

Dear Patron:

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THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 300986

Samuel Shunt

VETERAN

RANK

Inf

SERVICE

Co B 24 Reg Vol Inf

CAN No.

6091

BUNDLE NO.

52

SEE INSTRUCTIONS AT THE BOTTOM

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

STATE OF New Jersey }
COUNTY OF Cumberland } S. S.

On this 10 day of June, 1888, one thousand eight hundred and ~~seventy~~ eighty personally appeared before me Dep. Clerk of Court Clerk, the same being a Court of Record of the County and State aforesaid Saml. Thomas a resident of Shiloh County of Cumberland State of N.J. who being by me duly sworn according to law, on his solemn oath, deposes as follows, to wit:

"I am the identical Saml. Thomas who was enrolled on the 30 day of Aug 1862 in Company A of the 34 Reg't of N.J. Vol., commanded by Captain Howard Bassett and I was honorably discharged at Beverly, N.J. on the 29 day of June 1863 and my age is now 51 years. While in the service aforesaid, and in the line of my duty I received the following disability, to wit:

On the 13 Dec 1862 at Fredericksburg, Va I received a gunshot wound of left thigh injuring the testicles and in the month of May 1863 at Chancellorsville, Va I was wounded in left leg by a fragment of shell - I claim a pension on these wounds.

I was treated at
Wm Washⁿ D.C. Surgeon Star

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

Samuel Thomas
(Claimant's Signature.)

Attest:
Two Witnesses. { Frank M Harris
Alfred Lyman

This Declaration MUST be made before some Clerk of a Court of Record. If acknowledged before a Notary or Justice, it will be worthless.

Also personally appeared Frank M. Harris residing
 at Bridgeton and Abner Hymer residing
 at Bridgeton persons whom I certify to be respectable and entitled to credit, and
 who being by me first duly sworn according to law, say they were present and saw Samuel Thomas
 the claimant sign his name (or make his mark) to the foregoing declaration, that they have every reason to believe,
 from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents
 himself to be; and that they have no interest in this claim for Pension.

Signatures of Witnesses. Frank M Harris
Abner Hymer

Sworn to and Subscribed before me, this 10 day of June A. D. 1890

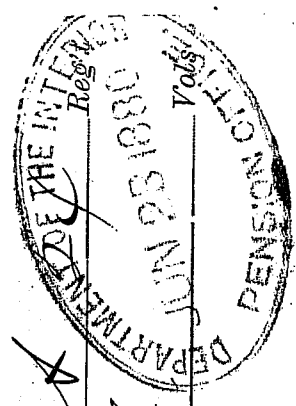
The contents of the foregoing Declaration were fully made known and explained to claimant
 and witnesses before swearing, including the words _____
 [SEAL.] erased, and the words _____ added; and I have
 no interest in this claim for Pension

Chas. B. Moore
 Signature.
Dep. Clerk
 (Official Character.)

"A" INVALID "A"
 Claim for Pension

ORIGINAL.

Samuel Thomas



Co. CA
A. J.

Received direct from Claimant
 N. W. FITZGERALD.

FILED BY
NATHAN W. FITZGERALD,
 CLAIMANT'S ATTORNEY,
 WASHINGTON, D. C.

[Handwritten notes and signatures on the right margin]

SURGEON'S CERTIFICATE

Insert character and number of claim.

Additional

Pension Claim No. 300,986

Name of claimant.

Samuel Thomas

Bridgeton P. O.

Claimant's post-office address.

Pvt. Company A-24 Reg't N. J. Inf.

Address of Board.

N. J. State.

Cause of disability.

U. S. N. of thigh, shell wound of left leg, disease of heart, kidneys, hydrocele, disease of testicles, enlarged scrotal veins. He receives a pension of six dollars per month.

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.

He makes the following statement upon which he bases his claim for Additional [Original, increase, restoration, etc.]
On account of the general derangements he is unable to follow any regular work and suffers from derangement of heart and kidneys with incontinence of urine.

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, 66-76-86, respiration, 18-19-20, temperature, 98³/₁₀
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 11 inches; actual weight, 195 pounds; age, 73 years.

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

U. S. N. of left thigh: - Point of entrance is 4 in. below great trochanter, size 1 x 1 1/2 in., not tender, is slightly adherent and dragging. The ball passed through the body of both gluteal muscles with exit about 1 in. to left and 1/2 in. below anus, entering at corresponding point in opposite muscle; size of scar 1 x 1/8 in. not tender, adherent or dragging. Exit is on right side of right thigh 4 in. below and 2 in. posterior to great trochanter, size 1 1/2 x 1/2 in. irregular outline, tender, not adherent or dragging. Sequelae consist of mild sciatic irritation. Rating 2/18

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

Shell wound of left leg: - Scar is 5 1/2 in. below lesser trochanter 2 in. to left of crest of tibia, size 2 x 1 in. not tender, adherent or dragging; simply superficial wound. no sequelae. Rating 0

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.

Disease of heart: - Apex beat not seen but felt 2 in. below and 1 in. to right of left nipple. Area 1 in. distance from middle of sternum 2 3/4 in. laterally, opposite 4th rib to apex. Rhythm irregular with occasional intermission. No murmurs but sounds are blurred. No hypertrophy, no dilatation. Slight dyspnoea and oedema. No cyanosis. There is fatty degeneration. There is beginning albumin in both urine. Rating 6/18

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."

Kidneys: Slight local oedema of eyelids. No anaemia. Skin is cold and clammy. Heart see above. No atheroma or other degeneration. Retinal field normal. Haemic symptoms are manifested by dizziness (occasional). Rating 0

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

Hydrocele: - Left sided: tumor is 5 1/2 x 4 in. Never been tapped. No hernia. No varicocele. Rating 2/18 (right.)

A. B. Henderson, Pres. S. M. Nelson, Sec'y Ernest W. Joy, 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. M. P. Faulkner, Dr. S. M. Wilson, and Dr. Eugene Gray were personally present and actually participated in the examination of Samuel Thomas, the claimant in this case, on 11 day of Oct., 1899."

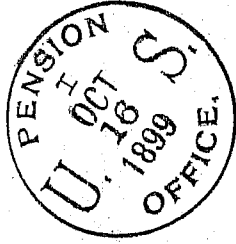
(Signature.)

S. M. Wilson

(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.)



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas

Co. A., 24 Reg't N. J. C. Inf.

APPLICANT FOR Additional

No. 300,986

DATE OF EXAMINATION:

Oct. 11, 1899

M. P. Faulkner Pres.,

S. M. Wilson Sec'y,

Eugene Gray Treas.,

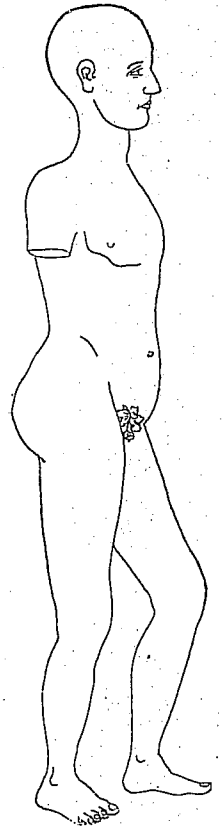
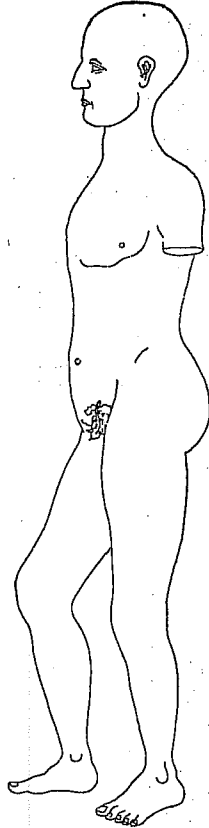
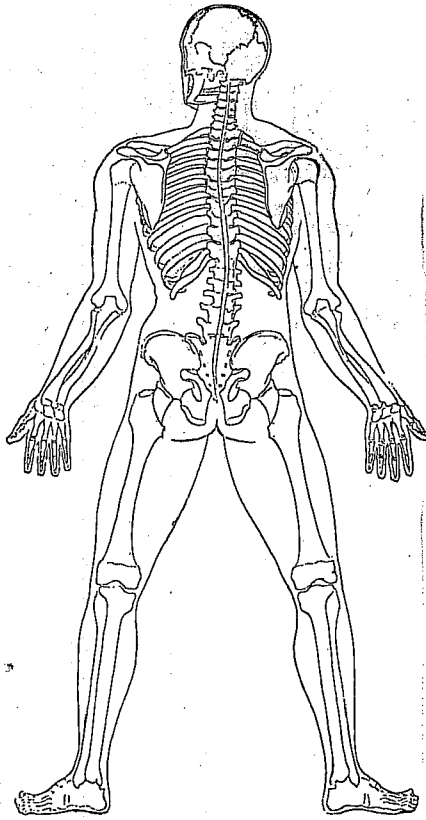
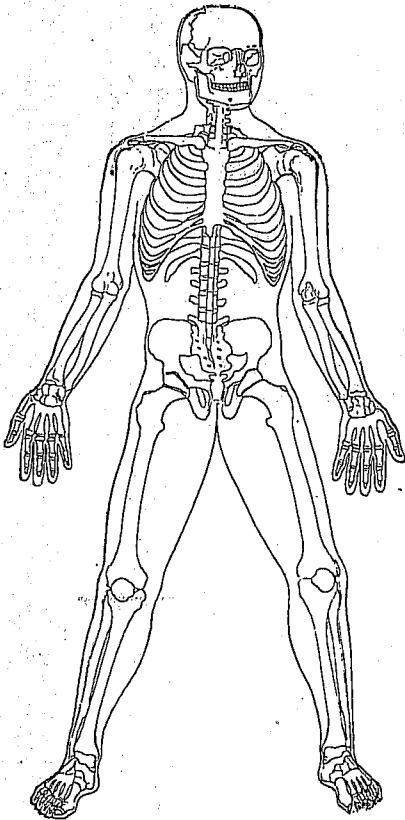
BOARD.

Post office, Bridgeton

County, Cumberland

State, New Jersey

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..."

Approved July 26, 1882

Exempt from Sec

SURGEON'S CERTIFICATE

Insert character and number of claim.

Additional

Pension Claim No.

300,986

Name of claimant.

Samuel Thomas

Address of Board.

Bridgeton

P. O.

Claimant's post-office address.

Co. 24 Reg't N.J. Inf.
Chamsey, N.J.

N.J.

State.

Oct. 11

1899

[Date of examination.]

Cause of disability.

He receives a pension of _____ dollars per month.

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.

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

[Original, increase, restoration, etc.]

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.

Continued.

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

Pulse rate, _____, respiration, _____, temperature, _____,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, _____ feet _____ inches; actual weight, _____ pounds; age, _____ years.

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

Disease of testicles: - See hydrocele. Rated.

*Enlarged scrotal veins: not in evidence. Catmigo-
dinalysis. Ambar. Sp. Lst. 1012. Acid. No Albumen
No Sugar.*

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.

*Specified derangements are permanent.
No evidence of vicious habits.
Except as noted, organs are normal.*

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.

M. B. Faulkner Pres. *W. M. Wilson* Sec'y *Ernest Way* 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. M. P. Faulkner, Dr. S. M. Wilson, and Dr. Eugene Hay, were personally present and actually participated in the examination of Samuel Thomas, the claimant in this case, on 11 day of Oct., 1899."

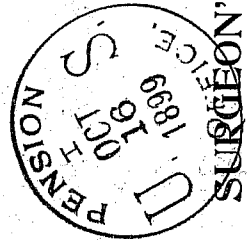
(Signature.)

S. M. Wilson

(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.)



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas

Co. A, 24 Reg't N. J. Inf.

APPLICANT FOR Additional

No. 300,986

DATE OF EXAMINATION:

Oct. 11, 1899

M. P. Faulkner Pres.,
S. M. Wilson Sec'y,
Eugene Hay Treas.,

BOARD.

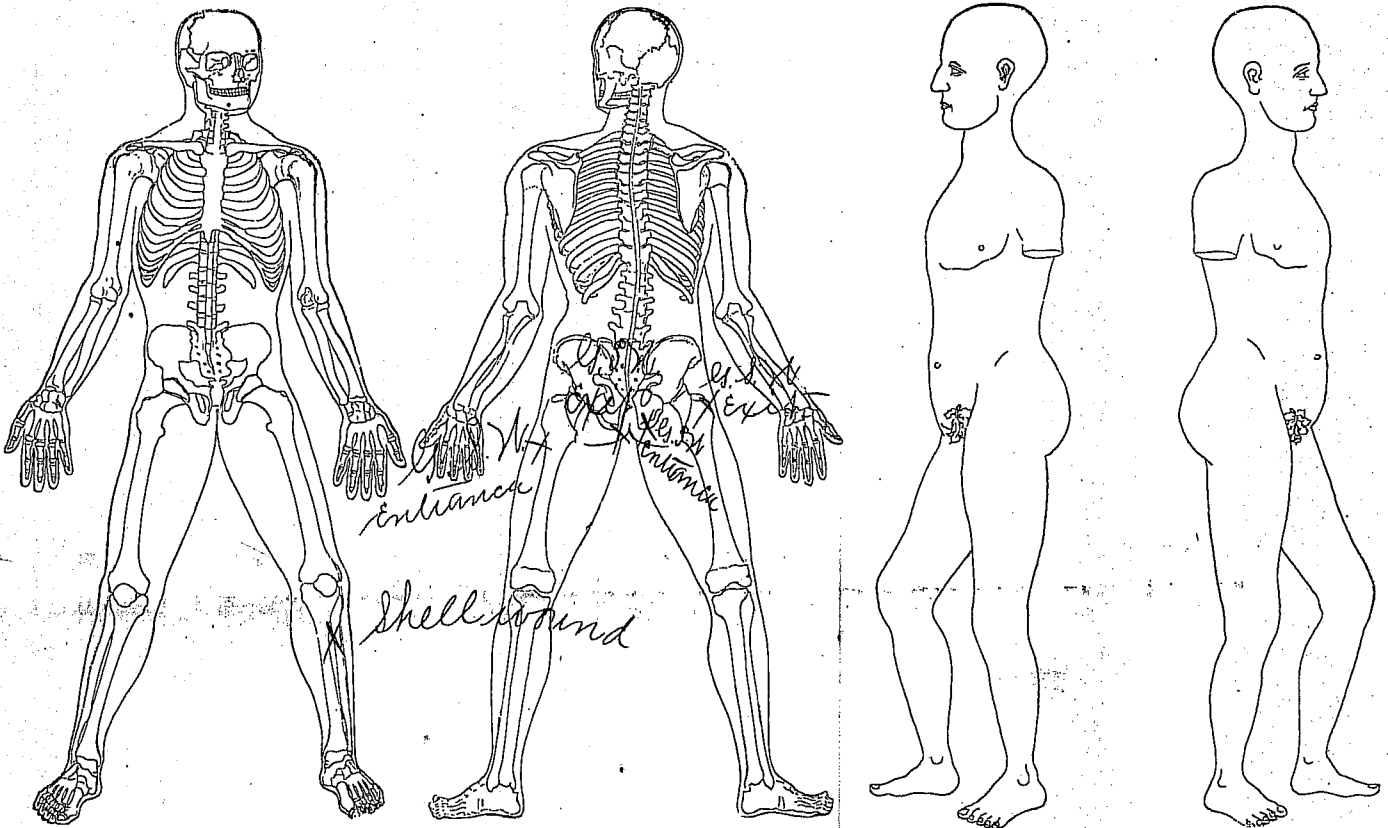
Post office, Bridgeton

County, Cumberland

State, New Jersey

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

H. J. D.



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.]

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

Pension Claim No. 300986

Name and rank of claimant.

Samuel Thomas Rank Private

Claimant's post-office address.

Company a 24 Reg't Inf Bridgeton N.J. State,
[Post-office address of the Board.]
Columbus Saline Co November 2, 1892
New Jersey [Date of examination.]

