indiana

Claimant's signature James M. Condra

Attest 1 Thomas Nugent 2 L. H. Stuckey Two witnesses who can write must sign here



ALSO personally appeared Thomas Nugent, residing
 in Washington, Indiana and L. H. Stuckey
 residing in Washington, Indiana, 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
James M. Condea, the claimant, sign his name, (or make his mark) to the
 foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with
 him of 8 years and 25 years, respectively, that he is the identical person he represents himself to be; and
 that they have no interest in the prosecution of this claim.

Thomas Nugent
L. H. Stuckey
 Signatures of witnesses

SUBSCRIBED and sworn to before me this 27th day of March, A. D. 1911

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.]

Wm A. Mallau
 Official signature

Clerk Circuit Court.
 Official character

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR
 AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late
 civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached
 the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Sec-
 retary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case
 such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month;
 seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the
 application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two
 years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of
 Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act:
 and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving
 a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the
 same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person
 who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled
 to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services
 rendered in presenting any claim to the Bureau of Pensions, or securing any pension under this Act.

APPROVED: February 6, 1907.

Act of February 6, 1907.

CLAIM FOR PENSION

Law
 Certificate No. 578.911 JTD

Name of James M. Condea

Service U.S. Army

FILED BY

For sale by J. H. Soule, Washington, D. C.

MS

578911
Indpls

Increase INVALID PENSION.

Claimant *James M. Condra*

P. O. *Washington* Rank, *Private*
County, *Dwight* Company, *A-*
State, *Indiana* Regiment, *58 Ind. vol. Inf.*

Rate, \$ _____ per month, commencing _____

Pensioned for *Ch. diarrhoea & rectum*

RECOGNIZED ATTORNEY.

Name, *John M. Van Tass* Fee, \$ _____; Agent to pay.
P. O. *Washington, Ind.* Articles filed _____, 1.

APPROVALS.

Submitted for *Adm. Feby 21, 1908* *J. D. Wilson*, Examiner.

Approved for *chronic diarrhoea and resulting disease of liver and rectum*
14/18 from November 20 1907

March 10, 1908, *R. A. Lowe*
Legal Reviewer.

Hudson
Medical Examiner.

_____, 190____, _____
Re-Reviewer.

Feb 17, 1908, *C. F. Whitney*
Medical Referee.

Enlisted *Sept 23, 1864* Discharged *June 25, 1865* Last paid to _____, 1.

Pensioned at \$ *12-* per month for *Chronic diarrhoea and resulting disease of liver and rectum.*

PRESENT CLAIM.

Declaration filed *Aug 19, 1907* *increase for pensioned cause*

Claimant does *Not* write.

J. C. Chaney
M. C.

Declaration for the increase of an Invalid Pension.

General Laws.

State of Indiana, County of Daviess, ss.

On this 17th day of August A.D. one thousand nine hundred and seven personally appeared before me, a Clerk of the low Court within and for the county and State aforesaid,

James M. Bondra aged 66 years, a resident of Washington in the county of Daviess and State of Indiana, who being duly sworn according to law, declares that he is a pensioner of the United States, duly awarded at the Indianapolis Indiana Pension Agency, under certificate No. 578,911 at the rate of Twelve Dollars per month, by reason of "Chronic diarrhoea and resulting disease of ^{liver and} rectum."

incurred in the Military service of the United States while a private in Company F, 58th Regiment Indiana Volunteer Infantry.

That his present physical condition is such that he believes himself entitled to receive an increased pension, and that he is disabled in the following manner, to wit:

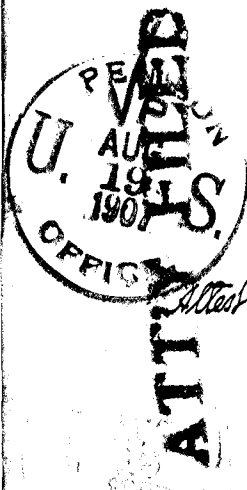
That he suffers almost continuously from chronic diarrhoea and resulting disease of liver and rectum, which so materially increased as to seriously affect his general health; that he has frequent discharges accompanied with pain in the bowels, discharges frequently of a blood stained nature; that at such times he is greatly debilitated and his eyesight is so greatly affected that it is difficult for him to see to get about or do any kind of labor; that he suffers greatly from affection of the liver, and his skin is dry and sallow at all times, and that he suffers from ulceration of the bowels and rectum, and swelling of the bowels. That these disabilities cause him great pain and sleeplessness, and that by reason of his disabilities he is almost entirely unable to perform any kind of manual labor, and he asks that special instructions be sent the Board of Examining Surgeons before whom he may be ordered for examination, in order that the full extent of his disabilities may be ascertained.

He hereby appoints John M. Van Trees of Washington in the State of Indiana, his true and lawful attorney to prosecute his claim. That his Post Office address is No. 215. Second Street Washington, Daviess county, Indiana

James M. Bondra
made

Fielding M. Colbert
George W. Tolson

Also personally appeared Fielding M. Colbert residing at Washington in Daviess county, State of Indiana, and George W. Tolson residing at Washington in Daviess county State of Indiana, persons whom I certify to be respectable and entitled to credit, and who being



by me duly sworn, say they were present and saw James M. Boardman the applicant, make his mark to the foregoing declaration; that they have every reason to believe from the appearance of said applicant, 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.

* Fielding M. Colbert.
* George W. Tolson

Sworn to and subscribed before me this 17th day of August 1907, and I hereby certify that the contents of the foregoing declaration etc. were fully made known and explained to the said applicant and witnesses before swearing, including the words "sworn, and" interlined.

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

Mrs. Wallace Clesh

Declaration and
power of attorney valid.
S. A. Cuddy,
Chief, Law Division.
per 1TH 8 20 07

MM 0

Sworn

claim for increased pensions.

James M. Boardman. Claimant.

Bo. F. 58th Regt. 1st Div. Vol. Inf.

Certificate No. 578, 911



John W. Vaccines Attorney

Washington D.C.

Increase INVALID PENSION.

Claimant

James M. Bondra

P. O.,

215 Lemon Street,

Rank,

Private

County,

Washington,

Company,

F

State,

Indiana,

Regiment,

58 Indiana Col. Inf.

Rate, \$ _____ per month, commencing _____

Pensioned for _____

RECOGNIZED ATTORNEY.

Name

J. M. Van Trees

Fee, \$ *2*; Agent to pay.

P. O.,

Washington, Ind

Articles filed _____, 1 _____

APPROVALS.

Submitted for

July 25, 190*5*

L. Bangs, Examiner.

Approved for

Ch. diarrhoea and res. dis. of liver and rectum.

Approved for *chronic diarrhoea and resulting disease of liver and rectum*

12/18 no increase

July 27, 190*5*, *W. M. Hanna*, Legal Reviewer.

J. S. ..., Medical Examiner.

Re-Reviewer.

July 31, 190*5*, *...*, Medical Referee.

Drafted *Sept 23*, 18*64* Discharged *June 25*, 18*65* Last paid to _____, 1 _____

Pensioned at \$ *12* per month for *chronic diarrhoea and resulting disease of liver and rectum*

PRESENT CLAIM.

Declaration filed

Oct 17, 190*4*, *increase from period covered*

Claimant does *not* write.

No, M. C.

HJ

B. DECLARATION FOR AN INCREASE OF AN INVALID PENSION. B

To be executed before a court of record, or some officer thereof having custody of its seal.

State of Indiana }
County of Daviess } ss.

On this 15th day of October A. D. one thousand ~~eight~~^{nine} hundred and four
personally appeared before me Clay of the Daviess Circuit
Court the same being a court of record within and for the county and State
aforesaid, James M. Bourda aged 63 years, a resident of the city
of Washington county of Daviess State of Indiana
who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled
at the Indianapolis Indiana pension agency, at the rate of Twelve
Dollars per month, by reason of disability incurred in the Military service of the
Here state the name of the Company and Regiment if in the Army, and Vessel, &c., if in the Navy.

United States, while a private Co. F. 58th Regiment Indiana Volunteer Infantry
That his pension certificate is number 578,911 and was issued to him for "Shwens' diarrhea
and resulting disease of liver and rectum."

That his present physical condition is such that he believes himself entitled to receive an increased pen-
sion; and that he herewith returns his present pension certificate. He further declares that he is disabled
Here set forth extent of present disability as sequence of disability, for which pension was originally
in the following manner, to wit: That the disabilities for which he is now pensioned has materially
increased since the date of his last pension certificate and that his present rating is unjustly
low and is not commensurate with the degree of his disabilities, by reason of which he is
totally disabled for performing manual labor.

that he appoints John M. Van Trees of Washington in the State of Indiana his true and
lawful attorney to prosecute his claim; that his residence is No. 215 Lawson Street in
the city of Washington County of Daviess and
State of Indiana and his POST OFFICE ADDRESS is Washington, County
of Daviess State of Indiana.

ATTY FILE

Claimant's signature: James M. Bourda
Attest: Lewis Beaman
W. H. Prentice



Also personally appeared Louis Beaman, residing at No. _____
 in _____ Street, in Washington, State of Indiana and M. A. Prunice
 residing at No. 407 in E. Railroad Street,
 in Washington, State of Indiana 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 James
M. Beaudra the claimant, ~~sign his name~~ (3) make his mark to
 the foregoing declaration; that they have every reason to believe, from the appearance of said claim-
 ant 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.

Louis Beaman
M. A. Prunice
 (Signatures of Witnesses.)

SWORN to and subscribed before me, this 15th day of October, A. D. 1904;
 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 "Sign his name", erased,
 and the words _____, added;
 and that I have no interest, direct or indirect, in the prosecution of this claim.

Wm. M. Wallace
 (Signature.)
Chas. Lewis Brown
 (Official Character.)

- (1) Here insert Company and Regiment if in the Army; and Vessel, &c., if in the Navy.
- (2) Here set forth extent of present disability as sequence of disability for which pension was originally allowed; how far incapacitated for manual labor, or dependent upon the personal aid or attendance of others.
- (3) If the claimant does not write, erase here the words "Sign his Name," and insert the words "Make his Mark."

[2-884]

W. M. Wallace B.
 B. Prunice
 12
 INVALID.
 CLAIM FOR INCREASE
 OF
 ORIGINAL PENSION
James M. Beaudra, Applicant.
Pacquet Co., I. S. S. Regt.,
Indiana Infantry Vols.
 Enlisted, _____ 18____
 Discharged _____ 18____
Ind. Certificate No. 578,911
 O J
 FILED BY
John W. Van Dine
Washington, Indiana
Attorney for Claimant
 RECORDED
 OCT 19 1904
 Printed by Chicago Legal News Co. (2-884.)
 W. M.

Western Div.
Case No. 578, 911
James W. Boardman
Co. F. 58. Regt. Ind. Inf.

J. P. M. Ex.

State of Indiana, County of Daviess, ss.

Before the undersigned a Notary Public within and for the county and State aforesaid, personally appeared Dr. W. B. Deffendall, whose residence and Post Office address is No. 407, E. Main Street, Washington in Daviess County State of Indiana, who being duly sworn according to law, deposes in relation to the aforesaid case as follows:

I am a regular practicing physician of 14 years standing. I have been the above claimant's family physician for seven years, and have treated him for chronic diarrhea, rectal and liver trouble; and believe that he is materially worse than when formerly from all these troubles. I further declare that I have no interest in the above matter,
W. B. Deffendall, M.D.



Western Dist. J.P. M. Ex.
Box No. 578, 911.
James M. Gordon
Box 7, 55, 1st St. S.W. Tolson, Ind.
General Exam

Sworn to and subscribed before me this 3rd day of June 1905, and I certify
that the affiant, who is personally known to me, is a regular practicing
physician, respectable in his profession, and a good and credible witness,
and that I have no interest in this matter

Harry V. Obegatt
Notary Public

My commission expires Jan. 29th, 1907.

Attest of S. M. B. Daffordall

Filed by
John W. Van Dusen Atty
Washington Secretary

578911
Indpts.

Increase INVALID PENSION.

Claimant, James M. Condra

P. O., 215 Seman Street

Rank, Private

County, Washington, Davis Co

Company, 5th

State, Indiana

Regiment, 58th Ind. Vol Inf.

Rate, \$ 12 per month, commencing March 9, 1904.

Pensioned for chronic diarrhea and resulting disease of liver and rectum.

RECOGNIZED ATTORNEY.

Name, John M. Van Trees, Washington Ind.

Fee, \$ 2; Agent to pay.

P. O., Washington Ind.

Articles filed, 1

APPROVALS.

Submitted for April 2, 1904

Scott, Examiner.

Approved for chronic diarrhea resulting disease of liver and rectum.

Approved for chronic diarrhea and resulting disease of liver and rectum.

9, 1904 \$ 12 / \$ 7.8 from March

No increase

April 4, 1904

West Leg. Reviewer.

Papinical, Medical Examiner.

Stables, Medical Reviewer.

190

April 6, 1904

James Houston, Medical Referee.

Enlisted Sept 28, 1864 Discharged June 25, 1865 Last paid to 1

Pensioned at \$ 10. per month for chronic diarrhea and resulting disease of liver and rectum

PRESENT CLAIM.

Declaration filed Dec 26, 1903 In re period covered

Claimant does not write.

No.

M. C.

Increase INVALID PENSION.

Claimant James M Condra
 P. O., Washington, Rank, Private
 County, Daviess, Company, 71
 State, Indiana, Regiment, 5-8 Ind. Vol Inf.

Rate, \$ _____ per month, commencing _____

Pensioned for _____

RECOGNIZED ATTORNEY.

Name, R.W. Burton, Fee, \$ 2 Feb 18, 1901; Agent to pay.
 P. O., Washington, Ind. Articles filed _____, 1-

APPROVALS.

Submitted for Adm. Feb. 7, 1901, Edwynn, Examiner.
 Approved for Chronic diarrhoea and Approved for Chronic diarrhoea
resulting disease of liver and and resulting disease of
rectum. liver and rectum 10/8
No increase

Feb. 9, 1901, J. Morrison, Triller, Wale
 Legal Reviewer. Medical Examiner. Medical Reviewer.
 _____, 190_____, Feb. 11, 1901, _____
 Re-Reviewer. Medical Referee.

Drafted Sept 23, 1864 Discharged June 25, 1865 Last paid to _____
 Pensioned at \$ 10 per month for Chronic diarrhoea, and resulting
disease of liver and rectum,

PRESENT CLAIM.

Declaration filed Feb. 26, 1900 Alleges Chronic diarrhoea
and resulting disease of liver and rectum,
and penitity

Claimant does not write. Hon. Robert W. Miers, M. C.

INVALID PENSION.

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, *James M. Condra*
P. O., *Washington* Rank, *Pvt.*
County, *Davis* Company, *7*
State, *Ind.* Regiment, *55 Ind. Vol. Inf.*
Rate, \$ *10* per month, commencing *April 5 - 1899*

578911
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Pensioned for *Chronic diarrhoea + resulting disease of liver & rectum* RECOGNIZED ATTORNEY.

Name, *James P. G. Adams* Fee, \$ *2.00* Agent _____ to pay.
P. O., *Muncie Ind.* Articles filed *October 30*, 1891.

APPROVALS.

Approved for *Painful Diarrhoea and Rheumatism with a view of eyes from injury*
Submitted for *Adm. Aug 14*, 1895; *Chattanooga*, Examiner.

Approved for *Chronic diarrhoea resulting disease of liver & rectum (see)*. *Medical certificate*
Reject disease of eyes and rheumatism.
No record and no direct and positive testimony
Showing origin, in service or existence of
disease. (Medical certificate of presence of
rheumatism.) *Spec. Ex. Reports*

Approved for *Chronic diarrhoea and resulting disease of liver and rectum* 10 from *April 5, 1899*
18

Diapir increase

Feb 27, 1899, Legal Reviewer. *Adams*, Med. Exr., *Adams*, Med. Reviewer.
Feb 27, 1899, Special Reviewer. *Adams*, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Discharged *September 23*, 1864. Last paid to _____ at \$ *8.00*
Pensioned from *June 5*, 1888, at \$ *4.*, for *Chronic diarrhoea & disease of liver & rectum* & \$ *8* from *Nov. 11, 1891*

Original declaration filed *June 5*, 1888, alleged *Chronic diarrhoea & resulting disease of rectum, liver, stomach, heart & rheumatism.*

Declaration filed *Oct. 14*, 1891, alleged *under Act of June 27, 1891. Chronic diarrhoea, stomach trouble, smothering of bile, disease of lungs, heart, rheumatism, nervous prostration and general debility.*

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

PRESENT CLAIM.

Declaration filed *October 30*, 1891, alleges *Diarrhoea & Painful Diarrhoea, and disease of eyes and almost total loss of sight, & eye disease about Dec 1864 near Savannah Ga. by being struck in the eye while cutting cane for pro. App'd. 1891, alleges rheumatism M.C.*

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ORIGINAL INVALID CLAIM.

578.911
Indpls

Soldier, James M. Cordra
P. O., Washington Rank, Priv.
County, Daviess Company, F.
State, Ind. Regiment, 58. Ind. Vol. Inf.
Rate, \$ 4. per month, commencing June 5, 1888.

and \$8. from March 11-1891

Pensioned for Ch. diarrhoeal disease of liver & rectum

RECOGNIZED ATTORNEY.

Name, Knafflert Laff Fee, \$ 25., Agent to pay,
P. O., Indianapolis, Ind. Articles filed July 18, 1888.

APPROVALS.

Approved for chronic diarrhoea
Submitted Adm Jan 16, 1891; W. Bidleman, Examiner.
Sept 27 1891 O. Hunter Jr.

Approved for Chronic diarrhoea Approved for Chronic diarrhoea and
resulting disease of rectum
4/18 to March 11-91 and 8/18

Rating 97 for piles & rheumatism thenafter. No genuine disability from
Dis. of liver, stomach & heart sub mission of rectum, included
mitted for rejection on ground of no disability in abm appnals etc.
since filing Legal Reviewer, V. S. Purples, Med. Ex. Dr. C. C. ..., Med. Reviewer,
Jan. 19, 1891, Re-Viewer, May 11, 1891, Dr. D. ..., Med. Referee.

IMPORTANT DATES.

Enlisted, Sept 23, 1864 service from
Mustered, 18 , 18 , to , 18 , in
Discharged June 25, 1865
Declaration filed June 5, 1888. Not in service since June 25, 1865

BASIS OF CLAIM.

That at Mounta Ga. Fall 1864 contracted chronic
diarrhoea resulting disease of rectum liver stomach
heart and rheumatism.

Alb cloud sugar ment

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 578,911

VETERAN

James M. Condra

RANK

Private

SERVICE

Co F-58, Ind Inf

CAN No.

19589

BUNDLE NO.

47

DECLARATION FOR INVALID ARMY PENSION.

STATE OF Indiana, COUNTY OF Daviess, 1881

On this 31st day of May, one thousand eight hundred and eighty-eight, personally appeared before me Joseph J. Lacy, Clerk of the Circuit Court, a Court of Record within and for the County and State aforesaid, James M. Bondra aged 47 years, a resident of Washington, in the County of Daviess in the State of Indiana, who, being duly sworn according to law, declares that he is the identical James M. Bondra, who enlisted in the service of the United States at Jeffersonville, County of Clark, State of Indiana on the 23 day of Sept, 1864, as a Private in Company 7 of the 58 Regiment of Ind. Inf. Vols., Commanded by Eugene L. Mason and was HONORABLY DISCHARGED at Louisville, State of Kentucky on the 25 day of June, 1865. That his personal description is as follows: Age, 23 years, height, 5 feet 8 inches; complexion, Fair; hair, Light; eyes, Gray. That while a member of the organization aforesaid, in the service and in the line of his duty, at or near a place called Atlanta, State of Georgia, on or about the fall day of 1864.

Contracted Chronic Diarrhoea under following circumstances: using bad water, badly cooked food, and camp life. This Chronic Diarrhoea has resulted in disease of rectum, Liver, stomach, heart and Rheumatism.

That he was treated in Hospitals as follows: None. (Washington Ind Board Preferred)

That he has been employed in the Military or Naval Service otherwise than above stated, as follows: None.

That he has not been employed in the Military or Naval Service otherwise than as stated above, since the day of 18. Since leaving the service he has resided in Washington + Daviess Co's Ind. and his occupation has been that of a farmer & coal miner.

This Blank is prepared by KNEFLER & LOPP, Indianapolis, Ind., and is exclusively to be used for their business.

42 That prior to his entry into the service above named, he was a man of good, sound physical health, be when en-
43 rolled a *private*. That he is now *one-half* disabled from obtaining his
44 subsistence by manual labor by reason of his injuries above described, received in the service of the United States;
45 and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

46 He hereby appoints, with full power of substitution and revocation, **KNEFLER & LOPP, OF**
47 **INDIANAPOLIS, STATE OF INDIANA**, his true and lawful attorneys to prosecute his claim That he has
48 *never* received *nor* applied for a pension
If application for pension has been made, give the number of the claim.

49
50 His post-office address is *Washington*
Give town, county and State; if city where houses are numbered, give name and street and number of the house.
51 County of *Darces*, State of *Indiana*

52 *James M. Condra*
Signature of Claimant.
mark

Two Witnesses who can write. { *William H. Mattingly*
George W. McBracken

Also personally appeared *William H. Mattingly*, P. O. *Washington*
County of *Darces*, State of *Indiana*, and *George W. McBracken*
P. O. *Washington*, County of *Darces*
and State of *Indiana*, 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 *James M. Condra*
the claimant, *sign his name* (make his mark) to the foregoing declaration and power of attorney; and they further
swear 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 known him for *eight*
years last past; that his habits have been uniformly good, and his occupation has been that of a *farmer &*
laborer, and that they have no interest in the prosecution of this claim.

