

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 161323

VETERAN

Ashton Cummings

RANK

Private

SERVICE

Co. G. 54 Mass Vol. Inf.

CAN No.

3055

BUNDLE NO.

19

(3-230.)

INVALID. (Series

161323

Lot of June 27, 1890

Cert. No. 161,320

Name, Aaron Cummings

Rank, Pri.; Service, Col. 54th Mass

Wal. Inf.

Original Roll: Phila

Agency, Transf'd, 18, to

" " 18, to

Add.

Class

Issue

Entered

Fee, \$ 10

Issued, Oct. 18, 1890

Mailed, " 27, 1890

Rate and Period, \$ 12, from July 15, 1890

Pension granted under former laws terminated July 14, 1890

Deductions:

Disability: "Dis. of eyes, 20% matism + g. sord. of left leg"

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Fee, \$

Class

Issue

Entered

Deductions:

Disability:

DEAD

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Fee, \$

Class

Issue

Entered

Deductions:

Disability:

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Class

Issue

Entered

Deductions:

Disability:

INDORSEMENTS.

Jan 21/03 And + P.A. adv of death J.W.

DEAD

Jan 31 1903 Death J.W.

3 Increase No. 161323

May 4th /85 - no receipt at City Hall

MA 265

Pennsylvania

Name: Aaron Cummings

Rank: Priv. Comp'y 1st Regt

Reg't: 54th Mass. Vols

Philadelphia } Agency.

RATE PER MONTH, AND DATE OF COMMENCEMENT.

1st Issue \$ 2 Comm'g 21st Aug. 1865

2d Issue \$ 4. Comm'g Oct. 1879
Deduct pay'ts made since.

3d Issue } Comm'g

DATE OF CERTIFICATE, AND TO WHOM SENT.

1st Issue July 1879 Sent to Genl. W. McCall, York Pa

2d Issue Oct 78 Sent to Nov. 3rd 1879
Atty. Genl. W. McCall, York Pa.

3d Issue } Sent to

Act 14th July, 1862. Bk. G., Vol. , Page

Registering Clerk: Holmes

Disability: } Both eyes left leg

[3-216 a.]

Exr.

B. F. Chase

Co. No. 161, 323

Act of June 27, 1890.

ME.

July 22/91 York, Pa.

JUN 22 1892
N. H.

Lancaster Pa. Bde

Aaron Cummings

P. O. *Satchelville*

York Co., Pa.

Service: *G. 54. Mass Inf.*

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *July 15* _____, 18 *90*

Alleges: _____

Any other Claim filed: *Co. 161 323*

Numerical No. *50923*

5/199

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Attorney: *J. W. McCall*

P. O. *York, Pa.*

Recognized. _____ Contract.

No.

82

ACT OF JUNE 27, 1890.

3-402.

Certificate No. 161323 Department of the Interior,
Name, Cummings, Aaron BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

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

Very respectfully,

McKay Grand
Commissioner.

Gatchelville
York Co
Pa

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

Answer: am married My wifes full name Sarah Ann Wallace

Second. When, where, and by whom were you married? Married in Hopewell Townsh

Answer: York Co Penna. on April 15th 1870 by Christian Leit
Justice of the Peace

Third. What record of marriage exists?

Answer: The Marriage Certificate is the only record that exists

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

Answer: Not married previously never married other than when we
were married to each other

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

Answer: Mary Agnes born May 1877

Sheby E. Cummings born May 10th 1879

Joseph W. Cummings born Feb 19th 1880

Aaron Cummings
(Signature.)
Mark

Date of reply, March 17th, 1898

Witness to Mark
Joseph S. Liggitt

REJECTED.
APR 30 1885

Increase INVALID PENSION.

Claimant, David Cummings
 P. O., Intchelloville Rank, Cor.
 County, York Company, G.
 State, Pa Regiment, 54th Mass Vols.
 Attorney, H. W. McCall, York Pa Fee. \$ 10
 Rate, \$ _____ per month, commencing _____

Disabled by gun dept leg
 Submitted Apr. 15, 1885, by J. W. H. Examiner.

Approved for <u>Gun shot wound left leg.</u>	Approved for <u>No increase</u>
--	---------------------------------

J. W. H.

Apr 23, 1885, M. Morris Reviewer. April 27, 1885, J. W. H. Med. Referee.

Discharged Aug 20, 1865 Certificate surrendered _____, 18 ____
 Original application filed May 2, 1878 Last paid at \$ 4, to _____, 18 ____
 Increase application filed Jan 30, 1885
 Pensioned _____, 18 ____; from Aug 21, 1865; at \$ 2 per month
 for same as above

the Oct 1879 to #4
due due filed Aug 26, 1882 - no action
see Dr. Woods slip attached to brief

Claims same,

encl-signs by mark

@ 161,328

Aaron Cummings

Respectfully returned to Capt
Mack - Chf. East Div.

I am of the opinion
that claimant has not been
disabled since discharge by
the alleged wound of right-
leg -

W. A. M.

Med Referee

June 7, 1883

J. G. S.

INCREASED INVALID PENSION.

Claimant, *Aaron Cummings*
 P. O., *Hatchellville* Rank, *private*
 County, *York* Company, *A.*
 State, *Pa.* Regiment, *54 Mass. Vols.*
 Attorney, *H. W. McCall. York. York Co. Pa.* Fee, \$
 Rate, \$ _____ per month, commencing

Disabled by *gun shot wound left leg*
 Submitted *repeal* *June 4, 1883* by *W. T. Brayton*, Examiner.

Approved for

Approved for

, 18 ,

Reviewer.

, 18 ,

Med. Referee.

Discharged *Aug 20*, 1865. Certificate surrendered , 18 .

Original application filed *May 2*, 1878. Last paid at \$ *4*, to , 18 .

Increase application filed *Aug. 26*, 1882

Pensioned *July 1*, 1879; from *Aug. 21*, 1865; at \$ *2⁰⁰* per month
 for *gun shot wound left leg*

Increased Oct. 1 1879 to 4. for same

Claims *gun shot wound both legs - wound of right leg alleged in original declaration*

Phil.

Increase **INVALID PENSION.**

Claimant, *Aaron Cummings.*
 P. O., *Gatchellville,* Rank, *Private.*
 County, *York,* Company, *"G"*
 State, *Pa.* Regiment, *54 Mass. Vols.*
 Attorney, *H. W. McCall, York, Pa.* Fee, \$
 Rate, \$ **4** per month, commencing **Oct. 1, 1879**

Disabled by *A. S. W. of left leg.*
 Submitted *Oct. 20th*, 1879, by *M. Duval*, Examiner.

Approved for *Sp. W. of left leg -*
J. J. Jones,

Approved for *Sp. W. of left leg 1/2*
from Oct 1st 1879.

Oct 22, 1879,

Reviewer. *Oct 24th, 1879,*

W. G. Brewster
Med. Referee.

Discharged *Aug. 20, 1865.* Certificate surrendered *Sept. 8, 1879.*

Original application filed *May 2, 1878.* Last paid at \$ *2.*, to *187*.

Increase application filed *Sept. 8, 1879.*

Pensioned *July 1, 1879;* from *Aug. 21, 1865;* at \$ *2.00* per month
for *A. S. W. of left leg.*

Phil.

Increase INVALID PENSION.

Claimant, Aaron Cummings,
 P. O., Gatchellville, Rank, Private.
 County, York, Company, "G"
 State, Pa., Regiment, 54th Mass. Vols.
 Attorney, H. W. McCall, York, Pa. Fee, \$
 Rate, \$ 4 per month, commencing Oct. 1, 1879

Disabled by A. S. W. of left leg.
 Submitted Oct. 20th, 1879, by M. Duval, Examiner.

Approved for ^W ~~W~~ left leg -
 J. J. Jones,

Approved for ^W ~~W~~ left
 leg 1/2, from
 Oct 1st 1879.

Oct 22, 1879, Reviewer. Oct 24th, 1879, Med. Referee. ^W ~~W~~ Duval

Discharged Aug. 20, 1865. Certificate surrendered Sept. 8, 1879.
 Original application filed May 2, 1878. Last paid at \$ 2.00, to , 1879.
 Increase application filed Sept. 8, 1879.
 Pensioned July 1, 1879; from Aug. 21, 1865; at \$ 2.00 per month
 for A. S. W. of left leg.

ORIGINAL INVALID PENSION.

Phila
161 3 2 3

Claimant, Claron Cummings

P.O., Gatchelville Rank, Private

County, York Company, "E", 54

State, Pennsylvania Regiment, 54th mass. Vol.

Attorney, H. W. M. Call. York Penna.

Fee, \$ No contract filed

Rate, \$ 2 per month, commencing August 21, 1865.

Disabled by gun-shot wound in left leg.

Submitted January 29, 1879, by Edward Renaud, Examiner.

Approved for U.S.W. of left leg
Wounds of thigh
submitted to M.R.
A. D. Stephens
June 30 1879, Reviewer.

Approved for Loss of Left leg
1/4. No disability from
sabre wound of thigh
and never has been.
June 30 1879, Med. Referee.

Enlisted April 12, 1863. service from _____

Mustered April 23, 1863. 18 —, to _____, 18 —, in

Discharged August 20, 1865.

Declaration filed May 2, 1878. Not in military or naval service since _____

Last material evidence filed _____, 18—. August 20, 1865, when discharged.

BASIS OF CLAIM.

Alleges in declaration, filed May 2, 1878. sabre-wound in right leg below the thigh, received at Fort Wagner S. C. in July, August, or September 1863, also gun-shot wound immediately below left knee received at battle of Olustee Florida.

A

DECLARATION FOR ORIGINAL INVALID PENSION.

A

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Pennsylvania
York County, } ss.

On this 3 day of January, A. D. one thousand eight hundred and seventy-eight personally appeared before me, The Clerk of the Orphan's Court, a court of record within and for the County and State aforesaid, Harou Cummings aged years, a resident of the Township of Hawen, county of York, State of Pennia, who, being duly sworn according to law, declares

that he is the identical Harou Cummings who was ENROLLED on the 12th day of April, 1863, in Company G of the 54 Regiment of Mass vols commanded by Capt Thos L Appleton and was honorably DISCHARGED at Charleston S.C. on the 20 day of August, 1865; that his personal description is as follows: Age, 22 years; height 5 feet 9 inches; complexion, Light Brown hair, Black; eyes, Black.