Cause of disability.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Gunshot wound of both thighs and disease of Kidneys

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

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

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

He makes the following statement upon which he bases his claim for Increase
[Original, increase, restoration, &c.]
Wounded in both thighs at Fredericksburg - has pains and weakness in leg and back thinks his Kidneys is affected is fully one-half disabled

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

Upon examination we find the following objective conditions: Pulse rate, 78; respiration, 18; temperature, 98.6; height, 5 feet 11 inches; weight, 186 pounds; age, 65 years. Abdomen 40 Chest 41 Expiration 41
Inspiration 40 inches - Vision 27 for distance, no disease of Lins Lens Cornea conjunctiva or Lids -
Heavily normal for conversation - Urine 1.014 acid pale his albumen to heat or nitric acid - He has a small Hydrocele on left side 5 inches long - scrotal veins enlarged - Disability Two Eighttenths -
Scar of wound of entrance on left side at Gluteal fold 3 inches below Trochanter course toward Right side slightly downward passing through muscles of Gluteal mass making exit at Gluteal fold 4 inches below Trochanter - This scar is about 1 1/2 inches long adherent to fascia but not tender, the other scar on not tender or adherent - Disability Two Eighttenths They cause but slight stiffness - No loss of motion in back, no Crepitation stiffness or creakness or loss of motion in any other joints - muscles or tendons - Heart 3 inches below nipple in direct line, impulse feeble, irregular and intermittent - both sounds normal - no radial other - Cardiac dullness increased Heart dilated without Hypertrophy Disability Six Eighttenths Lung respiratory -

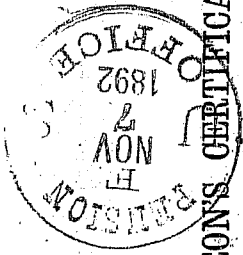
Rate for EACH cause of disability.

He is, in our opinion, entitled to a 2/18 rating for the disability caused by wounds, 6/18 for that caused by disease of Heart, and _____ for that caused by _____

W.R. Miller, Pres. Theo. Davis, Secy J.R. Thompson, Treas.

ord of examina-
tion here.

us and all sounds normal to Auscultation
palpation and percussion no increase
of vocal fremitus
no other disability is found to exist



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas
Co. A 24 Reg't 11th Ky

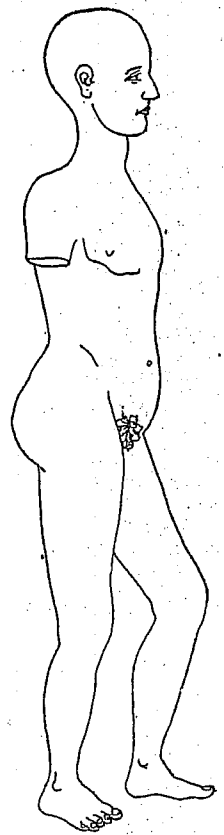
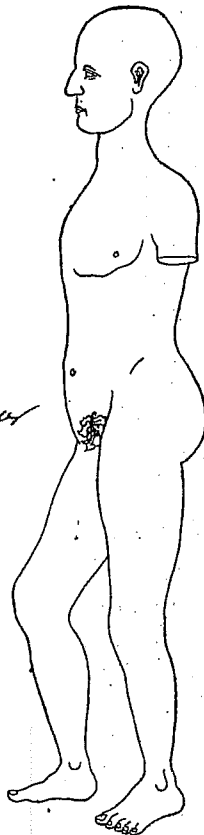
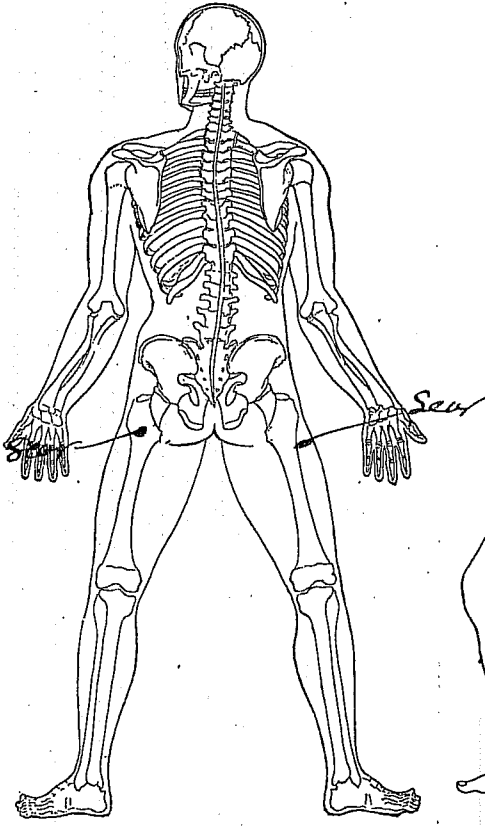
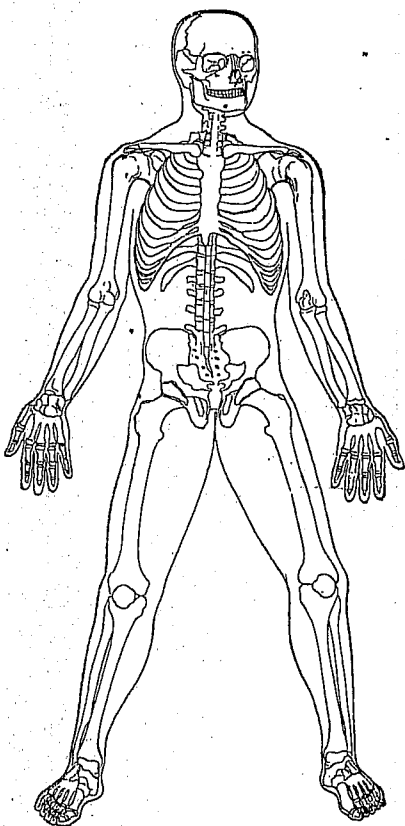
Applicant for increase
No. 300986

DATE OF EXAMINATION:

November 2, 1892
W. C. Allen, Pres.,
Geo. G. Stone, Sec'y,
W. C. Thompson, Treas.,
BOARD.
Post office, Bridgeport
County, Carroll
State, New Jersey

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

Samuel Thomas



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.]

GENERAL AFFIDAVIT.

State of New Jersey

County of Salem

In the matter of the Pension Claim of

(Character and number of claim.)

late private in Company A 24th Regt N.Y. Vol.

(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Master in chancery in and for

(Justice, Notary, Judge, Clerk, or Deputy Clerk.)

aforesaid County and State, the said Samuel Thomas aged 57 years resident

(Here write the name of affiant, or of each affiant, together with Age, Residence, and Post-Office address.)

of Dunston Salem County State of New Jersey

persons of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

That he has been ^{somewhat} disabled in each and every year, and continues so, since his discharge from the army from the effects of shell wound of left leg; but his greatest disability arises from the effects of gunshot wound received at the battle of Fredericksburg Va. December 13th 1862 which passed through both thighs and through the right testicle causing it to shrivel up and almost entirely disappear, which causes him great pain and annoyance, and renders him very miserable and for at least one half the said time he is unable to perform any kind of labor, more especially in hot weather.

The shell wound was received at Chancellorsville Virginia May 3rd 1863 while engaged with the enemy, said shell striking his left leg below the knee taking out a piece of flesh and bruising the bone

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his Use.

further declare that he has no interest in said case, and is concerned in its prosecution.

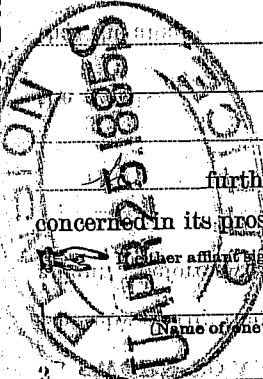
Other affiant sign by X mark, two persons who write THEIR NAMES MUST sign here as witnesses thereto.

(Name of one witness to X mark.)

(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

Samuel Thomas



SWORN TO AND SUBSCRIBED before me, this 26th day of March, 1885, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)

in line _____, erased, and in line _____

the words _____, added;

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

that the affiant is _____ to me well known and is _____ respectable and worthy of full credit. and that (is or are.) (is or are.)

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

and I certify that a certificate of my official character is on file in the Pension office

[L. S.]

William B. Willis

(Name of officer before whom executed.)

Master in Chancery

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

The Officer before whom this Affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

State of _____

County of _____

ss:

I, _____, Clerk of the County Court in and for aforesaid

(Name of Clerk of Court.)

County and State, do certify that _____, Esq., who hath signed his

(Justice of the Peace or Notary Public.)

name to the foregoing jurat, was at the time of so doing a _____ in

(Justice of the Peace or Notary Public.)

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 thereto is genuine.

Witness my hand and seal of office this _____ day of _____ 188

[L. S.]

Clerk of the _____

Division of Pensions
No. 382855

Additional Evidence.

CASE OF

Wm. Thomas

Geo. E. Lemon

FOR

AFFIDAVIT OF

Claimant

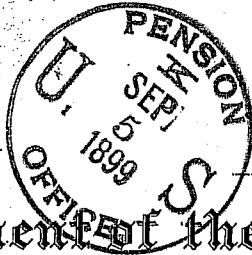
FILED BY

GEORGE E. LEMON,
ATTORNEY,

Offices 615 Fifteenth St., N. W.

P. O. Lock Box 325. WASHINGTON, D. C.

3-173.



EAST. DIV. SEP 7 1899 RECEIVED

Eastern Div.

by no 300.98h. Samuel Thomas, Co. A, 24 Reg't N. Y. Inf

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., August 29, 1899

Sir:

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

Very respectfully,

Samuel Thomas Esq., Bohansey.

[Handwritten signature]

Commissioner.

Salem, Va. N. Y.

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

Answer: Widower. Name of dead wife: Hannah A. Thomas, her maiden name Hannah A. Stained

No. 2. When, where, and by whom were you married? Answer: Married March 26th 1850

Eastern, Salem Co. W. Married by Rev. J. Flandron. Wife died July 3rd 1897 at Colchester Salem Co. W.

No. 3. What record of marriage exists? Answer: State marriage Certificate

I suppose my marriage is recorded at County Clerk's office, Salem, Salem Co. W.

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

Answer: Not previously married. Have been married but once as previously stated.

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

Answer: Have eight children living as follows:

Clark Thomas, Nov 3rd 1852. Eva Garrison, May 13th 1869.

Samuel Thomas, Aug 28th 1855. Gertrude Smith, Aug 14th 1871.

Agnes Reynolds, Sept 12th 1857. Harry Thomas, June 5th 1873.

Letta Weston, Jan 5 1867.

Laura Ramsey, Sept 9th 1865.

Date of reply, Sept 14th 1899

Samuel Thomas (Signature.)

Declaration for Increase and Re-rating.

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.

This blank is printed for the exclusive use of SOULÉ & CO., of Washington, D. C.

State of New Jersey, County of Salem, ss:

ON THIS thirteenth day of May, A. D. one thousand eight hundred and eighty nine

personally appeared before me, a clerk of the common Pleas within and for the County and State

aforesaid, Danniel Thomas aged 63 years, a resident of

Cohansig County of Salem State of

N.J. who, being duly sworn according to law, declares that he is a pensioner of

the United States, enrolled at the Phila Pension Agency at the rate of 4.00

dollars per month, Certificate No. 300986; by reason of disability from G. S. W.
(Here name the disability for which pension was granted.)

of both thighs.

incurred in the Military service of the United States, while serving as a Pvt
(Military or Naval.) (Here state rank, company, and

Co. A 24th Reg. Ids
regiment, if in the Army; vessel, if in the Navy.)

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

resulting from the one for which pension was granted.

Causes much lameness & severe weakness - Cramps especially at nights.

He also claims a re-rating of his pension on the ground that the

rate originally allowed was too low and not commensurate with the ex-

tent of his disability, and therefore requests that he be allowed the

same rate drawn by others for similar or equivalent disabilities

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

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys, to prosecute his claim, and he hereby revokes any and all former authority or authorities that may have been given for the above specified purposes.

His Post Office address is Cohansig - Salem Co - N.J.

William B. Willis

Edmund Shimp Danniel Thomas

(Signature of Claimant.)

(Two witnesses who can write, sign here.)

Also personally appeared William B Willis residing at Cohansey Alloway
New Jersey and Edmund Shimp residing at
Salem New Jersey 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 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.

William B. Willis
Edmund Shimp
(Signature of Affiants.)

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

Sworn to and subscribed before me this thirteenth day of May A. D. 1890.

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

Clinton Kelly
(Official Signature.)
clerk of the common Pleas 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, 188.....

[L. S.]

Clerk of the

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

May 17/90

<p>INVALID.</p> <p>Claim for Increase and Re-rating.</p> <p><u>Saul Thomas</u>, Applicant.</p> <p>Co. <u>A</u>, <u>24</u> Reg't.</p> <p><u>9</u> Vols.</p> <p>Pension Certificate No. <u>307.986</u></p> <p>FILED MAY 17 1890 OFFICE</p> <p>Filed by SOULÉ & CO., ATTORNEYS, WASHINGTON, - - D. C.</p> <p>Printed and for sale by J. H. SOULÉ, Washington, D. C.</p>

Increase INVALID PENSION.

Claimant, *Samuel Thomas*

P.O., *Lepousy*
County, *Salem*
State, *W.V.*

Rank, *Capt.*
Company, *A*
Regiment, *24. "W.V. Vol Inf."*

Rate, \$ _____ per month, commencing _____

REJECTED.

Disabled by *L.S.W. of both thighs.*

RECOGNIZED ATTORNEY:

Name, *Samuel Lee*
P.O., *Leidy*

Fee \$ *10*, Agent _____ to pay.
Articles filed _____, 18 _____

APPROVALS:

Submitted for *March 14, 1891.*
Approved for *L.S.W. of both thighs*

Mrs. Jansles, Examiner.
Approved for *gunshot wound of both thighs 1/8. No increase.*

No special results

Mich. 21, 1891, *M. E. Miller*, Legal Reviewer.

D. M. McPherson
Mich 25, 1891, *M. E. Miller*, Medical Referee.

Discharged *June 29, 1863* Last paid to _____, at \$ *4.*

Pensioned from *June 30, 1863*, at \$ *4.*, for *L.S.W. of both thighs.*

Original declaration filed *June 23, 1880*; alleged *same*

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

PRESENT CLAIM.

Declaration filed *May 17, 1890. Original & results.*

(3-139) Line 27, 1890.

INVALID. (Series _____)

Cert. No 300986

Name, Samuel Thomas

Rank Pri.; Service, Co. A. 24

N. J. Vol. Inf. Original Roll Philadelphia

Agency. Transf'd _____, 19 _____, to _____

DEAD. _____, 19 _____, to _____

Issue. Class Addl. Entered.

Issued. May 2", 1901

Mailed. " 4", 1901

Rate and Period, \$ 6., from Aug. 13, 1891

\$ 8. " Oct. 11, 1891

* \$ 12. " Sept. 12, 1900

Pension granted under former laws

Deductions terminated Aug 14", 1891

increasing to total

Disability: _____

Issue. Class Entered.

Issued. _____, 19 _____

Mailed. _____, 19 _____

Rate and Period, \$ _____, from _____, 19 _____

Deductions: _____

Disability: _____

Entered	Issue Class	Fee, \$	Issued....., 19
			Mailed....., 19
			Rate and Period, \$....., from....., 19
Entered	Issue Class	Fee, \$	Deductions:
			Disability:
Entered	Issue Class	Fee, \$	Issued....., 19
			Mailed....., 19
			Rate and Period, \$....., from....., 19
Entered	Issue Class	Fee, \$	Deductions:
			Disability:
INDORSEMENTS.			
1903. To South & Co. Wash			
with issue May 2-1901			
was in neglect. South, Law.			
DROPPED			
FEB 17 1906 190			
Death M.			

MAR 9 1906 Auditor's
claim for acct filed
(53-124)

Reimbursement Act Mar. 2, 189
Accounting Officer's Certifica
N. 53-124 for \$ 22-40 a
Appropriation 1905 Returned
Interior Department for A. I.
MAY 9 1906 J. C. Finances

Class	Issued,	, 18
	Mailed	, 18
	Rate and Period, \$....., from	, 18
Issue	Deductions:	
	Disability:	
	Entered:	
Class	Issued	, 18
	Mailed	, 18
	Rate and Period, \$....., from	, 18
Issue	Deductions:	
	Disability:	
	Entered:	
INDORSEMENTS.		
<i>apl 23/91 atty report infd govt</i>		
Reports of examining surgeons		
inspected by <i>Doyle</i>		
<i>Nov 22/95</i>		

GENERAL AFFIDAVIT

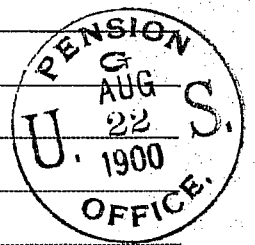
State of New Jersey, County of Salem, ss:
In the matter of Samuel Thomas

ON THIS August day of August, A. D. 1890, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths John Peacher aged 61 years, a resident of Salem, in the County of Salem, and State of New Jersey whose Post-office address is Salem, N. J., and Albert Smith, aged 55 years, a resident of Dunton, in the County of Salem, and State of New Jersey, whose Post-office address is Dunton N. J.