When signed by mark, two persons must sign as Witnesses to mark. { Signatures of two identifying witnesses. { *William H. Mattingly*
George W. McBracken

Sworn to, acknowledged and subscribed before me, this *31st* day of *May*, 18*78*,
and I hereby certify that the contents of the foregoing declaration of claimant and affidavit of witnesses was made
known to each of them before administering the oath; including the word
on line *erased*, and the words *on line* added; and that I have
no interest, direct or indirect, in the prosecution of this claim.

Jos. J. Lacy
Clerk of the *Darces* Circuit Court.
Official Signature.

No. **INVALID PENSION.**
ORIGINAL CLAIM OF *James M. Condra*
of Capt. Mason
Co. E. *58th Regt.*
Indiana Vols.,
Enlisted September 23^d 1864
Discharged June 25 1865
PENSION OFFICE
INDIANAPOLIS, IND.
FILED BY
KNEFLER & LOPP,
Indianapolis, Ind.,
ATTORNEYS FOR CLAIMANT.
Hasselman-Journal Co. Print, Indianapolis.

OCT 30 1891

Declaration for Increase of an Invalid Pension.

(OLD AND NEW DISABILITY.)

State of Indiana, County of Tipton, ss:

On this 23rd day of Oct, A. D. one thousand eight hundred and ninety...

personally appeared before me John W. Wilson

a Mary Public within and for the County and State aforesaid

James M. Conder, aged 50 years, a resident of

Washington, County of Tipton, State of

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

is a pensioner of the United States by certificate number 378,911, and duly enrolled at

the Indianapolis Pension Agency, at the rate of \$8.

dollars per month, by reason of disability from Chronic Gonorrhea

resulting disease of liver and rectum

incurred in the military service of the United States, while serving as a Pri.

Co. P. 5th Indiana Inf.

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

He farther declares that he is disabled in the following manner, to-wit: Disease

of eyes, almost total loss of sight in left

eye.

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

near Duramuk in the Stat of Georgia, on or

about the December 1864

injured by being struck in the left

eye with a fork in cutting

cane poles

that he suffers greatly

at that time and continues to be

a sufferer all times of his service,

that he is totally unable to

do any manual labor being

broke down

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

P. L. WEEMS, of Vincennes, Indiana, his true and lawful attorney, to prosecute his claim.

His Postoffice address is Washington Indiana

W. L. Williams

J. W. Wilson

James M. Conder

(Two witnesses who can write, sign here.)



Also personally appeared W. J. Williams residing at Washington
Indiana and F. W. Wilson residing at
Washington Ind. 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

....., 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 acquaint-
 ance 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 Affiant sign by mark, two persons who can write sign here.)
W. J. Williams
F. W. Wilson
 (Signature of affiants.)

Sworn to and subscribed before me this 21st day of October A. D. 1891,

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. S.]

J. H. Brown
 Clerk of the County Public
Trust Co. Indiana

THIS MUST BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF THE SEAL.



INVALID.
CLAIM FOR INCREASE.
OLD AND NEW DISABILITY.

James J. Condra Applicant.
U.S.A. Regt.
Indiana Vols.
 Pension Certificate No. 578911

FILED BY
James F. L. Weems,
 Attorney for Claimant,
 Vincennes, Ind.
 MESSENGER PRINT, Vincennes, Indiana.

Declaration for the increase of an Invalid Pension

State of Indiana, County of Daviess

A

On this 24th day of December A.D. one thousand nine hundred and three personally appeared before me, at best of Bureau Court, within and for the county and state aforesaid,

James M. Condra aged 62 years, a resident of Washington in the county of Daviess and State of Indiana, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Indianapolis, Indiana, Pension Agency at the rate of Ten dollars per month under Certificate No 578,911 by reason of "Chronic diarrhea and resulting disease of the liver and rectum".

incurred in the military service of the United States while a private in Company F, 58th Regiment Indiana Volunteer Infantry.

That his present physical condition is such that he believes himself entitled to receive an increased pension. He further declares that he is disabled in the following manner, to wit:

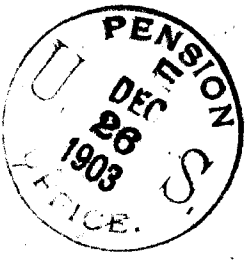
That his disability of chronic diarrhea and results have materially increased since his pension was granted; that suffers more or less pain in his bowels, liver and rectum almost constantly, and on that account is greatly hindered in carrying his support by manual labor, and at times he is compelled to quit trying to labor. He further declares that his present rating not commensurate with the degree of his disability, and is much below the rating allowed others for the same or similar disability. That he is more than one half disabled for performing the labor of an able bodied man in account of the disability above mentioned.

That he hereby appoints James M. Condra of Washington in the State of Indiana, his true and lawful attorney to prosecute his claim. That his Post Office address is 215. Leamon Street in the county of Daviess State of Indiana.

Witness my hand and seal this 24th day of December 1903.

James M. Condra

Also personally appeared Smith Scott residing at Washington in the



ATTY' FILED

Washington

Attest: }

county of Davis and State of Indiana, and Taylor Hoffer, residing at
Washington in Davis county, State of Indiana, persons whom I certify to be
respectable and entitled to credit, and who being by me duly sworn, say they were
present and saw James M. Bondre the applicant make his oath to the foregoing
declaration; that they have every reason to believe from the appearance of the 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 his claim.

x Smith Scott
r Taylor Hoffer

Sworn to and subscribed before me this 24th day of December, A.D. 1901, and I hereby certify
that the contents of the foregoing declaration etc. were fully made known and explained to the said
applicant and witnesses before swearing.

and that I have no interest, direct

or indirect in the prosecution of this claim.

Thomas Harris
Clerk Circuit Court

0 1 1
L. Bondre vs. 578 911
100
100

James M. Bondre

vs. F. 58th Regt. Ind. Vol. Inf.

DEC 30 1901
RECORDED
DIVISION
Filed by

James M. Bondre Atty
Washington Indiana

GENERAL AFFIDAVIT.

STATE OF Indiana, COUNTY OF Davies SS:

In the matter of Pension Claim of James M Bondra

ON THIS 16th day of August A. D. 1894, personally appeared before me a Justice of the Peace in and for the aforesaid County duly authorized to administer oaths James M Bondra aged 53 years, a resident of Washington in the County of Davies and State of Indiana well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid cause as follows:

I contracted rheumatism between

[Note Affiants should state how they gain knowledge of the facts to which they testify.]

Atlanta and Savana Georgia; while marching and after arriving at Savana. I suffered very severely while we remained at that place. Then march through to Washington City. I improved some what while marching from savana to Washington City. I went then to Louisville and was discharged from there to Indianapolis Ind and from thence home I have been suffering more or less ever since the Physicians who treated me are dead. The pains through my sholders neck and head have badly effected my eye sight. have almost wholly lost one eye.

H..... Post-office address is Washington Davies Co Ind

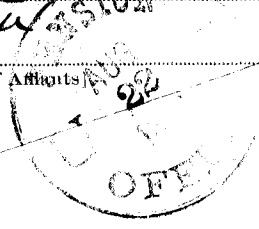
.....further declare that.....no interest in said case and..... not concerned in its prosecution.

Randerson W Coffey
William W Coffey

James M Bondra

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

[Signature of Affiants]



STATE OF Indiana, COUNTY OF Daviess SS:

Sworn to and subscribed before me this day by the above-named affiant..., and I certify that I read said affidavit to said affiant..., including the words.....
.....erased, and the words
.....added and acquainted with its contents before.....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..., personally known to me and that as a credible person..

Henderson McCafferty
[Official signature]
Justice of the Peace
[Official character]

[L. S.]

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

State of Indiana, Daviess County, ss:

I, Thomas D. Slimp, Clerk of the County of Daviess aforesaid, do hereby certify that Henderson McCafferty, Esq.; whose certificate of acknowledgement appears to the above instrument of writing, was on the day and at the time of making said certificate, to-wit: August 16th, 1894, a Justice of the Peace within and for said County of Daviess duly elected, commissioned and qualified, and that full faith and credit ought to be given to his official acts, and that the signature purporting to be his is genuine.

WITNESS my hand and the seal of said Court at Washington, this 18th day of August, 1894. 6 Thomas D. Slimp Clerk D.C.C.

No. 578, 711

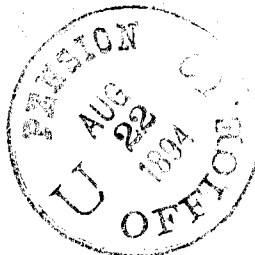
ADDITIONAL EVIDENCE:

CLAIM OF

James H. Lumb

AFFIDAVIT OF

Claimant



FILED BY

JAMES P. L. WEEMS,

Attorney for Claimant,

VINCENNES, - - INDIANA.

GENERAL AFFIDAVIT.

State of Indiana, County of Davess, SS:

In the matter of James M. Condra vs F 3'8" Key
Ind Vol Duff-64 No 578911

ON THIS 29th day of Nov A. D. 1894, personally appeared before me

Notary Public in and for aforesaid County duly authorized to administer oaths,
James M. Condra aged 54 years, a resident of Washington
in the County of Davess and State of Indiana

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

That he is unable to comply with

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

The requirements of the pension office as
to testimony of an other employee showing
contracted Rheumatism. That his
claim for Government Pension is
based on Chronic Bronchitis resulting
in disease of Aorta liver & stomach
heart and Rheumatism he requests
that his claim be adjudicated in
connection with the evidence now
on file in the pension office. That he
dictated foregoing declaration of
facts and was not aided or pre-
sented in any manner and that
the same was reduced to writing by
W. P. Collins at Washington Ind on
the 29th day of Nov 1894 and that same
was read over to him before signing.

His Post Office address is Washington Ind

farther declare that no interest in said case and not concerned

W. P. Collins
W. J. Hamilton
(If affiants sign by mark, two persons who can write sign here.)

James M. Condra
W. J. Hamilton
(Signature of Affiants.)

State of Indiana, County of Darke, SS:

Sworn to and subscribed before me this day by the above named affiant....., and I certify that I read said affidavit to said affiant....., including the words.....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 aforesaid affiant..... personally known to me and that he is a credible person.

Richard M. Carr
(Official Signature.)

RP
(Official Signature.)

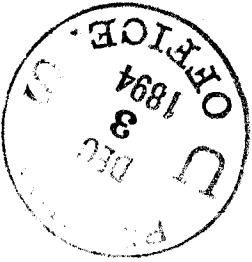
67120 878-911
911.1
ADDITIONAL EVIDENCE.

CLAIM OF

John McLawrence
Box # 8801 Ray Hill
Arka,

AFFIDAVIT OF

Claimant



FILED BY

W. P. COLLINS
WASHINGTON, D.C.

MCCAFFERY BROS., PRINTERS, Washington, Ind.

3-050.

Line War Div. *WMB* Ex'r.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,

Washington, D. C. *April 11*, 1911

Respectfully referred to the
adjutant General War
Department requesting a
personal description of the
soldier at date of enlistment

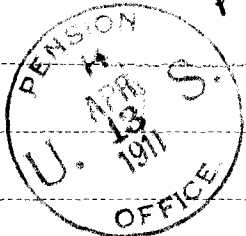
no other report on file

3 Incl

lett. 578911

James M. Condra

Co. F 58 Ind Vol Inf



J. L. Davenport,

Commissioner.

6-280

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, APR 12 1911

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

James M. Condra
Co. *F*, 58 Reg't Ind. Inf

the records show personal description as follows:

Age *23*, height *5* feet, *8* inches,

complexion *fair*,

eyes *gray*; hair *sandy*,

place of birth *Davis Ind*,

occupation *sewerer*.

F. C. Ainsworth

The Adjutant General.

Per *R*

(A. G. O. 136)

DECLARATION FOR INCREASE.

STATE OF INDIANA

COUNTY OF DAVIESS

ss:

On this ninth day of February, A.D. 1900, personally ap-

peared before me, a Notary Public, A. J. Biddleman within and for the aforesaid County, duly authorized to administer oaths. James M. Condra, aged 58 years, a resident of Washington, in the County of Daviess and State of Indiana, who being duly sworn according to law, declares that he is a pensioner of the United States by reason of Certificate Numbered 578911, duly enrolled at the Indianapolis, Indiana Pension Agency, at the rate of \$10.00 per month by reason of disability incurred in the Military service of the United States while serving as a Private of Company "F" 58 th, Regiment Indiana Infantry Volunteers. That his present physical condition is such that he believes himself entitled to an increased pension for the reasons that his present rate of pension does not equal the degree from which he is incapacitated for the performance of manual labor, and earning his living by said manual labor, by the disabilities occasioned and incurred while serving as above stated in said Co/ and Regiment. And that said disabilities have increased in severity, viz "Chronic Diarrhoea and resulting disease of liver and rectum" by reason of his advancing age and the nature of such said disabilities, very materially since he received said above rate of \$10.00 per month, for said disabilities, and he is therefore rendered less able to earn his support by manual labor than at the time of granting said rate.

He hereby appoints, with full power of substitution and revocation Rob't W. Burton, of Washington, Daviess County, Indiana his true and lawful attorney to prosecute this claim. That his Post Office address is Washington, Daviess County, Indiana.

James M. Condra

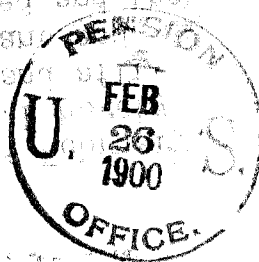
Also personally appeared Walter Mykoff residing at Washington, in the County of Daviess and State of Indiana, and

Algon W. Baker, residing at Washington, in the County of Daviess and State of Indiana, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw James M. Condra, the claimant make his mark to the foregoing declaration; that they have every reason to believe, from his appearance and their long and intimate acquaintance with him that he is the identical person he represents himself to be; and that they have no interest, present or prospective, in the prosecution of this claim.

Walter Mykoff

Algon W. Baker

ATTY FILED



... I have no interest in said claim... I have not advised the Pension Office of the foregoing declaration... and I have not advised the Pension Office of the foregoing declaration...

STATE OF INDIANA, COUNTY OF DAVIESS, ss:

Sworn to and subscribed before me this ninth day of February, 1900, by the foregoing named applicant and witnesses; and I hereby certify that the contents of the foregoing declaration and affidavit were fully made known and explained to the applicant and witnesses, including the words ~~XXXXX~~ erased and the words "A.B." added before swearing and before they signed the same; I further certify that I have no interest in said claim and am not concerned in its prosecution.

A. J. Diddinger

Notary Public.

My Commission expires Sept. 29, 1900.

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Declaration for increase

100 - value of

James M. Anderson, late

of Co. "B", 58th Regt. Ind. Inf.

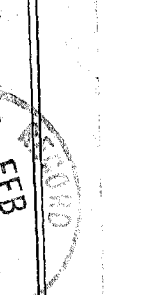
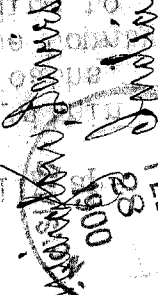
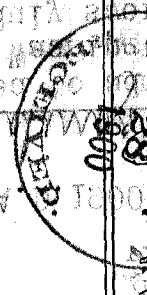
and late Captain of Co. "B", 58th Regt. Ind. Inf.

578911. 710

leg.

[Signature]

[Signature]



PROOF OF DISABILITY.

This Blank is prepared by KNEFLER & LOPP, Indianapolis, Ind., and is to be used exclusively for their business.

READ THIS NOTE.—This affidavit must be executed by a COMMISSIONED OFFICER or the FIRST SERGEANT of Claimant's Company; but, if such evidence can not be procured, two enlisted men of Claimant's Company should testify in separate affidavits, setting forth when, where, and under what circumstances the alleged disability was incurred.

State of Texas, County of Ellis, ss:

1 IN THE MATTER OF the Original Invalid Pension Claim No 654105 of
2 James M. Bondra Company, F. 58 Regiment, Inda Vols.

3 THIS 19th day of Decr A. D. 1888, personally appeared
4 before me, a Notary Public in and for the aforesaid
5 County, duly authorized to administer oaths, Hiram M. Cauble
6 aged 48 years, whose Post Office address is Bristol
7 County of Ellis and State of Texas,

8 and who, being duly sworn according to law states, that he is acquainted with
9 James M. Bondra applicant for Invalid Pension, and knows
10 him to be the identical person of that name who enlisted or volunteered as a
11 Private in Company F. of the 58 Regiment of Inda
12 Vols., and who was discharged at Indianapolis Inda
13 on or about the 30th day of June 1865, by reason of
14 Close of the War.
(Here insert the reason of the soldier's discharge, if known; if not known, so state.)

15 That the said James M. Bondra while in the line of his duty,
16 at or near Atlanta in the State of Georgia
17 did, on or about the 20th day of October 1864, become
18 disabled in the following manner, viz:

19 He was taken with a severe case of
(Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body
20 Diarrhea while in camp, and he
wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sick-
21 was bothered continually with it up to
ness, and how it affected him.)
22 the close of the war, sometimes a little
23 better, but always suffered with it
24 More or less

25 That facts stated are personally known to the affiant by reason of his being
(Here state whether affiant
26 in the same company - & in the same mess
was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to
27 with him, from enlistment to the close of
affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.)
28 the war. But cannot say as to any
29 Special Treatment of a Medical Nature
30 in his case.

31
32 No mention of injury to eye in the report.

33 And deponent further states that he is well acquainted with the claimant, hav-
 34 ing known him for at least Thirty five years and further, that his
 35 knowledge of the facts above stated is derived from said acquaintance, and from
 36 having served as a Private of Company F of the 58th
 37 Regiment of Indiana Volunteers from the _____
 38 _____ day of August 1864, to the 30th day
 39 of June 1865,

40 And deponent further states that the claimant was a sound and able-bodied man at and
 41 prior to enlistment, so far as he knew, and that he is totally disinterested in this claim.

42 _____
 43 _____
(If Affiant signs by mark, two witnesses who can write sign here.) *Hiram M. Canble*
(Signature of Affiant.)

State of Texas, County of Ellis, ss:

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

L. S. _____
Alex Mosley
(Official Signature.)
Notary Public, Ellis Co., Texas
(Official Character.)

I, _____, Clerk of the Circuit 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 a _____ 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 _____ day of
 _____ 188__

L. S. _____ Clerk of the _____ Circuit Court.

NOTE.—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice or Notary whose certificate of official character is not on file in the U. S. Pension Office at Washington, then Clerk of County Court must add his certificate of official character hereon, and not on a separate slip of paper.

nb99

PROOF OF DISABILITY.
 No. 54105
 CLAIM OF
James M. Condra
 Private Co., F 58 Reg't,
 Indiana Vols.
 FOR ORIGINAL INVALID PENSION.
 AFFIDAVIT OF
Hiram M. Canble
 P. O. Bristol
 Texas.

1

FILED BY
KNEFLER & LOPP,
 ATTORNEYS FOR CLAIMANT,
 INDIANAPOLIS, . . . INDIANA.
Baker & Randolph, Printers, Indianapolis.

PROOF OF DISABILITY.

READ THIS NOTE.—This affidavit must be executed by a COMMISSIONED OFFICER or the FIRST SERGEANT of Claimant's Company; but, if such evidence can not be procured, two enlisted men of Claimant's Company should testify in separate affidavits, setting forth when, where, and under what circumstances the alleged disability was incurred.

State of Indiana, County of Darves, ss:

1 IN THE MATTER OF the Original Invalid Pension Claim No. 654/85 of
 2 James W. Condra Company, F 9th Regiment, Indiana Vols.
 3 THIS 1st day of January A. D. 1889, personally appeared
 4 before me, a Notary Public in and for the aforesaid
 5 County, duly authorized to administer oaths, Crack Wood
 6 aged 38 years, whose Post Office address is Washington
 7 County of Darves and State of Indiana
 8 and who, being duly sworn according to law states, that he is acquainted with
 9 James W. Condra applicant for Invalid Pension, and knows
 10 him to be the identical person of that name who enlisted or volunteered as a
 11 Private in Company F of the 9th Regiment of Ind
 12 Vols., and who was discharged at

13 ~~on or about the~~ day of ~~18~~, by reason of
 14 I was a member of Co "D" of same Regt
(Here insert the reason of the soldier's discharge, if known; if not known, so state.)

15 That the said James W. Condra while in the line of his duty,
 16 at or near Atlanta in the State of Georgia
 17 did, on or about the Fuller day of 1863, become
 18 disabled in the following manner, viz:

19 on account of Bad water and food
(Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body
 20 he contracted Chronic Diarrhea
wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sick-
 21 and complained of same as
ness, and how it affected him.)
 22 long as we were in the service
 23 together since the war he has worked
 24 at good trade for me and he has
 25 appeared of some trouble all time since we came home
 26 That facts stated are personally known to the affiant by reason of what I
(Here state whether affiant
 27 knew him before enlistment
was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to
 28 was together almost as much
affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.)
 29 as though we were in the same
 30 camp.

This Blank is prepared by KNEFLER & LOPP, Indianapolis, Ind., and is to be used exclusively for their business.

31
 32

33 And deponent further states that he is well acquainted with the claimant, hav-
 34 ing known him for at least Thirty years and further, that his
 35 knowledge of the facts above stated is derived from said acquaintance, and from
 36 having served as a Serjeant of Company D of the 58th
 37 Regiment of Indiana Volunteers from the latter
 38 part day of June 1861, to the day
 39 of July 1864

40 And deponent further states that the claimant was a sound and able-bodied man at and
 41 prior to enlistment, so far as he knew, and that he is totally disinterested in this claim.

42 _____
 43 _____ Ernoch Wood
(If Affiant signs by mark, two witnesses who can write sign here.) (Signature of Affiant.)

State of Indiana, County of DeWitt, ss:

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

L. S. - City of _____ William Beck
(Official Signature.)
Notary Public
(Official Character.)

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

WITNESS my hand and the seal of office, this 1st day of
January 1890 Joseph J. Saey
 L. S. Clerk of the DeWitt Circuit Court.