That while a member of the organization aforesaid, in the service and in the line of his duty at Battle of Blunt, in the State of Florida on or about the day of , 18 , he was wounded by a gunshot in

the left leg immediately below the cap of the knee
Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.

account of which he was disabled from duty and removed to the hospital at Beaufort North Carolina, where he was treated for said wound until about the middle of August 1865 when he returned to the Regiment. That he was wounded by a shot also at Ft Wagner S.C. in the right leg below the knee causing great disability

That he was treated in hospitals as follows: at Beaufort North Carolina for a period of about six months in no 10 Hospital
Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has not been employed in the military or naval service otherwise than as stated above that is
Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.
since 20th August 1865 and never was in any other military organization

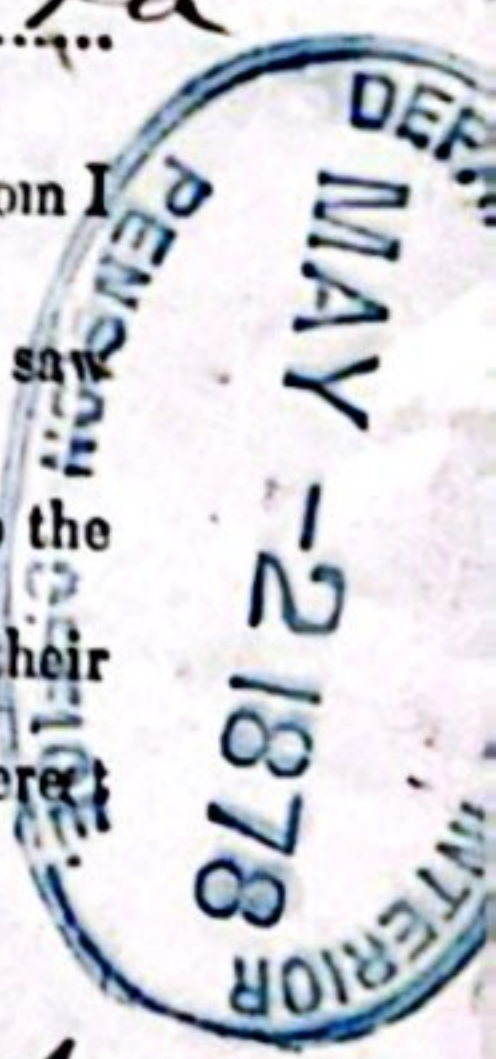
That since leaving the service this applicant has resided in the County of York in the State of Pennsylvania, and his occupation has been that of a laborer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a laborer. That he is now at least half disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, H. W. McCall of York State of Pennia, his true and lawful attorney to prosecute his claim. That he has not received nor applied for a Pension. That his POST OFFICE ADDRESS is Gatchsville county of York State of Pennsylvania.

Claimant's signature, Harou Cummings

ATTEST: Anthony J. Symes
William Erens

Also personally appeared Wm Berry residing at York County Pa
 and John Mars residing at York County, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Arson Cummings, the claimant, sign his name (or make his mark) to the
 foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their
 acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest
 in the prosecution of this claim.



Witnesses to mark
Anthony F. Szymon
William Evans

Wm Berry
John Mars
 (Signatures of Witnesses.)

Sworn to and subscribed before me this 3rd day of January
 A. D. 1878, and I hereby certify that the contents of the above decla-
 ration, &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.



B. F. Koller
 (Signature.)
Clerk of the Orphan Court
 (Official character.)

Printed and sold by W. H. Moore, No. 511 11th st., Washington, D. C.

FILED BY
A. C. Moore
Atty at Law
York Pa

Arson Cummings Applicant,
 U. S. Co., 574 Reg't,
 Moore Vols.
 Enlisted April 12, 1863
 Discharged Aug 20, 1865

A. INVAILID. A.
 CLAIM FOR PENSION.
 ORIGINAL.

old record at York
 no paper

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.
 Declarations and other papers should be as legible and clear in statement as possible.
 Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.
 The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.
 The fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.
 Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.
 Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.
 Please give or send this blank to some one who may need it.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION

The Pension Certificate should be Forwarded with the Application.

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

STATE OF Pennsylvania }
County of York } SS:

On this 6th day of Sept A. D. one thousand eight hundred and seventy-nine, personally appeared before me, a clerk of the Orphan Court, within and for the county and State aforesaid, Asen Cummings, aged 45 years, a resident of _____, county of York, State of Pennsylvania, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Phila Paun Pension Agency at the rate of 2 dollars per month, by reason of disability from gun shot wound in left leg (Here name the disability for which pension was granted.) incurred

in the militia service of the United States while a private (Here state rank, company, and Co^{1st} 54th Regt of Mass vols 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 caused by the wound on account (Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.) whereof he was pensioned in the that his wounded leg is becoming weaker and weaker, and that he is not able to do more than half the work of an ordinary man That he suffers constant pain & soreness in the wounded limb and is compelled to stop many times during the day to rest his leg. Not after walking much during the day he loses much sleep at night

that he hereby appoints with full power of substitution and revocation A. W. Ball of York, Penna his true and lawful attorney, to prosecute his claim. That his Post Office address is Gottshelville, county of York, State of Pennsylvania

Attest: William G. [Signature] Asen Cummings (Claimant's Signature.)
John Morris

Also personally appeared Wm L Perry, residing at York County Pa, and Geo T Morris, residing at York County Pa, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Anna Cummings, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

(Attest if witnesses sign by mark.)

William L Perry
Geo T Morris
(Signatures of Witnesses.)

Sworn to and subscribed before me this 6th day of September, A. D.

1879, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____

[L. S.]

_____, erased, and the words _____, added; and that

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

Geo T Morris
(Signature.)
Geo T Morris
(Official character.)

DEPARTMENT OF THE INTERIOR
SEP 8 1879
INVALIDS
CLAIM FOR INCREASE.

Anna Cummings Applicant.
B Co., 54 Regt.
Mass Col Troops Vols.
(Pension Certificate No. 161-323, inclosed.)

FILED BY
A. W. Wallace
Geo R
Pruyett

For Sale at the Office of the U. S. RECORD AND GAZETTE, Washington, D. C.

DEPARTMENT OF THE INTERIOR
SEP 8 1879
PENSION OFFICE.

The Post Office address (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

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

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

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

STATE OF Pennsylvania } ss.
COUNTY OF York

ON THIS 24th day of August A. D. one thousand eight hundred and eighty two
personally appeared before me, clerk of the Orphan Court within and for the County and State
aforesaid, Sam Cummings aged 48 years a resident of
Haon township County of York State of
Pennsylvania, 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 four
dollars per month, Certificate No. 161,323, by reason of disability from gun shot wounds
of both legs
(Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a private
(Military or Naval) (Here state rank, company, and regiment, if in the army; vessel
Co G 54th Mass vols (colored)
If in the Navy.)

That he believes himself to be entitled to an increase of pension on account of an increase
in his disability caused by the said
(Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be de-
wounds in this that the said wounds cause
scribed. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place
much more disability than formerly, that
and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment
his legs are growing very weak and attended
should be given as nearly as possible.)
with constant and much sorrow, especially
cousing great nurses at night,
that he is not able to work at any
hard labor, and when doing light labor
suffers much pain and misery)
His disability is almost equal to the loss of a limb
that he has been examined at York Penna
two or three times and believes that just
would be best secured by an examination
elsewhere. Therefore ask for an order of exam-
ination at Lancaster Penna

that he hereby appoints with full power of substitution and revocation
H. W. Wall of York Penna

his true and lawful attorneys, to prosecute his claim.
His Post Office address is Gatchellville York County Pennsylvania

Samuel Wallace Sam Cummings
(Signature of Claimant.)
[Two witnesses who can write sign here.]

Also personally appeared Samuel Wallace residing at York County
Pennsylvania and Charlotte Nicholson, residing at
York County Penna, 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 Sarah Cummings
 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.

J. F. Blasser
J. M. Kamm
 (Witnesses sign by mark, two persons who can write sign here.)

Samuel Wallace
Charlotte Nicholson
 (Signatures of claimant and witnesses)

Sworn to and subscribed before me this 24th day of August A. D. 1882

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

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

J. A. Blasser, Clerk
 of the Orphan's Court

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

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

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

[L. S.] _____ Clerk of the _____

INVALID.
 CLAIM FOR INCREASE.
Sarah Cummings Applicant
Co. G 54th Reg.
Mass 20th Troops Vols.
 Pension Certificate No. _____



Filed by A. W. Wallace
York
Penna

Declaration for the Increase of an Invalid Pension.

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

State of Pennsylvania, County of York, ss.

ON THIS 29th day of June A. D. one thousand eight hundred and eighty four

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

of Pennsylvania, Harold Cummings aged 53 years, a resident of

Harmon Township County of York State of

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

United States, enrolled at the Philadelphia Pension Agency at the rate of four

dollars per month, Certificate No. 161328, by reason of disability from Gumshot

(Here name the disability for which pension was granted.)

wound of left leg

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

Co G 54th Regt of Colored Vol (Here state rank, company, and regiment, if in the army; vessel if in the Navy.)

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

the disability for which he was originally pensioned (Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described.)

in that the wound leg is very (If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place

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

difficultly in walking. He cannot (should be given as nearly as possible.)

do a days work; can work some

but not effectively. He cannot

do half as much work as he could

formerly. He suffers much pain

at night, and uneasy feeling on

the wounded leg. He suffers and

feels miserable at all time when

working. The leg has a sort of

dead feeling, amounting to a partial

paralysis

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

H. W. Wallace of York Pa

his true and lawful attorney, to prosecute his claim.

His Post Office address is Gatchellville York Co Penna

Wm. Wallace Harold Cummings
Hugh Hall more

(Claimant's Signature.)

Also personally appeared

Wm Wallace

residing at

Fauvertop,

York County Pa, and Hugh Hall,

residing at

York,

Gillies p.m.

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

Adam Cummings

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.

J. H. Blasse

W. P. Fraily

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

Wm Wallace
mark
Hugh Hall

[Signature of Affiants.]

Sworn to and subscribed before me this *28* day of *July* A. D. 188*5*

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.

Wm. F. Ramsey
[Official Signature.]
Clerk of Orphans Court,
[Official Character.]

[L. S.]