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

That they have known claimant for 35 years having resided in the same neighborhood with him during that time. That the disabilities which he alleges, viz: Result of gunshot wound, chronic diarrhoea, disease of heart and general debility are not the result of vicious habits and that he is a sober, peaceable man of good habits

(Note.—Affiants should state how they gain a knowledge of the facts to which they testify.)



We further declare that we have no interest in said case and are not concerned in its prosecution.

John Peacher

Albert Smith

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

(Signatures of Affiants.)

STATE OF New Jersey, COUNTY OF Salem, ss:

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

_____ erased, and the words

_____ added, and acquainted Wm

with its contents before Wm executed the same. I further certify that I am in nowise inter-

ested in said case, nor am I concerned in its prosecution; and that said affiant S are personally

known to me and that Wm are credible persons.

J. H. Smith
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

I, _____, Clerk of the County 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 _____

_____ 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 _____, 18 _____

[L. S.]

Clerk of the _____

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

Genl- 35-
Cy 300, 986

ADDITIONAL EVIDENCE.

CLAIM OF
Sam'l Thomas
"a" 24 N.J.

RECORDED
AUG 22 1890
CLERK DIV.
BASE DIV.

Act of June 27, 1890

FILED BY
I. E. RUBENSTEIN,
Pension Attorney
WASHINGTON, D. C.

Printed and For Sale by J. F. Sherry, Chain Block Printer,
623 D Street, E. W., Washington, D. C.

He further declares that he has been a practitioner of medicine for 5 1/2 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

W J Good M D
(Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 24th day of November A. D. 1894
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.

P. Luther Richmond
(Official Signature.)

Clerk of Court
(Original 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 _____

MEDICAL EVIDENCE.

AFFIDAVIT OF

CLAIM OF

No. _____

for _____

STATE OF NEW JERSEY,

DEC 3 1894

ADJUTANT GENERAL'S OFFICE.

Filed by _____

GENERAL AFFIDAVIT

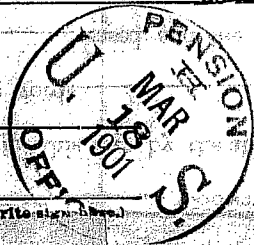
State of New Jersey, County of Salem, ss.
In the matter of Samuel Thomas

ON THIS 14th day of March, A. D. 1901, personally appeared before me
in and for the aforesaid County duly authorized to administer
oaths Samuel Thomas aged 75 years, a resident of Lochausey
in the County of Salem and State of New Jersey
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to
aforesaid case as follows:

That he was born in the town-
Note.—Affiant should state how he gained a knowledge of the facts to which he testifies.

ship of Upper Alloways Creek, Salem County, N. J., April
11, 1826; that he cannot furnish record evidence
of his birth because the records of "Births, Mar-
riages and Deaths" of said township of Upper Al-
loways Creek, which he has examined, do not
contain any entries prior to 1851; and that
he is unable to find his parents' family
Bible, not having seen it since he was
nine years of age, and that he is unable
to furnish any witnesses to prove the exact
date of his birth.

Post-office address is Lochausey, Salem Co., N. J.
I further declare that no interest in said case and not concerned
in its prosecution.



Samuel Thomas
(Signature of Affiant.)

(If affiant alone by mark two persons who write signature.)

STATE OF New Jersey, COUNTY OF Salem

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 no wise 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.

D. H. Smith
(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 _____

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

Order 1/23
Vol. 300, 986

ADDITIONAL EVIDENCE.

CLAIM OF
Samuel Thomas
as J. N. J.

RECORDED
MAY 20 1890
AFFIDAVIT

Act of June 27, 1890

FILED BY
I. E. RUBENSTEIN
Pension Attorney
WASHINGTON, D. C.

Printed and for sale by John F. Sherry, Claim-Blank-Printer, 623 D Street, N. W., Washington, D. 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.

State of New Jersey, County of Salem, SS:

ON THIS 4 day of February A. D. one thousand eight hundred and ninety five

personally appeared before me, a Notary Public

within and for the County and State aforesaid Samuel Thomas

aged 67 years, a resident of the town of Cohansey

County of Salem State of N.J., who, being

duly sworn according to law, declares that he is the identical Samuel Thomas

who was ENROLLED on the 31 day of Aug., 1862, in Co. F

24th Regt. N.J. Vols.
(Here state rank, company and regiment, in Military service, or vessel, if in the Navy.)

in the service of the United States in the war of the rebellion, and served at least

ninety days, and was HONORABLY DISCHARGED at Beverly N.J. on the 29th

day of June, 1863 That he is unable to earn a support by

manual labor by reason of heart disease in addition to
(Here name the diseases or injuries from which disabled)

the disabilities alleged in his original declaration.

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

under Certificate No. 300,986
[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 has not been employed in the military or naval service otherwise than as stated above.

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

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorneys.

That his Post Office address is Cohansey

County of Salem State of N.J.

Francis Seaman Samuel Thomas
(Signature of Claimant.)

Jacob Garton
(Two witnesses who can write sign here.)

July 1 1895

ATTY FILED

Also personally appeared Francis Seaman, residing at Seabrook N.J. and Jacob Garton residing at Cohasset N.J., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Samuel Thomas, 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 thirty years and forty 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.

Francis Seaman
Jacob Garton
[Signatures of Witnesses.]

Sworn to and subscribed before me this fourth day of February, A. D., 1895 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.]

William B. Willis
[Official Signature.]

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, 1895.

[L. S.]

The Act of June 27, 1890, REQUIRES, in case of a soldier:

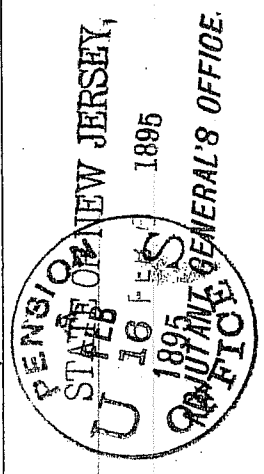
1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to 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.

Feb 16/95

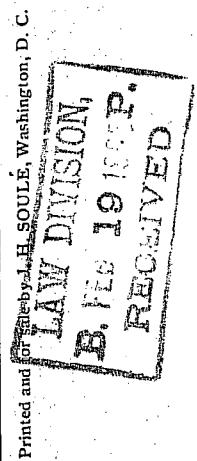
SOLDIER'S APPLICATION.

Act of June 27, 1890.

Name Samuel Thomas
Service Co. "A" 24th Regt.
M. J. 10th Regt
Address Cohasset, N.J.
200986



FILED BY SOULÉ & Co., ATTORNEYS, WASHINGTON, - - D. C.



Printed and Published by H. SOULÉ, Washington, D. 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.

Printed for the exclusive use of SOULE & CO., of Washington, D. C.

Printed for the exclusive use of SOULE & CO., of Washington, D. C.

State of *New Jersey*, County of *Salem*, ss:

ON THIS *4* day of *August*, A. D. one thousand eight hundred and ninety *one*

personally appeared before me, a *Notary Public*

within and for the County and State aforesaid, *Samuel Thomas*

aged *67* years, a resident of the *Leohausen*

County of *Salem*, State of *N. J.*, who, being

duly sworn according to law, declares that he is the identical *Samuel Thomas*

who was ENROLLED on the *30* day of *August*, 18 *62*, in *Co. A*

and regiment, in Military service, or vessel, if in the Navy.) *24th N. J. Inf.*

..... in the war of the rebellion, and served at least

ninety days, and was HONORABLY DISCHARGED at *Beverly* on the *29*

day of *June*, 18 *67*. That he is *one half* unable to earn a support by

manual labor by reason of *gun shot wound of both*

legs and disease of kidneys (Here name the disease or injuries from which disabled)

not contracted in the service except same here

.....

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That

he has applied for pension under application, No. That he is a pensioner

under Certificate No. *300-986* (If a pensioner, Certificate only need be given. If not, give the number of the

former application if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints **SOULE & CO., of Washington, D. C.**, his true and lawful attorneys to prosecute his claim, and he directs that the sum of ten dollars be paid them for their services.

That his POST OFFICE ADDRESS is *Leohausen*

County of *Salem*, State of *N. J.*

John M. Willis *Samuel Thomas*
Miller Jenkins (Signature of Claimant.)

(Two Witnesses who can write, sign here.)

15/1/91

Also personally appeared *John M. Willis* residing at *Alloway*

and *Miller Jenkins* residing at *Alloway*, persons whom I

certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

Samuel Thomas, 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 acquaint-

ance with him for *thirty* years and *thirty* 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.

John M. Willis
Miller Jenkins
(Signatures of Witnesses)

Sworn to and subscribed before me this *4* day of *August* A. D. 189*0*

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.

William B. Willis
(Official Signature)
Notary Public
(Official Character)

....., 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

- 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.

Aug 15/91

702681

SOLDIER'S APPLICATION.

Act of June 27, 1890.

Name *Sam'l Thomas*

Service *Co. D. 24. N.Y.*

Address *do do do N.Y.*



Filed by

SOULE & CO.,

ATTORNEYS,

WASHINGTON, - - D. C.

3-356.
(Old No. 3-145a.)

Act of June 27, 1890.

Additional INVALID PENSION.

cat
300 986
Phila

67 300.986

Claimant: Samuel Thomas.
P. O.: Bohansey. Rank: Private.
County: Salem. Company: A.
State: New Jersey. Regiment: 24. N. J. Vol. Inf.

Date: \$ 6 per month, commencing August 15, 1891.
8 from October 11, 1899 to 12 from September 12, 1900
Deduct sub payments

Pensioned for total increasing to total inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name: J. R. Rubenstein. Fee: \$ 10.
P. O.: Washington, D. C. Agent to pay.

APPROVALS.

Submitted for Rev. Jan'y 12, 1901, J. H. Berdes., Examiner.
Jan'y 25, 1901

Approved for G. B. W. of both
thighs & disability - 65 yrs old at
above date.

Approved for gunshot wound
of both thighs and de
bility

Rejct dis. of heart hydrocele
dis. of testicles swollen feet
impair. right & general debility
no dis. affecting rate, but to appl. c
Med. Bd. on 1/11. Med. Bd. to vacate
former opinion.

Aggregate of disabilities shown, permanent in character: \$ 6⁰⁰ to
October 11, 1899, \$8⁰⁰ to September 12
1900 and \$12⁰⁰ thereafter. Former
rejection not adhered to.
April 23, 1901

Apr. 16, 1901, W. B. Melin
Apr. 27, 1901 Legal Reviewer.
Apr. 18, 1901 O. W. Jenkins
Apr. 29, 1901 Re-Reviewer.

Now pensioned under other laws at \$ 6 per month for gun shot wound of
both thighs from Mch 2/95 (act.)

Enlisted Aug 30, 1862, was honorably discharged June 29, 1863
Reenlisted , 18, honorably discharged , 18

Declaration filed Aug. 15, 1891, alleges permanent disability, not due to vicious
habits, from gs. wd of both thighs and disease of kidneys Filed Feb'y 16/95
same, also disease of heart. Filed April 10/95, same also disease of heart
hydrocele left side, scrotal veins enlarged and disease of testicles Filed
Aug. 6, 1900, wound of thighs disease of heart swollen feet defective
sight general debility and old age.

Hon. H. C. Houdenslager, M. C.
B. A. J.

Claimant does write

Pensions granted under former laws by
Chf. No. 300,986 to end August
14, 1891. Deduct sub payments.

Mason

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

Pension Claim No. 300-986

Name and rank of claimant.

Samuel Thomas, Rank, Private

Company A, 24th Reg't N.J. Vols.

Camden N.J. [Post-office address of the Board.]

State,

Claimant's post-office address.

Cohansey N.J.

Dec. 3rd [Date of examination.]

1890.

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

Cause of disability.

in the service, viz:

Gun shot wound of left thigh and results.

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

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

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

Says his limbs are weak and he has muscular cramps in them. Is sometimes lame. Is a day laborer, but cant make a full days work, nor at any time command full wages.

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

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 22; temperature, 98.4; height, 5 feet 10.5 inches; weight, 194 pounds; age, 62 years. General appearance good. There is an entrance scar, on the outer posterior portion of left thigh 3-1/2 inches below and behind the great trochanter. The ball passed through both nates, making two entrance and two exit scars, the last exit on outer side of right thigh at outer extremity of the gluteal crease. Area of each scar about 1-1/2 by 1/2 an inch. Entrance scars superficial, last exit scar attached to the outer edge of gluteus maximus drawing its fibres. The left testicle is very much enlarged; size 4 in. long by 3 in. circumference. The right is atrophied. There is no enlargement of the prostate. There is paresis of the genito-crural nerve. No further lesions found.

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

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by wounds of thigh Yes for that caused by disease of testicle, and for that caused by

H. H. Davis, Pres. E. F. Fourness, Sec'y. J. W. Deale, Treas.

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

Continue record of examination here.

Blank lines for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas

Co. A, 24th Reg't of Inf.

Applicant for Successor

No. 300,906

DATE OF EXAMINATION:

Dec 3, 1890.

H. H. Davis, Pres., BOARD. E. W. Gale, Sec'y, Treas.

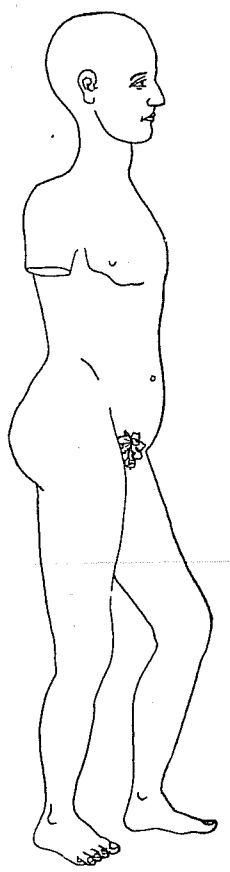
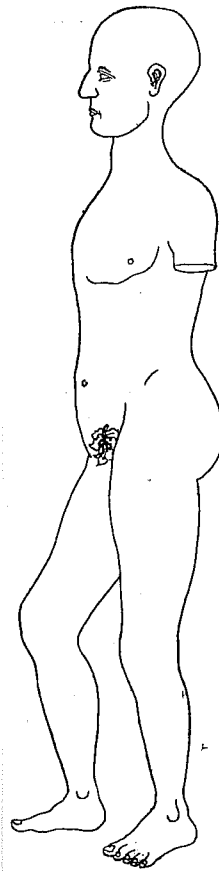
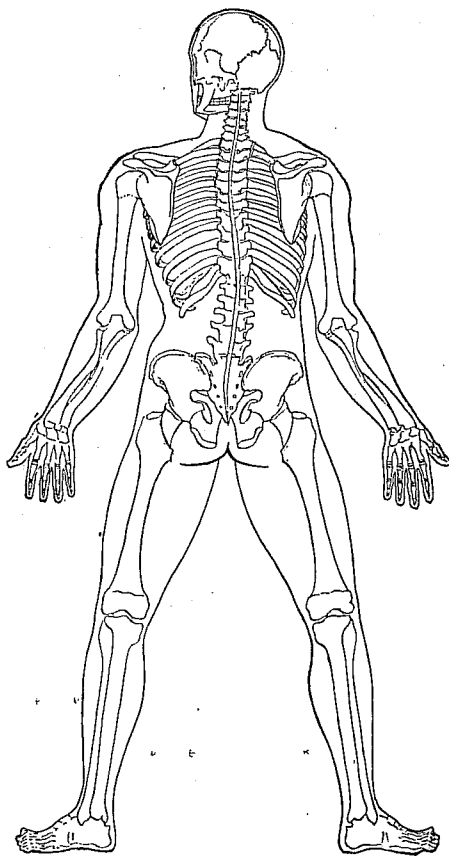
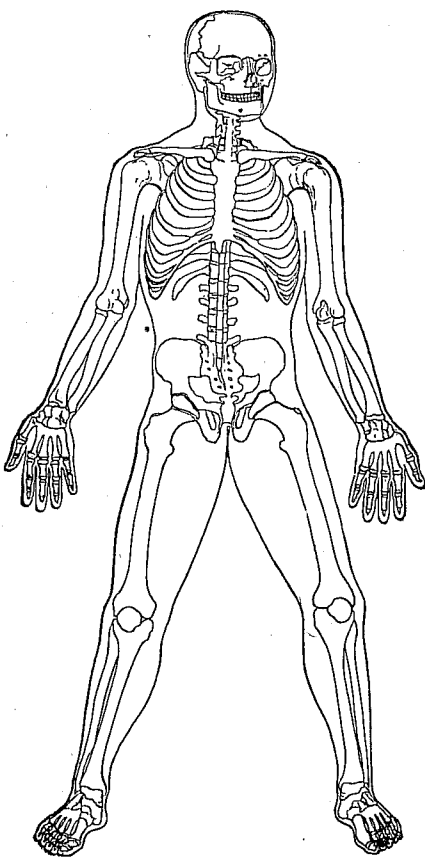
Post office, Camden

County, Camden

State, New Jersey

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

Handwritten initials 'Jra'



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.]