NOTE.—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice or Notary whose certificate of official character is not on file in the U. S. Pension Office at Washington, then Clerk of County Court must add his certificate of official character hereon, and not on a separate slip of paper.

2499

PROOF OF DISABILITY.	No. <u>834105</u>	CLAIM OF <u>James M. Corbora</u>	Reg't, <u>58th</u>	Vols. <u>Indiana</u>	FILED BY <u>KNEFLER & LOPP,</u>
					ATTORNEYS FOR CLAIMANT,
					INDIANAPOLIS, . . . INDIANA.
					<small>Baker & Randolph, Printers, Indianapolis.</small>

FOR ORIGINAL INVALID PENSION.
AFFIDAVIT OF
Ernoch Wood
P. O. Washington
Indiana

PENSION OFFICE
INDIANAPOLIS, INDIANA

West

Div.

3-489.

Ex'r.

Ex'r.

D. V. No. 578.911

James M. Cauda

Department of the Interior,

BUREAU OF PENSIONS,

Pvt. Co. 7, 58 Reg't Ind. Vol. Inf.

Return this with your reply.

Washington, D. C., March 29, 1894.

SIR:

To aid this Bureau in the adjudication of the above entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of the claimant's disability in service, about which you have lately testified.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse of this letter will be appreciated.

Very respectfully,

Geo. Lockman

Commissioner.

William M. Cauda,

Perry,

County of P.

Oklahoma Tg.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

Post-office address:

Perry, Oklahoma

April 7th - 1894

SIR:

In reply to your request I have to state that I was in the service with James M. Bondra, we served in the same Company and was in the same mess and slept together in Co. F, 58 Indiana Regiment while at Savana Georgia he got his eye hurt about the twentieth of December 1864 he was cutting poles for to bundle straw in and got struck in ^{the} eye with a lim I was in less than ten feet of him when it was done his eye seemed to hurt him very bad. was very red in a few minutes and watered terrible and he always complained of that eye as long as I new him that was about ten year or more, he was bothered with Diarhea very bad, I have forgotten wether that was in the affidavit or not

Very respectfully,

H. M. Cauble

COMMISSIONER OF PENSIONS,

Washington, D. C.

E. Division.
H. O. S.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

WASHINGTON, D. C., January 17, 1898.

Mr. James P. L. Weems,
Vincennes, Indiana.

Sir:

In response to your recent inquiry, you are advised that pension claim Ctf. No. 578,911, of James M. Condra, Co. F, 58th Ind. Vol. Inf., requires further special examination, which will be concluded at the earliest date practicable.

Very respectfully,


Commissioner.

S. E. Division.
A. M. H.

**DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.**

WASHINGTON, D. C., December 15, 1897.

Mr. James M. Condra,

Washington, Indiana.

Sir:

Upon request of Hon. R. W. Miers, you are advised that your pension claim Ctf. No. 578,911, Co. F, 58th Ind. Vol. Inf., requires further special examination, the evidence thus far adduced not warranting adjudication.

The case has been referred to a Special Examiner, who will dispose of the matter at the earliest date practicable, it being hoped that his inquiries may result in final action.

Very respectfully,

Commissioner
Commissioner.

S. E. Division.
A. M. H.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

Aug. 23, 1897.

WASHINGTON, D. C.,

Mr. James H. Condra,

Washington,

Davies Co., Ind.

Sir:

Upon request of Hon. R. W. Miers, you are advised that your pension case Ctf. No. 578,911, Co. F, 58th Ind. Vol. Inf., requires further special examination in Logan County, Nebraska, to determine origin of injury of left eye, and origin of alleged rheumatism, the evidence thus far adduced not being of the positive nature to warrant favorable adjudication.

It is hoped that the report of the Special Examiner, to whom the papers have been referred, may warrant final action; but should it be deemed necessary to extend the inquiry into other localities the utmost expedition consistent with the demands of the service will be observed, that your case may be disposed of at the earliest date practicable.

Very respectfully,

V. L. ...
Acting Commissioner.

SPECIAL EXAMINATION
DIVISION

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS.

WASHINGTON D. C. September 28, 1898.

Mr. James M. Condra,

Washington, Indiana.

Sir:

In response to the inquiry of Hon. Robert W. Miers, you are advised that your pension claim Ctf. No. 578,911, Co. F, 58th Ind. Vol. Inf., requires further special examination in Crawford County, Kansas, to determine its merits.

The case will be taken up in its regular order, and the examination completed with the least delay consistent with the demands of the service.

Very respectfully,

Commissioner.

HISTORY OF CLAIMANT'S DISABILITY,

MADE BY CLAIMANT HIMSELF.

State of Indiana, County of Darwin, ss.

IN THE MATTER of the original pension claim No. 654105

James M. Condra, of 58 Reg't. Inda Vols.

ON THIS 6 day of March A. D. 1889, personally appeared

before me, a W. Clerk of the Circuit Court in and for the aforesaid

County, duly authorized to administer oaths, James M. Condra

aged 48 years, a resident of Washington, in the County of

Darwin and State of Indiana, well known to me to

be reputable and entitled to credit, and who, being duly sworn, declares in relation

to aforesaid case as follows: My Post-office address is _____

(Give present address in full.)

Washington, Darwin Co Indiana

Since my discharge from said service, on the 25th day of June 1865;

I have resided in Darwin County Indiana ~~and~~ for the greater

(Give the name of each place, with date of any change of residence.)

part of the time in Washington this County, but two years im-

mediately following my discharge I lived in Washington Co Ind.

at Salem the county seat

and that my occupation has been that of a Farmer and day labourer

I further state that the disability for which a pension is claimed arises from

Disease contracted in the service of the United States

which was contracted at or near Atlanta Georgia in or about

(Here state the time, place and all the circumstances under which the disability for which pension is claimed originated.)

the Fall of 1864. That from having bad water and badly

cooked food and camp life I contracted Chronic Diarrhea

and the said disease has resulted in disease of Rectum

Liver and stomach, heart disease and Rheumatism

From my said discharge to present time I have received the following medical treat-

ment for said disease: Dr. Fluck treated me at Salem Indiana

(Give the name and address of each physician employed, and the date when each commenced and ceased to treat you.)

from September 1865 up to 1869. Dr. Rouse treated me

at Washington Indiana from 1869 to 1870. The first named Dr.

Fluck is dead and I do not know the whereabouts of Dr. Rouse.

Dr. Parks treated me at Washington Ind. from the fall of 1870

up to date ^{of the} Jan'y 24, 1889. He has given me a certificate

to that effect. Dr. Dyer now dead treated me at different times

33 And during all of the said time my physical condition and ability to perform man-
34 ual labor has been as follows: *At times I am utterly unable to do any*
(State whether you have performed any manual labor since your discharge, and if so, what kind, and
35 *kind of manual labor I have, but as much as a month at a time, and*
whether at any time and for what period or periods, giving dates as nearly as possible, you have been prevented from following your usual occupation.)

36 *for the last two years have not been able to do a full days work.*
37 *Within the time between 1869 and 1870 I lost from work, this was when Dr*
38 *Keup treated me*
Matthew H. Burke *James M. Condra*
(Signature of Claimant.)
39 *Hamlet Allen*
(Two witnesses who can write sign here.)

40 State of *Indiana* County of *DeWitt*, ss.

41 Sworn to and subscribed before me this day by the above named affiant, and I
42 certify that I read said affidavit to said affiant, including the words
43 _____ on line _____ erased, and the words
44 _____ on line _____ added, and acquaint-
45 ed him with its contents before he executed the same. I further certify that I am in
46 nowise interested in said case, nor am I concerned in its prosecution; and that said
47 affiant is personally known to me, and that he is a credible person.

Jos J Lacy
(Official Signature.)
Clerk of the DeWitt Ct.
(Official Character.)

[L. S.]
I, _____ Clerk of the Circuit Court in and for afore-
said 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 a _____ 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 _____ Circuit Court.

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

27-99

HISTORY
OF CLAIMANT'S AFFIDAVIT
No. 654105
CLAIM OF
James M. Condra
Grate Co. 58 Regt.
Indiana Vols.
P. O. *Washington*
Indiana
FOR ORIGINAL INVALID PENSION.
3
FILED BY
KNEFLER & LOPP,
ATTORNEYS FOR CLAIMANT,
INDIANAPOLIS, INDIANA.
Hasselmann-Journal Co., Printers, Indianapolis.

Washington Ind 3rd 20 89
Wm Lopp & Co
Indianapolis Ind

Sirs

Enclosed Please Find the
Required Affidavits in the Proo-
fication of my Claim I have
Made Diligent Search for a
Wide & Thorough Find any more
Evidence as you will see in
my Testimony & as I am unable
to obtain any more Evidence
I Do Earnestly Request the
Dept to Except of the Evidence
that is now on file

Respect yours

James M. Condra
Washington
Ind

INABILITY AFFIDAVIT.

TO BE EXECUTED BY THE CLAIMANT.

State of Indiana, County of Daruss, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 654105 of
2 James M. Kondra Company, 58 Regiment, Inda Vols.

3 THIS 6 day of March A. D. 1889, personally appeared
4 before me, a Clerk of the Circuit Court in and for the aforesaid
5 County, duly authorized to administer oaths,

6 the claimant in the above entitled case, whose Post Office address is

7 Washington Daruss County Ind.

8 well known to me to be reputable and entitled to credit, and who, being duly sworn,

9 declares in relation to aforesaid case as follows: That he is unable to comply with

10 the requirements of the U. S. Pension Office as to proof of the incurrence of his disa-

11 bility, by Commissioned Officers of his Company, for the reason that He

12 has been unable to find their residence. He does not

13 know that they are living.

14

15

16 and he respectfully asks that the testimony of Hiram M. Cobell

17 and Co. G. 58th Ind. may be accepted in lieu of the testimony of

18 commissioned officers.

19 That he is unable to furnish proof of medical treatment while in the service, for the

20 reason that the surgeon's gave me little or no treatment

21 the surgeon would not be able to recall having

22 treated me.

23

24

25

26 That he is unable to prove his physical condition by medical testimony from date of

27 discharge up to the year 1889 for the reason that Two of the

28 surgeons who treated me are dead, to my certain knowl

29 edge, and that, of the remaining two Dr Parks is the

30 only one whose residence I know. Dr Rump

31 has moved away and I do not know to what

32 place he has gone.

33

34

This Blank is prepared by KNEFLER & LOPP, Indianapolis, Ind., and is exclusively to be used for their business.

35 He respectfully requests that the testimony of Dr. Peck

36 _____ be accepted in lieu of _____

37 _____

38 _____

39 _____

40 Matthew F. Burke

41 Hamlet Allen James M. Condra
(If Affiant signs by mark, two witnesses who can write sign here.) (Signature of Affiant.)

42 State of Indiana, County of Darwin, ss:

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

44 and I certify that I read said affidavit to said affiant, including the words

45 _____ on line _____ erased, and the words

46 _____ on line _____ added, and acquainted him

47 with its contents before he executed the same. I further certify that I am in

48 nowise interested in said case, nor am I concerned in its prosecution; and

49 that said affiant is personally known to me and that he is a credible person.

L. S.

Joseph J. Lacy
(Official Signature.)
Clerk of the Darwin Circuit Court
(Official Character.)

I, _____, Clerk of the Circuit 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 a _____ 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 _____ day of

188 _____

L. S.

Clerk of the _____ Circuit Court.

NOTE.—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice or Notary whose certificate of official character is not on file in the U. S. Pension Office at Washington, then Clerk of County Court must add his certificate of official character hereon, and not on a separate slip of paper.

2799

ADDITIONAL EVIDENCE.

INABILITY AFFIDAVIT.

No. 654105

CLAIM OF

James M. Condra
Private Co., 58 Reg't,

Indiana Vols.

P. O. Washington

State Indiana

AFFIDAVIT OF CLAIMANT.

5

FILED BY

KNEFLER & LOPP,

ATTORNEYS FOR CLAIMANT,

INDIANAPOLIS, INDIANA.

Baker & Randolph, Printers, Indianapolis.

GENERAL AFFIDAVIT.

State of Indiana, County of Daviess SS:

In the matter of Pension Claim of James M. Dondra P. Co. No. 38th Ind. Inf.

ON THIS 20th day of June A. D. 1892 personally appeared before me A. Notary Public in and for the aforesaid County duly authorized to administer oaths James M. Dondra aged years, a resident of Washington in the County of Knox and State of Indiana well know to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid cause as follows:

I am the claimant herein.

[Note: Affiants should state how they gain a knowledge of the facts to which they testify.]

That I have furnished all the evidence called for in my claim for re-issuance of pension and everything that has been required in the case. Wherefore I pray that my case be taken up and completed at once and that I be granted a pension without further delay, as all the requirements in the case have been complied with.

His Post-office address is Washington Ind

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

Thomas G. Underdown James M. Dondra
Eric Stapp mk

[If Affiants sign by mark, two witnesses who can write sign here.] [Signature of Affiants.]

STATE OF *Indiana*....., COUNTY OF... *Davies*....., ss

Sworn to and subscribed before me this day by the above-named affiant..., and I certify that I read said affidavit to said affiant..., including the words 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...

Philip Hart
[Official signature.]

[L. S.]

Notary Public
[Official Character.]

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....., 189..

[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.

X Loucks
No. 678911

ADDITIONAL EVIDENCE.

CLAIM OF
James W. Weems
Pa. Co. F. 387.
Ind. Co. F. 387.
AFFIDAVIT OF
Claimant
Washington



JAMES P. L. WEEMS,
Attorney for Claimant,
VINCENNES, - INDIANA

654.105

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington Jan 24, 1889.

Respectfully returned to the Commissioner of Pensions.

James M. Condra, a Privt. of Company "F",
 58th Regiment Indiana Volunteers, was ^{drafted} on the
 23 day of September, 1864, at Jeffersonville, Ind. (1 yr)
 and is reported: on roll for Nov. and Dec. 1864 (first on
 which his name appears) present same to
 April 30/65. Mustered out with detachment
 June 25/65, at Louisville, Ky. Provost
 Marshal Bent records show this man was
 received at Drift Bend, Ind. Oct. 12/64, sent to
 58th Ind. Vols. Oct. 22/64 detachment was delivered
 at Exchange Bks Nashville, Tenn. Oct. 24, 1864.
 Name not borne on records of Exchange Barracks
 Nashville, Tenn. (which are very incomplete.)
 Records of this office furnish no evidence of
 disability alleged.

EXB
CO 71

W.S.H.
23

R. C. DRUM,

Adjutant General.

By

[Signature]

(2.) 229
12

Western Div.
AMS Ex'r.

Department of the Interior



BUREAU OF PENSIONS,

No. 654,105
James M. Condra
Co. "F" 58 Ind. Inf.

Oct. 10, 1885.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full report as to the service, disability, and hospital treatment of James M. Condra, who, it is claimed, enlisted Sept. 23, 1864, and served as Private in Co. "F", 58 Reg't Ind. Inf.; also in Co. _____

and was discharged at Louisville Ky. June 25, 1865. While serving in Co. "F", 58 Reg't Ind. Inf. he was disabled by chronic diarrhoea at Atlanta Ga. fall of 1864 also _____

and was treated in hospitals of which the names, location, and dates of treatment are as follows: Regimental Hospital _____

Very respectfully,

John C. Black,
Commissioner

The Adjutant General, U. S. Army.

RECEIVED
JAN 7 1888

Oct 10 1877

Western Division.

JMS

FIRST CALL

On Adjutant General, U. S. A.

Claim No. 654105

JAMES M. CONDRO
Co. F, 58 Ind. Inf.



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

Record and Pension Office,

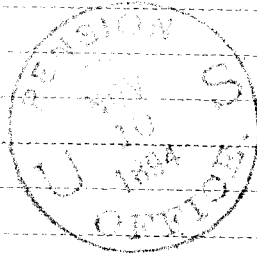
WAR DEPARTMENT,
Washington, NOV 19 1894, 189

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of
James M. Condra (also borne
as *Condra*) Co. F. 58 Ind. Inf.
Mil. records furnish nothing
additional to that contained in
former report herewith

No medical record found



BY AUTHORITY OF THE SECRETARY OF WAR:

D. Ainsworth

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

Per *V.*

(323)

3-464 aa.

W. W. T. Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Nov 7, 1894

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

of all disabilities
(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. *578. 911*

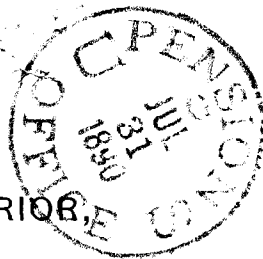
Name, *James M. Condra*

Co. *F. 58* Reg't. *Ind. Vol. Inf.*

Wm. Lochman

Commissioner.

[3-489.]



Western Div.

MB Ex'r.

Invalid No. 654-195

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

James M. Leandra
Co. *F, 58* Reg't *Ind. Vol.*

Return this letter with your reply.

July 22, 1890.

Sir:

To aid this Bureau in the adjudication of the above cited claim, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relative to the incur-
rence of *chronic diarrhea*

In your reply please be as specific as possible in respect to dates, and describe as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer, indorsed upon the back of this letter, will be appreciated.

Very respectfully,

[Signature]

Commissioner.

Ernest Wood,
Washington,
Ind.

Washington, Ind. July 29, 1898.

Hon. Gen. R. C. Cameron,

Cour. Pensioners,
Washington, D. C.

Sir:— I remember that while
on service in the line of duty about
Atlanta, Ga., in the fall of 1864,
Jameson Couder was relieved
from duty on account of his
being bad off with chronic
diarrhea. I know nothing
more of his army service, but
he has worked for me since
and is unable to do a full days
work.

Very Truly,
Enoch Hood.

GENERAL AFFIDAVIT.

State of Indiana, County of Daviess SS:

In the matter of James M Condra late of Co F '58' Reg Ind Vol Orig. Inc. Prisoner

ON THIS 14th day of July A. D. 1892, personally appeared

before me A M Harper Notary Public in and for the aforesaid County duly author-

ized to administer oaths Joseph F Kendall aged years, a resident of

Washington in the County of Daviess and State of

Indiana well know to me to be reputable and entitled to credit, and

who, being duly sworn, declared in relation to aforesaid cause as follows:

I was a Member of Company D '57' Reg of Ind Vols. and well know the

[Note Affiant should state how they gain a knowledge of the facts to which they testify]

above claimant while in the service

who was a member of Co 'F' of same

Regiment, affiant further states that

at or near Savannah in the State of

Georgia in the month of Dec 1864 the claimant

while in the line of his duty, while engaged

in the butting camp poles at or near said

Savannah in the State of Georgia that while

thus engaged in the discharge of said

as per detail he received an injury

to his left eye. And that said injury

has continued and that

said claimant is now suffering from

from said injury and has entitled

since his release

His post-office address is Washington Ind.

He further declare that he has no interest in said case and is not not concerned

in its prosecution.

J F Kendall

[If Affiant sign by mark, two witnesses who can write sign here.] [Signature of Affiant.]

STATE OF Indiana COUNTY OF Jarvis SS

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words 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, personally known to me and that he is a credible person

F. M. Hayes
[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, 189

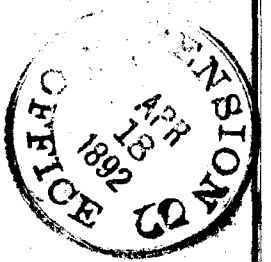
[L. S.]

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.

No. 57891
ADDITIONAL EVIDENCE.
CLAIM OF
James M. Condon
Co. P. 3-8 Ind.

AFFIDAVIT OF
Joseph G. Beadall
Washington Ind.



FILED BY
JAMES P. L. WEEMS,
Attorney for Claimant,
VINCENNES, - INDIANA.

GENERAL AFFIDAVIT.

STATE OF Indiana COUNTY OF Darwin SS:

In the matter of Pension Claim of James M. Conrad
Co. 60 & 58 Inf Regt

ON THIS 30 day of Nov A. D. 1893 personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths J. V. Kendall aged 48 years, a resident of Washington in the County of Darwin and State of Indiana well known to me to be reputable and entitled to credit,

and who, being duly sworn, declared in relation to aforesaid cause as follows:

That he was a member of Co. H. 58th Regt Ind Vols Inf that at or near Atlanta Georgia or or about the fall of 1864 he this claimant contracted diarrhoea in the line of duty that he knows these facts from personal observation and recollection, that he disbelieved the foregoing statement and was not aided or persuaded in any manner, and that the same was believed to be true by H. P. Lewis of Washington Ind. in the 30th day of Nov 1893, and that the same was read over in his presence and heard by W. H. Lewis

H. Post-office address is Washington Ind
I further declare that he has no interest in said case and not concerned in its prosecution.

J. V. Kendall

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

[Signature of Affiants]

STATE OF Indiana, COUNTY OF DeWitt SS:

Sworn to and subscribed before me this day by the above-named affiant..., and I certify that I read said affidavit to said affiant..., including the words.....

.....erased, and the words.....

.....added and acquainted..... with its contents before.....

.....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...,

personally known to me and that..... credible person.

W. P. Allen

[Official signature]

[L. S.].....
[Official character]

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

[Faint, illegible handwritten text]

No. 578911

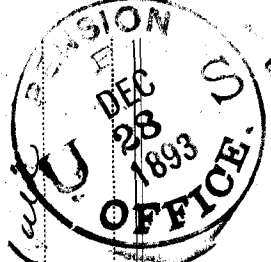
ADDITIONAL EVIDENCE.

CLAIM OF

*James M. Condra,
Geo. J. & S. L. Rugh*

AFFIDAVIT OF

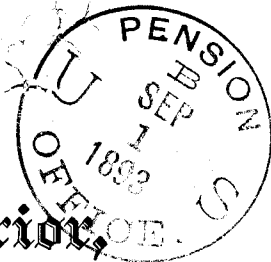
W. P. Allen
J. J. Rudant



FILED BY

JAMES P. L. WEEMS,
Attorney for Claimant,
VINCENNES, - - INDIANA.