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

and State, do certify that _____, Esq., who hath signed his name to the

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

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

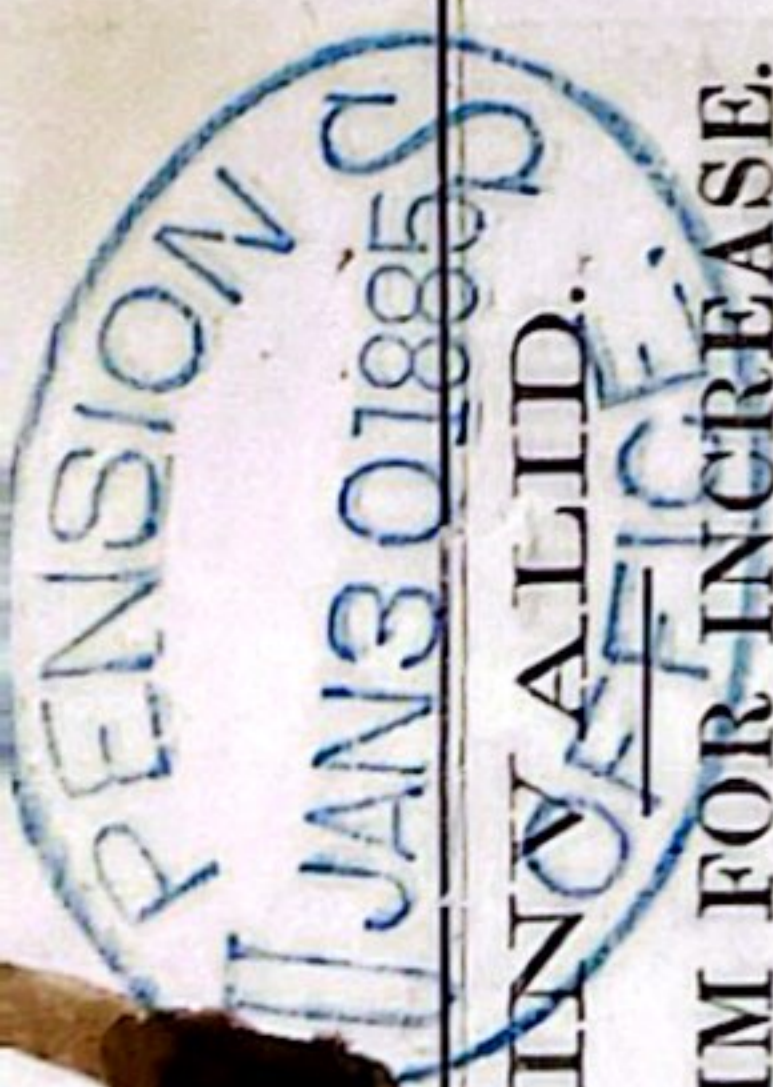
that his signature thereunto is genuine.

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.



Adam Cummings, Applicant.

Co. *D*, *54th* Reg't.

Regiment Mass. Vols.

Pension Certificate No. *161323*

Filed by

H. G. Wallace
York
Pa

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

Declaration for an Original Invalid Pension.

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

State of Pennsylvania, County of York, ss.

ON THIS 13th day of September A. D. one thousand eight hundred and eightyone personally appeared before me Clerk of the Orphans Court, a Court of Record within and for the county and State aforesaid Sam Cummings aged 48 years, who, being duly sworn according to law, declares that he is the identical

Person who was ENROLLED on the 12 day of April, 1863, in company "G" of the 54 regiment of Mass Regt commanded by Lieut Thomas Sedgwick and was honorably DISCHARGED at Charleston, S. C. on the 20th day of August, 1865; That his

personal description is as follows: Age 22 years; height 5 feet 9 inches; complexion brown hair, black; eyes black That while a member of the organization aforesaid, in the

service and in the line of his duty at Fort Wagner in the State of South Carolina on or about the month day of August, 1863, he was wounded

in the right thigh by a piece of shell Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully the cause. If by wound or injury, the precise manner in which received.

in the trenches at the front of Fort Wagner aforesaid, that he was also wounded

in the left at Alustee Fla, in February 1864 for which latter wound he is now

drawing a pension upon certificate no 161.323 This claim is made for pension for the

wound of right, thigh which causes stiffness and swelling of the leg

That he was treated in hospitals as follows: at Beaufort S. C. for several months from about the last of February 1864

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

That he has not been in the military or naval service of the United States since the 20th day of August 1865

That since leaving the service this applicant has resided in the County of York in the State of Pennsylvania, and that his occupation has been that of a Laborer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Laborer That he is now partially disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints with full power of substitution and revocation.

A. W. McLeadb of York Penna

his true and lawful attorney to prosecute his claim. That he has received applied for

a pension; that his residence is No. Faon Swp York County street Pennsylvania and that his post office address is

Gotchellville York Co Penna

W. S. McLeary Sam Cummings

Witnesses sign Thurs

[Two witnesses who can write sign here]

Also personally appeared W. S. McLeary residing at _____
Book Puma and R. S. Leggett
residing at _____, 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 _____
Aaron Bunnings, the claimant sign his name (make his mark) to the foregoing
declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him
that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

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

W. S. McLeary
R. S. Leggett
[Signature of Affiants.]

Sworn to and subscribed before me this 13 day of September A. D. 1886

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

erased, and the words "W. S. McLeary" added; and that I have no interest, direct or indirect
in the prosecution of this claim.

Wm. F. Ramsey
Orphan's Court
Clerk of the _____



Inv. Ch. 161,325

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

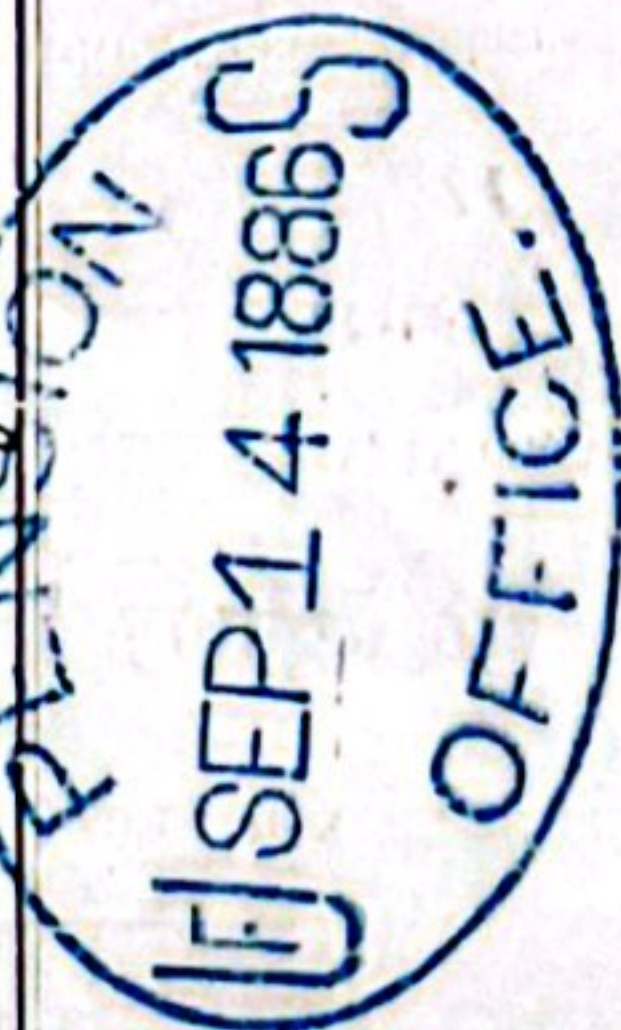
Aaron Bunnings, Applicant.

Co. G, 54th Reg't.

Mass Vols.

Enlisted April 12th 1863

Discharged August 20th 1865



Filed by
A. W. M. Coale

Book Puma

Declaration for the Increase of an Invalid Pension.

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

State of Pennsylvania, County of York, SS.

ON THIS 13th day of September A. D. one thousand eight hundred and eighty six

personally appeared before me, a Clk of the Orphan Court within and for the County and State

of Pennsylvania aforesaid, Arvon Cummings aged 50 years, a resident of

Hann Township County of York State of

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

United States, enrolled at the Pheasant Pension Agency at the rate of four

dollars per month, Certificate No. 161323, by reason of disability from gun shot wound

(Here name the disability for which pension was granted.)

of left leg

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

(Military or Naval.)

(If in the Army, state rank, company, and regiment, if in the Army; vessel

if in the Navy.) of Co. G 54 Regiment of Pennsylvania Volunteers

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

in the aforesaid disability, in that

he now suffers as follows, with permanent

lameness in the wounded limb

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

should be given as nearly as possible.)

Soreness and pain in the leg and thigh

that his left leg from the knee down

is cold at all times, and seems de-

void of circulation, and feels

dead, making difficult for him to arise

from a chair after sitting awhile.

That he cannot labor without suffering and

pain and miserable feeling in this leg

He is not able to do much work

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

A. W. W. Ball of York Pennsylvania

his true and lawful attorney, to prosecute his claim.

His Post Office address is Getchellville York Pa

R. C. Figgitt
W. S. Mc Cleary

[Two witnesses who can write sign here]

Arvon Cummings
[Signature of Claimant.]

Who personally appeared Wesley Green residing at York Pennsylvania, and R. L. Leggit residing at York Pennsylvania, 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 Aaron Cummings, 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.

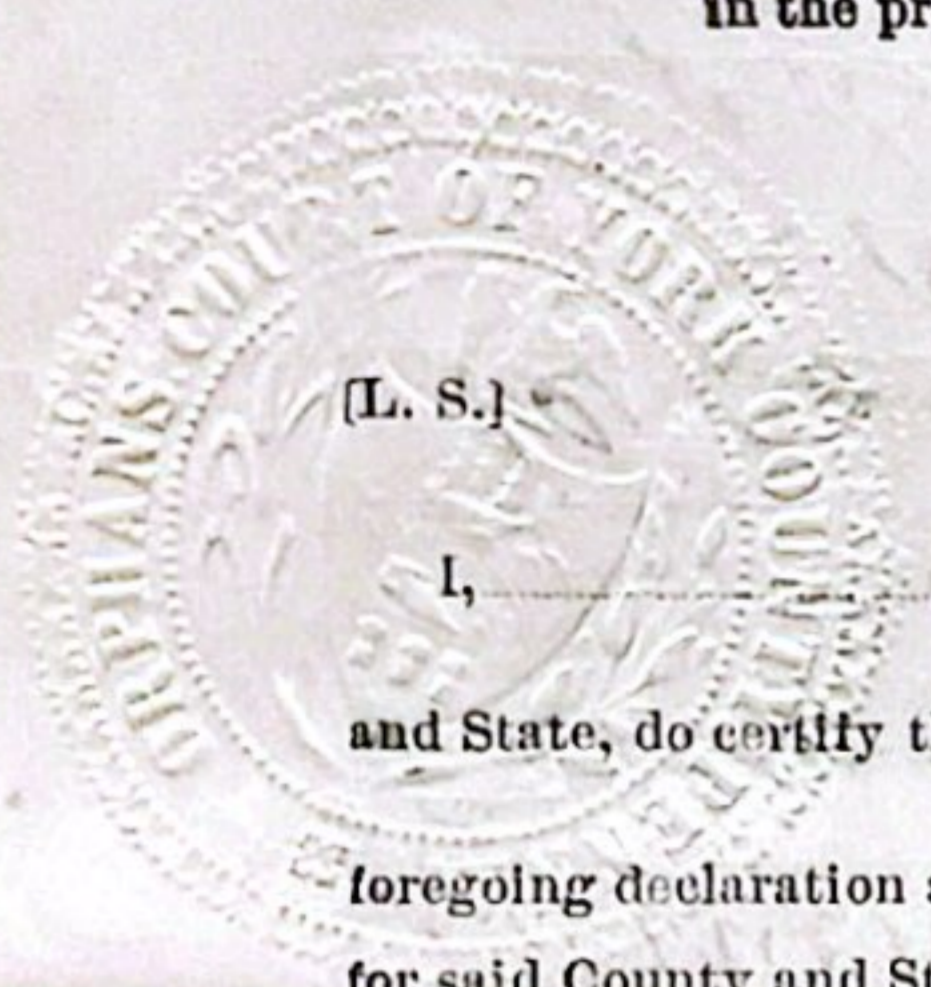
R. L. Leggit
W. S. McHenry
[Signature of Affiants.]