ORIGINAL

(FOR A BOARD.)

Claim No. 382.633

Name of the claimant, Samuel Thomas
 Rank, Priv.
 Company, A
 Regiment, 24th
 Post-office address, N. J. Polo

ADDRESS OF THE BOARD:
 Post office, Cancer
 County, _____
 State, N. J.
 Date of examination, May 27, 1885

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Fredericksburg, and while in line of duty, on or about the 13th

Cause of disability. day of Sept. 1, 1862, he incurred 4 shell wounds left thigh & shell wound left leg

Degree of disability. and that in consequence thereof he is _____ disabled for earning his subsistence by manual labor. His pulse-rate is 82 per minute; his respiration 20; his temperature normal; his height is 5 feet and 1 1/2 inches; he weighs 195 1/4 pounds, and states that he is 58 years of age.

Touching the cause and degree of the disability for which he claims a pension, he makes the following

Here give the statement of the claimant fully, but as compactly as possible.

statement: Complains mainly of a feeling of weakness across his buttocks more especially when at work, and claims a disease of his testes as also due to his G. S. injury. The shell wound of leg does not hurt him much in any way, but he reiterates his statements of pain in testes & weak buttocks as his main disabilities.

SUBJECTIVE SYMPTOMS.

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

The examination reveals the following objective facts in support of his statements: We find a full size entrance scar on outer edge of left ilio-femoral crease & exit scar on outer edge of rt. ilio-femoral crease. The ball evidently passed through both buttocks, but we cannot find any tearing of skin between the scars and infer that the ball has passed anterior to position of section, but we find no sequelae of wound in the lower right testes is atrophic to 1/2 normal size but we doubt its being the wound sequelae. This man is so fat that we cannot discover any muscular atrophy. The shell

OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a 1/4 rating for the disability caused by 4 shell wounds thigh (buttocks) 1/8 for that caused by shell wound left leg, and _____ for that caused by _____ the sum of which aggregates 3/8

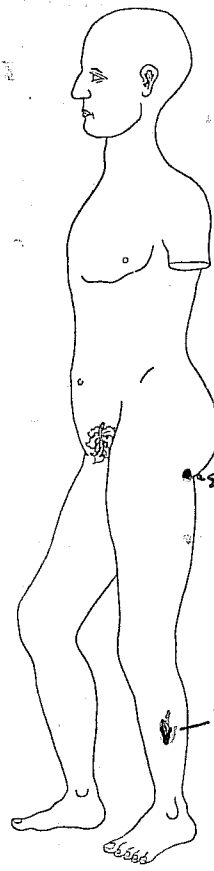
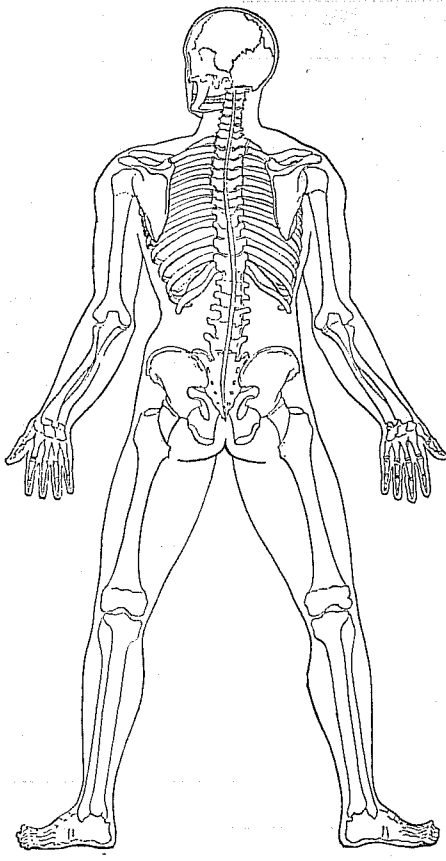
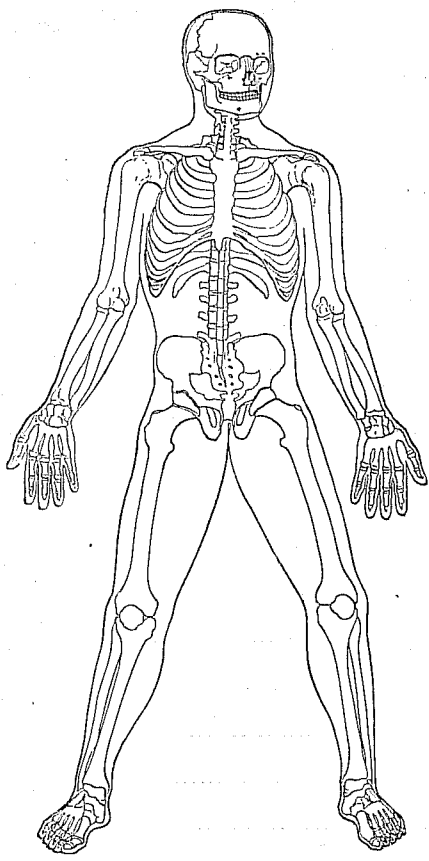
Here give rating for each cause of disability, and state the aggregate.

* See the back.

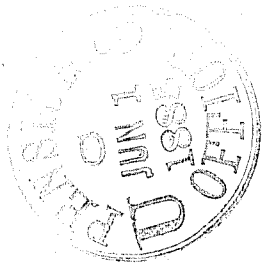
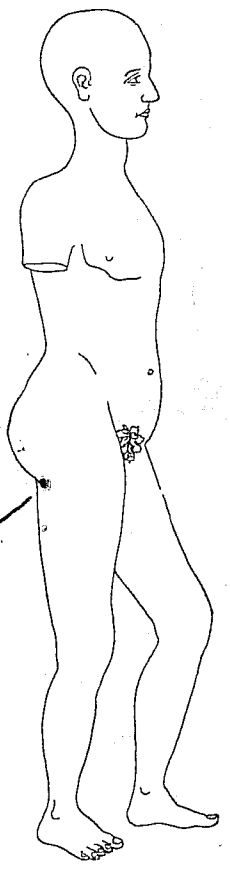
H. G. L. Taylor, Pres.,
Oran B. Cross, Sec'y,
J. W. Armstrong, Treas.,

BOARD

The shell scar of 2 by 1 inch diameter is located on outer side of left leg. 5 inches below knee joint. But is very superficial.



Scar
Scar



(100-100 M.)

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.]

Morrison

1

SURGEON'S CERTIFICATE
(FOR A BOARD)

IN CASE OF

Samuel Thomas

Co. *A*, *24* Reg't *R. I. 7th*

Application for Pension.

No. *382. 808-*

Date of examination: *May 24-82*

Wm B. Hoar
Sec. Examining Surgeon.

Post office, *Amherst*

County, *"*

State, *New Jersey*

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

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. 382,855

Name of claimant, Samuel Thomas
 Rank, Private
 Company, A.
 Regiment, 24.
 State, N. Jersey Vols.

EXAMINING SURGEON'S ADDRESS:

Post office, Salem
 County, Salem
 State, New Jersey
 Date of examination, May 16, 1883.

I hereby certify That I have carefully examined this applicant, who claims that while in the service of the United States, at or near a place named Fredericksburg Va., and while in line of duty,

Cause of disability and the degree.

on or about the 13th day of December 13, 1862, he incurred a gunshot wound in left thigh and left leg, and that in consequence thereof he is one eighth disabled for earning his subsistence by manual labor.

Particular description.

He states that he is 54 years of age, that he weighs 176 pounds, and that he is 5 feet 11 inches in height. His pulse-rate per minute is 70, his respiration 19, and his temperature 96.

Give the rational and physical signs so fully that how and why and how much the claimant is disabled shall clearly appear. When there are neither structural changes nor physical nor rational signs in support of the claim, that fact should be stated. Therating should be made in compliance with the "Instructions."

The examination reveals the following facts:
G. S. W. in the left thigh entering some 2 inches posterior and below the hip joint behind the femur and passing out immediately below the anus - then entering the right thigh and passing out of the right buttock some 2 inches behind right trochanter leaving 4 cicatrices now healed and without tenderness or pain along the track of the ball. The right testicle is however retracted and atrophied to one half its original size, giving him constant pain in it which is aggravated by active exercise or by cold and dampness, and also greatly impairing his virile power - disabling him one eighth.

He has also a pretty large cicatrix from a shell wound wound on the outside of the left leg about 4 inches below the knee - but which gives him no pain or inconvenience and for which he makes no claim.

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 1/4, 1/2, 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.

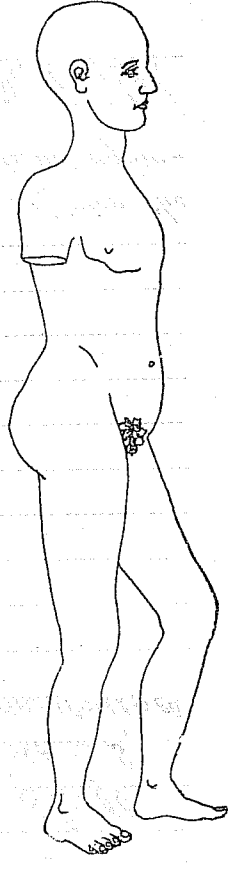
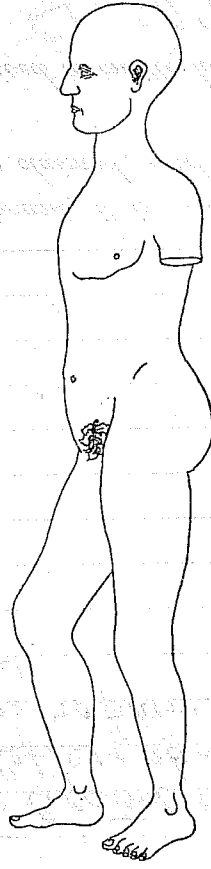
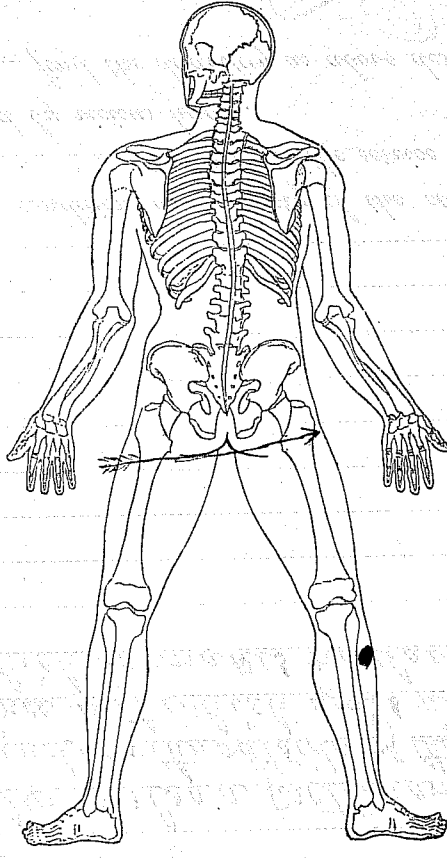
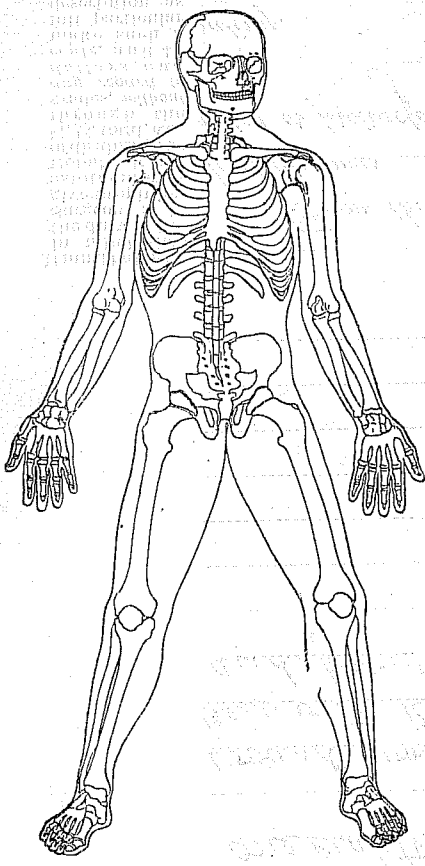
From the condition and history of the claimant, it is my opinion the disability was incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.

I find the disability as above described to entitle him to One Eighth rating.

Quenton Gibbon

Examining Surgeon.

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



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas
Co. A, 24 Reg't N.Y. Vol.

Application for Pension

No. 382,853

Date of Examination:

May 16, 1883

Leighton Gibson
Examining Surgeon.

Post Office, *Salem*

County, *Salem*

State, *N. Jersey*

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

R

1 EXAMINING SURGEON'S CERTIFICATE 1
 IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 382,855

State: New Jersey County: Cumberland
 Post Office: Greenwich, Sep 13, 1881

Applicant's service

I hereby certify That I have carefully examined Samuel Thomas, late a Private Co. A, 34 Reg't, New Jersey infantry in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from Shot wound left thigh & shell wound left leg.

Degree of disability.

In my opinion the said Samuel Thomas is 1/4 = \$2.00 p mo. incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before me it is my belief that the said disability did originate in the service aforesaid in the line of duty.

Probable duration.

The disability is permanent.

Particular description.

A more particular description of the applicant's condition is subjoined:
 Height, 5.11; weight, 183; complexion, light
 age, 52; pulse, 68; respiration, 18

a shot ^{or shell} wounded left leg about midway of tibia, external side, flesh wound, "no trouble to him in any way?"

A shot enters left thigh, upper or superior part Tensor vaginae muscle, passed through, and through perineum into right thigh, through, and out at lower part of gluteus muscle, right thigh.

The right testicle is scarcely half the normal size. "He says it pains him considerably, and he loses 3 months in a year from it." The ball passed through perineum, and probably cut, or injured perineal branch of Genito-Cervical nerve, results, atrophy of testicle & very sensitive to light pressure.

E. Holmes

Examining Surgeon.

It must be borne in mind that the duty of the Surgeon is to fix the proportionate degree of disability as 1/4, 1/2, 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.

1 SURGEON'S CERTIFICATE I

IN CASE OF

Samuel Thomas

Co. A, 34 Regt, New Jersey

Application for Pension.