(3-489.)



W. W. ... Div.
Ex'r.
No. 578,911
James W. Candara
Co. H, 58 Reg't Ind. Inf.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., July 18, 1893

Return this letter with your reply.

SIR:

To aid this Bureau in the adjudication of the claim of James
M. Candara, please furnish a statement in your own hand-
writing setting forth all the facts within your personal knowledge relative to
the incurrence of his injury of left eye while
in the army.

In your reply please be as specific as possible in respect to dates, and describe
as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse side of this letter will be appreciated.

Very respectfully,

J. W. Loggins

Commissioner.

Wm. M. Cawley
Wichita Falls,
Wichita Co., Texas

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid
you in replying to this circular, your signature to be witnessed by the Postmaster or some other United
States official, who should certify that the contents were fully made known to you before signing.

[OVER.]

Post-office address: Wichita Falls Texas

August 26, 1893

SIR:

In reply to your request I have to state that while we was at Savana Georgia while Savana was being taken about the thirtieth of December 1864 we was on duty cutting poles in the woods near camp James M Condra while cutting a pole near by me a line struck him in the eye which he complained of very much his eye watered very freely on he still complained with it from that time on as long as I was acquainted with him which was for ten or fifteen years after the war was closed.

Hiram M. Couble

Very respectfully,

Hiram M. Couble

COMMISSIONER OF PENSIONS,

Washington, D. C.

GENERAL AFFIDAVIT

State of Texas, County of Wichita SS:

In the matter of Pension claim of James

Condral Co. Co. "F" 58th Regt. Inf.

ON THIS 4 day of February A. D. 1897, personally appeared before me Claid County Clerk in and for the aforesaid County duly authorized to administer oaths Niriam M. Canble aged 51 years, a resident of Wichita Falls in the County of Wichita and State of Texas

who, being duly sworn, declared in relation to aforesaid cause as follows:

[Note: Affiants should state how they gain knowledge of the facts to which they testify.]
That I was a private of said Co. "F" 58th Regt. Inf. and served with said James M. Condral who was also a private in the same organization.

At or near Savannah Ga. Dec. 1864 said Condral was struck in the left eye while engaged in cutting cane poles thereby injuring his eye. He continued to suffer of said injury during the remainder of the service.

His Post-office address is Wichita Falls, Wichita Co. Texas.

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

Niriam M. Canble
[Signature of affiant.]

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

STATE OF Texas COUNTY OF WICHITA, ss

Sworn to and subscribed before me this day by the above-named affiant..., and I certify that I read said affidavit to said affiant..., including the words 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...

C. C. Auld

[Official signature.]

[L. S.]

County Clerk Wichita Co Texas

[Official Character.]

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, 189...

[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.

No. 57891

ADDITIONAL EVIDENCE

CLAIM OF

James M. Condra
Co. A. 58. Ind.

AFFIDAVIT OF

Rosam M. Canby
Wichita Falls,
Texas.



FILED BY

JAMES P. L. WEEMS,

Attorney for Claimant,
VINCENNES, - INDIANA.

GENERAL AFFIDAVIT.

Territory
OF Oklahoma, COUNTY OF P SS:

In the matter of Pension Claim of

James M. London Co. & 58 Ind Regt

ON THIS 2nd day of November A. D. 1893, personally appeared be-

fore me a County Clerk in and for the aforesaid County duly au-

thorized to administer oaths Hiram M. Coull aged 53 years, a resi-

dent of Perry in the County of P and *Territory*

of Oklahoma well known to me to be reputable and entitled to credit,

and who, being duly sworn, declared in relation to aforesaid cause as follows:

[Note Affiants should state how they gain knowledge of the facts to which they testify.]

Affiant states that he is well acquainted with James M. London, and has been well acquainted with him since about the year 1858. That said James M. London and the affiant were both members of the 58th Indiana infantry, ^{Company F.} and served together in said company as privates. Affiant further states that at the time said James M. London enlisted in said 58th Indiana infantry, ^{Company F.} he was apparently a stout and hearty man. That said James M. London worked for affiant for a long time previous to enlisting in the army, and knows he was stout and hearty - While at or near Savannah, Ga. in December, 1864, (and while affiant and James M. London were enlisted in U.S. Army,) James M. London complained of Rheumatism in his limbs and hips & shoulders. That affiant has been acquainted with James M. London for at least 30 years after his discharge, and has frequently heard London complain of the Rheumatism.

H. M. Post-office address is Washington, Davis Co, Indiana
I further declare that I have no interest in said case and am not concerned in its prosecution.

Hiram M. Coull
[Signature of Affiant]

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

Notary OF *Oklahoma*, COUNTY OF *P* SS:

Sworn to and subscribed before me this day by the above-named affiant..., and I certify that I read said affidavit to said affiant..., including the words.....

.....erased, and the words

.....added and acquainted *him* with its contents before.....

.....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 not* personally known to me and that *he appears to be a* credible person.

Jos. G. Blackburn

[Official signature]

County Clerk

[Official character]

[L. S.]

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

578911
ADDITIONAL EVIDENCE.

CLAIM OF
James M. Landrum
Dec 28 1893 Regd

AFFIDAVIT OF
James M. Landrum



FILED BY
JAMES P. L. WEEMS,
Attorney for Claimant,
VINCENNES, - - INDIANA

GENERAL AFFIDAVIT.

For the testimony of employers, or near neighbors, or fellow workmen, of soldier (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

The witness should prepare this affidavit in his own hand-writing; if he can not do so, have it done by the officer before whom he executes the same.

State of Indiana, County of Deer, ss:

1 IN THE MATTER OF the original invalid Pension Claim No. 654105 of
2 James M. Condra Company, I 58 Regiment, Indra Vols.

3 ON THIS 20 day of March A. D. 189 personally appeared before
4 me, a Notary Public in and for the aforesaid County, duly authorized to

5 administer oaths Jonathan Spaulding aged 36 years, whose Post Office
6 address is, Washington County Deer State of Indiana

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

9 Farmer and that he is well and personally acquainted with the claimant
10 James M. Condra and has been personally acquainted with him
11 about 35 years, and that when he came home from the war he was

12 complaining of Diarrhoea and was looking
13 badly and seemed to have gone down hill
14 in health each year since till now
15 he is not able to do more than two
16 thirds the work now that could before
17 the war I know this fact from having
18 had him to work for me before
19 and since the war
20 I make this statement from personal
21 knowledge

22 _____
23 _____
24 _____
25 _____
26 _____
27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 F d
35 12

NOTE.

Read Carefully.

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

The statement of the witness in regard to the manner in which claimant was affected should be full and definite, and relate especially to the symptoms observed, in order that the medical officer may be enabled, from such description of symptoms, to determine the nature and character of the disability, and witness should show how he obtained knowledge of the facts to which he testifies.

This Blank is prepared by KNEFLER & LOPP, Indianapolis, Ind., and is exclusively to be used for their business.

36 _____
37 _____
38 _____
39 _____
40 _____

41 Affiant further declares that he has no interest in said case, and that he
42 is not concerned in its prosecution.

43 Richard M. Quinn

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

Jonathan Scudling
(Signature of Affiant.)

State of Dubuque, County of Dubuque, ss:

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

L. S. Coy on file

William D. Cox
(Official Signature.)

Wm. D. Cox
(Official Character.)

I, _____, Clerk of the Circuit 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 a _____ 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 _____ day of
_____ 188_____

L. S. Clerk of the _____ Circuit Court.

NOTE.—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice or Notary, and the official character of the Justice or Notary is not on file in Pension Office at Washington, then the Clerk of County Court must add his certificate of official character hereon, and not on a separate slip of paper.

EVIDENCE OF

NEIGHBOR, FRIEND OR ACQUAINTANCE.

No. 654105

CLAIM OF

James M. Bondra

Drigates Co., J. 58 Reg't,

Indiana Vols.

FOR ORIGINAL INVALID PENSION.

AFFIDAVIT OF

Jonathan Scudling

P. O. Washington Dubuque

4

FILED BY

KNEFLER & LOPP,

ATTORNEYS FOR CLAIMANT,
INDIANAPOLIS, INDIANA.

Baker & Randolph, Printers, Indianapolis.

7499

GENERAL AFFIDAVIT.

State of Indiana, County of Daviess ss:

In the matter of Tension claim of James M. Condra Pr Co "F", 58th Ind Inf

ON THIS 13th day of January A. D. 1892, personally appeared before me Alex of Davis Ind. Co. in and for the aforesaid County duly authorized to administer oaths Eric Stafford aged 49 years, a resident of Washington in the County of Daviess and State of Indiana well know to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid cause as follows:

[Note: Affiant should state how they gain a knowledge of the facts to which they testify]

That I have been well and personally acquainted with said James M. Condra since his discharge and return home from the service at which time he was suffering from an injury to his left eye. He has continued to suffer and be disabled from said disabilities from his discharge up to the present time and is greatly disabled thereby.

His Post-office address is Washington Ind.

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

Eric Stafford
[Signature of Affiant]

[If Affiant sign by mark, two witnesses who can write sign here.]

STATE OF *Indiana*, COUNTY OF *Dennis*, ss

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words erased, and the words added and acquainted with its contents before 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, personally known to me and that credible person

Joseph G. Lacy
[Official Signature]
Clerk Dennis Circuit Court
[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.

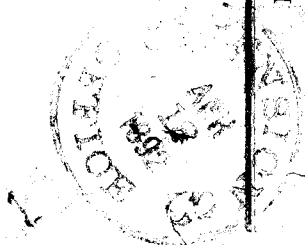
Witness my hand and seal of office, this day of, 189

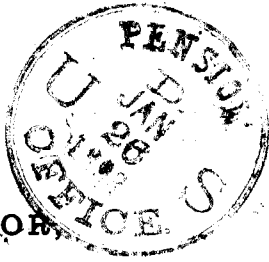
[L. S.]

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.

No. <i>57891</i> ADDITIONAL EVIDENCE.	CLAIM OF <i>James M. Landa</i> <i>Co. Ft. 58. Ind</i>	AFFIDAVIT OF <i>Ance Stafford</i> <i>Washington</i> <i>Ind.</i>	FILED BY JAMES P. L. WEEMS, Attorney for Claimant, VINCENNES, - INDIANA.
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West Div.
Ex'r.
Ad. P. No. 576,911
James M. Cowan
Reg't 458 Ind. Vol. Inf.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
WASHINGTON, D. C.,

Return this letter with your reply.

Jan. 11, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Trice Stafford,
Washington,
Ind.

Green Braun
Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: Seen claimant in the fall of 1865
claimant boarded with my mother

Of what disability did he complain, and how was he affected?

Answer: Complained with his eyes his eyes
being red & irritated complaining most of L. eye

How frequently have you seen him since your first acquaintance?

Answer: Have seen him as often as 4 or 5 times a week

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: Claimant in my opinion has continued to
suffer with said disability showing symptoms
of not recognizing new neighbors across the
street also being under treatment of several Drs

My means of knowing the facts of the case are these: Having Bin almost

constantly in his company living not more
than 6 squares apart in the last 27 or 28 years

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

Trice Stafford

GENERAL AFFIDAVIT.

State of Indiana, County of Darwin SS:

In the matter of Pension Claim of James M. Condra For Co. "F", 58th Ind. Inf.

ON THIS 16th day of February A. D. 1897, personally appeared before me Jesse H. Lincoln in and for the aforesaid County duly authorized to administer oaths John H. Davis aged 46 years, a resident of Washington in the County of Darwin and State of Indiana

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

[Note: Affiant should state how they gain a knowledge of the facts to which they testify]
That I have been well and personally acquainted with said James M. Condra since his discharge and return home from the U.S. service at which time he was sick suffering and disabled from an injury to his left eye. He has continued to suffer and be disabled from said disabilities from his discharge up to the present time and is greatly disabled thereby

His Post-office address is Washington Ind

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

John H. Davis

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

[Signature of Affiant.]

15

STATE OF Indiana, COUNTY OF Darwin, ss

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words erased, and the words added and acquainted with its contents before 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 personally known to me and that is a credible person

Joseph J. Tracy
[Official signature]
Clerk Darwin County Court
[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, 189

[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.

Inv. Cert. No. 578791
ADDITIONAL EVIDENCE.
CLAIM OF
James M. Condra
Co. H 38 Ind

AFFIDAVIT OF
John P. Davis
Washington
Ind

FILED BY
JAMES P. L. WEEMS

JAMES P. L. WEEMS
Attorney for Claimant,
VINCENNES, - INDIANA



Div.

Ex'r.

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

No. 578,911

James M. Cochrane
Reg't 28, 1st Reg't, Inf.

Return this letter with your reply.

Jan. 11, 1898.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

John M. Davis,
Washington, Ind.

Green B. Raum,
Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: about the year 1866 Sept

Of what disability did he complain, and how was he affected?

Answer: with his eyes I have seen him almost totally blind at the present almost blind in the left eye

How frequently have you seen him since your first acquaintance?

Answer: almost every week since 1869

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: he has continued to suffer with his eyes ever since I first met him at the present is almost totally blind in his left eye barely discerning

My means of knowing the facts of the case are these: from meeting him and being with him from time to time have worked with him some

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

16

John H. Davis

PHYSICIAN'S AFFIDAVIT.

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

State of Indiana }
County of Darwin } Ss.:
In the Pension Claims No. 378911

of James Leonard late of
Pr: Co. H. 58. Ind
(Company and Regiment of Service, if in the Army; or vessel and rank, if the Navy.)

Personally came before me, a Clerk of the Circuit Court in and for the aforesaid
County and State M. D. Scanlon a citizen of Washington
in the county of Darwin and State of Indiana

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

That he is a practicing physician, and that he has been acquainted with said Soldier for about 16 years years, and that

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

Dr. M. D. Scanlon

I do hereby certify I am a practicing physician some 24 years I have attended the same Wendrey or otherwise James Wendrey in the year of Twenty Six for Cataract of the left eye combined with a tenderness of the right eye likewise I have not known the same James Wendrey before the date of Twenty Six I have had to attend to the same left eye this Summer and fall he would have lost the sight of that eye some 16 years ago but for my attention and of the help of divine providence I hope to see no such war again I have no interest in said case and I am not concerned in its prosecution

16 M. D. Scanlon

He further declares that he has been a practitioner of medicine for 23 years and that he has no interest, either direct or indirect, in the prosecution of this claim.

M. D. Seaborn
(Affiant's signature. Give rank and service, if in the army.)

SWORN to and subscribed before me this 17th day of February, A. D. 1892 and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him 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.

Joseph J. Laay
(Magistrate's signature.)
Clerk James Circuit Court
(Official character.)

[L. S.]

I certify that....., Esq., who hath signed his name to the foregoing 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..... 189.....

[L. S.]

Clerk of the.....

MEDICAL EVIDENCE

Affiant of

M. D. Seaborn
Washington
Ind

Witness of

James M. Seaborn
Co. H. 58. Ind
No. *578911.*

for

Reserve Pension

Filed by

JAMES P. L. WEEMS,
ATTORNEY FOR CLAIMANT,
VINCENNES, INDIANA.

GENERAL AFFIDAVIT.

STATE OF Indiana COUNTY OF Darwin SS:

In the matter of Pension Claim of James Good
Pat No 58 Ind Reg

ON THIS 24th day of Dec A. D. 1893, personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths Thos H Haley aged 51 years, a resident of Washington Ind in the County of Darwin and State of Ind well known to me to be reputable and entitled to credit,

and who, being duly sworn, declared in relation to aforesaid cause as follows:

That he was well and intimately acquainted with claimant before the start of the rebellion and knows from personal observation that said claimant was stout and able bodied prior to his entry into the military service of the U.S. and further knows that he knows from personal observation that said claimant has had discharge and disposal of retire during each year from his discharge to present time, that he dictated the foregoing statement and was not dictated or prescribed in any manner and that the same was reduced to writing by W. P. Collins of Washington Ind and that the same was read over to him in his presence and being before signing

His Post-office address is Washington Ind
I do further declare that I do no interest in said case and do not concerned in its prosecution.

Thomas H Haley

[If Affiants sign by mark, two witnesses who can write sign here] [Signature of Affiants]

STATE OF Indiana, COUNTY OF Daviess SS:

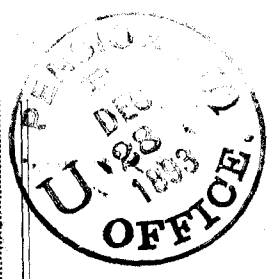
Sworn to and subscribed before me this day by the above-named affiant..., and I certify that I read said affidavit to said affiant..., including the words.....
.....erased, and the words
.....added and acquainted.....with its contents before.....
.....executed the same. I further certify that I am in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

John H. Weems
[Signature]
[Official character]

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

No. 378911
ADDITIONAL EVIDENCE.
CLAIM OF
James M. Louder
Loc. F. 58 Land's Right

AFFIDAVIT OF
John H. Weems



FILED BY
JAMES P. L. WEEMS,
Attorney for Claimant,
VINCENNES, INDIANA.

Act of June 27, 1890.

Off. No. 578.911

INVALID PENSION.

Claimant, *James M. Cannon*
P.O., *Washington* Rank, *Pvt.*
County, *Davis* Company, *F.*
State, *Ind.* Regiment, *28 Ind Vol. Inf.*
Rate, \$ _____, per month, commencing *October 14, 1891.*

Disabled by _____

*No pension under claimant
no benefit. No benefit
to the
Pvt*

REJECTED.

RECOGNIZED ATTORNEY.

Name, *Jas. P. G. Weiss* Fee, \$ *1.25* Agent to pay.
P.O., *Lawrence Ind* Articles filed, _____, 189 _____.

APPROVALS.

J.P.G.

Submitted for *Gen. Inf. 14*, 1895. *Chas. Lovick* Examiner.
Approved for *Chronic diarrhoea, disease of stomach, lungs, heart, rheumatism, nervous prostration & general debility.* Approved for *chronic diarrhoea, disease of stomach, disease of eyes, and general debility.*
27, 1895. \$8.00 no benefit.

Legal Reviewer, *J.P.G.* Jan. 16, 1896. Medical Referee.

*now pensioned under other laws. Last paid to _____, 189 _____, at \$ *8**
Pensioned from *June 5*, 1888, at \$ *4*, for *Chronic Diarrhoea Dis of liver and rectum.*

SERVICE SHOWN BY RECORD.

Enlisted *September 23*, 1864, and honorably discharged *June 25*, 1865.
Re-enlisted _____, 18 _____, honorably discharged _____, 18 _____.

Declaration filed *October 14*, 1891, alleges permanent disability, not due to vicious habits, from *Chronic diarrhoea, stomach trouble, smothering spells, disease of lungs, heart, rheumatism, nervous prostration and general debility.*

Writes. M. C.

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

THIS BLANK IS PREPARED BY JAMES P. L. WEEEMS, OF VINCENNES, INDIANA, AND IS EXCLUSIVELY FOR HIS USE.

THIS BLANK IS PREPARED BY JAMES P. L. WEEEMS, OF VINCENNES, INDIANA, AND IS EXCLUSIVELY FOR HIS USE.

State of Indiana, County of Darwin ss:

ON THIS 2nd day of Oct, A. D., one thousand eight hundred and ninety 1

personally appeared before me, a Notary Public
within and for the County and State aforesaid, James M. Condra
aged 50 years, a resident of the City of Washington
County of Darwin State of Indiana, who being duly

sworn according to law, declares that he is the identical James M. Condra
who was ENROLLED on the 12th day of Oct, 1864, in C 7 H
58th Indiana
Military service, or vessel, if in the Nav.:

in the war of the rebellion, and served at least
ninety days, and was HONORABLY DISCHARGED at Genetta, Ky, on the 25th
day of June, 1865. That he is wholly unable to earn a support by

reason of Rheumatism, Chronic Diarrhea
Stomach trouble, Dysentery, spells,
dizziness, Scurvy, Heart trouble,
nervous Prostration and debility
of whole system.

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. 128. That he is a pensioner under Certificate

No. 128. That he has not been in the Military or Naval
service of the U.S. since 25 day of June 1863.
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. He hereby appoints

JAMES P. L. WEEEMS, Vincennes, Indiana,

his true and lawful attorney to prosecute his claim, and agree to allow him a fee
of Ten dollars Washington.
That his POST OFFICE ADDRESS is

County of Darwin State of Indiana
W. G. Williams James M. Condra
E. J. Wilson (Signature of Claimant.)
(Two Witnesses who can write, sign here.)

1891
10/2

Also personally appeared W. G. Williams, residing at Washington Ind
and F. J. Wilson, residing at Washington Ind persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw James
M. Condra, 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 20 years and 20 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.

W. G. Williams
F. J. Wilson
[Signatures of witnesses.]

Sworn to and subscribed before me this 2nd day of Oct, A. D. 1891

and I hereby certify that the contents of the above declaration &c., were fully made known and explained to the appli-
cant and witnesses before swearing, including the words sign his name
erased, and the words

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

John D. ...
[Official Signature.]

Notary Public
[Official Character.]

Rich. Co. Indiana

[L. S.]

The act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

736202

SEMPER'S APPLICATION

Act of June 27, 1890.

Name James M. Condra

Service Co. F 58. Ind. Inf

Address Washington

Davies Co. Ind.

Date of Execution Oct. 2. 1891

FILED BY

JAMES P. L. WEEMS,

Attorney for Claimant,

Vincennes, Indiana.

Printed and sold by Clarke & Son, Grayville, Ill.