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

Sworn to and subscribed before me this 13th day of September A. D. 1886

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words "Wesley Green" Penna # W. S. McHenry "Mass" erased, and the words _____ added; and that I have no interest, direct or indirect in the prosecution of this claim.

Wm. F. Ramsay
[Official signature.]
Clerk of the Orphans 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.



INVALID.
CLAIM FOR INCREASE.
Aaron Cummings, Applicant.
Co. G 54th Reg't.
Penna Vols.
Pension Certificate No. 161323

Filed by
A. W. U. Wall
York
Penna

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

FOR RE-RATING AND INCREASE OF INVALID PENSION.

STATE OF PENNSYLVANIA. COUNTY OF York, SS:

On this 3rd day of April A.D., 1888, personally appeared before me the undersigned, within and for the County and State aforesaid, Arrou Leunning

(Claimant's name should be written here.) aged 52 years, a resident of the County of York

State of Pennsylvania who being duly sworn, according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Phila pension agency, at the rate of four dollars per month, by reason of disability incurred in the military service of the United States, while a member of Company "G" of the 54 Regiment of Mass

Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for gun shot wound of the left leg, which disabls me much more than when last examined by the Board at York Penna.

[State here the disability for which you are pensioned, just as they are mentioned in your Pension Certificate.]

That my disability has resulted in prominent weakness and lameness in the left leg, and almost total incapacity for labor. That he has a claim pending for pension on wound of right thigh but has been unable thus far to procure proof of contraction of same

[If in any other disability, has come from your pensioned disability, please write the same here]

I also claim a re-rating of my pension from the date when my pension was originally granted, upon the ground that the rate allowed me has not been adequate to the degree of disability existing, or in proportion to amounts received by others for disabilities of the same character, or those equivalent in extent.

THAT I HEREBY APPOINT, with full power of substitution, H. W. McCALL, OF YORK, PENN'A, my true and lawful Attorney to prosecute my claim. My Postoffice address is Gatchellville County of York State of Penna and the number of my certificate is 161323

Attest two witnesses. Samuel Wallace Arrou Leunning
W. W. Torbert [Claimant's Signature.]

Also personally appeared Samuel Wallace residing at Fawn Township York County Pa and William W Torbert residing at Fawn Township York County Pa persons who I certify to be

respectable and entitled to credit, and who being duly sworn say that they were present and saw Arrou Leunning the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses. Samuel Wallace
W. W. Torbert

Sworn to and subscribed before me this 3rd day of April A. D., 1888

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

Rewis D. Sell
[Signature.]
Clerk of App. Court.
[Official Character]



INVALID CLAIM
— FOR —
PENSION
INCREASE
— AND —
RE-RATING.

Am Cannon Applicant.

G Co. *54* Reg't.

Vol Volunteers.

Certificate No. *161,323*

FILED BY

H. W. McCALL,
CLAIMANT'S ATTORNEY,
YORK, PENNA.



Declaration for the Increase of an Invalid Pension.

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. If certificate on file, so state.

State of Pennsylvania, County of York, SS:

ON THIS 6th day of August A. D. one thousand, eight hundred and ninety Eight

personally appeared before me, a Clerk of the Orphans Court
within and for the County and State aforesaid, Araron Cummings

aged 66 years, a resident of the Twp of Fawn
County of York, State of Pennsylvania, who, being

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

Pension Agency, at the rate of Twelve (\$12.00) Dollars

per month, Certificate No. 161,323; by reason of disability from "Disease of the Eyes,

Rheumatism and Gunshot wound in Left leg"
was granted.

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

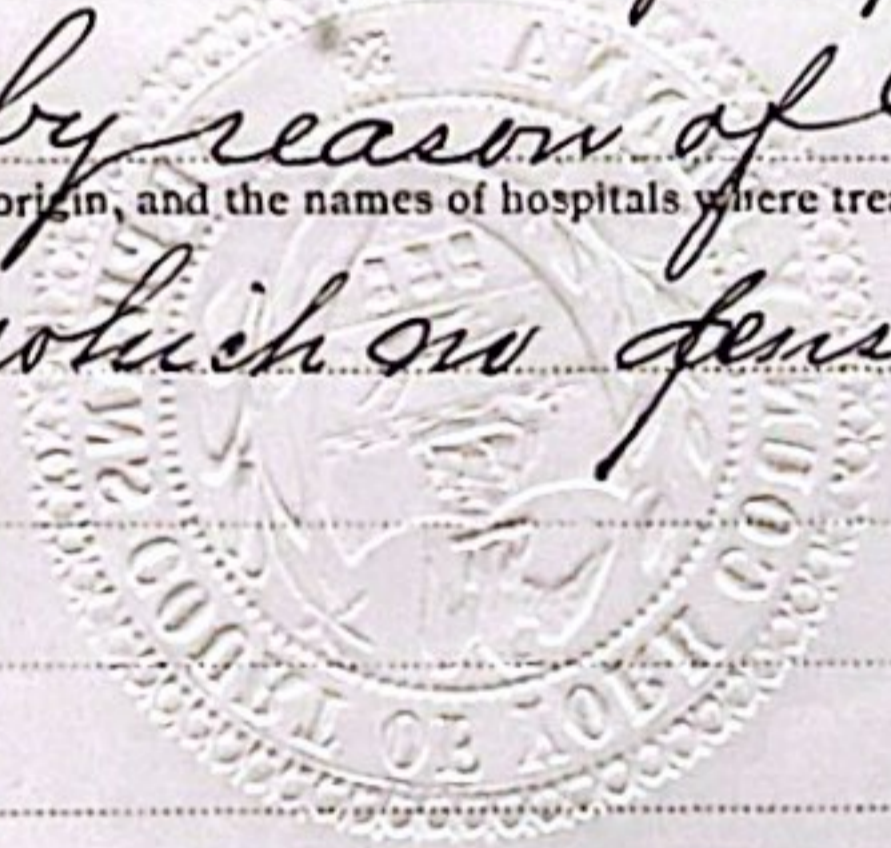
Co. "G", 54th Mass. Vol. Inftry
regiment, if in the army; vessel, if in the navy.

That he believes himself to be entitled to an increase of pension on account of Increased disablement
by Rheumatism and Gun Shot wound: Also increase

in Disease of Eyes: He further believes himself entitled to

by reason of Gun Shot wound of right leg for

which no pension was allowed previously:



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

A. W. Moore of York, Penna

his true and lawful attorney, to prosecute his claim.

His Post Office address is Gatchelville, York County Pa.

Genie H. Diggins
Shutwall

Two witnesses who can write, sign here

his
Araron Cummings
Signature of Claimant
mark Jo a m. O W u

RECEIVED
AUG 17 1898
EAST DIV.

ATTACHED.

Also personally appeared Lewis H. Diggs residing at York

Pennsylvania and Hugh Hall

residing at York Pennsylvania 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

Asa Cummings, the claimant, sign his name (or make his mark) to

the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Lewis H. Diggs
Hugh Hall

Signatures of Affiants

If affiants sign by mark, two witnesses who can write sign here

Sworn to and subscribed before me this 6th day of August, A. D. 1898

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. B. Stover

Official Signature.

Clerk of Orphans 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 _____, 1898.

[L. S.]

Clerk of the _____

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. If certificate on file, so state.

1/c.s.
No. 161,323
INVALID.
Asa Cummings
CLAIM FOR INCREASE.

Asa Cummings Applicant.
Co. G, 574th Regt.
Mass. Inf. Vols.
Pension Certificate No. 161323

RECEIVED
AUG 17 1898
EAST. DIV.
AUG 11 1898

FILED BY

R. W. Moore,
Pension and Claim Agent,
347 South Duke St.
York, - - Pa.

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

State of Pennsylvania
County of York 300

I Aaron Cummings being duly sworn according to law say on my oath that I reside in said County and my P.O. address is Gettysville Pa and I ~~have known~~ am the claimant in this case for ~~years and know that~~ that I have made every possible effort to find out the whereabouts of my Captain, namely Thomas D. Appleton who commanded my Company at battle of Alustee in Florida, when I was wounded, in order to get from him an affidavit as to time, place and circumstances of my wounding and have been unable to find his address or residence and can not obtain his affidavit, and in lieu thereof offer the affidavits of two comrades. Said Captain lived in Mass. where he enlisted and I suppose went back there.

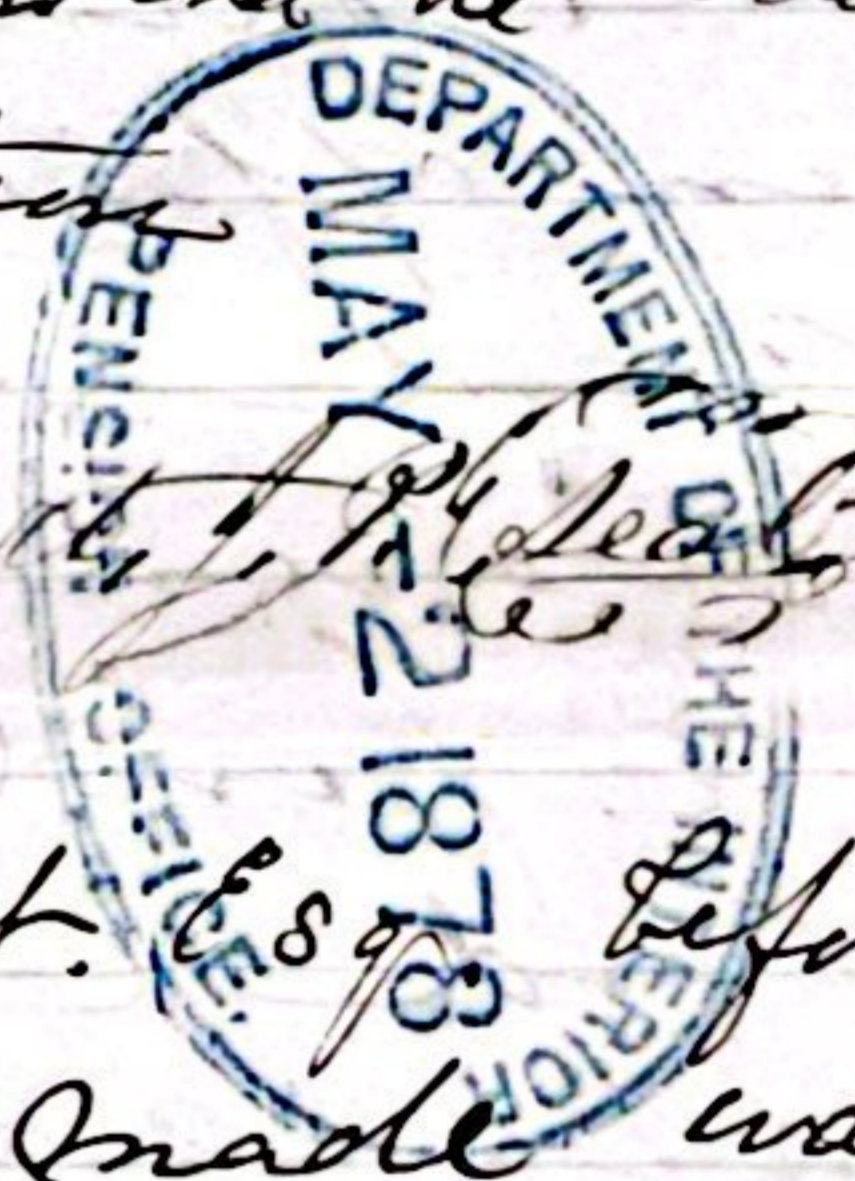
The record ought to show the fact of my being wounded.
Witness my hand and seal
this 1st day of
Aaron T. Cummings
mark