No. *282855*

Date of Examination: *13 - Sept 1881.*

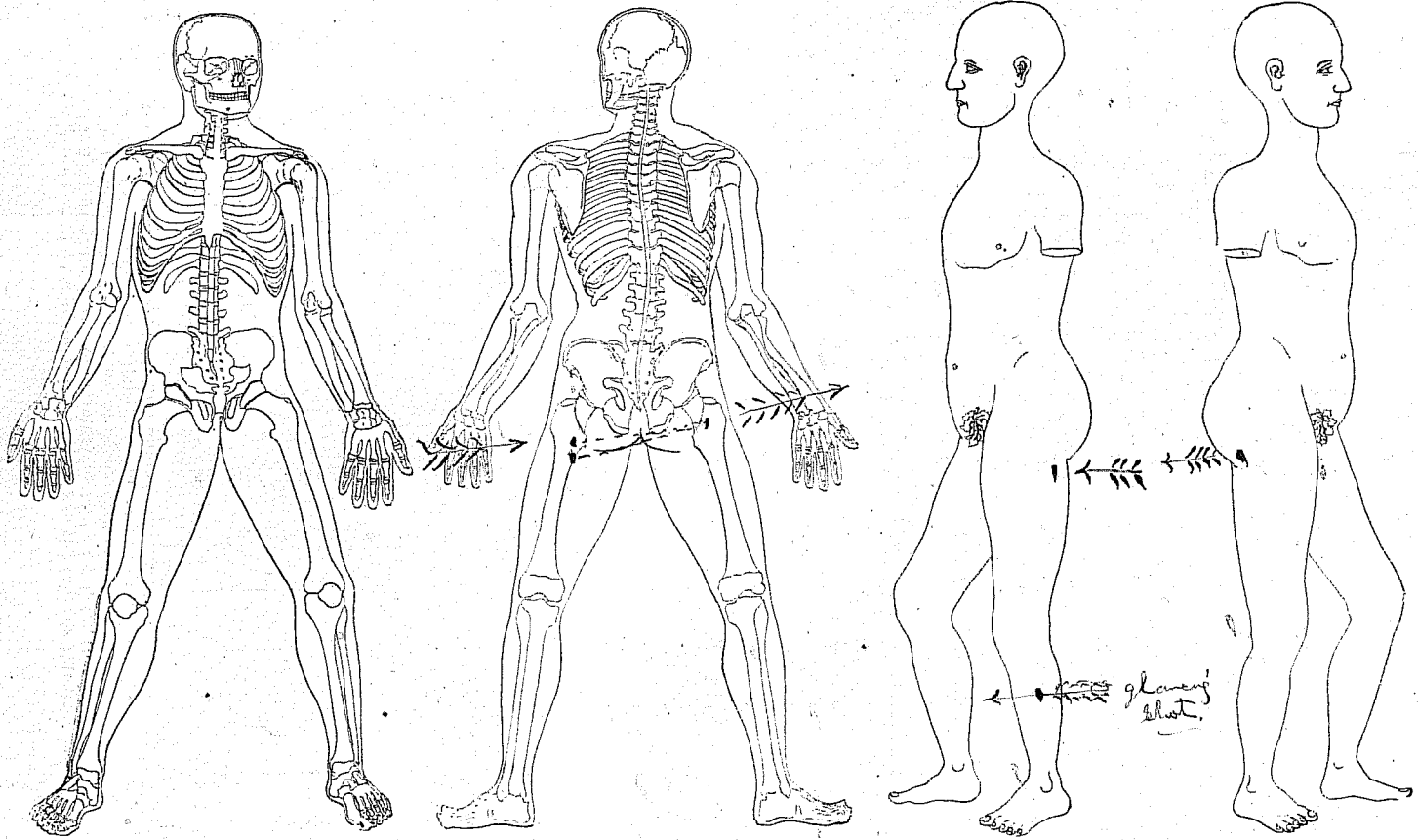
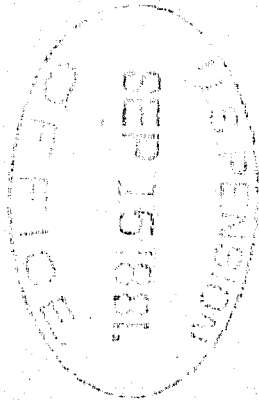
E. Holmes,
Examining Surgeon.

Post Office, *Greenwich,*

County, *Cumberland.*

State, *New Jersey*

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



No. 213427


WAR DEPARTMENT,
 Surgeon General's Office,
 RECORD AND PENSION DIVISION,

Washington, D. C., July 30, 1883.

SIR:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 382855, with such information as is furnished by the records filed in this Office, viz: that Samuel Thomas, Priv. Co. A. 24th M. J. Vol. received a severe G. I. W. of both legs at the battle of Fredericksburg, Va Dec. 13. 62; and that he was admitted to Beckington G. H. Washington D. C. Dec. 18. 62 with *Tulna* *Calopeticum*, and transferred Dec. 29. 62. List of casualties in the regiment at Chancellorsville, Va May 1 to 7. 63 furnishes no information in this case. No record of the regiment on file. —

By order of the Surgeon General:



To the
 Commissioner of Pensions.

Assistant Surgeon, U. S. Army.
 (125)

per

387.855

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington July 27th, 1882.

Respectfully returned to the Commissioner of Pensions.

~~_____ of Company _____
Regiment _____ Volunteers, was enrolled on the
day of _____, 186____, at _____,
and is reported:~~

The name Samuel Thomas does not appear on any rolls of Co "A" 3rd N.Y. Vols. Said organization was not in service until Sept. 3rd 1863

H. C. Whinn
Assistant Adjutant General.
(2.)
B. Phelps

800
~~_____~~

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, February 20, 1883.

Respectfully returned to the Commissioner of Pensions.

382,855

James Thomas, a Pvt. of Company "A",
24th Regiment N. J. Mil. Inf. Volunteers, was enrolled on the
30th day of Aug., 1862, at Beverly, N. J. for 9 mos.
and is reported: On roll of that Co. from enrollment
to Oct. 31, 62, present; Nov. & Dec. 62,
absent; "Wounded Dec. 13", 62, & sent to Wash.
D. C. (Co. was in action at Fredericksburg,
va. that date.)

James to Sp'l, Mustered
April 10, 63; Roll to April 30, 1863,
present; M. O. with Co. Pvt.

June 29, 1863. With remark: "Sent to
Genl. Hosp. Wash. D. C. Dec. 13, 62, rejoined
Regt. April 21, 63." Return for May,

63, does not report him absent; Regt.
was in action at Chancellorsville, va.

May 3, 1863, Location of wound Dec. 62 not
stated. No evidence of wound May 63. No Regt.
Hosp. Records or Co. Morning Report Bk. on
file.

M. P. ...

Assistant Adjutant General.

3-464 aa.

RECORD & PENSION OFFICE

APR 2

1178118

1895

WAR DEPARTMENT

E. M. M. C.
Division.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *April 1, 1895*

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

(Descriptive list.)

of the soldier.

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

*S. G. report enclosed
No other report on file.*

Claim (No. *300986*)

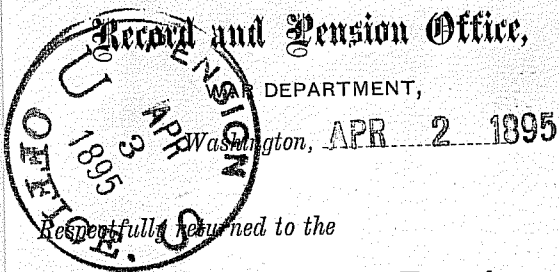
Name, *Samuel Thomas*

Co. *A, 2d* Reg't. *W. G. Vol. Inf.*

Wm. Lockman

Commissioner.

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



Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of
Samuel Thomas, Co. A,
24 N. J. Inf. the military
records furnish in addi-
tion to report of Feb. 20,
1863 - Roll Feb. 28, 1863
reports him absent at
home wounded Dec. 13,
1862. Spec. Mus. Apr. 10,
1863 reports him absent
at convalescent camp
Alexandria, wounded Dec
13, 1862. Co. MO. Roll bears
remark wounded at Fed-
ericksburg, Dec. 13, 1862.
From Col. to MO he held
the rank of Private.

No medical record found additional to
that furnished in report dated July
30, 816, herewith.

BY AUTHORITY OF THE SECRETARY OF WAR:

J. A. ...

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

Per *pm*

(328)

~~3-164~~

Eastern Div. F. S. S. Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Jan 4, 1900

Respectfully returned to the
Chief of the Record and Pension
Office War Department request-
ing a statement showing
the age of soldier at the date
of his enlistment and a
personal description.

By: 310.98b
Samuel Thomas
C. 24. W. J. W.

"Two Enclosures"

A. C. G. G.
Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, ~~JAN 7~~ 1901

Respectfully returned to the

Commissioner of Pensions,

with the information that the
Personal Description
of Samuel Thomas
Co. A. 24 Regt. N. J. Inf.
is as follows: -
Born in Salem Co., N. J.;
Age at enlistment 36 yrs.;
Occupation - waterman;
Eyes blue; complexion
hair light
Height 5 ft. 11 inches.

RECEIVED
JAN 8 1901
PENSION
OFFICE
JAN 7 1901
U. S.

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Mowbray

Per *F. C. Mowbray* Chief, Record and Pension Office.

ORIGINAL INVALID CLAIM.

Soldier, Samuel Thomas
 P. O., Quinton Rank, Private
 County, Salem Company, A
 State, N.J. Regiment, 24th N. J. Vols
 Rates, \$ 4 per month, commencing June 30th 1863

Pensioned for Wound of both thighs ✓

RECOGNIZED ATTORNEY:

Name, George E. Lemon Fee \$ 25, Agent [Signature] to pay.
 P. O., city Articles filed April 3rd, 1885.

APPROVALS:

Submitted for add June 12th, 1885, John Morrison, Examiner.
 Disabled by g.s.w. left thigh,

Approved for Amputation wound of both thighs. Approved for g.s.w. of both thighs
1/2

*Claim for shell wound of left leg
 rejected as wound from the com-
 petent service of origin in the
 service & time of duty*
 June 18th, 1885, Geo. W. Lam, Legal Reviewer. June 24th, 1885, [Signature], Medical Reviewer.

IMPORTANT DATES:

Enlisted Aug. 30, 1862, No other service from _____
 Mustered Aug. 30, 1862, 18 _____, to _____, 18 _____, in _____
 Discharged June 29, 1863.
 Declaration filed June 23, 1880. Not in service since June 29, 1880, from declaration

BASIS OF CLAIM.

(filed June 23rd 1880) At Fredericksburg Va, Dec. 13th 1862, he was wounded in the left thigh injuring the testicles, and in the month of May 1863 at Chancellorsville Va, he was wounded in left leg by a fragment of shell.
 See subsequent statement as to nature of wound.

claimant's name

HISTORY OF ATTORNEYSHIPS:

1st appointment June 23rd, 1880

Name and P. O. N. W. Fitzgerald Washington, D. C.

By claimant

Recognized, or why not substituted

2d appointment, 18

Name and P. O. George E. Lemon Washington, D. C.

By

Recognized, or why not

3d appointment, 18

Name and P. O.

By

Recognized, or why not

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.

Additional

Pension Claim No. 300986

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

Name and rank of claimant.

Samuel Thomas

, Rank, Private

Claimant's post-office address.

Company A, 24 Reg't N. J. Vol. Inf.

Camden, N. J. State,

Cohansey, N. J.

[Post-office address of the Board.]
February 12,

[Date of examination.]

1896.

Cause of disability.

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

left side, enlarged scrotal veins and disease of heart,

kidneys and testicle

Six

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 Additional

[Original, increase, restoration, &c.]

Laborer. Gun shot wound of both thighs causes thighs

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

to ache and pain; also stiffness; has aches and pains in
left groin all the time and at times the pains become exagger-
ated; veins swell and become painful; has difficulty in
breathing and palpitation; thinks he has kidney trouble on
account of pain in back.

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

Upon examination we find the following objective conditions: Pulse rate, 78; respiration, 18; temperature, nor.; height, 5 feet 11 1/2 inches; weight, 182 pounds; age, 69 years. General appearance healthy; muscles

firm and well developed; hands calloused; system well nour-
ished; tongue furred; loss of 1/2 teeth, balance poor.

There is a 1/2 inch x 3/4 inch slightly depressed and adherent
entrance scar on the outer aspect of left thigh three inches
below and slightly posterior to trochanter, ball passing
through integuments and passing out to the left of nates two
inches to the left of anus, then again entering the right nate
parallel to above named wound at an equal distance from anus
and making its exit as shown above ~~by~~ at site, of a depressed

and adherent 1/2 inch x 1/2 inch scar on the outer portion of
right nate 4 1/2 inches below right trochanter a little below
and posterior. There is a well marked left hydrocele 6

inches x 11 inches, sac containing about eight ounces of
liquid. There is no appreciable enlargement of vessels or

change in left testicle; the right testicle is normal; the
left testicle cannot be felt on account of the effusion in the
left scrotum. Appearance of abdomen normal; heart area and
apex beat normal, regular in action, with a slight aortic

systolic murmur; no oedema; no cyanosis; no dyspnoea;
pulse, standing 82, after exercise 88; lungs, liver, spleen,
stomach and bowels normal. Urine is amber, clear, acid, 1020,

no albumen, no sugar, no deposits. No evidence of vicious
habits. No other lesion found. He is, in our opinion,
entitled to a 4/18 rating for the disability caused by gun
shot wound of both thighs, 4/18 for that caused by hydrocele,

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.

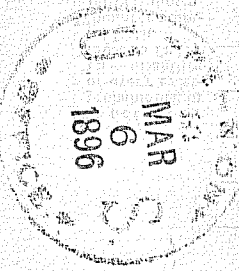
John W. Jones, Pres. J. K. Bennett, Sec'y. F. W. Deale, Treas.

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

18 for that caused by heart disease and none for that

caused by disease of testicles or enlarged veins or for kidneys.

of examination here.



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas

Co. *A.*, *24th* Reg't *A.S.*, *Vol. Inf.*

Applicant for Additional

No. *370.986*

DATE OF EXAMINATION:

February 10th, 1896.

John D. Sarges, Pres.,
J. S. Bennett, Sec'y,
J. M. Beale, Treas.,

BOARD.

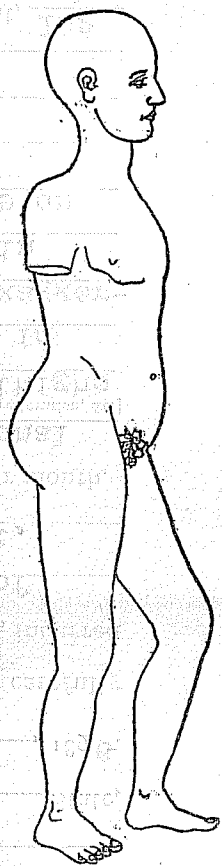
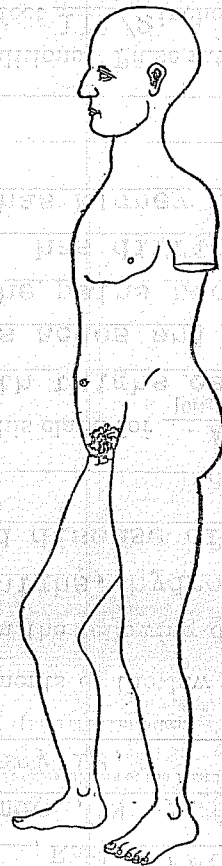
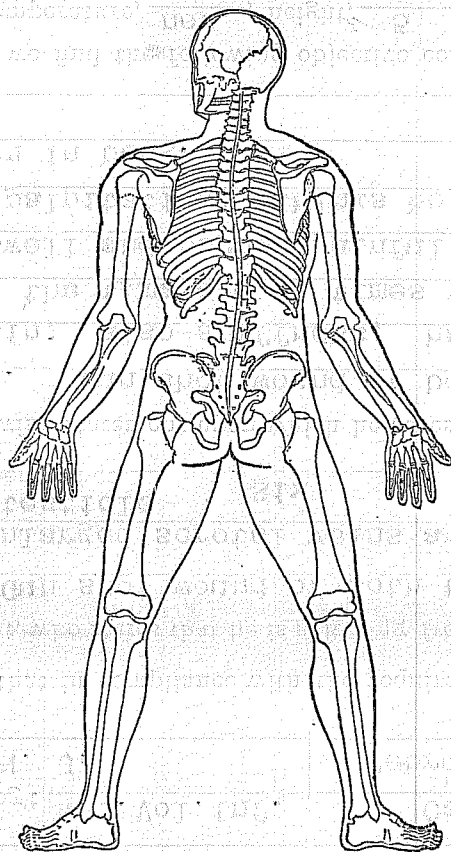
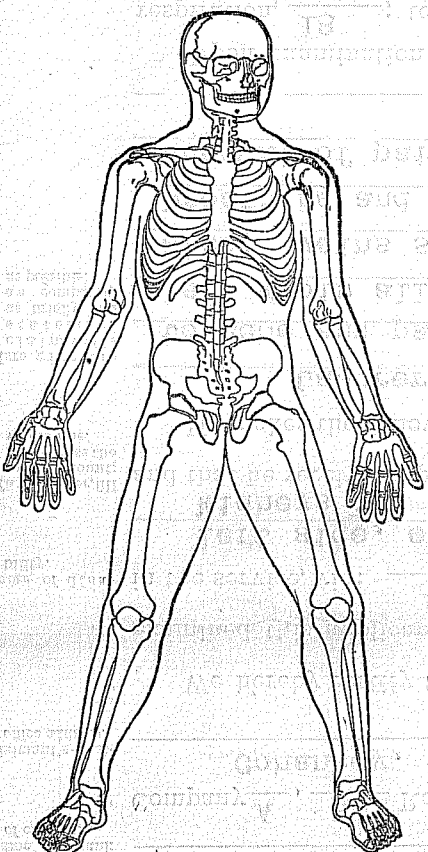
Post office, *Landon*

County, *Landon*

State, *Ark.*

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

55



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. Additional Pension Claim No. 300,986
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Samuel Thomas, Rank, Pol.