*GENERAL * AFFIDAVIT.*

State of Indiana
County of Darwin } SS:

In the matter of the claim of James M. Condra

late Private of Co. A, 58th Reg't Indiana Vols.,
for Ordy. Serv. Pension, No. 654,105

On this 11th day of January, 1889, personally appeared before me,
a Notary Public in and for the aforesaid County and State, duly authorized to
administer oaths, Eric Stafford, aged 46 years, a resident of Washington County
of Darwin and State of Indiana, and _____ aged
_____ years, a resident of _____ County of _____ and State
of _____ well known to me to be reputable and entitled to credit, who being duly sworn

according to law, declare in relation to the aforesaid case as follows:

I was well and intimately acquainted with
James M. Condra all of my life, we were
raised together and when he came home from
the U.S. Service in August 1865 he was sick
complained of Rheumatism & Chronic Diarrhea
and I have seen him often and worked with ^{him} ~~off~~
and saw since then and know that he has not recovered
from said disease and has in fact grown worse
each year so that now he is not able to
do more than $\frac{1}{4}$ an able bodied man's
work at hard manual labor

I make these statements
from personal knowledge

Affiant further declare that he has ~~no~~ ^{is not} interest in said case, ~~is not~~ ^{is not} concerned in its prosecution.

Post Office address is Washington Ind.

Eric Stafford

13
7

STATE OF Indiana, COUNTY OF Daviess, SS:

Sworn to and subscribed before me this day by the above named affiant; and I certify that the affiant is acquainted with the contents of the foregoing affidavit before he 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 is personally known to me; that he is a creditable person and so reputed in the community in which he reside

WITNESS My hand and Notarial seal, this 11th day of January 1889

Officer

William Beck
Henry B. Beck

STATE OF _____, COUNTY OF _____, SS:

I certify that _____ Esq., who hath signed his name to the foregoing declaration of _____ affidavit, was at the time of so doing, a _____ in and for said Court of _____ 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 _____ 1889

[L. S.]

Clerk of the _____ Court.

FILED BY
GEORGE W. ALFORD,
PENSION AGENT,
WASHINGTON, * INDIANA.
Walters & Clark, Printers, Washington, Ind.

APPROVED BY
George Stafford
Washington
W. S. Beck

Late private of Co. _____
58 Reg't _____
For Original Pension.

James M. Bondage

CASE OF
GENERAL * AFFIDAVIT,
No. 657-105-

GENERAL AFFIDAVIT

State of Indiana

County of Daviess

SS:

In the matter of the claim of

James M. Condra

late Private of Co. 21 3187 Reg't Indiana Vols. for Civil War Pension, No. 654,103

On this 12 day of January 1889, personally appeared before me, a Notary Public in and for the aforesaid County and State, duly authorized to administer oaths, George Combs aged 37 years, a resident of Washington County of Daviess and State of Indiana and ... aged ... years, a resident of ... County of ... and State of ... well known to me to be reputable and entitled to credit, who being duly sworn according to law, declare in relation to the aforesaid case as follows:

I have known James Condra for the last 17 yrs. When I first got acquainted with him he moved here when he was down sick with Rheumatism & Diarrhoea I have seen him as often as once a month each year since and he always complained of Rheumatism and Diarrhoea and I think he is disabled at least 3/4 from the above troubles from the performance of Manual Labor. I make these statements from personal knowledge

Affiant further declare that he has no interest in said case, is not concerned in its prosecution.

Post Office address is Washington Ind.

George Combs

STATE OF *Indiana*, COUNTY OF *Darke* SS:

Sworn to and subscribed before me this day by the above named affiant; and I certify that the affiant is acquainted with the contents of the foregoing affidavit before he 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 is personally known to me; that he is a creditable person and so reputed in the community in which he resides.

WITNESS My hand and seal, this *12th* day of *January* 188*9*

Off on file

William B. Best
Notary Public

STATE OF _____, COUNTY OF _____, SS:

I certify that _____ Esq, who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing, a _____ 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.

RECEIVED
APR 10 1889
CLERK OF THE COURT

RECEIVED
APR 10 1889
CLERK OF THE COURT

WITNESS My hand and seal of office this _____ day of _____ 188*9*

[L. S.]

Clerk of the _____

FILED BY
GEORGE W. ALFORD,
PENSION ATTORNEY,
WASHINGTON, * INDIANA
Walters & Clark, Printers, Washington, Ind.

James Connel
Washington Ind

FOR AFFIDAVIT OF
Private of Co. F
5th Regt. 2nd Vols.
Original Pension.

James M. Condra

GENERAL * AFFIDAVIT.
No. *637.105*

PHYSICIAN'S AFFIDAVIT.

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

State of Indiana, County of Darwin, SS:

1 IN THE MATTER OF the Original Invalid Pension Claim No. 654105 of
2 James McCondrac Company, I 58 Regiment, Inda Vols.
(Company and regiment of service, if in the army; or vessel and rank, if in the navy.)

3 Personally came before me, a Notary Public in and for the afore-
4 said County and State James F Parks
(Name of Affiant.)
5 aged 50 years, whose Post Office address is Town Cumtack

6 County Darwin State Indiana well known to me to be
7 reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid
8 case as follows:

9 That he is a practicing physician, and that he has been acquainted with said soldier for
10 about 18 years, and that he first attended and advised in his professional capacity the above
11 named claimant on or about the year 1870

12 I was called to visit this applicant
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be per-

13 mitted, unless the magistrate certifies in his jurat that they were made before executing the paper.)
about the year 1870 in the autumn

14 and found him suffering from
15 malaria and diarrhoea which at
16 the time claimed to be chronic

17 diarrhoea. He was quite sick for
18 two or three weeks, but got better
19 and was discharged from treatment

20 since which time I do not remember
21 to have treated him for diarrhoea

22 He moved away and fell into
23 other hands for treatment in a few
24 months after I first treated him I have a
25 time or two since given him treatment

26 for eye troubles.
27 I did not know soldier before enlistment
28 and never treated him till the above date.

29
30 I do not feel able to give an
31 opinion from my limited

32 acquaintance since I first
33 treated him.

34
35 17 HZ

NOTES.
The Physician's Affidavit must show the following facts:
1. Whether he knew the soldier prior to enlistment.
2. If he treated claimant while in the service, either as his regimental surgeon or while claimant was at home on furlough.
3. If he treated claimant since discharge or knew of his being sick with disability for which pension is claimed, or any of its results, naming disability and giving number of years, stating, as near may be, the date when treatment first began.
4. The extent to which claimant has been unable to perform manual labor during year of the physician's attendance (one-fourth, one-half, three-fourths, or total), on account of disability for which pension is claimed.

36
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43 He further declares that he has been a practitioner of medicine for 21
44 years, and that he has no interest, either direct or indirect, in the prosecution of
45 this claim.

James F. Parks, MD
(Affiant's signature. Give rank and service, if in the army.)

48 Sworn to and subscribed before me this 24th day of January
49 A. D. 1889, and I hereby certify that the affiant is a practicing physician in
50 good professional standing; that the contents of the above declaration, etc.,
51 were fully made known to him before swearing, including the words
52 _____ on line _____ erased, and the words
53 _____ on line _____ added; and that I have
54 no interest, direct or indirect, in the prosecution of this claim.

55 *Off on file* William Beate
56 L. S. Notary Public
(Official signature.)
(Official character.)

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

63 WITNESS my hand and the seal of office, this _____ day of
64 _____ 188____

65 _____
66 L. S. _____ Clerk of the _____ Circuit Court.

NOTE.—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice or Notary, whose certificate of official character is not on file in the U. S. Pension Office at Washington, then Clerk of County Court must add his certificate of character hereon, and not on a separate slip of paper.

2499

MEDICAL EVIDENCE.

no 6574105

CLAIM OF
James M. Condra
Divide Co. G 58 Reg't.

Indiana Vols.
FOR ORIGINAL INVALID PENSION.

AFFIDAVIT OF
James F. Parks M. D.
P. O. *Cumback*
Indiana

2

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

Baker & Randolph, Printers, Indianapolis.

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

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

Insert character and number of claim. *Original* Pension Claim No. *654 105*

Name and rank of claimant. *James M. Coutra*, Rank, *Priv*

Company *758 Reg't* *Ind* | *Washington Ind* State,
(Post office address of the Board.)

Claimant's post office address. *Washington Ind* | *December 12*, 188*8*
(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. *Chronic Duodenal Res Dis Rectum Scur*
Stomach Heart- also Rheumatism

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

Pulse rate per minute, *68*; respiration, *18*; temperature, *98 1/10*; height, *5*
feet *8* inches; weight, *138* pounds; age, *47* years.

He makes the following statement upon which he bases his claim for _____ *Original*

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

That he suffers pain in stomach & bowels more or less constantly. Has an attack of duodenal ulcer about a month later a week or two later pain in left side of chest with shortness of breath and palpitation. more or less constant or fatigues. Has frequent vomit stomach. Has pain in shoulders hips and in both knees more in damp and changeable weather.

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

Upon examination we find the following objective conditions: *The mucous Membrane of the Rectum is thickened in folds or layers with Congested hemorrhoidal veins. There is a small hemorrhoidal tumor on Anal margin Calloused and over on left Side of Rectum of bluish color about the size of a Lima Bean. The Sphincter are relaxed. There is tenderness over the Epigastrium and sigmoid flexure of the Colon. The teeth are all gone but one above and badly decayed below. There is tenderness over Region of Scir, but no apparent enlargement of the gland. Area of Cardiac dullness and both Sounds of the heart normal in Rhythm force and duration. There is impaired Motion in each shoulder if has been normal all joints are normal in Color. Body poorly nourished. Other than stated complaints condition is normal.*

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, &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.

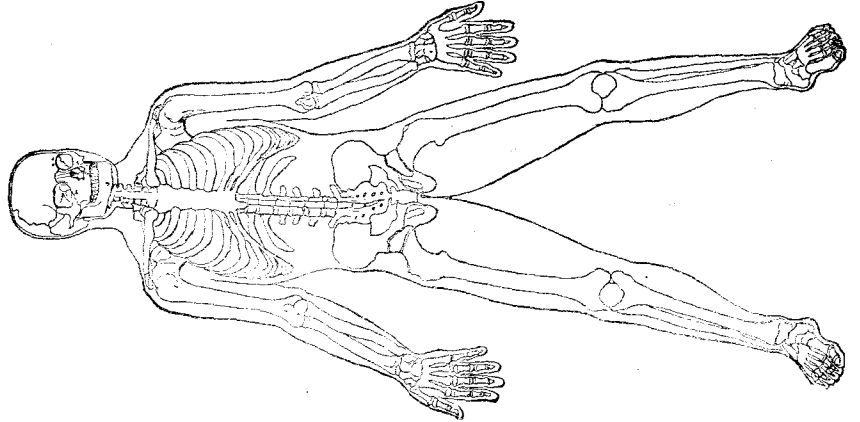
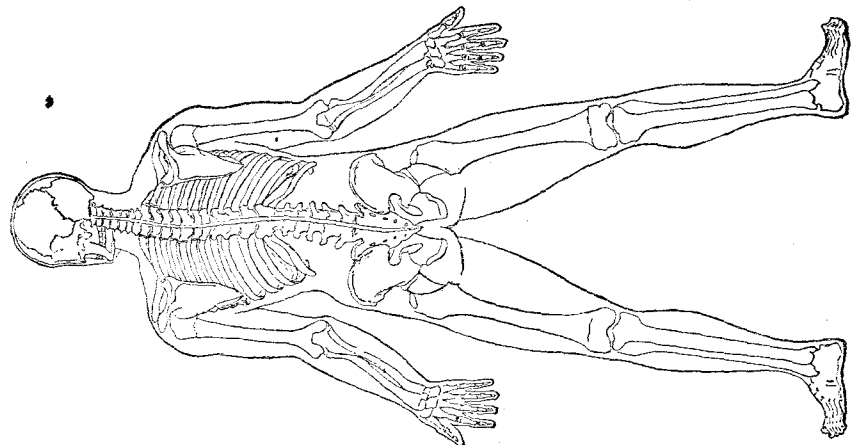
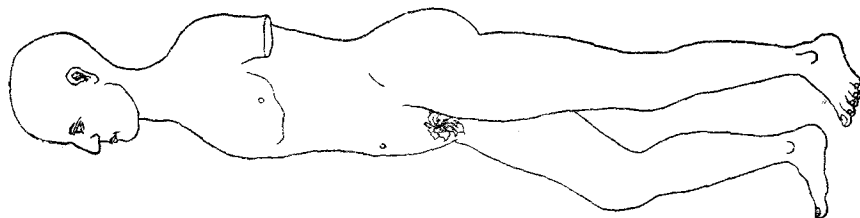
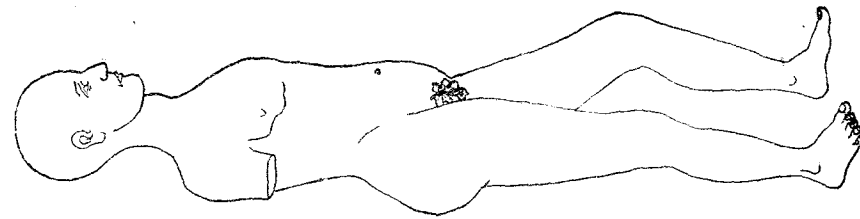
From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has

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

not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *4/18* rating for the disability caused by *Duodenal + Res* for that caused by *Stomach*, and *0* caused by *Dis heart & Lung Aggravated. 6/18*

See the back. Here state whether for original, increase, restoration, or renewal, or for a re-rating.
M. Dick, Pres. *Henry S. M. H. H. H.*, Sec'y. *H. H. H.*, Treas.

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



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

James M Condra
Co. *F. 58* Reg't. *Art. For*

Applicant for *Original*
No. *654105*

DATE OF EXAMINATION:

December 12, 188*8*

S. H. Peck, Pres.,
Henry B. ..., Sec'y,
H. ..., Treas., } BOARD.

Post office, *Washington*

County, *Darwin*

State, *Australia*

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.]

(3-105.)

W. H. B.

Department of the Interior,

BUREAU OF PENSIONS,

Jan'y 29th, 1891.

Nature of Claim *Original*

No. *654105*

Soldier: *James M. Ponder*

Service: *Co F 38 Ind Iols*

It is desired in this case that the examination be made with special reference to—

Diphtheria disease of heart and thrombosis. Board will please make a thorough examination as to alleged and all disabilities found strictly in accordance with instructions of 1890.

W. H. B. *W. H. B.*

Medical Referee.

THE SURGEON WILL DETACH THIS SLIP FROM THE "ORDER" AND RETURN IT WITH THE CERTIFICATE OF THE EXAMINATION.

These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

THOMAS D. INGRAM,
Medical Referee.

Dr.

6-236 446 b-50 m

[OVER.]

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. 654105
Name and rank of claimant. James M. Bondron, Rank, Private
Company F, 3-8 Reg't Ind & Inf Petersburg Indiana State,
Washington Indiana Mar 11, 1891.
[Post-office address of the Board.] [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: Diarrhoea, Dis of Heart, & Rheumatism

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

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

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

Is in misery with right side all the time. Has had Rheumatism ever since left army. Sometimes can't bend himself. His heart stops beating at times. Feels like he would sink right down. Has Diarrhoea all time, and suffers from Piles. Has blood come from him. & Cramps across bowels.

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

Upon examination we find the following objective conditions: Pulse rate, 74; respiration, 18; temperature, 98 1/2; height, 5 feet 8 inches; weight, 136 pounds; age, 50 years. Skin sallow & inelastic, body poorly nourished. Tongue large flabby. Liver, Spleen coated at base of gut. Liver, Stomach & Spleen enlarged & tender. Tenderness across bowels about navel, with constriiction. Rectum inflamed, tender, ulcerated, two internal piles, & one external pile 1/2 in in diameter. Hypochondriacal stiffness. Crepitation & loss of 1/4 motion both shoulders with atrophy of Trapezoids on right. Tenderness both elbows & wrists. Tenderness in both hips, knees & ankles. There is general spinal tenderness, marked in Cervical, Lumbar dorsal & sacro-iliac regions. There is atrophy of Gluteus Muscles. Heart apex beat 6 in the space right of man. Sim. Auscultation negative. Opacity of Cornea of left eye occluding entire pupil, all other structures of left eye normal. By Types R V = 15 L V = 20
No other disability found.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 9/18 rating for the disability caused by Ch Diarrhoea, & 9/18 for Rectum & 4/18 for that caused by Liver & 4/18 for stomach, and 3/18 for Spleen & 3/18 for that caused by Rheumatism.
7/18 for left eye

J. R. Adams, Pres. A. R. Byers, Sec'y. N. M. DeMott, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

James M. Condra
Co. *F*, 58 Reg't *Inf & Inf*

Applicant for *Original*

No. *654105*

DATE OF EXAMINATION:

Mar 11, 189*1*.

J. R. Adams, Pres.,
A. R. Byers, Sec'y,
W. M. DeMott, Treas., } BOARD.

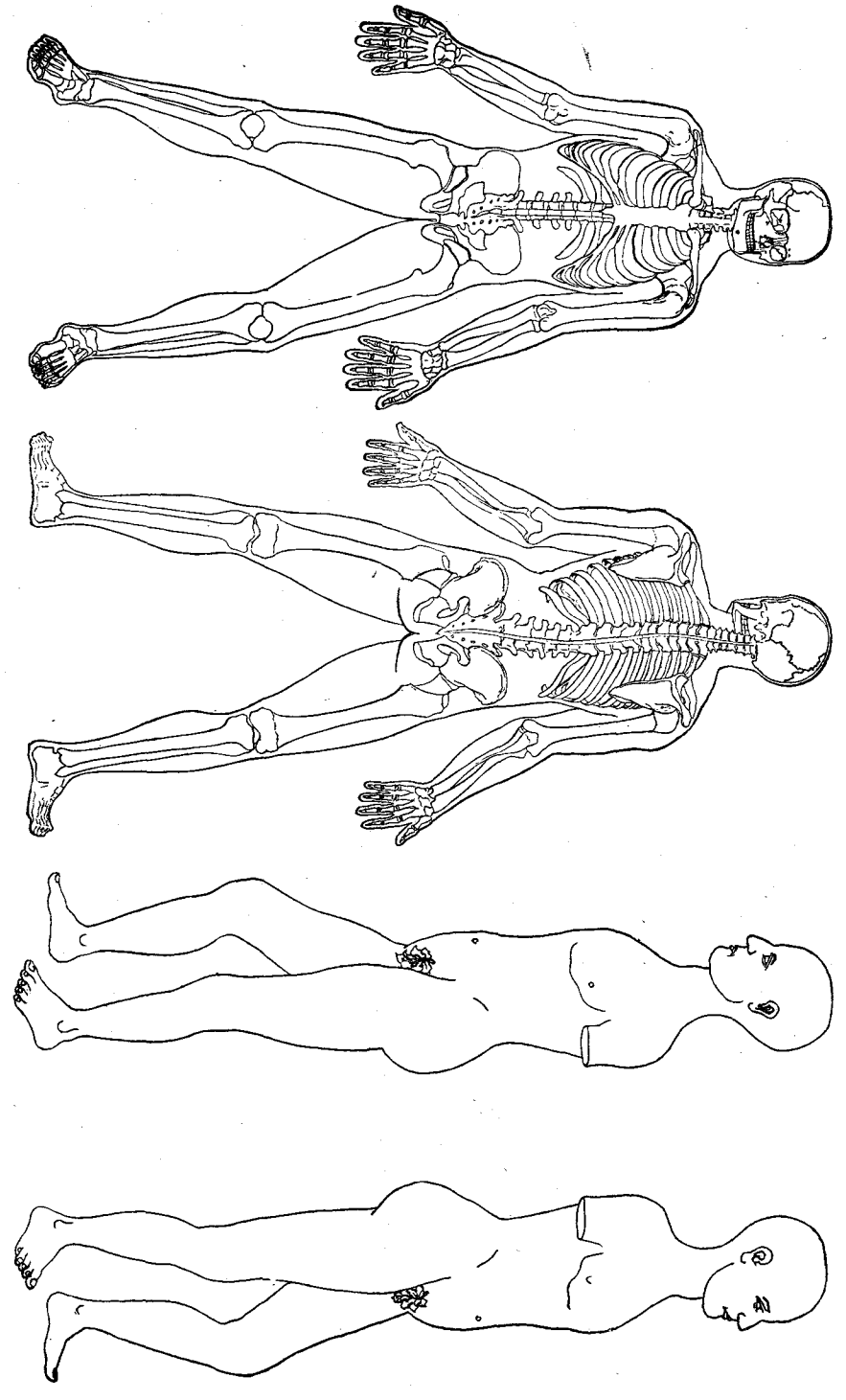
Post office, *Petersburg*

County, *Pike*

State, *Indiana*

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

JMA



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. [Excerpt 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. Increase Pension Claim No. 578911
[State above whether for original, increase, or restoration.]

Name and rank of claimant James M. Conroy, Rank, Private

Company F, 18 Reg't Ind | Indiana State,
[Post-office address of the Board.]

Claimant's post-office address Washington Ind. | Washington Dec 30, 1899.
[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: Chronic diarrhoea and resulting disease

of liver & rectum, disease of eyes with almost total
loss of sight of left eye 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
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.
That he is unable to discern light with left eye.
That he has diarrhoea all the time with indigestion, the
food often passing undigested. Has pain in right side
of abdomen and bloats with gas after eating.
That he has no piles or other trouble with lower bowels

Upon examination we find the following objective conditions: Pulse rate, 72;
respiration, 18; temperature, 98 3/4; height, 5 feet 7 1/2 inches; weight, 138
pounds; age, 30 years. The skin tongue and conjunctiva is clean with
area of hepatic dullness normal. There is no tenderness over

Here give a full description of the disability, in accordance with Book of Instructions.
the liver on any evidence of disease of that organ.

Acute tenderness exists over pyloric orifice and
duodenum extending over umbilical region.

The abdominal walls are retracted below costal
margins, and bulged from umbilicus downward.