And Mallali
Jos. W. Van Hart

I do on to and subscribed before me this 8th day
of January A.D. 1878 and I certify that
the affidavit is credible respectable
and that this affidavit was made
over to him before signing the
same and that I have no
interest who have in this claim

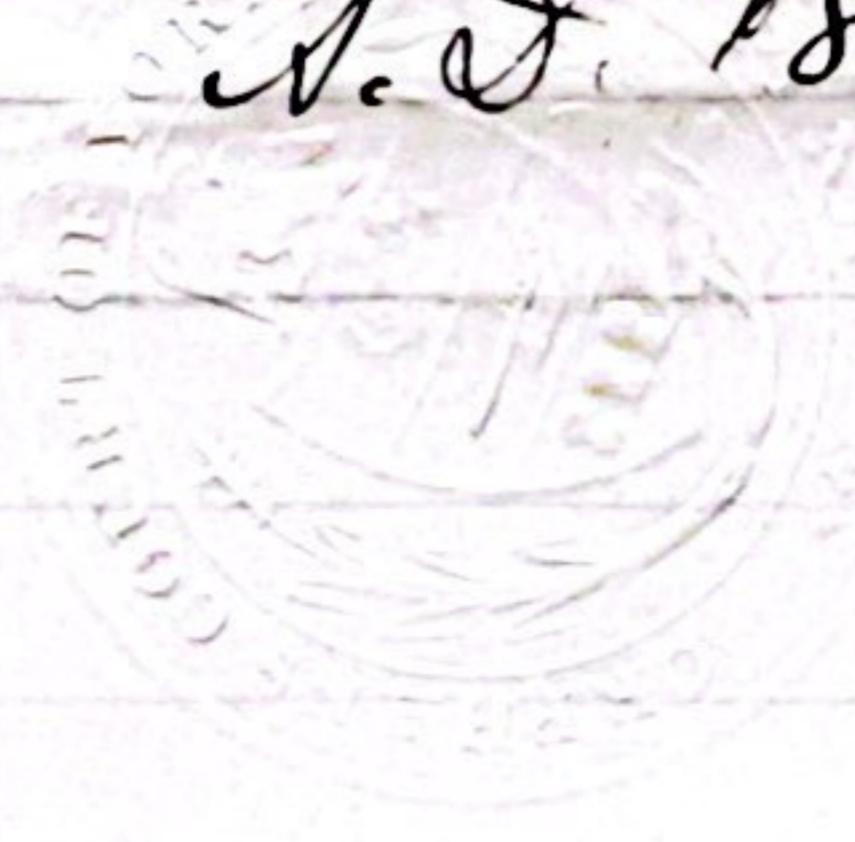
And the words "I have known" "for years" and "know that he" were
erased on this affidavit before execution

J. W. Van Hart



I hereby certify that Joseph W. Van Hart, Esq. before
whom the foregoing affidavit was made was
at the time of making the same a Justice
of the Peace in and for said County duly
Commissioned & authorized to administer
oaths, & that his signature thereto is genuine
In testimony whereof I have hereunto set
my hand and official seal, this 1st day
of May A.D. 1878

B. F. Keller
Clerk of Orphans Court



GENERAL AFFIDAVIT.

STATE OF PENNSYLVANIA, COUNTY OF YORK, SS

I, Aaron Cummings being duly sworn according to law, do say that I am a resident of Gatchellville County of York State of Penna My P. O. address is Gatchellville Pa. I am years old, and have well known

the claimant, for 54 years, who was a Soldier in Co. G in the 54 Regt., of Mass, volunteers, in the War 1861-65 That I cannot procure

the affidavits of the commissioned officers of my Company or of the Regiment to prove when, where and how I got the wound of my right thigh because I cannot find the whereabouts of any such officers I was wounded at Fort Wagner S.C. in the thigh I think it was in August 1863 Capt Smith commanded the Company I have made every effort to find him without success. I cannot find the address of the Regt. Surgeon, nor of the assistant Surgeon - I don't remember that I had any treatment from the best surgeons - nor could I as yet find any comrades of my Company - I would like the addresses of James Anderson, William Freeman, they were messmates & know the facts

I state the above facts from personal knowledge, and have no interest in the prosecution of the claim.

Manassah Lloyd Aaron's Cummings A.L. Liggitt mark

Sworn and subscribed before me this 6th day of June 1890, and I certify that the affiant is respectable, credible; that this affidavit was read over and explained to him by me before signing the same, and I have no interest in this claim.

Joseph G. Liggitt J. P.

McC

cert
No. 161.323

AFFIDAVIT OF

Aaron Cummings



CASE OF

Aaron Cummings

G. 54. Mass.

FILED BY

H. W. McCALL,

ATTORNEY,

YORK, PA.

1
Hatchelville

York Co Penna. May 9th 1900

James B. Combs Esqr

Dear sir

I cannot furnish the evidence
called for for the reason
that I don't ^{know} where my
Comrad are as there is
none here that I know of
and I don't ^{know} where they are
My Company is G. 54 Regt

Massachusetts May be you
can tell where they if there
are any other evidence that
will do please let me know
Yours Respectfully

Claron Cummings

EAST. DIV.
MAY 8 1900
RECEIVED.

PENSION
U. S.
MAY 17
1900
OFFICE.

DR. J. B. COMBS,
YORK PA.

York, Pa.,



Hon. H. Clay Evans,
Washington D.C.

Sir. Enclosed please find separate slips asked for. Also, all the evidence obtainable in the case of Aaron Cummings - Col. G. 57 - Regt. Mass Vol. - except such as was given when his claim was allowed.

Perhaps in some of the enclosed citations I have not allowed time enough for acknowledgements.

Respectfully,
D. J. B. Combs

EAST. DIV.
MAY 81 1900
RECEIVED.

Eastern Div.
Certf. no. 161-323.
Aaron Cummings,
Co. G. 54 Regt. Mass V.S.

Claimants Affidavit
State of Pennsylvania } SS:
County of York }

On this 5th day of May A.D. 1900 personally appeared before me an Justice of the peace in and for the County and State aforesaid, Aaron Cummings aged 67 years, late of Co. G. 54 Regt. Mass. Vol. Inf. who being duly sworn according to law. declares the Rheumatism alledged was contracted under the circumstances following Viz. about the year 1864 while at Fort Wagner, Morris Island from exposure in water and mud.

and disease of the eyes. under the following circumstances. viz. at Morris Island from exposure by sand and heat; and that he was not in any other, service,

Gemmill Garrison
attest Edward Beckwith Aaron ^{his} Cummings
..... Mark

Also personally appeared before me Gemmill Garrison residing at Gatchelville York Co Penna and Eddie Beckwith residing at Hopewell Centre York Co Pa whom I certify to be entitled to credit. and who being duly Sworn, say they saw Aaron Cummings the claimant, sign his name to the foregoing declaration: that they have every reason to believe from an acquaintance of ~~two~~ years that he is the person he represents himself to be

and they have no interest in the prosecution of
this claim.

Gerritt Jamison
Edward Beckwith

Sworn to and subscribed before me this 5th
day of May A.D. 1900 and I hereby certify
that the contents of the above declaration
was fully made known to claimant and
witnesses before swearing; and I have no
interest in the prosecution of this claim

Joseph G. Leggit
Justice of the Peace



State of Pennsylvania
County of York

RECORDED
MAY 17 1900
EAST. PA.
OFFICE

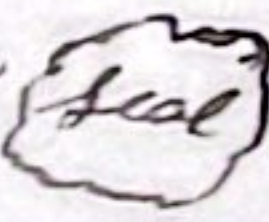
In the Pension Claim No 161323 of Aaron
Cummings late of Gatchulville York Co Penna
Personally came before me the undersigned
duly authorized to administer oaths within
and for the County and State aforesaid Aaron
Cummings the Claimant of Gatchulville
whose Post office address is Gatchulville York Co Pa
will known to me to be reputable and entitled
to credit and who being duly ^{sworn} declares in relation
to aforesaid case as follows

That I am the Claimant My
Place of residence is Gatchulville York County
Penna and has been ever since my discharge
from the war have never changed my place of
residence I have been a laborer ever since the
but am not able now to do any manual labor
I was wounded three times (first time a gunshot
wound in left knee while in line of duty in the
battle of Chusta Second time a gun shot
wound in the Battle of Fort Wagner South Carolina
Third time in right leg while in line of duty
I was treated in Hospital Beaufort South
Carolina Doctor Cliner was my Physician
I dont know whether he is dead or alive I have
not been able to do very little manual labor the first
ten years after I come home from the war and since
the year 1875 I have not been able to do scarcely
any manual labor on account of my wounds

I am the Claimant
S. B. Manifold
Aaron + Cummings
Mark
David Beckwith

PENSION
OFFICE
MAR 15 1900
S.

Sworn and subscribed before me
this 12th day of March 1908 and I certify
that the affiant is respectable; that
this affidavit was read over and
explained to him before signing the
same, and I have no interest in this
claim

Joseph L. Liggitt 
Justice of the Peace




Claimant's Consent for Substitution of Attorney.