Company A, 24th Reg't W. J. Vol. Inf. State, _____
 Claimant's post-office address. Cohasset Salem Co. Me. Millville 27 April 24, 1895.
[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: Disease of Heart.

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

He makes the following statement upon which he bases his claim for Additional
[Original, increase, restoration, &c.]
As a laborer - Disability has so increased that he is unable to do a third (1/3) of days work.

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

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 17; temperature, 98-; height, 5 feet 11 inches; weight, 184 pounds; age, 68 years.

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

The Appear is not and is feeble felt 2 in. below left nipple with 3 in. area. Cardiac dullness extends 1 in. beyond right sternal border, and up to 7th interspace. Valvular sounds do not disclose any murmurs other than at Aortic valves which show insufficiency with regurgitation and probable calcareous deposit. No hyper trophy - Has Cyanosis & dyspnea with Oedema of Extremities - There is also slight dilatation. Pulse is very weak - and numbers sitting 70 - Standing 80 - After Exp 88, with intermission and loss of 6 beats per minute. Radial Arteries very small.

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.

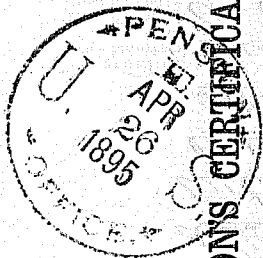
Weight Measures at Rest 38 - Deep Exp. 36 - Full Insp. 40. Percussion and Auscultation sounds are normal. The Liver and Spleen are normal in size and not sensitive. The Skin is plebeian, soft and moist - Of natural appearance. His body is free of tuberculous tumors from 3/4 in. to 1 1/2 in. in diameter in number probably 20 - They do not occasion any inconvenience. The Tongue is Clean - Bowels Regular & Appetite good. He is well nourished. Sp. g. of Urine 1.020. Amber Color Acid Reaction No Sugar or Albumen All other organs are normal - No evidence of venous habits.

C. R. Wilby, Pres. W. H. Smith, Sec'y. Joseph Sheppard, Treas.

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

ord of examina-
tion here.

Blank lined area for notes or additional information.



SURGEON'S CERTIFICATE

IN CASE OF Samuel Thomas

Co. A, 24th Reg't Inf. Vol. Inf.

Applicant for Additional

No. 300,986

DATE OF EXAMINATION: April 20th, 1895.

W. W. Wilcox, Pres.,
W. A. Smith, Sec'y,
Frank S. Shufford, Treas.,

BOARD.

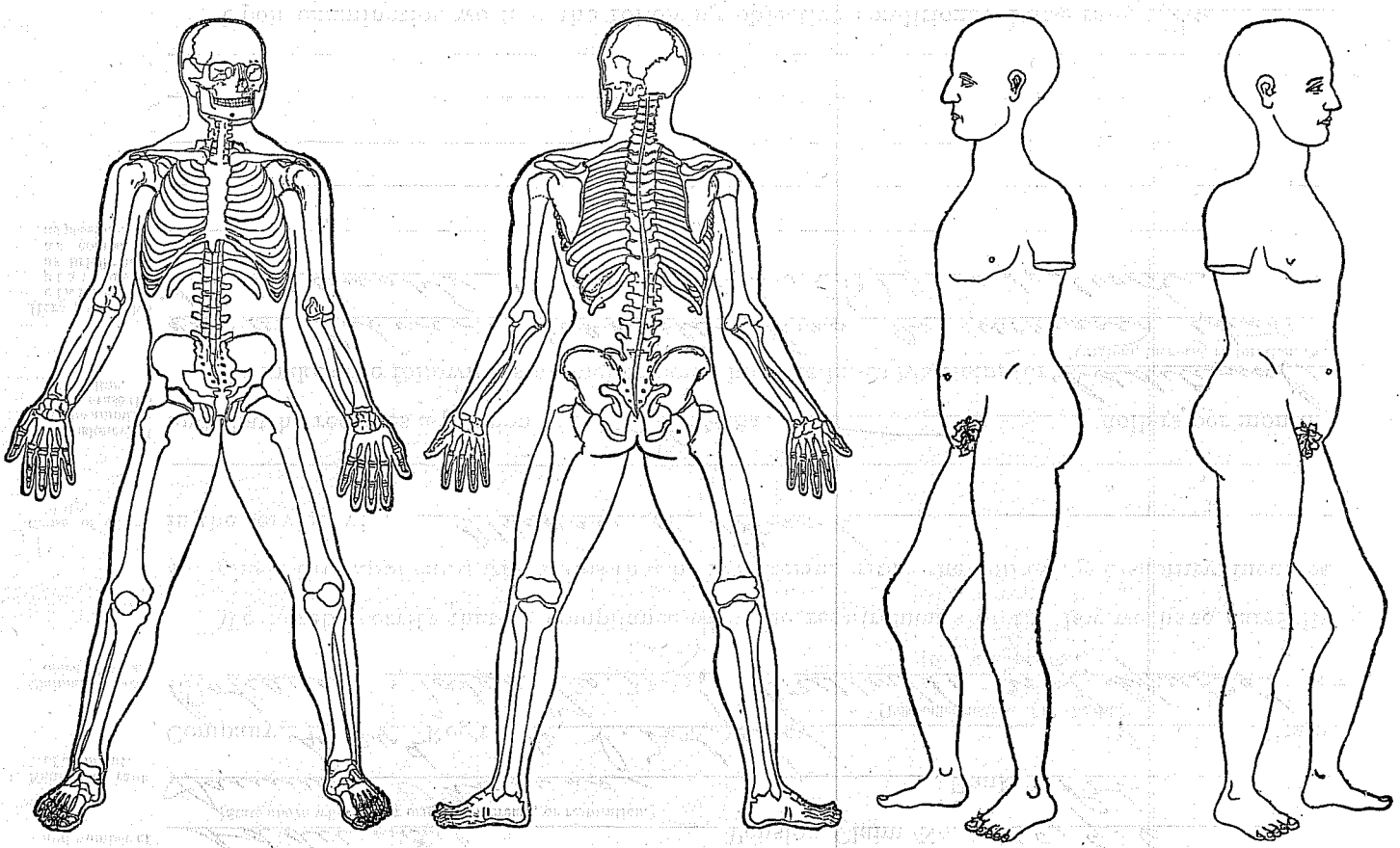
Post office, Milville

County, Cumberland

State, New Jersey

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

Samuel Thomas



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.]

GENERAL AFFIDAVIT.

State of New Jersey, County of Salem, SS:

IN THE MATTER OF Samuel Thomas claim for additional pension

ON THIS Sixteenth day of March, A. D., 1895, personally appeared before me, the County Clerk Joseph Thompson in and for the aforesaid County, duly authorized to administer oaths Joseph Thompson aged 52 years, a resident of Quinton in the County of Salem and State of New Jersey

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

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

That I have known the said Samuel Thompson for forty years, and served in the same Company during the war and that the said Samuel Thomas was a hearty man at that time. That I know that he has suffered from heart trouble for ten years last past. That at this time he is not able to work, nor do any manual labor.

This testimony I have given from my own personal knowledge and have not been prompted by any oral or written statements.

Instructions—Read Carefully.
Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony

His Post Office address is Quinton, New Jersey
he further declares that he has no interest in said case and is not concerned in its prosecution.

Richard Kelly

Joseph Thompson
[Signature of Affiant.]

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

State of New Jersey, County of Salem, 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 credible person.

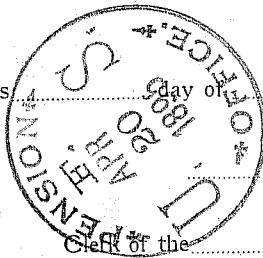
J. Luther Richmond
[Official Signature.]

Clerk of Common Pleas
[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.]

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of beginning and close of official term.

ADDITIONAL EVIDENCE.

CLAIM OF

James Thomas
W- A- 24" S. J. Dub.

AFFIDAVIT OF

Jacob Thompson
Original Return
Cont No. 986

Act of June 27, 1890.

FILED BY

SOULÉ & CO.,

ATTORNEYS,
WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of New Jersey, County of Salem, ss.:

In the matter of Samuel Thomas' pension claim

and 24 Mr. Civil # 300986

ON THIS twentyfourth day of November A. D. 1894 personally appeared before me

S. Luther Richards in and for the aforesaid County, duly authorized to administer oaths,

Samuel Thomas aged 66 years, a resident of Durinton Township
in the County of Salem and State of New Jersey

whose Post Office address is Cohansey

David Morrison aged 56 years, a resident of Durinton Township
in the County of Salem and State of New Jersey

whose Post Office address is Durinton

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

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

also James B. Sheppard aged 46, a resident of Durinton Township in the County of Salem and State of New Jersey whose Post Office address is Durinton, well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: That we have known the said Samuel Thomas for more than twenty five years and that we know that he is afflicted with heart disease, which same was not caused by any vicious habits whatever. We further declare that the said Samuel Thomas is unable to procure a living by manual labor by reason of heart disease above mentioned, and also has trouble with his back and is unable to walk long distance, and when lying down has trouble to raise himself up, and for the last three years has been unable to ~~do~~ ^{do} a days work.

And deponents further say that the foregoing was ~~written~~ ^{written} down for them by S. Luther Richards Clerk of Common Pleas at his office in the City of Salem N.J. on the twenty fourth day of November A.D. 1894 in their presence from their oral statements then made by them to him and not from any written or prepared statement whatever.

Further declare that we have no interest in said case and are not not concerned in its prosecution.

David Morrison

James B. Sheppard

New Jersey

COUNTY OF

Salem

, 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 "*not*" on 8th line from the bottom 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 *are* personally known to me and that *they are* credible persons

P. Luther Richmond
(Official Signature.)

[L. S.]

Clerk of County Court
(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 _____ 18 _____

[L. S.]

Clerk of the _____

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.

43
ADDITIONAL EVIDENCE.

CLAIM OF

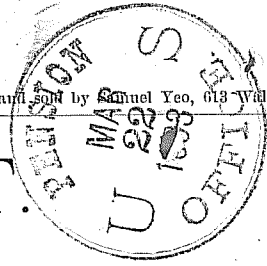
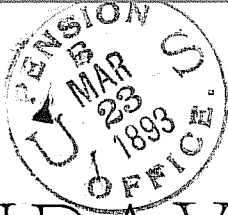
AFFIDAVIT OF

STATE OF NEW JERSEY,

DEC 3 1894

ADJUTANT GENERAL'S OFFICE.

Filed by



Printed and sold by Samuel Yeo, 613 Walnut St., Phila.

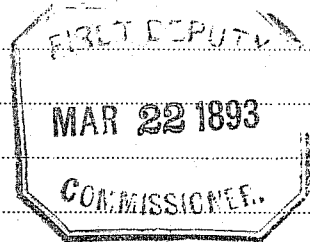
AFFIDAVIT.

State of *New Jersey* County of *Salem* ss.

In the matter of *the claim of Samuel Thomas for*
invalid pension

ON THIS *20th* day of *March* A. D. 1893 ; personally appeared before me a
Notary Public in and for the aforesaid County, duly authorized to administer oaths,
Samuel Thomas aged *65* years, a resident of *Quinton*
in the County of *Salem* State of *New Jersey*
whose Post Office address is *Quinton Salem County N.J.*
who being duly sworn according to law, deposes and says in relation to aforesaid case as follows:

That he is the claimant in this case, and that
[Note.—Affiant should state how he gains a knowledge of the facts to which he testifies].
he has been suffering from shortness of breath, and
a fluttering in the breast, in the region of the heart
for over two years, and prior to his application for
increase of pension, but he did not know it was
heart disease and consequently did not specify it
in his declaration



and affiant further declares that he has ~~no~~ interest in said case and is ~~not~~ concerned in its prosecution.

Samuel Thomas
[Signature of Affiant.]

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

State of *New Jersey* County of *Salem*

Sworn and subscribed to before me this day by the within named affiant, and I certify that I read said affidavit to him 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.

William B. Willis
[Signature.]

Notary Public
[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

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.

ADDITIONAL EVIDENCE.

CLAIM OF

Samuel Thomas

AFFIDAVIT OF

Claimant

Filed by

SALEM COUNTY CLERK'S OFFICE,
SALEM, N. J.

S. LUTHER RICHMOND, CLERK.



Salem, N. J. 189

State of New Jersey
Salem County } ss

On this sixteenth day of
March A.D. 1895; personally appeared before
me, S. Luther Richmond, clerk of the Court
of Common Pleas of the said County and
State Samuel Thomas, who being
duly sworn on his solemn oath saith that
he did not serve in the military or naval
service of the United States prior to August
30, 1862, nor subsequent to June 29, 1863.

Sworn & subscribed before
me, clerk of Common Pleas
the 16th day of March A.D. 1895-

S. Luther Richmond

clerk of Common Pleas

Samuel Thomas

Act of June 27, 1890.

Samuel Thomas
Co. A - 2nd Inf. Vols

Orig. Pension
No. 200 986

Filed by
SMITH & CO
Washington, D. C.

New Jersey Salem County S.S.

In the matter of the Claim of Samuel Thomas No
300.986. Late of Company A. 24th Inf. Vols.

On this Twenty Eighth day of August A.D. 1896. personally
appeared before me a Notary Public of the County and
State of aforesaid, Samuel Thomas the Claimant above
named, who being sworn according to Law as his solemn
Oath deposes and says, That he was shot from the left
side clean through his thighs at the Battle of Fredericksburg
Va December 13th 1862.

That in addition to above injury, defendant is worn out is
Physical disabled from any kind of manual labor, from which
he has suffered for the past four or five years.

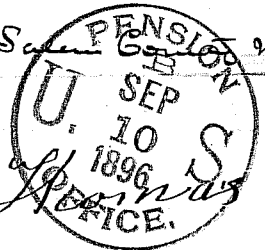
That the above injury and disabilities are not due to his
vicious habits, and are not to the best of his knowledge and
belief permanent.

That he is totally disabled from manual labor.

That the foregoing was written down for him by Benjamin
D. Wood Notary from his oral statement then made by him
to said Notary August 28. 1896. at his office in the City of Salem
in his presence and not from any written or prefaced state-
ment.

That his P.O. address is Bohansky P.O. Salem County New Jersey

Samuel Thomas



sworn and subscribed before me August 28. 1896 and I
do hereby certify that the contents of the above was by me
fully read and explained to affiant before swearing, and that
as far as I know and believe witness is respectable and entitled
to credit, and that I have no interest in the said claim

Benjamin D. Wood

Notary Public for N.J.

Additional Evidence
Claim 300986

Samuel Thomas

Date Co. A. 24th Aug. 1902

New Jersey Salem County, s.s.

In the matter of Claim no 300986 of Samuel Thomas
Late of Co. A. 24th Regiment N. J. Vol

On this Twenty Eighth day of August 1896 personally
appears before me a Notary Public within and for the
County and State aforesaid. Francis Seaman who
being sworn according to Law as his solemn oath saith
that he is 55 years ^{old} that he is a resident of Dinton Tp Salem County
that he was formerly a member of Co. H. 24th N. J. Vol. that he
was acquainted with Samuel Thomas of Co. A. 3rd Regiment
knew him ~~at~~ the service. That he knows that said Thomas
was shot through the thigh at Fredericksburgh Va December
13th 1862. saw him in the hospital after the battle.

That the said Thomas has been unable to work for two or three
years, he seems to be a physical wreck. said Thomas lives in
his neighborhood. sees him every week, sometimes every day
or so. That said disabilities are not due to vicious habits and
are to the best of his knowledge and belief permanent.

That the foregoing was written down for him by Benjamin F.
Wood Notary August 28th 1896 at his office in the City of
Salem N.J. from his oral statement then made ~~to him~~ ~~by~~ ~~him~~ ~~and~~ ~~not~~
from any written or prepared statement.