We believe he is suffering from chronic inflammation
of lower end of stomach and duodenum
with consequent indigestion. The body is poorly
 nourished and anasarcae cystic placca and
not well developed, with general physical appearance
rather feeble. The rectum is perfectly normal.

The fine interstitial opacity of the left cornea
covering the two thirds of the pupillary field, otherwise
the eye appears normal. He is practically blind in this
eye, not being able to distinguish objects on count fingers
with right eye closed. There is amblyopia of right
eye. He reads Snellen's type No 14 at 16 inches and 160 at
twenty feet. Otherwise the eye appears normal.

All organs not mentioned appear in healthy condition
and no other cause of disability is found.

Rate for EACH cause of disability. He is, in our opinion, entitled to a Separating
rating for the disability caused by Loss of sight of left eye & disease of liver & rectum for that caused
by Chronic diarrhoea, and 75 for that caused by Disease
of stomach and resulting diarrhoea

John T. Gibbon, Pres. A. Skender, Sec'y. B. H. Brittain, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

J. M. Condra

Co. *58* Reg't *Ind*

Applicant for *Inc*

No. *578911*

DATE OF EXAMINATION:
Dec 30, 189*1*.

Wm. H. ... Pres.,
... Sec'y,
B. H. Burtain, Treas.,
BOARD.

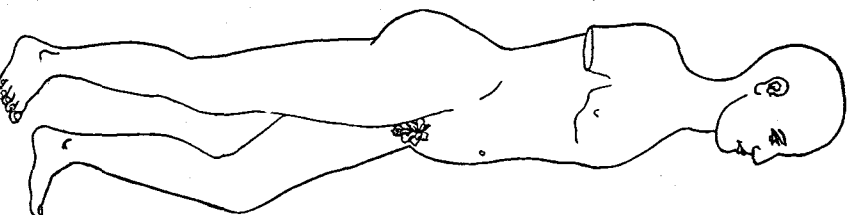
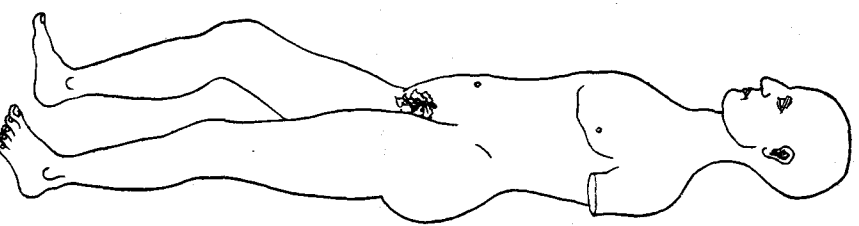
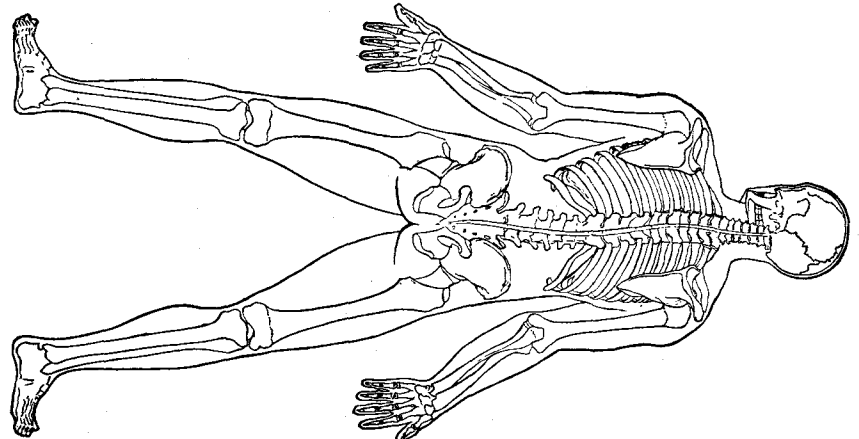
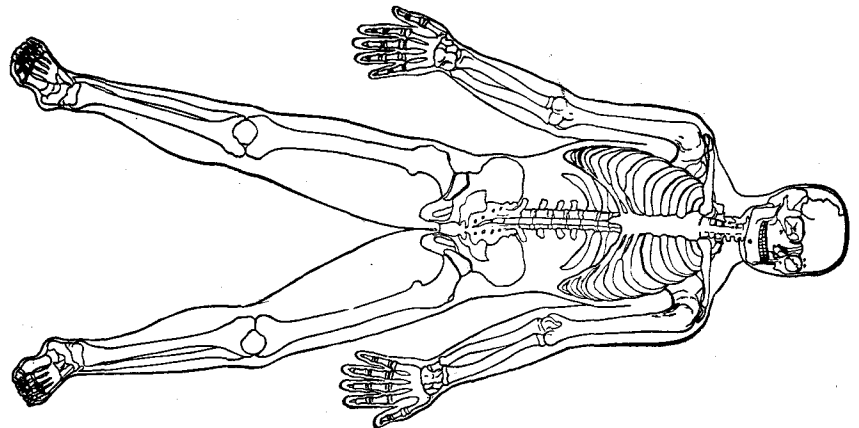
Post office, *Washington*

County, *Adams*

State, *Ind*

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

R. H. B.



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, &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. *New Dis. Sen* Pension Claim No. *578, 911*
[State above whether for original, increase, or restoration.]

Name and rank of claimant. *James Candron*, Rank, *Priv*

Company, *7 58* Reg't *Ind Vol Inf Washington Ind* State, *Ind*

Claimant's post-office address, *Washington Ind* [Place-office address of the Board.] *April 11*, 189 *4* [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. *Chronic Diarrhoea Disease of Liver pits Disease of Rectum heart Obstruction and splenic and injured right eye*

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

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

Here give the claimant's statement as briefly and as compactly as possible. *That he has an attack of dizziness about once a month lasting 2 or 3 days at a time, Has pain in lower bowels and in right and left side with itching of the rectum, Has shortness of breath with palpitation now on exercise, The pits are brown and cracking any distance as on standing long His right eye growing weaker, after pain and sleep*

Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *18*; temperature, *98 1/10*; height, *5* feet *8* inches; weight, *140* pounds; age, *53* years

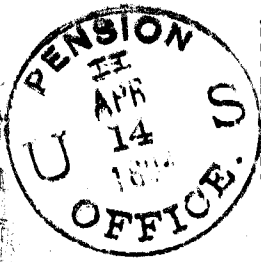
Here give a full description of the disabilities, in accordance with Book of Instructions. *No fluid in Pleural Membrane of the Rectum, Redundant in folds or layers with Congested lymphoidal veins, There is an Auscult humeral dullness on Margin of Liver Calloused - There is irritability of the Sphincters, Has tenderness over the Epigastrium and umbilical region on pressure Area of dullness over region of Splenic enlarged 1/8 greater than normal. Murmur of Cardiac dullness and both Sounds of the heart normal. Respiration normal clear over both lungs. He has 13/16 inches of painless power of vision, Area over region of liver furnished 1/8 greater than normal skin salient Sclerotic of dirty gray color. He has an Echan over the pupillary space on the left Cornea the center of which is gray firm and white and is about a line wide and 1/8 inch long. The entire cornea is 1/8 inch in diameter. He can only count fingers with this eye. The right eye has a C. in alveol just below the pupillary space on right Cornea about the size of a large pin head, with some injection into the corneal vessels over*

He is, in our opinion, entitled to a rating for the disability caused by ~~_____~~ for that caused by ~~_____~~ and ~~_____~~ for that caused by ~~_____~~

E. W. Halliburton Sec'y. *M. P. Tolliver* Treas.

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

and I have palpated Cervical vertebrae, they
react Dullness Puffies No Rxx with right eye
at 3 feet distance. No evidence of
Visceral Rabits from a former
He suffers from Chronic Dehydration and
existing disease of Stomach and Intestines
(Has double set of Artificial teeth) and dis-
ease of liver and spleen and disease of
the eyes.



SURGEON'S CERTIFICATE

IN CASE OF

James Lindberg
Co. 7 58 Reg't Infantry

Applicant for *Service*

No. *578.911*

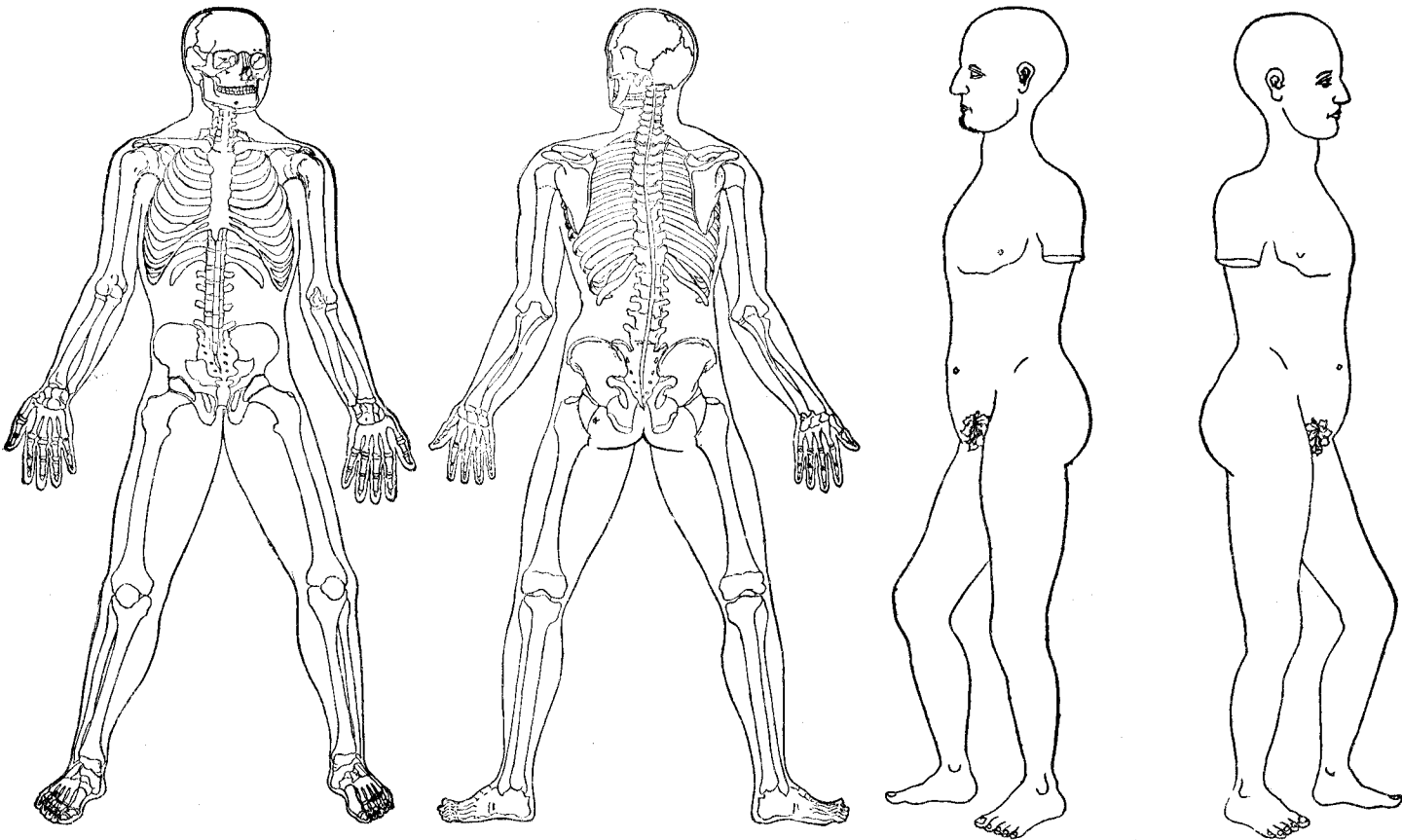
DATE OF EXAMINATION:

April 11, 189*4*

E. G. Nelson, Pres.,
Henry Grant, Sec'y,
M. P. O'Leary, Treas.,
BOARD.

Post office, *Washington*
County, *Danish*
State, *Illinois*

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



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

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

A. G. J.

3-106.

Department of the Interior,
BUREAU OF PENSIONS,

Oct 21, 1895-

Nature of Claim: Act of June 27, 1890.

No. 578911

Soldier: James M. Wondra

Service: Pri Co. H. 38th Inf. Vol. Regt.

It is desired in this case that the examination be made with special reference to-

diarrhoea, rheumatism,
neurotic prostration, general
debility, disease of stomach,
heart, lungs, liver and
rectum, impaired vision
and injury to left eye

This is a test examination to determine whether soldier is incapacitated for earning his support by manual labor, by reason of alleged or other permanent disabilities not due to vicious habits. Please report occupation, exact age, height, weight, state of nutrition and muscular development, condition of palms and general physical appearance. Note in what manner and from what causes he is disabled, being careful to describe clearly the seat, character, and extent of all lesions found, in accordance with general instructions of 1895 and in a way that will enable this Bureau to determine the degree of his inability to earn a support.

Compliance with Pars. 6, 12, and 101, Instructions of 1895 is required in every case.

THOS. FEATHERSTONHAUGH,
Medical Referee.

M. J. P.

Civil and foreign surgeons are required to make oath on the back of Certificate. o-4 [OVER.]

b-50 m

These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

THOS. FEATHERSTONHAUGH,
Medical Referee

Dr. _____

[OVER.]

H.C.

3-105.

Department of the Interior,

BUREAU OF PENSIONS,

March 4, 189*9*

Nature of Claim *Increase,*

No. *578911*

Soldier *James M. Cochrane*

Service *F 55 Dist Regt.*

It is desired in this case that the examination be made with special reference to-

Chronic diarrhoea and resulting disease of liver and rectum

Pharyngitis, disease of heart and eyes.

Describe fully

claimants present

condition as per

General Instruction

of 1897.

J.F.R.

J. F. RAUB,
Medical Referee.

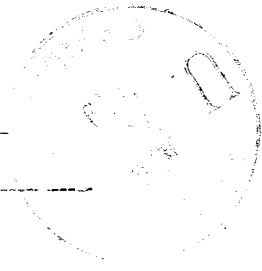
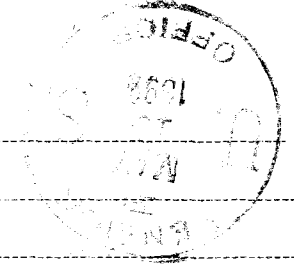
Civil and foreign surgeons are required to make oath on the back of Certificate. 0-1 [OVER]

These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

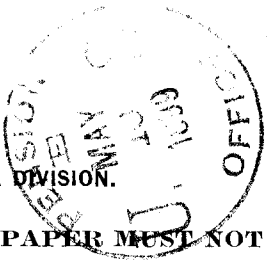
Very respectfully,

J. F. RAUB,
Medical Referee.

Dr. _____



[OVER.]



MEDICAL DIVISION.

3-516.

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,
BUREAU OF PENSIONS,

Doctors:-

Washington, D. C., *Apr. 12*, 1899.

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

If cardiac dullness is increased, state in what direction and to what extent? Is there dilation or hypertrophy?

State respirations standing and after exercise. ~~Is there a sound?~~

Amc 525 May 3 1899.

Area of cardiac dullness increased downward + outward over area of 3x4 in chs. Dilation

Respirations 15, 70, 71.

J. F. RAUB,
Medical Referee.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Pension Claim No. 578,911

Claimant's post-office address.

Cause of disability.

Luc
James M. Condra
 Rank, 1st Lt. Company F Reg't 58th
 Address of Board, Petersburg P. O. Ind. State.
 Date of examination, April 5, 1897
Ch. S. res. Dis. of liver & rect. Rheumatism & Dis. of eye
throat

He receives a pension of Eight (8) dollars per month.

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

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

This dis. is due to the above mentioned

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, 74, 84, 96, respiration, 18, 20, 24, temperature, 98 1/2
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
 height, 5 feet 7 inches; actual weight, 139 pounds; age, 58 years.

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

Large tongue, large flat, skin scallow and doughy. Along a ch tendon retracted 3/8. Liver the size of spleen tend. in reflection tend. inflamed enlarged, ulcerated on anterior pole 1/2 inch in diameter. Complains of pain into scapular dorsal spinal tend. Dis. of spine. 1/8 repetition in left knee tend. tend. weakness, stiffness loss of 1/4 function this joint Rheumatism = 1/8 all other muscles joints tend. normal. apex beat 7 spaces. No murmur. Area of cordiae dullness increased. No dyspnoea, no oedema, no cyanosis, no bruit. Heart weak & irregular. 1/8 absence of lashes from eye lids, eyelids thickened & slight ectropion. R. eye fixed. R.E.V. 1/4. F.E. 1/4. No other disability found. No evidence of specific disease nor bad habits.
There is an opacity of cornea of upper & central location covering almost entire pupa. Can see better slightly darker than in bright light.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to.

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

J. W. Beardsley Pres. M. H. [Signature] Sec'y J. M. [Signature]

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.

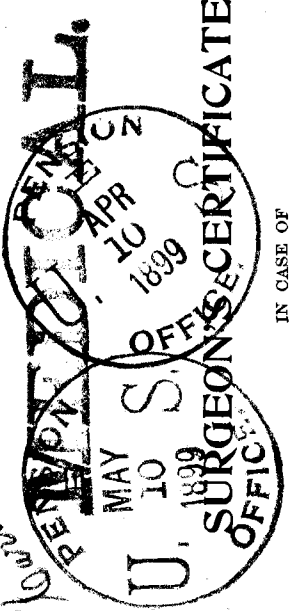
(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Beard, Dr. James, and Dr. Colum, were personally present and actually participated in the examination of John Comdras, the claimant in this case, on 2 day of April, 1899,
(Signature.) J. H. Beard

(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.) _____



IN CASE OF
James M. Comdras
Co. F, 58 Reg't

APPLICANT FOR let

No. 578911

DATE OF EXAMINATION: April 5, 1899

J. H. Beard, Pres., BOARD.

J. H. Beard, Sec'y,

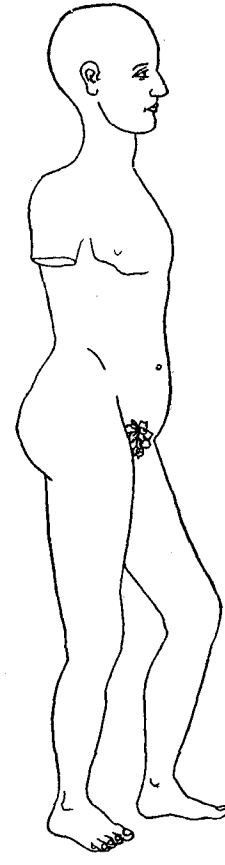
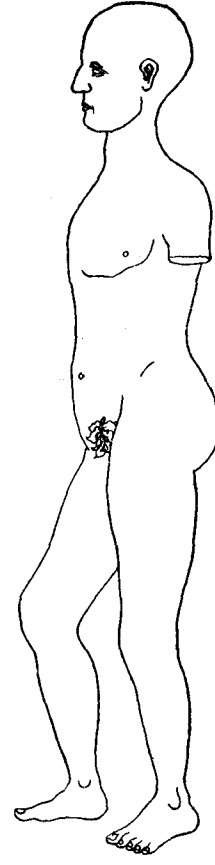
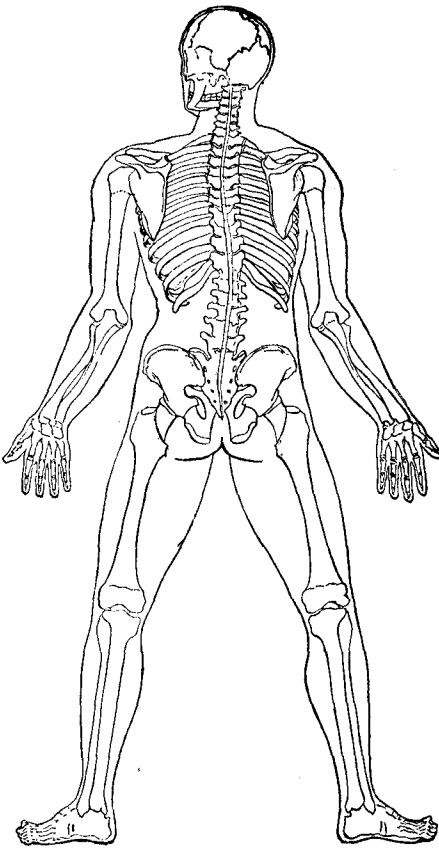
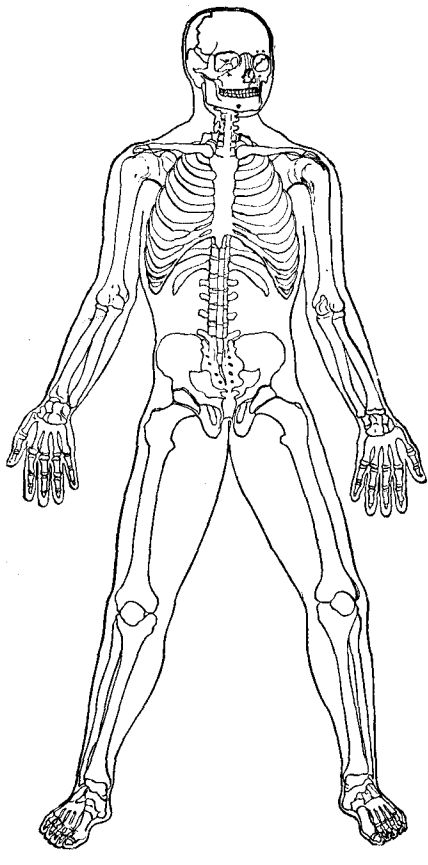
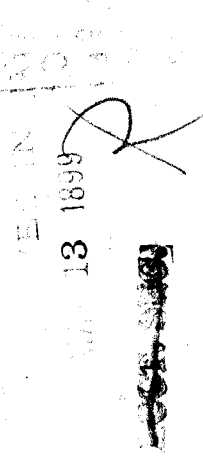
J. H. Beard, Treas.,

Post office, Pitt

County, Pa

State, Pa

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, 1832.]