10

Know all Men by these Presents, That I, Arvon Cummings
 late Private Co "G", 54 Reg't Mass. Inf. Vols.
 of Gatchsville in the County of York and State of Penna.,
 do hereby request that A. W. Moore of York, Penna.
 be substituted as my attorney, in my claim for Increase In pension No. 161,323 in place of
A. W. McCall of York, Pa. and have made, constituted
 and appointed, and by these presents do make, constitute and appoint, the said A. W. Moore
 my true and lawful attorney, irrevocable, for me and in my name, place and stead, hereby annulling and revoking all former
 Powers of Attorney or authorizations whatever in the premises, to prosecute my claim, and to, from time to time, furnish any
 further evidence necessary or that may be demanded, giving and granting to said attorney full power and authority to do and
 perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all
 intents and purposes as I might or could do if personally present at the doing thereof, hereby ratifying and confirming all that
 my said Attorney may or shall lawfully do or cause to be done by virtue thereof; I further request and direct that any agree-
 ment for legal fees on file in my claim shall be recognized by the Commissioner of Pensions as in favor of
A. W. Moore the Attorney hereinbefore named, in lieu of the original party thereto.

IN WITNESS WHEREOF, I hereunto set my hand and seal, this Sixth day of August
 eighteen hundred and ninety-eight.

J. H. Stewart
Shuman Hall
 Two witnesses who can write, sign here.

Arvon Cummings
 his mark


This paper is not to be sworn to, the signature of claimant duly witnessed is all that is required.

SUBSTITUTION OF ATTORNEY.

No.

CLAIM FOR

FOR

EAST. DIV.
AUG 17 1911
RECEIVED

FILED BY

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

Invs. No. 161,323, O.K.

RECORD
APR 20
1899
DIVISION.

RECEIVED
6681
APR 20
1899

13

CLAIMANTS CONSENT FOR SUBSTITUTION OF ATTORNEY.

FILED
MAY 1 1899
ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That *Arion Cummings, of Hatchell -*
Ville York County State of Pennsylvania, late of Co. *G* Regt. *54*
Mass Pa. Vol. Inf., do hereby request that Dr. James E. Combs, of York Pa., be
substituted as my attorney, in my claim for increase of pension No.
161-323-----, in place of A.W. Moore deceased, of York Pa., and have
made constituted and appointed, and by these presents do make consti-
tute and appoint, the said Dr. James E. Combs, my true and lawful attor-
ney, irrevocable for me in my name place and stead, hereby annulling and
revoking all former Powers of Attorney or authorizations what-ever
in the premises, to prosecute my claim, and from time to time, furnish
any further evidence necessary ~~as that~~ *as that* may be demanded, giving and
granting to said Attorney full power and authority to do and perform
all and every act and thing whatsoever requisite and necessary to
be done in the premises, as fully to all intents and purposes as I
might or could do if personally present at the doing thereof, hereby
ratifying and confirming all that my said Attorney may or shall law-
fully do or cause to be done by virtue thereof; I further request
and direct that any agreement for legal fees on file in my claim shall
be recognized by the Commissioner of Pensions as in favor of Dr. Jas.
E. Combs, the Attorney hereinbefore named, in lieu of the original par-
ty thereto.

IN WITNESS WHEREOF, I hereunto set my hand and seal this *8th* day of
April, eighteen hundred and ninety nine.

his
Arion + Cummings SEAL
mark

John A McDonald
Boyle McDonald

PENSION
U. S.
APR 19
1899
OFFICE.

EAST. DAY
APR 24 1899
RECEIVED

RECORD & PENSION OFFICE
JAN 19 1899
1684411
WAR DEPARTMENT

3-464 aa.

Reas
Div. *DM*, Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *Jan 18 1899*

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier

[Large handwritten signature]

No other report on file

Let No. *161,028*
Name *Carroll Cummings*
Co. *H*, *54* Reg't *Mass Inf*

[Signature]
Commissioner.

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

Record and Pension Office,
WAR DEPARTMENT,

Washington, *JAN 19 1899*

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Carroll Cummings
Co. H, 54 Mass. Inf.
led.

military records furnish
nothing additional
to prior reports of
Nov. 30 78 here with,
except that roll
June 30 63 shows
present or absent not
stated.

EAST. DIV.
JAN 20 1899

Medical Records that have been indexed (or dis-
covered) since the report of *June 16 79*

was made show the following additional information:

Treated As - Cummings, rank - Co
H 54 Mass Inf. Nov 30 78, Roll
June 18 to 20 64, Roll: As
Carroll Cummings, Private, July
25 to Oct 15 64, Gun shot left
wound 4 inches below left
knee external of tibia, never
ret'd. to duty. As A. Cummings
Wounded in the action
at Honey Hill, S.C. Nov 30
64: Treated As - Cummings
rank - June 25 65
Ac. Rank: June 7 65, Ad. Roll
June 23 to 30 65, Reporters.
Nothing additional found.

PENSION
JAN 20 1899
U. S. OFFICE.

BY AUTHORITY OF THE SECRETARY OF WAR:

[Signature]
Colonel, U. S. Army, Chief of Office

Polm

(3354)

WAR DEPARTMENT,
Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C., June 16th, 1879.

(TRANSCRIPT FROM RECORDS.)

It appears from the records filed in this Office, that Aaron Cummings, Priv.,
Co. "G", 54th Mass., was wounded at the battle of Olustee, Fla.,
February 20, 1864, - locality or nature of wound not given.

Entered Gen Hospital Jacksonville, Fla., Feb, 26, 1864,
from field, with gunshot wound of left knee, received at
Olustee, Fla., Feb. 20, 1864, was transf^d Feb. 27, 1864

List of casualties at the battle of Fort Wagner S. C., July 18, 1863,
furnish no evidence in the case, nor do records of the regiment
prior to Feb. 20, 1864.

By order of the Surgeon General:

VOL 49,

NO 208

Per

J. M. Woodhead
Surgeon, U. S. Army.
(108)
J. A. Keener

(NOTE.—This transcript should not be detached from the accompanying papers. If additional information is desired relative to the case, the papers should accompany the application therefor.)

(C.)

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., Nov. 30th, 1878.

SIR:

I have the honor to acknowledge the receipt of your request of Oct 18th, 1878, for certain information for use in the consideration of application for Pension No. 253-908 and to return it herewith, with the following information from the records of this Office:

It appears from the Rolls of U. S. Colored Troops on file in this Office that Aaron Cummings was enrolled on the 12th day of April 1863, at Reedville Mass., in Co. "I", 54th Regiment of U. S. Colored Mass. Vol's, to serve 3 years, or during the war, and mustered into service as a private on the 23rd day of April, 1863, at Camp Meigs Reedville Mass., in Co. "I", 54th Regiment of U. S. Colored Mass. Vol's, to serve 3 years, or during the war. On the Muster Roll of Co. "I", of that Regiment, ~~for the months of~~ from Org. to June 30th, 1863, he is reported Absent without remark, from June 30th to Dec 31st present for duty, Jan'y to Feb'y /64, Absent, wounded at battle of Olustee Fla Feb'y 20th 1864, and sent to Gen'l Hospital, "March to April, present with remark "Sick in quarters," from April 30th /64 to June 30th /65, present for duty, He was mustered out of service with Co., August 29th 1865, at Charleston S. C. with remark "Wounded at Olustee Fla Feb'y 20th /64 slightly in Leg." No evidence of wound July, August or Sept /63 at Fort Wagner, as alleged, on Gen. or Regt records on file in this Office. The name of the Soldier is borne on the Camp Descriptive Book with remark "at skirmish on James Island July 16th /63, at assault on Fort Wagner July 18th /63 - Wounded at battle of Olustee Fla Feb'y 20th 1864."

I am, sir, very respectfully,
Your obedient servant,

Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D. C.

Em

State of Pennsylvania
County of York

I Amos Wallace being duly sworn according to law say on my oath that I reside in said County and my P.O. address is Hopewell Center, ^{I belonged to Co 13 32nd U.S.C.P.} and I have been well acquainted with Aaron Cummings the claimant in this case for 16 years and know that he was wounded by gun shot at the battle of Olustee in State of Florida on or about the 20th day of January, 1864 while in the line of his duty and disabled thereby so that he had to be removed to the hospital; the wound was in the left leg, near the knee. I know the above facts from personal knowledge, intimate acquaintance being present at said battle and seeing said Cummings after being wounded on the day of said battle of Olustee. I have known him ever since, and that he has suffered continuously since getting the wound, I have seen the wound often & know that he has been disabled thereby, & I have no interest in this claim.


Witness

Jos. W. Boutwell

Amos Wallace



I sworn to and subscribed before me this eighth
day of January 1878 and I certify that the
affiant is credible respectable
and that this affidavit was read
over to him by me before signing
and I have no interest whatever in
this claim

Jos. W. Van Hart, J. P. 

I hereby certify that Jos. W. Van Hart Esq. before
whom the foregoing affidavit was made was
at the time of so doing a Justice of the Peace,
duly commissioned & authorized to administer
oaths, and that his signature thereto
is genuine. In testimony whereof I
have hereunto set my hand and official
seal this 1 day of May A. D. 1878

B. S. Koller
Secretary of the Orphans Home
of York Co Pa



(C.)

War Department,

ADJUTANT GENERAL'S OFFICE,

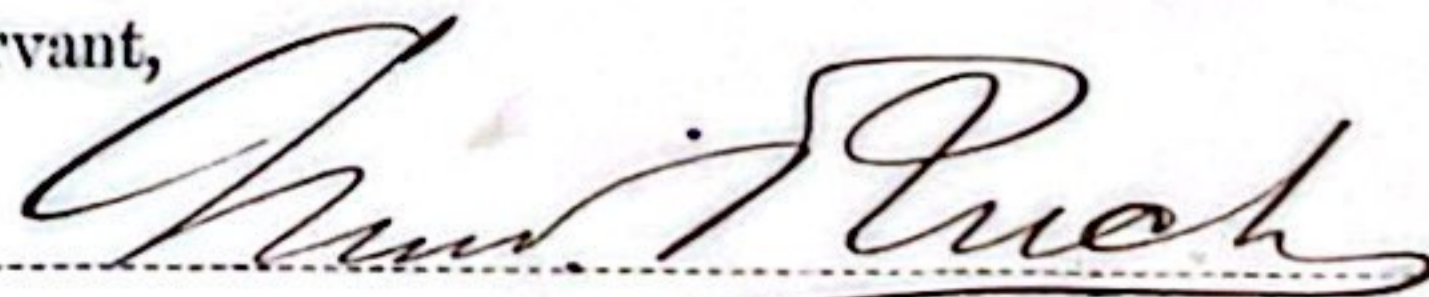
Washington, D. C., Oct. 23rd, 1878.