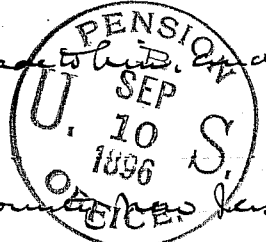
That his P.O. address is Dinton Salem County New Jersey

That said Soldier has been totally disabled from manual labor since February 16, 1895.

Francis Seaman

sworn and subscribed before me this 28th day of August AD
1896 and I do hereby certify that the contents was before fully read and explained
to affiant before signing. that as far as I know and belief is respectively
and entitled to credit. that I have no interest in said claim

Benjamin F. Wood Notary



Additional Evidence
Claim 300 986

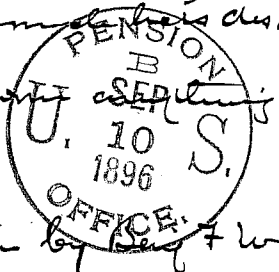
Samuel Thomas

Lat. Co. A. 242 m.

New Jersey Salem County, s. s.

In the matter of Claim No 300.986 of Samuel Thomas
Late Co. A. 24th New Jersey Vol.

On this 28th day of August A. D. 1896. personally appeared before me a Notary Public within and for the County and State aforesaid, Samuel Watson who being sworn according to Law on his solemn oath depose and say that he was well acquainted with Samuel Thomas the soldier above named, was in the same Company and Regiment with him Company A. 24th Regiment N. J. Vol. was at the Battle of Fredericksburg Va December 13th 1862 saw the said Soldier after the ball struck him he was shot through the back part. Saw him when he jumped and heard him when he made a loud exclamation, that the same was not due to his vicious habits, don't know about another disability. don't know how and why he is disabled if any from doing manual labor. have not known anything about him since he came home.

That the foregoing was written down for him by  Benjamin Wood Notary at his office in the City of Salem on August 26th 1896 in his presence from his oral statement then made to him and not from any written or prepared statements, that he has no interest in the said claim, that his residence and P. O. address is Salem, Salem County New Jersey

Samuel Watson

Sworn on and Subscribed before me this 28th day of August, A. D. 1896. and I do hereby certify that the contents of the above affidavit was by me fully read

is explained to affirm before swearing, that he
is respectable and entitled to exist, that I have no interest
in the prosecution of the said claim

Benjamin F. Wood

Notary Public of Ind.

Additional Evidence
Claim 300986

Samuel Thomas

Sub to A. 24 2299

NY

Act of June 27, 1890, as Amended by the Act of May 9, 1900.
DECLARATION FOR INVALID PENSION.

NOTICE. This can be executed before a Notary Public, Justice of the Peace or a Court of Record.

State of New Jersey, County of Salem, ss:

On the day hereinafter mentioned personally appeared before me D Harris Smith
(Name of officer executing this application.)

, a Notary Public within
(Official title of officer executing this application.)

and for the County and State aforesaid, Samuel Thomas, aged 75
(Name of Claimant.)

years, a resident of Quinton Cohansey County of Salem State of

New Jersey, who, being duly sworn according to law, declares that he is the identical
Samuel Thomas who was ENROLLED as a _____ on the 30 day of

Aug, 1862, in Company A, in the 24 Regiment of
(Letter of Company.) (No. of Regiment.)

N. J. Inf Volunteers, and served at least ninety days in the late War of
(Name of State, and whether Infantry, Cavalry or Artillery or vessel if in Navy.)

the Rebellion, in the service of the United States, who was HONORABLY DISCHARGED at
_____ on the 29 day of June, 1863.

That he has not been employed in the military or naval service otherwise than as stated
above
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States prior to 30 day of Aug, 1862

That he has not been in the military or naval service of the United States since the 29 day of June, 1863

That he is wholly unable to earn a support by manual labor by reason of gunshot
(Partially or wholly.) (Here name any disease or injuries from which disabled.)
wound battle thighs, disease of heart, swollen
feet, defective eyesight, general debility, old age
(Your disability need not have been contracted in the U. S. service.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.

That he has _____ applied for pension under application No. _____ That he is a
(If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)
pensioner under Certificate No. 300986

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under
the provisions of the act of June 27, 1890, as amended by the act of May 9, 1900. He hereby appoints

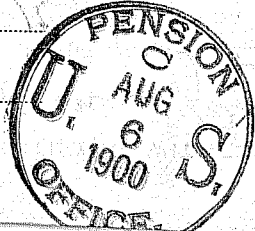
I. E. RUBENSTEIN, OF WASHINGTON, D. C.,

his true and lawful attorney to prosecute his claim, the fee to be Two DOLLARS, payable as prescribed by law.

His POST-OFFICE ADDRESS is Quinton Cohansey, County of
Salem, State of New Jersey

1 _____
2 _____
(Two witnesses who write sign here.)

Samuel Thomas
(Claimant's Signature.)



When executed return to I. E. RUBENSTEIN, Washington, D. C.

TWO IDENTIFYING WITNESSES HERE.

Also personally appeared Benjamin Bell, residing at Salem, N.J., and John M. Willis, residing at Allentown, N.J., 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 Samuel Thomas, claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of 40 years and 30 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

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

Benjamin Bell
John M. Willis
(Signatures of witnesses.)

Sworn to and subscribed before me this 4th day of August, A. D. 1900, and I do hereby certify that the contents of the above declaration, etc., were duly made known and explained to the applicant and witnesses before swearing, including the words ~~that~~ "Quinton" erased, and the words "Cohaney" added; and that I have no interest, direct or indirect, in the prosecution of this claim.

J. Harris Smith
(Official Signature.)

Notary Public
(Official character.)

[L. S.]

EAST. DIV.
AUG 14 1900
RECEIVED.

NOTICE.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

Aug 6/ 1900

Serial 309986. 498.
1900

ACT OF JUNE 27, 1890,
As amended by the Act of May 9, 1900.

SOLDIER'S APPLICATION.

Samuel Thomas, Applicant

Co. A 24 Reg't

N. J. 49th Vols.

Address:
Cohaney N. J.

FILED BY
AUG 7 1900
NOTARY PUBLIC

I. E. RUBENSTEIN,
PENSION AND CLAIM ATTORNEY,

WASHINGTON, D. C.

Printed and Sold by J. S. TOMLINSON, Washington, D. C.

RECORDED
AUG 7 1900
DIVISION

and Aug 13/1900

HISTORY OF CLAIM

Pensioner, Samuel Thomas, Certificate No. 300.986
 1st service, U. S. A. N. J. Vol. Inf. enlisted, Aug 30, 1862; discharged, June 29, 1863.
 2nd service, _____; enlisted, _____, 18____; discharged, _____, 18____.

Pensioned from June 30, 1863, at \$ 4 per month for q.s. wds of both
thighs done to h. from Mch 2/95. for same. (act.)

Original declaration, Act of July 14, 1862, filed June 23-1880
 alleged wound in left thigh injuring testicles and shell wound left leg.
 (Shell wd rejected June 18/85) May 17/90. Inc. and examinq. (no
 special results - Inc rejected Mch 25/91.
 Act June 27/90. Filed Aug 15/91 q.s. wd both thighs and dis
 of Kidneys - Rejected Feby 16. 195-

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Additional

Pension Claim No. 300,986

Name of claimant.

Samuel Thomas

Mellville P. O.

Port. Co. Company 24th Reg't Inf. 2nd Div.

New Jersey State.

Claimant's post-office address.

Leohausy New Jersey

September 12th, 1899

Cause of disability.

G. I. W. of Highs - Disease of Heart & Kidneys - Hydrocele disease of testicles - Enlarged veins - swollen feet - defective vision - General debility - Stages He receives a pension of Six dollars per month.

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.

He makes the following statement upon which he bases his claim for Additional as a day laborer. but because of disease and general debility - Can do no manual labor.

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

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

Pulse rate, 72 80 84, respiration, 24 24 24, temperature, 98.6,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 10 inches; actual weight, 178 pounds; age, 74 years.

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

Chest measures as read 3 1/2 sup Exp. 36 1/2 Full Insp. 39 1/2
Percussion & Vesicular Sounds Normal.

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.

Apex beat is felt but not seen 1 1/2 in. below left nipple.
with 1 in. area - cardiac dullness extends fr. 1/2 in. to apex
of left nipple to rt. sternal border and up to 2 1/2 inter.
space above. We find valves normal. There is ortho-
statis of left ventricle without compensation - Impulse
is weak with loss of 6 to 8 beats per minute -
Has vertigo - dyspnoea - with swelling of feet, with
redness of eye lids - Has epigastric pain - skin is
cold & clammy - Tongue coated - appetite fair - Bowels
regular. Liver & spleen are normal. He is well
nourished - Sp. g. of urine 1.020 - Pale yellow. acid
reaction - no albumen or sugar.

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."

We find a Hydrocele of Left side measuring 6 in. in
length by 12 in. in circumference - has never been
tapped - is not complicated.

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

We find scars fr. S. to W. Entrance at outer aspect of
left thigh, ball passing beneath fascia above Gluteal
Muscles making arch on horizontal line - passing
into rt. thigh 1 1/4 in. to right of anal orifice and
made arch on horizontal line of top of entrance of
left thigh. Cicatrices are not adherent or sensitive
No loss of motion. There is no disease of Kidneys.
There are no enlarged veins. Pupils are of average
normal size, and responds to light & shade. No
inflammatory conditions - Arcus Senilis is noted -
He reads with R.E. line 40 at 15 ft. - with L.E.
he can only discern light & shade -

We find that the aggregate permanent disability
for earning a support by manual labor is due

W. H. C. Smith, Pres. W. H. C. Smith, Sec'y. Chas B. Neal, 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. Joseph Sheppard, Dr. W. C. Smith, and Dr. Charles B. Neal, were personally present and actually participated in the examination of Samuel Thomas, the claimant in this case, on 12th day of September, 1900, 18__."

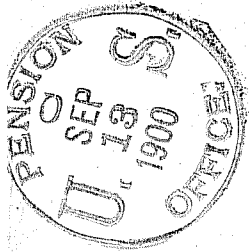
(Signature.)

W. C. Smith Sec'y

(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.)



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas
Co. A, 24th Reg't Inf.

APPLICANT FOR Admission

No. 300 956

DATE OF EXAMINATION:

September 12th, 1900, 18__

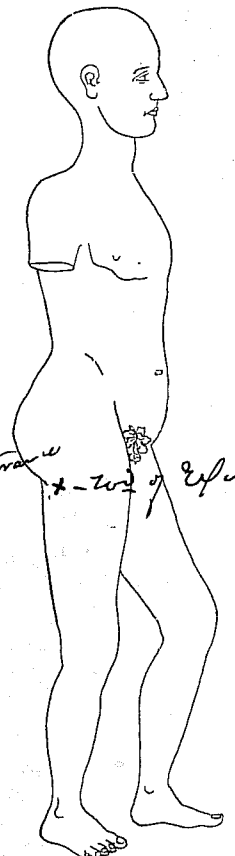
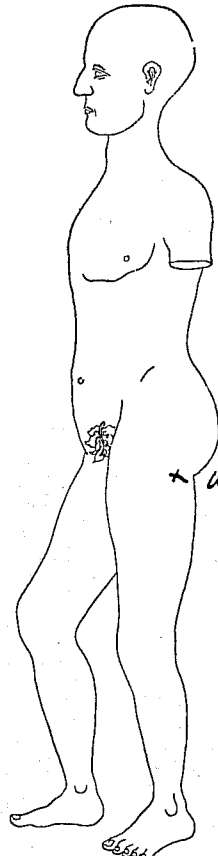
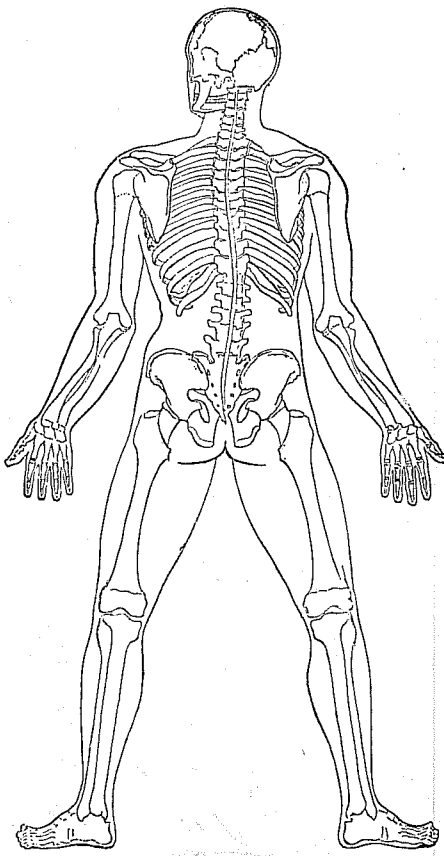
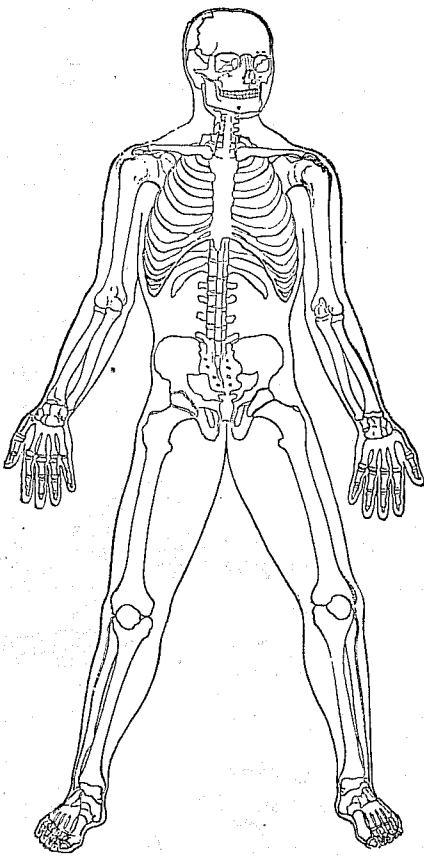
Joseph Sheppard, Pres.,
W. C. Smith, Sec'y,
Charles B. Neal, Treas.,
BOARD.

Post office, Millville

County, Cumberland

State, New Jersey

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



* us of Entrance * - top of Eye

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.]

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.

Additional

Pension Claim No.

300,986

Name of claimant.

Samuel Thomas

Priv. S., Company *244*, Reg't *Inf. 6. Inf.*

[Rank]

Coburney Infirmary

September 12, 1900, 1899

[Date of examination.]

EXAMINATION—Continued.

*50 grains of Marsh-Mydrocele - Gun shot
wound and disability - not due to vicious habits
and warrant a rate of Twelve Dollars (\$12.00)*

Multiple horizontal lines for additional text or notes.

James H. Chappard, Pres.

W. H. Smith, Sec'y.

Chas. B. Neal, 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. Joseph Cheppard, Dr. W. H. Smith, and Dr. Charles B. Neal, were personally present and actually participated in the examination of Samuel Thomas, the claimant in this case, on 12th day of September, 1890."

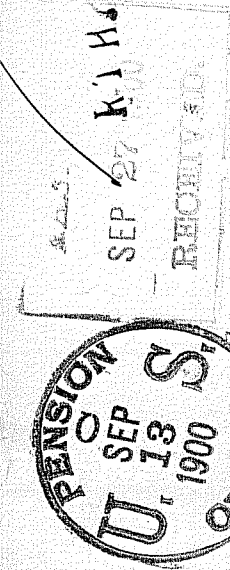
(Signature.)

W. H. Smith Sec'y

(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.)



SURGEON'S CERTIFICATE

IN CASE OF

Samuel Thomas

Co. A, 24th Reg't Inf.

APPLICANT FOR Additional

No. 300956

DATE OF EXAMINATION:

September 13th 1890

Joseph Cheppard, Pres.,
W. H. Smith, Sec'y,
Charles B. Neal, Treas.,
BOARD.