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

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

Insert character and number of claim. Increase, Pension Claim No. 578,911.
[State above whether for original, increase, or restoration.]
 Name and rank of claimant. Jane M. Condra, Rank, Private.
 Company E., 58th Reg't Ind. Inf. Vincennes, Indiana, State,
[Post-office address of the Board.]
 Claimant's post-office address. Washington, Indiana. November 6, 1895., 189
[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: Diarrhoea, rheumatism, nervous prostration, general debility, disease of stomach, heart, lungs, liver and rectum, impaired vision, and injury to left eye.

and that he receives a pension of Eight (\$8.00) dollars per month.

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

Here give the claimant's statement as briefly and as compactly as possible.
Increase in severity of disabilities and injury to left eye.

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 20; temperature, 98; height, 5 feet 7 1-4 inches; weight, 130 pounds; age, 54 years. Applicant has chronic diarrhoea.

Here give a full description of the disabilities, in accordance with Book of Instructions.
His skin is harsh, conjunctivae jaundiced, tongue coated and inflamed, dark rings around the eyes, anxious expression of face, stomach dilated with considerable epigastric tenderness, liver torpid, bowels tympanitic, rectum pale and tumid and he has two external piles, each tumor is about 1-2 inch in diameter and slightly inflamed. The hemorrhoidal vessels are engorged but not bleeding. His muscles are flabby and he shows signs of much debility. As a result of the state of the alimentary tract he has a labored condition of heart. The pulse is full and hard and the impulse is plain to inspection. Standing the pulse is 90 and if he attempts brisk exercise it does not become more rapid but irregular, 17-18.

We find no evidence of rheumatism. The nervous prostration complained of is his nervous state, as a result, in our opinion, of the state of the alimentary tract. He is apparently of a very nervous temperament, but there is no palsy or loss of sensation in any part of body. The general debility complained of is, as stated above, due to state of alimentary tract.

He has catarrh of stomach and dilatation of stomach. He eructs a glairy mucus and at times solid particles of food, has severe dull head-aches and dizziness, 15-18.

We find no disease of lungs. We believe the difficult breathing complained of to be due to disease of stomach. The lung measurements are, at rest 34, expiration 33, inspiration 36.

No disease of liver and rectum except as stated above. He has a severe pannus of cornea of left eye, he is only able to distinguish light from darkness with this eye, there is a slight cloudiness of cornea of right eye, his vision of this eye is, according to Snellen's test, 1-5, he can distinguish the letters C.F. at a distance of 20 feet. What has caused the pannus of his

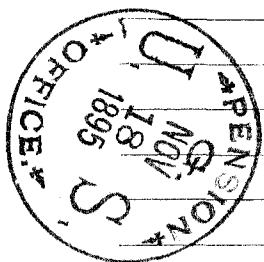
The actual and probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

J. L. [Signature], Pres. W. B. Sprinkle, Secy. E. M. [Signature], Treas.

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

Continuo record of examination here.

cornea we are unable to say, 15-18. As a result of the above stated disabilities we believe applicant to be totally disabled for performing manual labor.



MEDICAL

SURGEON'S CERTIFICATE

IN CASE OF

James M. Condra.

Co. F, 58th Regt Ind. Inf.

Applicant for Increase.

No. 576, 911.

DATE OF EXAMINATION:

November 6, 1895, 189

J. L. Reeve, Pres.,

W. B. Sprinkle, Sec'y, BOARD.

L. M. Beckes, Treas.,

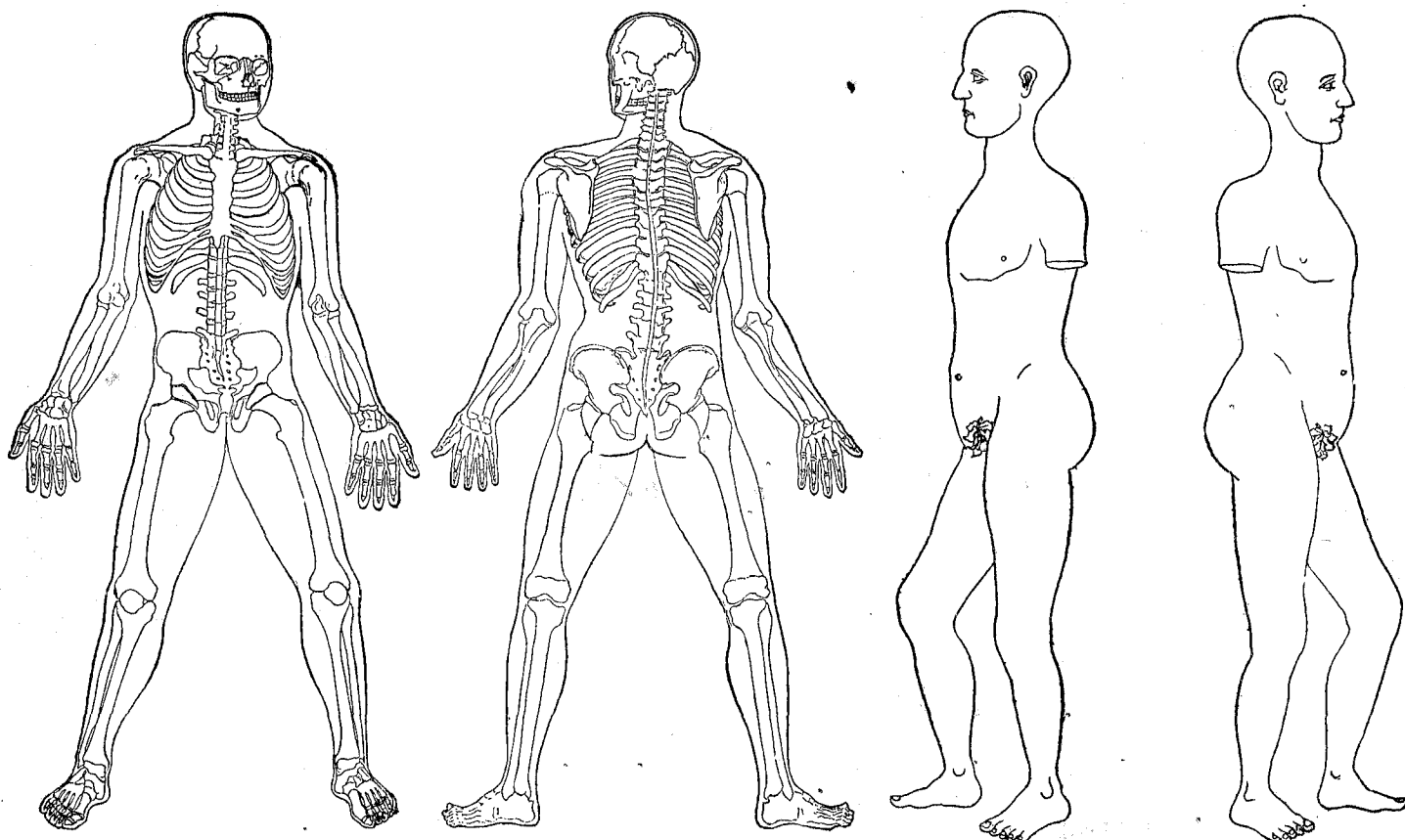
Post office, Vincennes,

County, Knox,

State, Indiana.

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

Condra



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.]

L. J. O.

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,
BUREAU OF PENSIONS

Washington, D. C., *July 10, 1900*

Gentlemen:

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

Please give pulse and respiratory rates after exercise. What is the cause of the disease of heart in this case?

*amendment made this August 1st 1900
Pulse after exercise 100 per minute. Respiration after exercise 30 per minute. In our opinion disease of heart was caused by rheumatism.*

A. A. Smith M.D. Pres. Genl. Willford and Secy, S. R. W. Phisone md Presl

J. F. RAUB,
Medical Referee.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

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

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

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

at

Pension Claim No. 378911

Name of claimant: James M. Condra P. O. Washington

Company 58 Reg't Ind Inf. Address of Board: Indiana State.

[Rank] Washington Indiana [Date of examination.] July 3rd 1908

Cause of disability: Chronic diarrhoea and resulting disease of liver and rectum stomach and heart and chronic disease of lungs and general debility although total loss of sight of left eye and numerous prostrations and hemorrhagic spells

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

I have Chronic Diarrhoea since a month lasting 2 or 3 days, had serious over growth of liver, had pain in rectum and piles, New pain stomach and pain in chest at heart, has chronic disease in lungs and throat, has shortness of breath, worse on exercise. Can not see with left eye worse, feel weak, prostrated and has hemorrhagic spells.

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, 66 68 100, respiration, 18 18 30, temperature, 98.4
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 7 inches; actual weight, 129 pounds; age, 59 years.

Height measurement 34 inches; expiration 33 inches; inspiration 35 1/2 inches. Chest 32 inches. There is tenderness over entire abdomen especially well marked over liver and stomach. Abdomen flat. Mucous membrane of rectum redundant and relaxed with engorged hemorrhoidal vessels. There is one ancient pile tumor (occluded) area of hepatic dulness extends vertically from right nipple to 1 1/2 inches below lower border of ribs. (See diagram) Skin pallor poorly nourished. Functions of digestion poorly performed.

Rate for Chronic Diarrhoea and resulting disease of stomach, liver and rectum 1/8. Apex of heart found at 6th intercostal space on left mammillary line. Impulse diffuse and is evident to inspection, and palpation from xiphiform to 1 inch to left of left mammillary line. Area of cardiac dullness extends vertically from 3rd left rib to 6th intercostal space and transversely from 1 inch to right of sternal margin to 1 inch to left of left mammillary line. Action of heart normal in rhythm and slightly increased in force. No well defined murmurs heard. There is hypertrophy and dilatation of heart. No oedema. Cyanosis on exertion. Rate for disease of heart 1/8. There is impairment of motion in right shoulder and knee 1/8 less than normal and in right hip 1/4 less than normal with crepitus in all these joints. Complaints of rheumatism in left shoulder hip and knee but no evidence of disease of these joints found. No enlargement or deformity of any joints or tendons found. The impairment of motion above described is believed to be due to rheumatism.

Rate for rheumatism 1/8 by percussive assault.

A. A. Faith, M.D. Res. Genl. Willford Sec'y. J. M. Thomas, M.D. 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.)

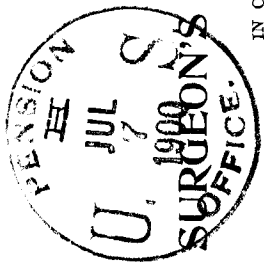
"I hereby certify that Dr. *A. H. Paine*, Dr. *Geo. W. Williford*, and Dr. *A. M. Johnson*, were personally present and actually participated in the examination of *James M. Condra*, the claimant in this case, on *3rd* day of *July*, 19*00*, 18*9*."

(Signature.) *Geo. W. Williford M.D.*

(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*9*."

(Signature.) _____



IN CASE OF
James M. Condra
Co. *F*, *58* Reg't *Inf.*

APPLICANT FOR *Quartermaster*

No. *578 911*

DATE OF EXAMINATION:

July 3rd 1900, 18*9*

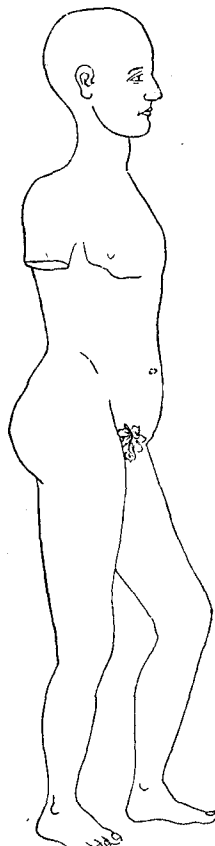
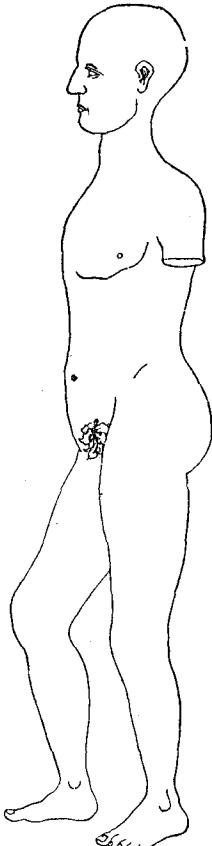
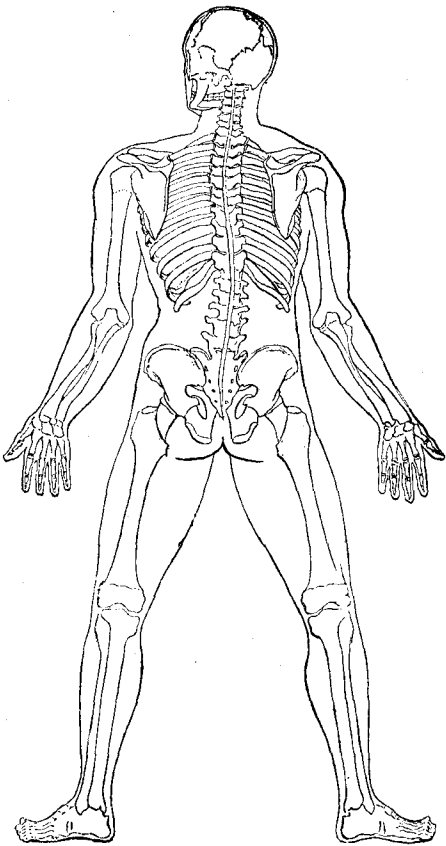
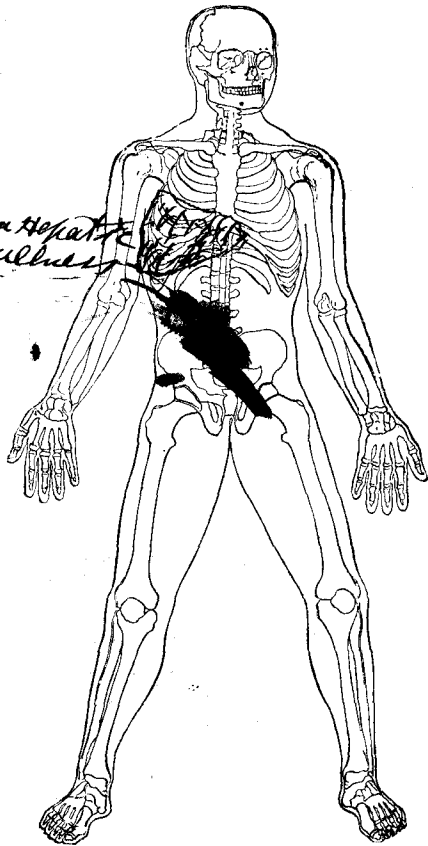
A. H. Paine M.D. Pres.,
Geo. W. Williford M.D. Sec'y,
A. M. Johnson M.D. Treas.,
BOARD.

Post office, *Washington*

County, *Indiana*

State, *Indiana*

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, 1832.]

6-552

3-111 g.

SURGEON'S CERTIFICATE.

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

Insert character and number of claim.

Quartermaster Pension Claim No. *578 911*
Name of claimant: *James M. Condra* *Washington*
Co. F, Company *58*, Reg't *Inf.* *Indiana*
[Rank.] *Washington Ind.* *July 3rd 1900*, 18*9*
[Date of examination.]

EXAMINATION—Continued.

3-111 g.

SURGEON'S CERTIFICATE.

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

Insert character and number of claim. *December* Pension Claim No. *578 911*

Name of claimant. *James C.andra* *Washington*

Pat, Company *7 58*, Reg't *Inf*, *Indiana*

Washington D.C., *July 3rd 1908*, 189-

[Rank.] [Date of examination.]

EXAMINATION—Continued.

ature and inspection lungs were found to be normal the dyspnea complained of believed to be due to disease of heart stability and nervous structures as far as present due to disabilities above described and rated. Left eye has a macular on cornea covering greater part of pupil—result of an ancient keratitis. Vision in this eye practically lost—can count fingers at 3 feet; has incipient cataract in right eye. Vision in this eye $\frac{20}{80}$ Rate for disease of eyes: $\frac{12}{18}$

no other disability found to exist. no evidence of syphilis nor of vicious habits.

A. N. Faith Sec'y. *W. W. Wilcox* Sec'y. *L. M. [Signature]* 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.)

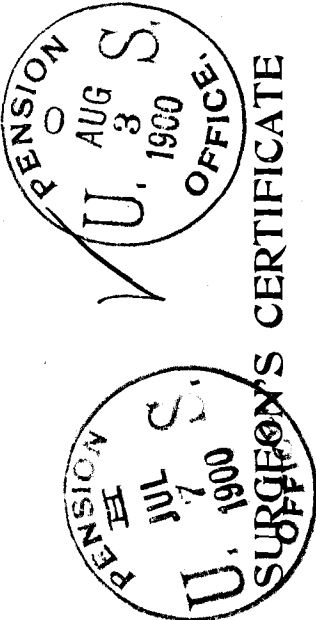
"I hereby certify that Dr. A. N. G. Smith, Dr. Geo. W. Williford, and Dr. J. P. Johnson, were personally present and actually participated in the examination of James M. Landra, the claimant in this case, on 3rd day of July, 1900, 18 ."

(Signature.) Geo. W. Williford M.D.

(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.) _____



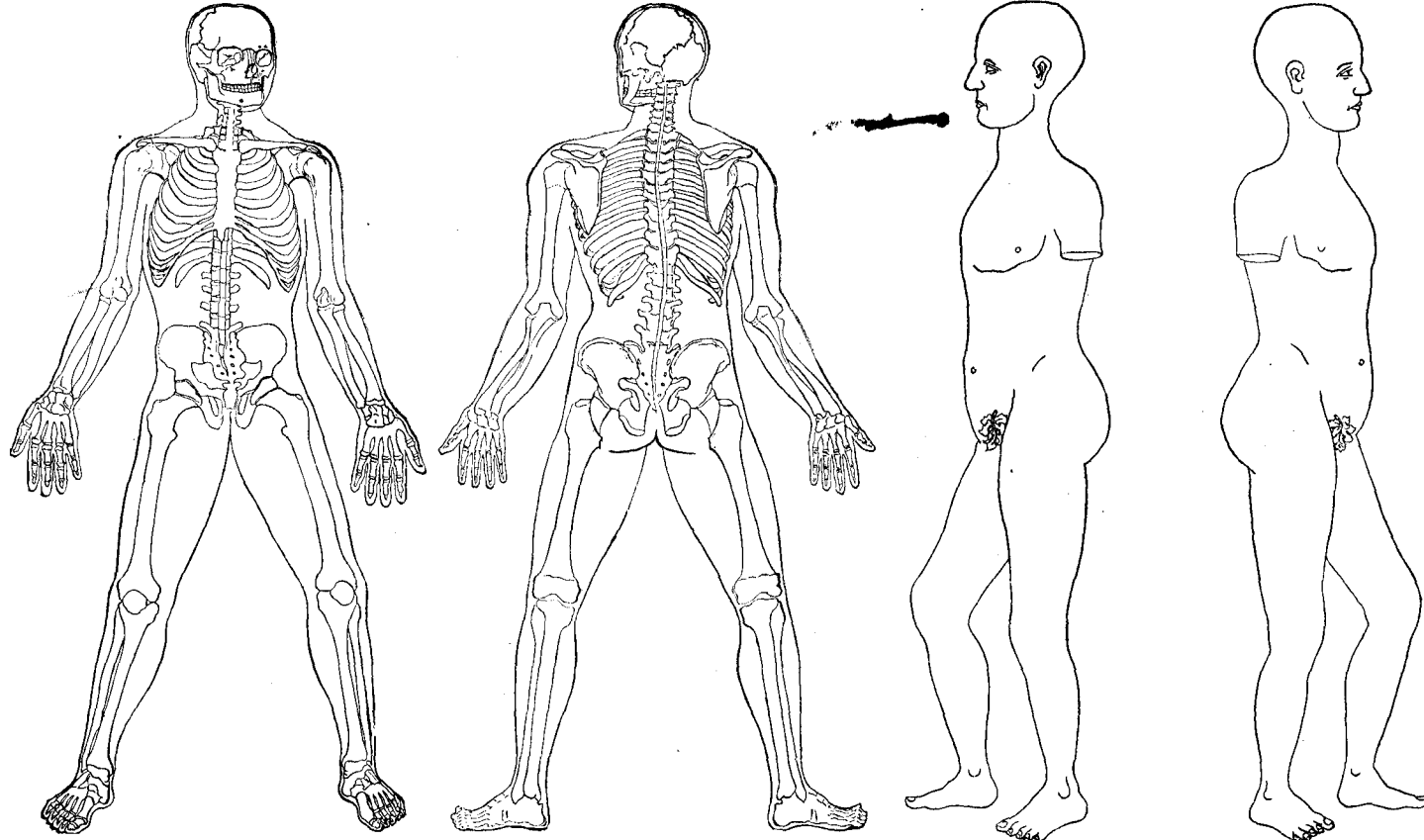
IN CASE OF
James M. Landra
Co. H, 58 Reg't Inf.

APPLICANT FOR Increase

No. 578911
DATE OF EXAMINATION:
July 3rd, 1900, 18

BOARD.
Geo. W. Williford M.D., Sec'y,
J. P. Johnson M.D., Treas.,
Post office, Washington
County, Daviess
State, Indiana

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



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 character and number of claim.

Increase Pension Claim No. 578911

Name of claimant.

James M. Coudry

Address of Board.

Washington Ind. P. O. State.

Claimant's post-office address.

Company 458 Reg't Ind. Inf. Washington Davais Co. Ind.

June 21, 1905 [Date of examination]

Names of disabilities.