SIR:

I have the honor to acknowledge the receipt of your request of Oct. 18th, 1878, for certain information for use in the consideration of application for Pension No. 253908 and to return it herewith, with the following information from the records of this Office:

It appears from the Rolls of U. S. Colored Troops on file in this Office that Amos Wallace was enrolled on the _____ day of _____ 186____, at _____, in Co. _____, _____ Regiment of ~~U. S. Colored~~ _____, to serve _____ years, or during the war, and mustered into service as a Private on the 8th day of Feb'y, 1864, at Lancaster, Pa., in Co. "B", 32nd Regiment of U. S. Colored Troops, to serve _____ years, or during the war. On the Muster Roll of Co. "B", of that Regiment, ~~for the months of~~ from enlistment to April 30, 1864, he is reported present for duty. Co. was organized at Camp Wm. Penn, near Philadelphia, Pa., where it was stationed until April 23 '64. Mr. Wallace, late Pvt., Co. I, 8th U.S.C.T., was enlisted as a sub- stitute Oct. 14 '63, at Hill's barracks, Pa., and mustered into service with Co. Nov. 26 '63, at Philadelphia, Pa. Bentley Green, late Pvt. Co. I, 8th U.S.C.T., was drafted Aug. 13 '63, at Carlisle, Pa., and mustered into service with Co. Nov. 26 '63, at Philadelphia, Pa. On the Muster Roll of said Co. & Regt., for the months of Jan'y & Feb'y '64, they are reported absent, "Wounded in action at Olustee, Fla., Feb'y 20 '64, Now in Hospital." On the Muster Roll for July & Aug. '64, Pvt. Mr. Wallace is dropped as a "Deserted," with remark, "Wounded at Olustee, Fla., Feb'y 20 '64, sent to Hosp., Had sick leave from Hosp., Deserted and went as a substitute in the 54th U.S.C.T." (54th Mass. Col., Vols.) Co. was in action at Olustee, Fla., Feb'y 20th, 1864.

I am, sir, very respectfully,
Your obedient servant,



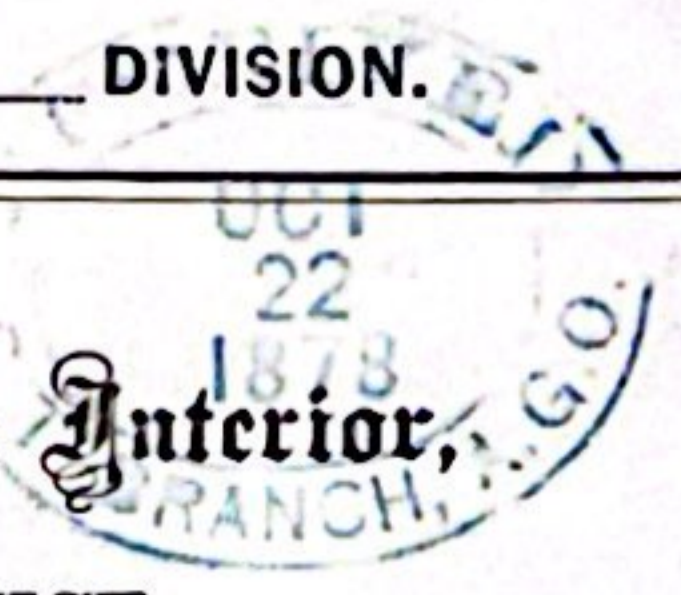
Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D. C.



Invalids.

DIVISION.



Department of the Interior,

PENSION OFFICE,

Oct: 18, 1878.

Respectfully requested of the ADJUTANT
GENERAL U. S. A. a report from the records of his
Office as to the presence or absence, on or about
July Aug: & Sept: 1863 & Feb: 20 1864,
of Amos Wallace, late of C^o B
32^d U. S. C. I. and of W^m Wallace
& Nestly Green, members of C^o D
8th U. S. Col^d Troops

and the station, at that date, of the various
Companies indicated.

Claim No. 253,908. of
Aaron Cummings, C^o E 54th Mass: Vols

A. Reilly
Commissioner.

per [Signature]



State of Pennsylvania

Wesley Green being duly sworn say that I reside in said County and my address is Chaucerford York Co Pa and I have known Aaron Lummings the claimant in this case for 25 years and that said defendant Aaron Lummings was wounded by a gun shot in the left leg near the knee at battle of Olustee in Florida on the 20th day of February 1864 while in the line of his duty in battle and I know the fact of his being so wounded from being present in said battle, and seeing him the same day in a very short time after being wounded, not an hour, I was wounded same day & in same battle and we (said claimant & myself) went back from Olustee on the cars pulled by horses to Jacksonville a distance of twenty miles together and he showed me his wound in the leg. It was a severe wound. I never got back to the Regiment & know nothing about his return - but I have known him intimately since his discharge & lived in the same neighborhood and seen him hundreds of times and know that he suffers with said wound and that he is dis-

sted from manual labor part of his time
by said would I was a private in Co. I. 8th U. S. Inf.
I have no subject whatever in
this claim for pension

Witnesses to make
A. A. Blusser
Thomas Ramsay

Wesley Green
mark

Sworn to and subscribed before me this
4th day of January A.D. 1878 & I certify that
the affiant is credible respectable and
the person he represents himself
to be and this affidavit was read over to
the affiant before signing the same
and I have no interest in this claim

B. F. Keller
Clerk of O. C.

State of Pennsylvania }
County of York } ss

I William Wallace being duly sworn according to law swear on my oath that I reside in said County and my P.O. address is Patchville ^{Case 1002 in Leo J. 8 U.S.C.J.} and I have well known the claimant for at least 16 years and know that he was wounded by a gun shot at Chute Florida, on or about the 30th day of February, '86, in the left leg, about the knee while in the line of duty and sent to the hospital on account thereof. I have been intimately acquainted with the claimant ever since and know that he has suffered physical disability and been disabled from labor by said wound ever since receiving it. I have seen the wound and have a personal knowledge of the above stated facts, and have no knowledge interest whatever in this claim.

Witness
Jes. M. Van Hart,

William Wallace
Marked



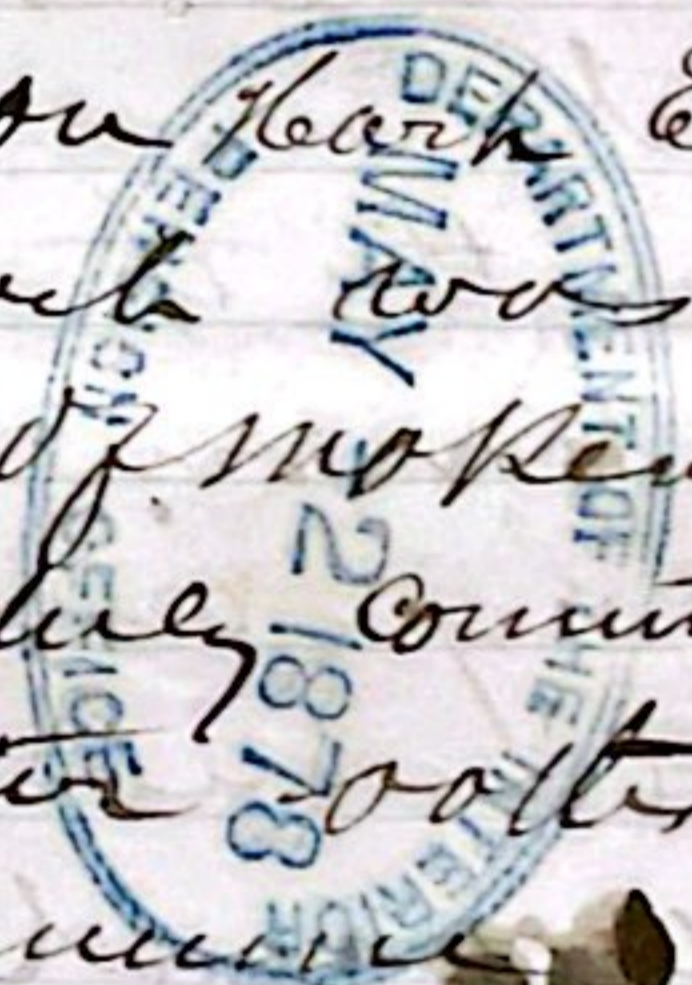
Sworn to and subscribed before me
this 11th day of January 1878 and I certify
that the affiant is credible respect-
able and that I have no interest
whichever in this claim

H. W. Bancroft, J. P. Seal

I hereby certify that Joseph W. von Bank Esq
before whom the foregoing affidavit was
made was at the time of making
the same a Justice of the Peace duly commissioned
and authorized to administer oaths
and his signature thereto is genuine
In testimony whereof I have hereunto set my hand
and official seal the 5th day of March 1878

B. F. Keller

Clk of the O. C.
of the R. C. & A.



State of Pennsylvania }
York County } 29

EAST. DIV.
NOV 21 1901
RECEIVED.

Personally appeared before me a Justice of the
Peace in and for said County Manassah
Lloyd ^{of Gatchellville York County} who solemnly aff-
irmed that he has known Aaron Lumsden
of Gatchellville York County since he was
Private in Company G. 54 Regiment
of Massachusetts in the War of the Rebellion
1861-65 have known him for the past
forty ^{years} knew him before he enlisted and
saw him a short time after he was
discharged and know positively that
his Eye sight was not as good as it
was before he enlisted worked with
him before he enlisted and after
he came home and we have worked
together more or less since he came
home and know that each year
his Eye have been getting worse
and at present time he can see but
little also heard him complain of
Arthritis ^{ever} since his return
from the war of 1861-65

Manassah Lloyd
affirmed and
Subscribed to before me
this 20th day of November
AD 1901
T. H. Hyson
Justice of the Peace

PENSION
U. S. OFFICE
NOV 21 1901

November

30
RECEIVED
DEC 3 1901
EAST. DIV.
S. R. P. Ex'r.

3-373.
(Old No. 3-056.)

Eastern Div.

Cert. No. 161-323

Additional

Aaron Cummings

Co. G. 54 Mass. Vol. Inf. Washington, D. C. November 25, 1901.

Department of the Interior,

BUREAU OF PENSIONS,

Sir

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Manassah Lloyd
Gatchelville
York Co., Pa.

A. Chay Evans
Commissioner.

When did you first see the soldier, after he returned from the army, and how do you fix the date?

Answer: I saw him in the fall soon after he came of 1864 but not after for a few years as he did not live very close to me

Of what disability did he then complain, and how was he affected?

Answer: in a half mile of me for about 21 years and I know he has complained of the rheumatism he has lived with

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: for the past ten years I have helped him get his wood and I know he can not bearly do any work as he can hardly get in and out of the wagon with help

Very respectfully,

Manassah Lloyd

PENSION DIV.
DEC 3 1901
OFFICE

The COMMISSIONER OF PENSIONS.

NOTE: If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular, his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

Specimen enclosed I submitted to refer me this 30th day of
November 1901. B. H. Austin, J. D.