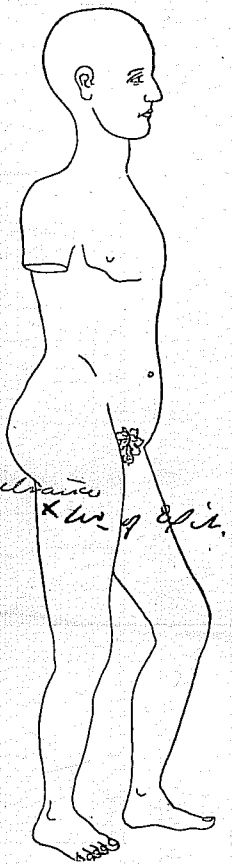
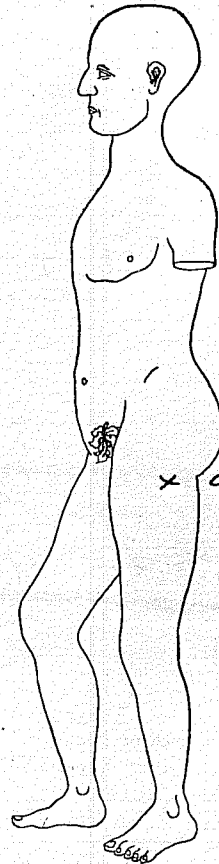
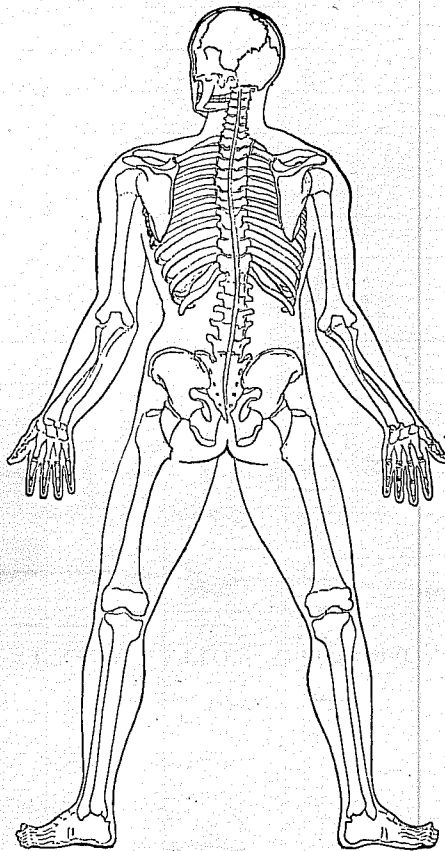
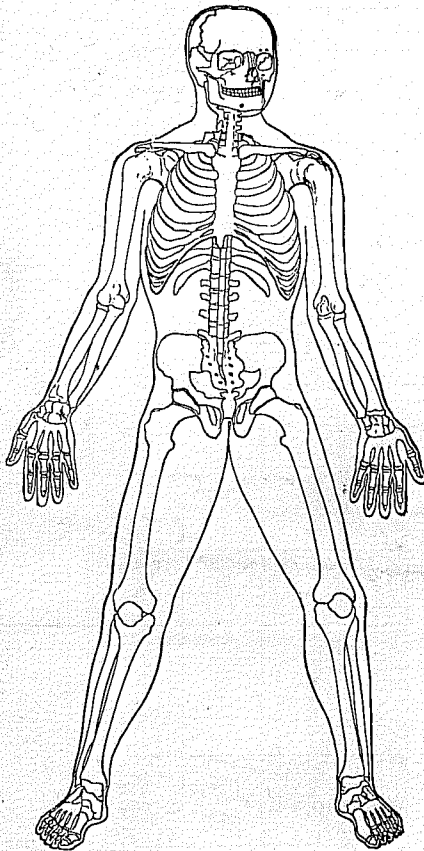
Post office, Middletown

County, Camden

State, New Jersey

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

W. H. Smith



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.]

300986
Morrison Ex'r

[3-216.]

INVALID.

No. 382855

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

Quantity, Sales (J. P. etc.)

Samuel Thomas

P. O.

Service:

Enlisted:

Discharged:

Application filed:

Alleges:

Re-enlisted:

Attorney:

P. O.

Recognized.

Contract.

Cert. of Dis. Searched for , 18

Na

BOARD OF REVIEW
JUN 13 1885

Smith
Samuel Thomas
So. W. 1862

March 30, 1862

June 29, 1863

June 13, 1870

*g, s. w, left thigh
and left leg*

George E. Simon
A. W. Fitzgerald

Beant

~~from Jan. 1st 1881 - C. J. M.~~
 Dr Ephraim Holmes
 July 6th 1881

May 29 1881
 Cii 54 par 4 to chat / Mrs
 A. G. returned for service of
 claimant in Co A 24 N. J. Vols
 Mch 3/83, S. G. Ex by Dr Gibbon
 Salem, N. J.
 June 4/83, Duplicate call
 on S. G.
 Aug. 3/83. Claimant asked to
 locate all wounds received &
 time etc of incurrence, Dec 3/84
 atty S. for claimant to state whether
 he is disabled by the shell wound of
 left leg, Feb. 27/85. Ex Bd, Camden
 N. J. thro atty Simon, success to
 claimant, June 12/85 claimant
 name & add sent A & N. S. Dar,

29

3-1081.

PENSIONER DROPPED.

United States Pension Agency,
PHILADELPHIA, PA.

FEB 17 1906, 1906

Certificate No. 300,986

Class Inv. - ACT OF JUNE 27, 1890.

Pensioner Samuel Thomas

Soldier

Service a, 24" n g

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$12, to month, 1905,
has been dropped because of DEATH.

reported by
The Auditor for the Interior Department

Stamp: FEB 20 1906 BUREAU OF PENSIONS

Very respectfully,
A. M. Holland

United States Pension Agent.

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

[3-216 a.]

McCary Ex'r.

L.O. No. 300-986.

Act of June 27, 1890.

Samuel Thomas

P. O. *Cohansey*

Salem Co. N.J.

Service: *A" 24" U.S. Inf.*

Enlisted: *Aug 30*, 1862.

Discharged: *June 29*, 1863.

Application filed: *Feb 16*, 1890.

" " *April 10*, 1890.

Alleges:

Any other Claim filed: *L.O. 300-986.*

O. J.

Numerical No.

Attorney: *Soule & Co*

P. O. *Leidy*

One filed

Recognized.

Contract.

Cert. of Dis. Searched for _____, 189 .

(9370-12,500.)

m.e.B.

m.S.

mech 6/95 notified

mleb,

ME
4/4/95. A. & S. L. noted for full history
Et. Millville, N. J., order to
attys.
N. H. P. M. Ord. Witnesses.
A. G. of N. J. Inf awaits Exam.

4/11/95. A. G. of N. J. Inf. claim
VT.
in Bd. of Rev (cis. 3-444)

6/21/95. Et. Millville, N. J. order to
MASS
attys.

7/27/95. A. G. of N. J. Inf.
R. I. claim awaits Exam.
order 6/21/95.

12/9/95. A. G. of N. J. Inf.
CONN. failed to appear
for exam. as directed
6/21/95. + another order
N. Y. will not be issued
until he signifies his
willingness to be
N. J. Examined.

1/26/96 Et. Camden, N. J. order to attys

DE.
Clmt as informed.
3/20/96. attys. for circum. of origin
of handle & ins. of articles;

July 7. 1896 - Hon. H. C. Landonseager
claim awaits the testimony
called for mech. 20/96
D.S.P. with DC

	Act	June 27/90
Filed	Aug 15/91	G. S. wa. both
	Thyroids	ad dis Kidney
<u>Rejected</u>	Febry	- 16/95 =
Filed	Febry	- 16-95 - Same also dis of heart.
Filed	Apr 10/95	Same also heart dis - hy drocele (L) side Scrotal veins enlarged and dis of testicles -
Filed	Aug 6/900	= wd of thighs - dis heart - swollen feet defective eyesight - gen deb + old age -
	<u>Noted</u>	
<u>heart</u>	hy drocele	wd of thighs 12.
<u>amility</u>		

[3-216 a.]

Ex'r.

J. Cap. No. 300.986

Act of June 27, 1890.

Samuel Thomas

P. O. Cohasset
Salem Co. N. J.

Service: "A"-24"- N. J. Inf.

Enlisted: Aug. 30", 1862.

Discharged: June 29", 1863.

Application filed: Apr. 10", 1895.

Alleges:

Any other Claim filed: J. Cap. 300.986

Numerical No.

Attorney: Soule & Co.

P. O. City

Atty. J. J. J.

Recognized. Contract.

Cert. of Dis. Searched for, 189

(1937-1950.)

88

264

Not up to 27. 95 S L K

ME.

N. H.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

[Handwritten scribbles] D
 [3-216 a.]
 Ex'r.
 In lty No. *300986*
 Act of June 27, 1890.
 3/2

Samuel Thomas,
 P. O. *Cohansey,*
Salem County, N. J.
 Service: *A, 24 W J Inf*

Enlisted: *Aug 30*, 1862
 Discharged: *June 29*, 1863
 Application filed: *Aug 15*, 1891
 Alleges: _____

Any other Claim filed: *lty 300,986*

Numerical No. *702,631*

Attorney: *Soule & Co.,*
 P. O. *City*

Recognized. _____ Contract. _____

Cert. of Dis. Searched for _____, 18 .
J. E. J.

Wolfe - 8-29-91

ME.

N. H.

~~Atty for sub seal~~

~~Vt and Bridgton N.H.
Aug 23 - 1892 CW~~

MASS.

~~and Bridgton N.H.
Oct. 1892 CW~~

R. I.

CONN.

Status awaits abor.

N. Y.

ex. to clt = Cong

Coffey

N. J.

See 5-92 CW

DELL

Status to P. Harrison

on slip that care
P awaits 3-5779. heart
dices

Oct. 26/94 to adyt. Gen of let. P
for tes. as to verities of various
habits. *W.H.*

Jan 23/95 to atty for prior
of sub. service. *W.H.*

Feb. 27/95 claim. & atty informed of re-
jection *W.H.*

[3-216 a.]

McLary Ex'r. *Bender*

No. *310,986*

Act of June 27, 1890.

Samuel Thomas

P. O. *Cohasset*
Salem Co. N. J.

Service: *A, 24 N. J. Inf.*

Enlisted: *Aug. 30, 1862*

Discharged: *June 29, 1865*

Application filed: *Feb. 16, 1895*

Alleges: *4th April 10, 1895*

Any other Claim filed:

Numerical No.

Attorney: *Spencer & Co.*

P. O. *J. E. Rubenstein* *City*

Recognized. Contract.

Cert. of Dis. Searched for _____, 18 .
(2915-50,000.)

Jan'y - 12, 1900, letter through
Hon. H. C. Loudenslager, cl to
~~Becker for action.~~ W.H.

Jan'y 31 / 1900 Atty for cl's
Statement under oath as to age.
Corroborated by best obtainable
evidence. W.H.

Act of June 27, 1890.

Additional
INVALID PENSION.

Claimant, *Samuel Thomas* Cert. *300986*
 P.O., *Cohansey* Rank, *Private*
 County, *Salem* Company, *A*
 State, *N.J.* Regiment, *24 N.J. Vol Inf*
 Rate, \$ _____, per month, commencing _____

Disabled by _____

REJECTED

RECOGNIZED ATTORNEY.

Name, *Saule & Co* Fee, \$ *10* Agent to pay.
 P.O., *Washington D.C.* Articles filed, _____, 189 _____

APPROVALS.

Submitted for *Regt. Jan 21, 1895* *J. H. Dismore* Examiner.
 Approved for *rejection of alleged* Approved for *rejection - no*
G.S.W. of both thighs and disease *disability under*
of kidneys (subject to action of *Regt. Jan 27 - 90. from*
the Medical Refere.) No disability *causes alleged* *M.P.*
therefrom retake under Act of *Walt. The. [Signature]*
June 27 1890 - [Signature] Legal Reviewer. Medical Referee.
Feb. 4, 1895. *Per - [Signature]* *July 6, 1895.*

I now pensioned under other laws. Last paid to _____, 189 _____, at \$ *4*
 Pensioned from *June 30, 1863*, at \$ *4*, for *G.S.W. of both thighs*
Due Regt. March 25, 1891

SERVICE SHOWN BY RECORD.

Enlisted *August 30, 1862* and honorably discharged *June 29, 1863*
 Re-enlisted _____, 18 _____, honorably discharged _____, 18 _____
 Declaration filed *August 15, 1891*, alleges permanent disability, not due to vicious habits,
 from *G.S.W. of both thighs and disease of kidneys.*

Claimant writes _____

no U.C.

Supplemental 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.

State of New Jersey, County of Salem, ss:

ON THIS Third day of April A. D. one thousand eight hundred and ninety five

personally appeared before me, a Clerk of the Court of Common Pleas

within and for the County and State aforesaid Samuel Thomas

aged years, a resident of the of Cohansey

County of Salem State of N. J., who, being

duly sworn according to law, declares that he is the identical Samuel Thomas

who was ENROLLED on the 30th day of August, 1862 in Co "A"

24th N. J. Vol
and regiment, if in Military service, or vessel, if in the Navy.)

..... in the service of the United States in the war of the rebellion, and served at least ninety

days, and was HONORABLY DISCHARGED at Beverly on the 29th day of

June, 1863 That he was disabled for earning a support by manual labor in a pensionable

degree on Aug 15th 1891, the date of filing his original declaration, by reason of the following disabilities:

gun shot wound both thighs & kidney disease
(Name here the diseases or injuries from which disabled.)

That he is also disabled for earning a support by heart disease, hydrocele

left-side, scrotal veins enlarged and
(State here all disabilities incurred since filing your Original Declaration and any which you failed to allege in same.)

disease of testicles, left-testicle enlarged

and right-testicle atrophied

That said disabilities are not due to vicious habits and are to the best of his knowledge and belief of a permanent character, and that he is now disabled for earning a support by manual labor in consequence of same.

That he has applied for pension under application No. That he is a pensioner under Certificate No. 300.986

That he has been employed in the military or naval service otherwise than as stated above.

That he makes this declaration for the purpose of reopening his claim and being placed on the pension-roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints

SOULÉ & CO., of Washington, D. C.,

his true and lawful attorneys to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorneys.

That his Post Office address is Cohansey

County of Salem State of N. J.

John M. Buckalw Samuel Thomas
(Signature of Claimant.)

W. H. Peterson
(Two witnesses who can write sign here.)

April 19/95

ATTY FILED.

personally appeared John M. Buckalew, residing at Salem N.J.
and W. H. Peterson residing at Salem N.J., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Samuel Thomas, 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 36 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.

John M. Buckalew
W. H. Peterson
[Signatures of Witnesses.]

Sworn to and subscribed before me this Third day of April, A. D., 1895
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.

P. Luther Richmond
[Official Signature.]
Clerk of Common Pleas
[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.]

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.

April 10/95

**SUPPLEMENTAL DECLARATION
FOR INVALID PENSION.**

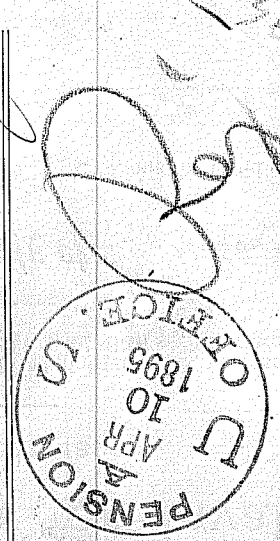
Act of June 27, 1890.

Name Samuel Thomas

Service Co "A" 24th Regt.

bol

Address Cohansey
Salem N.J.



FILED BY
Soulé & Co.,
ATTORNEYS,
WASHINGTON, - N.W. D. C.

Printed and for sale by J. H. SOULE, Washington, D. C.

**LAW DIVISION,
B. APR 13 1895 P.
RECEIVED.**

GENERAL AFFIDAVIT.

State of New Jersey, County of Salem, ss :

IN THE MATTER OF the claim of Samuel Thomas

ON THIS 4 day of February, A. D., 1895, personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths

Samuel Thomas aged 67 years, a resident of Cohansey

in the County of Salem and State of New Jersey

whose Post Office address is Cohansey Salem Co N.J. and

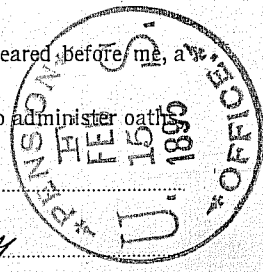
Jacob Garton aged 65 years, a resident of Cohansey

in the County of Salem and State of New Jersey

whose Post Office address is Cohansey Salem Co N.J.

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to the aforesaid case

as follows: each for himself



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

**Instructions—
Read Carefully.**
Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony

I have been intimately with Samuel Thomas and his habits for the past thirty years, and I know that his affliction of heart disease, or any other disability with which he may be suffering is not caused by his vicious habits, because his habits are strictly moral and temperate
And in making this statement I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person and not attached as an exhibit to this affidavit, but the same was written in my presence and from my own oral statement made to William B. Willis at Alloway N.J. on the fourth day of February 1895

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

Francis Seaman
Jacob Garton

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