Chronic diarrhoea and resulting disease of liver and rectum

He receives a pension of 12 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: I have attacks of diarrhoea twice a month on an average - lasting 5 days to a week. My piles are bad, sometimes they are worse than at other times - When I am quiet and on all over board I want to go to sleep.

Birthplace, Davais Co. Ind.; age, 64 years; height, 5ft. 7in.; weight, 124 pounds; complexion, Dark; color of eyes, Brown; color of hair, Black turning gray; occupation, Laborer; permanent marks and scars other than those described below, See below.

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

Pulse rate, 70-80-100; respiration, 20-22-30; temperature, 98; [Sitting, standing, after exercise.]

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

Musculature - Pos. 36 in. Hor. In 38 in. Hor. Ex 35 in. Height 39 in. Lungs - no dullness on percussion - no rales heard - Heart - Sp. 9 x 10 1/2; Straw color, and no albumen (Nat & Trib acid) no sugar (Feh).

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

Heart - Impulse of apex beat seen on inspection, in left 6th interspace 3/4 in. internal to left nipple - no murmurs heard - There is slight hypertrophy, no dilatation no dyspnoea, no cyanosis, no oedema of feet or ankles, Area of cardiac dulness increased downward and to left, Pulse irregular in force regular in rhythm.

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.

Chronic diarrhoea: - Tenderness over hepatic region and epigastrium - Abdomen flat - Area of hepatic dulness extends from 4th rib, to 2 in. below margin of ribs, skin jaundiced - icteroid sclerotics - Very poorly nourished - No enlargement of spleen detected - Liver at 90 deg, urars plates, Tongue coated - Rate for Chronic diarr, 12

Rectum: - Has three internal pile tumors 1/2 in each - with a posterior ulcer - no fissures - no fistulae - Rate for disease of rectum 12

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

A macula over pupil of right eye - result of keratitis. Sight of this eye practically lost - Scar in palm of left hand, Dactylitis of metacarpal-phalangeal joints of little & ring fingers - Index & middle fingers are dactylodactyl 1st phalangeal joints - unable to flex fingers but very little - No other diseases found. Disabilities are permanent - no evidences of any vicious habits or of any general disease.

W. J. [Signature], Pres. [Signature], Sec'y [Signature], Treas.

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

Marginal entries must never be made.

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

"I hereby certify that Dr. A. H. North, Dr. C. H. Yenne, and Dr. Worce May, were personally present and actually participated in the examination of Jones M. Condra, the claimant in this case, on 21 day of June, 1903."

(Signature.) W. H. Yenne md sec.

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

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

Witnesses to mark. _____ (Signature of Applicant.) _____

SURGEON'S CERTIFICATE

IN CASE OF

Jones M. Condra
Co. B, Reg't Inf

APPLICANT FOR Increase

No. 578911

DATE OF EXAMINATION:

June 21, 1903

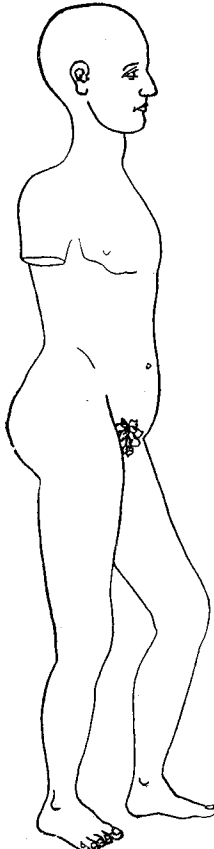
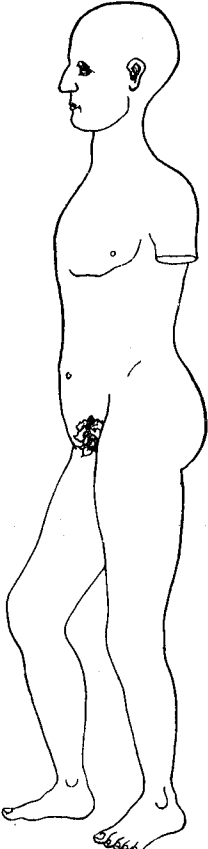
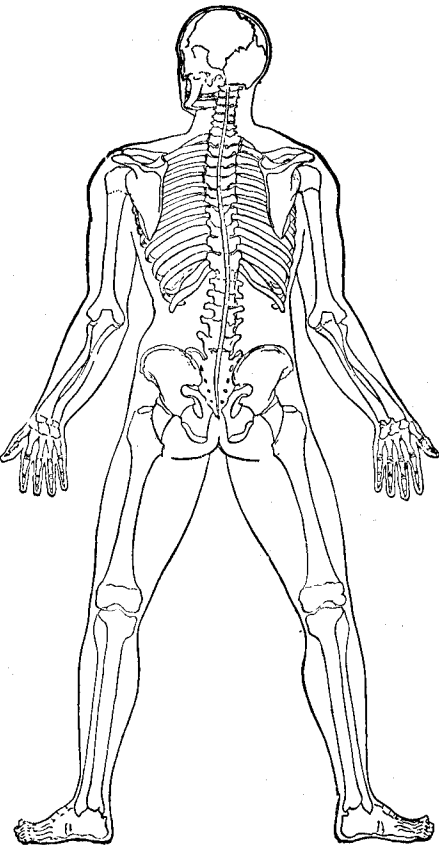
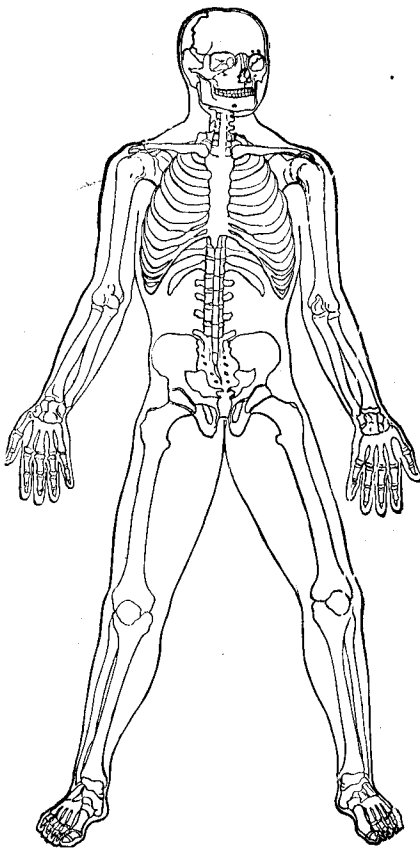
BOARD.
A. H. North, M.D., Pres.,
W. H. Yenne, M.D., Sec'y,
Worce May, M.D., Treas.,

Post office, Washington

County, Dorchester

State, Indiana

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a



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

(Paste continuation sheet, if used, here.)

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase Pension Claim No. 578911

Name of claimant.

James M Leonard

Address of Board.

Shoals

P. O.

Claimant's post-office address.

Company 7th Reg't 58 Ind Inf
215 Lemon St. Washington Ind.

Ind State.

1907

Names of disabilities.

Chronic diarrheal disease of liver and rectum

He receives a pension of 12 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted Chronic diarrheal and disease of liver and rectum at Atlanta Ga. in 1864 and has attacks at times ever since

Birthplace, Savies Co. Ind.; age, 66 years; height, 5-6 1/2 weight, 130 pounds; complexion, light; color of eyes, gray; color of hair, gray; occupation, day labor; permanent marks and scars other than those described below, deformed condition of knuckles of left hand.

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

Pulse rate, 70 90 104; respiration, 20 24 30; temperature, 98.6; [Sitting, standing, after exercise.]

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

Chronic Diarrhea - We find claimant emaciated. Skin pale and flabby. Teeth all gone. Tongue red and flabby. Stomach contracted and tender. Liver very tender. Liver seems to be contracted. Hepatic dullness extends from upper border of ribs to about lower border of ribs. Spleen tender but not enlarged. Abdomen is considerably distended and very sore and tender. Very tender in right-hypochondriac region. Eff. diarrhoea. All limbs contracted together.

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

Whenever a disability is shown or is believed to be due to an aggravated vicious habit the opinion of the board must be stated. When not due to such habit this fact must be stated.

Heart - We find apex beat plainly evident to inspection two inches down and five to right. Area cardiac dullness normal. Rhythm regular. Sounds normal. Action of heart rapid and laboring. No murmurs. No dilatation or hypertrophy of heart. Slight some approx. ad. some evidence of it.

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

Dissection of lungs - We find right curvature of spine and right shoulder and neck lower than left. Chest. An asymmetrical measurement left side at rest 17 1/2 inches, right side 18 1/4 inches. All percussion note and respiratory murmurs normal. Throat normal.

Disease of rectum - We find rectum ulcerated. One internal pile one inch in diameter sensitive. Not much inflamed. Hemorrhoidal vessels engorged. No fissure nor fistula or prolapsus of rectum.

H. H. Shirley res. J. M. Sims, Sec'y. J. C. Truelock, Treas.

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

Marginal entries must never be made.

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

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

"I hereby certify that Dr. A. H. Shirley, Dr. J. C. Trullbrook, and Dr. J. M. Sims, were personally present and actually participated in the examination of James M. Condra, the claimant in this case, on 20 day of Nov., 1907 (Signature.) J. M. Sims

(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 _____, 1907."

Witnesses to mark. _____ (Signature of Applicant.) _____



SURGEON'S CERTIFICATE

IN CASE OF

James M. Condra
Co. F 58 Reg't chd. Inf.

APPLICANT FOR inc.
No. 5787a

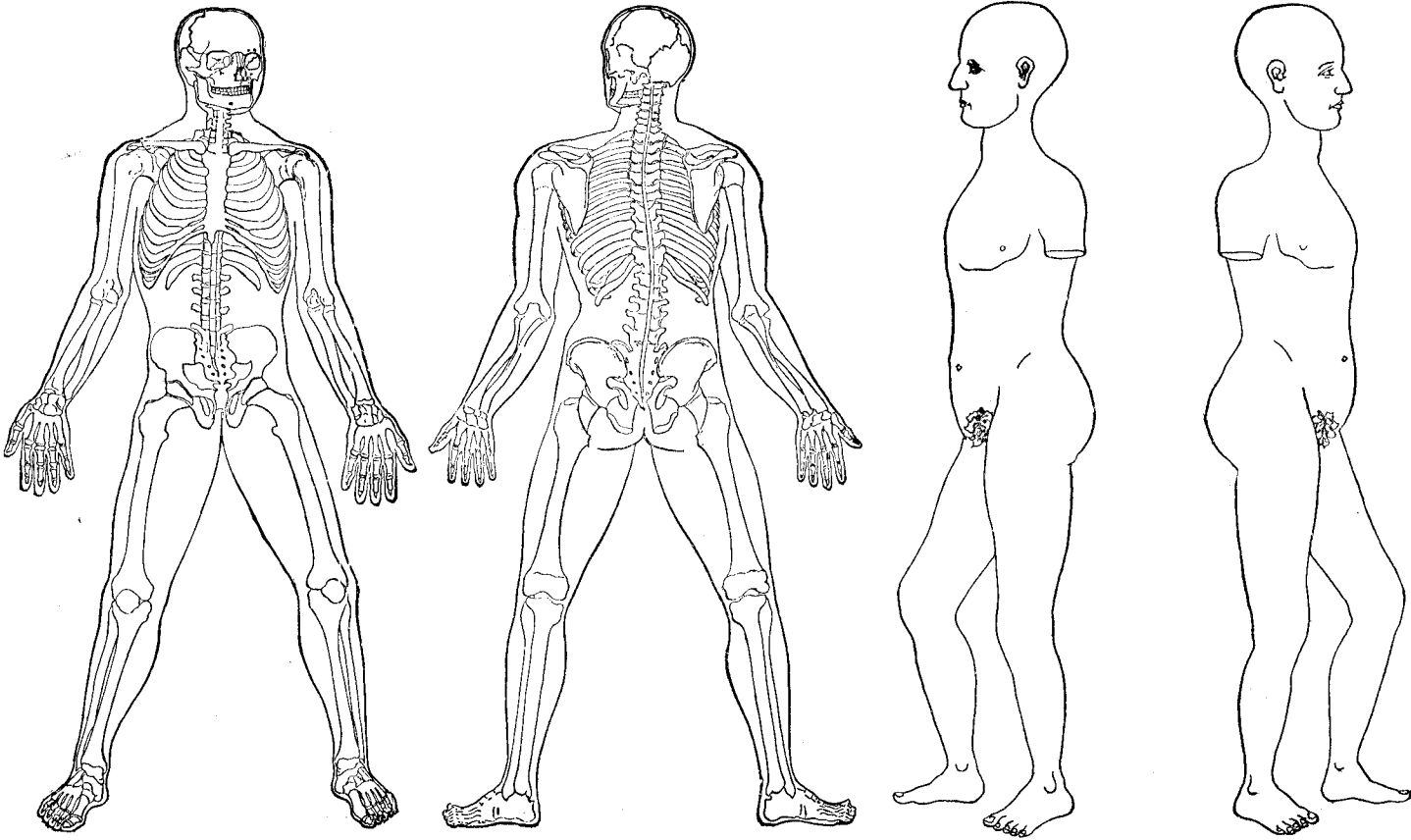
DATE OF EXAMINATION:

Nov. 20th, 1907

BOARD.
Pres., A. H. Shirley
Sec'y, J. M. Sims
Treas., J. C. Trullbrook

Post office, Boats
County, Martin
State, Chd.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-822a



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

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase Pension Claim No. 578911.

Name of claimant.

James M. Cordia

Company.

7-5-8 Reg't Ind. Inf.

Address of Board.

Vincennes P. O. Indiana State.

Claimant's post-office address.

Washington, Indiana. March 9th, 1904

[Date of examination.]

Names of disabilities.

Chronic diarrhoea resulting disease of liver and rectum.

He receives a pension of Ten dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted diarrhoea and rectal trouble in service in Co. in 1864. Complains now of alternating diarrhoea and constipation, floating digzicks, headache, soreness in bowels, pain and soreness in rectum, palpitation of heart and general weakness.

Birthplace, Indiana; age, 43 years; height, 5 ft. 8 in.; weight, 130 pounds; complexion, light; color of eyes, gray; color of hair, gray; occupation, light labor; permanent marks and scars other than those described below, Deformity of left hand from contused wound.

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

Pulse rate, 74 78 96; respiration, 20 24 30; temperature, 98. [Sitting, standing, after exercise.]

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

Chronic diarrhoea resulting disease of liver and rectum:-

Tongue flabby tremulous and coated white. Skin and conjunctiva notably jaundiced. Stomach sensitive to percussion and tympanitic. Abdomen flatulent, sore and course of colon markedly tympanitic. Normal area of hepatic dullness increased, lower border of liver extending 1/2 inch below free margin of ribs. Spleen not perceptibly enlarged.

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

Rectum very much congested and slightly inflamed. Hemorrhoidal vessels subacutely distended. Has two internal piles measuring 1/4 inch each in diameter which are sensitive and partially excoriated. Has no external piles at this examination. No fissure, fistula nor prolapse.

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.

Claimant is not well nourished, is anaemic, weak, features emaciated, muscles softened, is nervous, easily fatigued and can withstand but little exertion.

Heart:- Action of heart slow, labored and irregular. Apex beat evident only on palpation and located normally in fifth interspace. Had functional derangement but no organic disease nor valvular lesion. No marked dyspnoea, no oedema nor cyanosis.

Lungs:- Resonance normal, vesicular respiration heard over both lungs. Chest measures; at rest 36, full expiration 35- full inspiration 37.

Except as herein described no disabilities discovered. No evidence of vicious habits.

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

L. B. Staley, Pres. J. M. Lowell, Sec'y. S. C. Beard, Treas.

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

Marginal entries must never be made.

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

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

"I hereby certify that Dr. A. B. Staley, Dr. J. M. Dowell, and Dr. S. C. Beard, were personally present and actually participated in the examination of James M. Bondia, the claimant in this case, on 9th day of March, 1904."

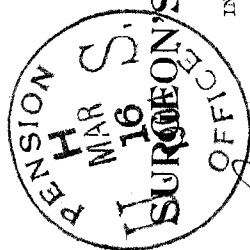
(Signature.) J. M. Dowell

(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 _____, 1904."

Witnesses to mark.

(Signature of Applicant.) _____



IN CASE OF James M. Bondia

Co. 4, 38 Reg't Ind. Inf.

APPLICANT FOR increase

No. 578911

DATE OF EXAMINATION: March 9th 1904

BOARD.
Pres., A. B. Staley
Sec'y, J. M. Dowell
Treas., S. C. Beard

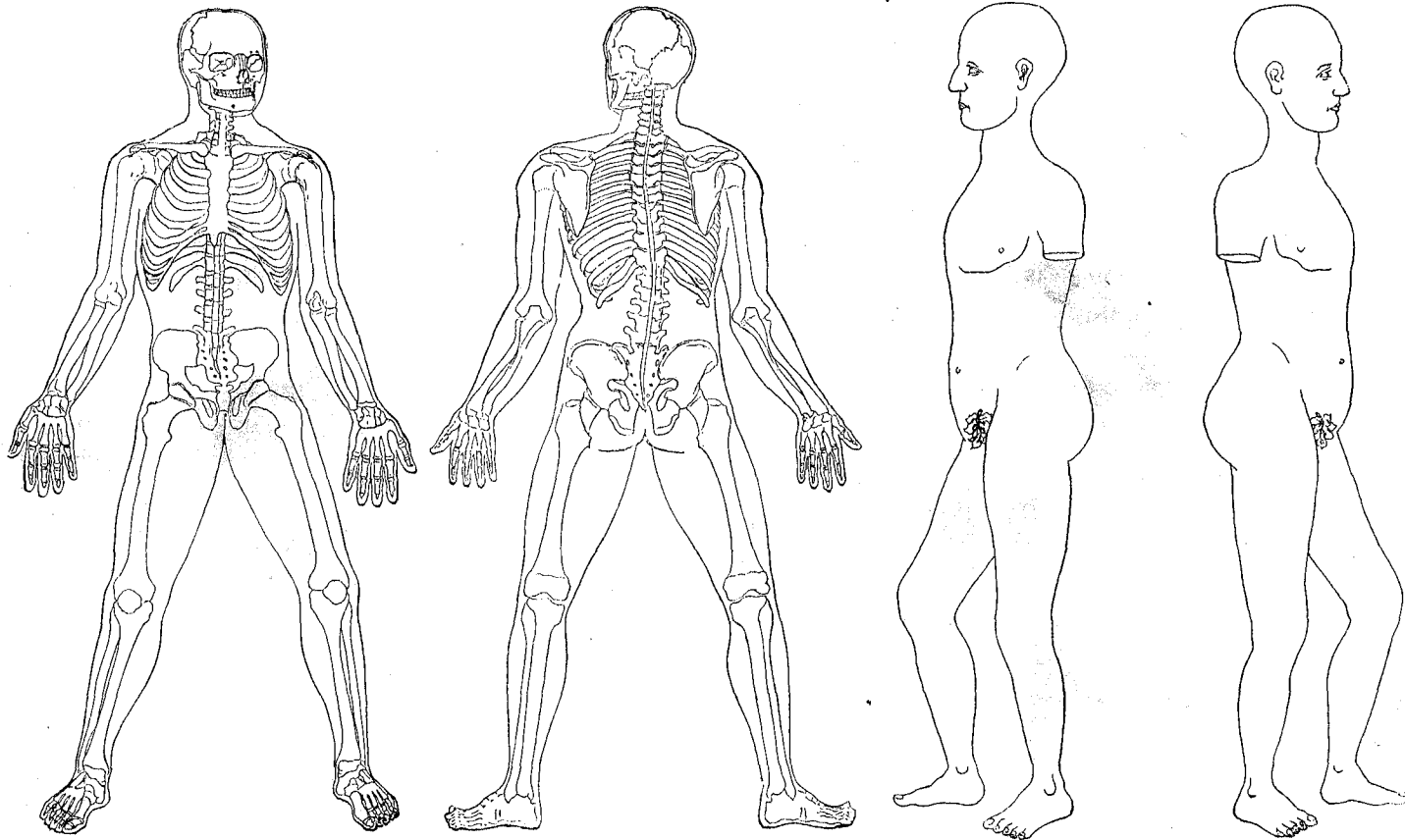
Post office, Vincennes

County, Knox

State, Indiana

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a

WEST. DIVISION
MAR 16 1904



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

(Paste continuation sheet, if used, here.)

Paste this to back and upper margin of preceding sheet.

3-156.

SURGEON'S CERTIFICATE.

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

Pension Claim No. 57891

Name of claimant. James M. Condra Address of Board. Shoups Ind

218 Lemon St. Washington Ind. Company SP, Reg't Ind Inf

[Date of examination, not of amendment.] Nov. 20, 1907

EXAMINATION—Continued.

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

Kidneys = We find urine amber color
Sp. Gr. 1.018. Reactions neutral. By
paper tests no albumin or
sugar found

No other disability found to exist
Disabilities are not aggravated by
vicious habits

This claimant is so troubled from
Chronic Diarrhea and resulting anemia of liver
and rectum as to be incapacitated in a
degree equivalent to the loss of a hand or
foot for the purpose of manual labor
and is entitled to \$24. a month.

Marginal entries must never be made.

H. W. Shirley Pres. J. M. [unclear] Sec'y. J. C. [unclear] Treas.

Do not use the back of this blank for any purpose except as indicated.

RECEIVED



SURGEON'S CERTIFICATE

IN CASE OF

James M. Condra
Co. *A, 58* Reg't *Ind. Inf.*

Applicant for *ice*

No. *078911*

DATE OF EXAMINATION:

Nov. 20th, 190*7*

H. H. Daily, Pres.,
J. M. Smith, Sec'y.,
J. C. McElroy, Treas.,
BOARD.

Post office, *Shoals*

County, *Martin*

State, *Ind*

Fill all blank spaces above.

6-745

RECEIVED
JUL 10 1907

Shoals, Ind. 10/31/07

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