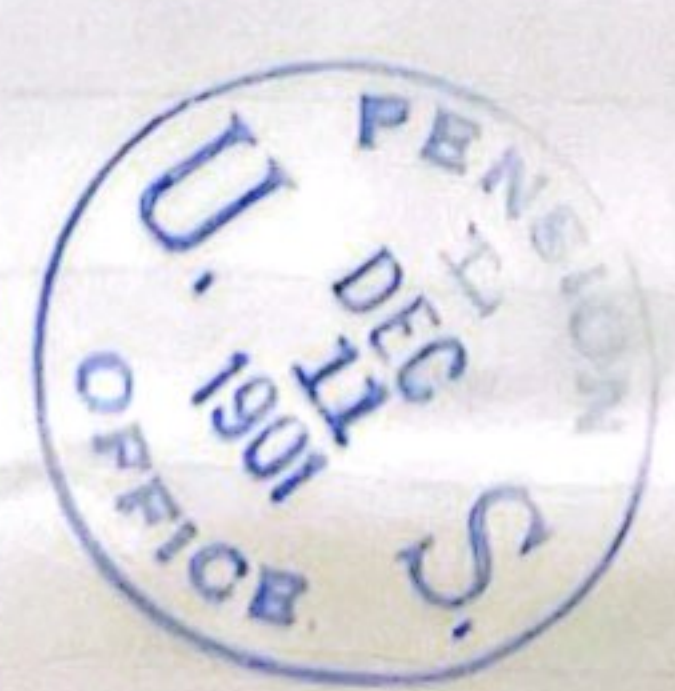
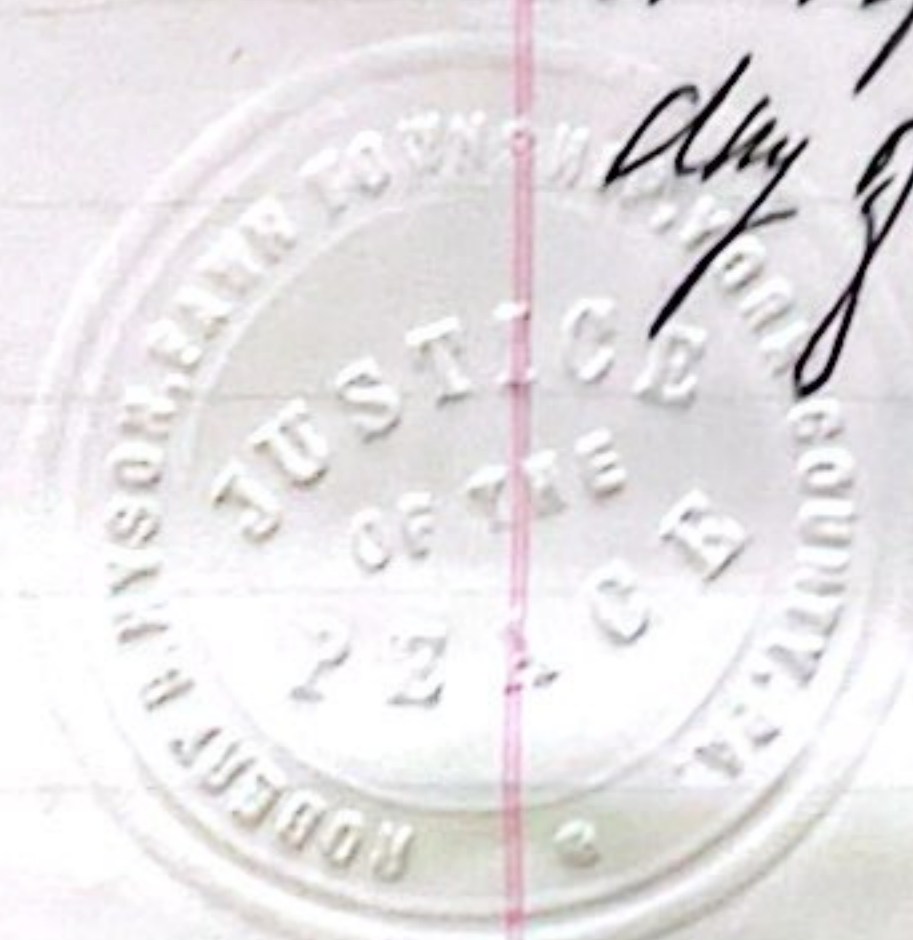
State of Pennsylvania
York County Pa.

EAST. DIV.
DEC 11 1907
RECEIVED.

Personally appeared before me a Justice of the Peace
in and for said County John in presence of
Guthrie York County Penna who said upon
his solemn affirmation that he is well
acquainted with Aaron Cummings of Getchville
York County Pa have lived neighbor to
him for the past forty years & was before
he enlisted in the war of 1861-5 he was
then a stout able bodied man after his
return from said war cannot say just how
soon he heard him complain of rheumatism
yet I know for several years past
he has been suffering from rheumatism
and is not able to do much work
at this time

John in York Penna

Affirmed and subscribed
at before me this tenth
day of December AD 1907
Robt B Hyam



ACT OF JUNE 27, 1890.

INVALID PENSION.

161323
Phila

Claimant, Aaron Cummings

P. O., Gatchsville

County, York,

State, Pa.

Rank, Priv

Company, G,

Regiment, 54. Mass. vol. Inf

Rate, \$ 12, per month, commencing July 15 - 1890.

Disabled by Dis of eyes, rheumatism, & gun shot wound of left leg

RECOGNIZED ATTORNEY.

Name, W. W. McCull

Fee, \$ 10

Agent to pay.

P. O., York Pa.

Articles filed, _____, 189__

APPROVALS.

Submitted for Admin May 3, 1892

B. F. Chase, Examiner.

Approved for Admin Oct 3 1892

Approved for Dis of eyes, rheumatism, & gunshot wounds

Pension granted under former laws

by Cert'f. No. 161323

to end July 14 1890

of right thigh & left leg

Arduous payments

\$12
Thos. D. Ingram

Oct 6/92 Admin
Legal Reviewer.

Foster
Oct. 13, 1892

Medical Referee.

May 23 1892

B.F.C. May 3/92

now pensioned under other laws. Last paid to _____, 18____, at \$ 4

Pensioned from Aug 21, 1865, at \$ 2, for 9. S. W. left Thigh
Dec 6/74 from Oct 1/79.

SERVICE SHOWN BY RECORD.

Enlisted Apr 12, 1863, honorably discharged Aug 20, 1865

Re-enlisted _____, 18____, honorably discharged _____, 18____

Declaration filed July 15, 1890, alleges permanent disability, not due to vicious habits,

from 9. S. W. left leg, rheumatism wound of r. thigh.

Slight deafness much trouble weak eyes.

Signs by messr. W. W. McC.

ACT OF June 27 1890.

DECLARATION FOR INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having Custody of its Seal.

State of Penna. County of York, ss:

ON THIS 14th day of June A. D. one thousand eight hundred and ninety-
personally appeared before me, clerk of the Orphan's Court; a court of
record within and for the county and State aforesaid Aaron Cummings aged 53 years, a
resident of Hawn Twp. county of York State of Penna.

who, being duly sworn according to law, declares that he is the identical person
who was Enrolled on the 12th day of April 1863 in Co. G. 54th
Regt. Mass. Infy. (Here state rank, company and regiment)
in the War of the Rebellion and served at
least ninety days, and was Honorably Discharged at Charlestown S.C.
on the 20th day of Aug. 1865.

That he is greatly (Partially or wholly.) unable to earn a support by reason of g. s w of left leg. (Here name the diseases or injuries from which disabled.)
Rheumatism, wound of right thigh, slight
deafness, heart trouble, weakness of eyes.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.
That he has now applied for pension under application No. 161.323 That he is now
a pensioner under Certificate No. 161.323
(If a pensioner, the Certificate number only need be given. If not, give the number or the former application
if one was made. If you have never applied for pension leave space blank.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the
provision of the act of June 27th 1890. He hereby appoints
H. W. McCall of York, Penn'a.

his true and lawful attorney, and he agrees to allow him the fee of \$10. prescribed by law to prosecute his claim. That
his Post Office address is Gatchelville County of
York State of Penna.

Aaron Cummings
(Claimant's Signature.)
Mark

ATTEST:
Rachel K. McCall
Single Hall

Also personally appeared Aquillan Strawbridge residing at Fawn Twp.
Jrks Co. Pa. and Hugh Hall
residing at York Jrks Co. Pa. persons whom I certify to be

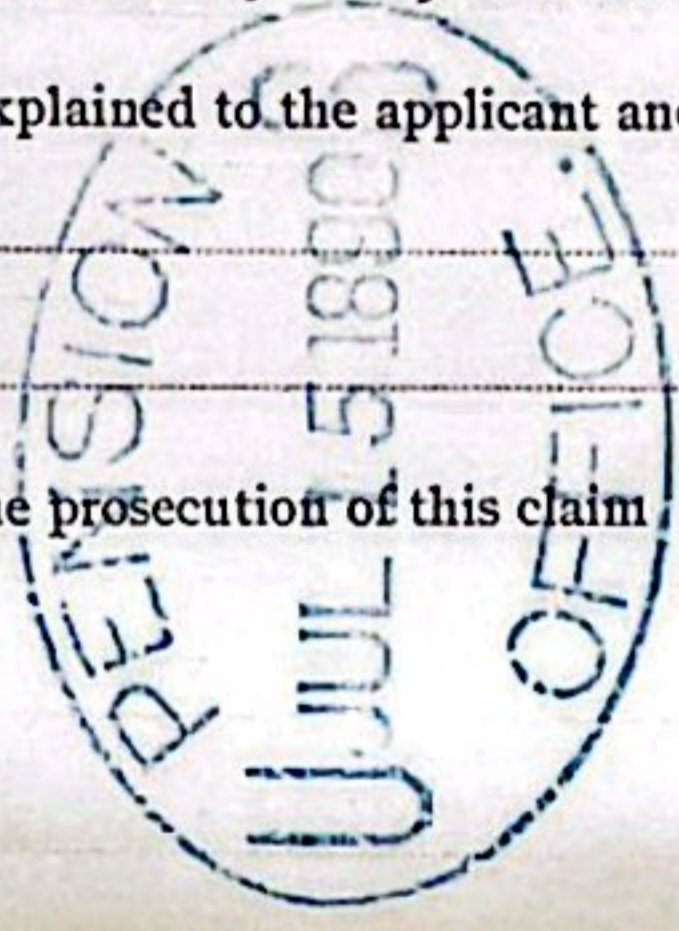
respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw
Aaron Cummings the claimant, sign his name (or make his mark)
to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their
acquaintance with him for 20 years and 35 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.

Hugh Hall
A. M. Strawbridge
(Signatures of witnesses.)

Sworn to and subscribed before me, this 14 day of July 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
erased, and the words
added; and that I have no interest, direct or indirect, in
the prosecution of this claim

Lewis D. See
(Signature.)
clerk of the Court
(Official character.)



This Application can be executed before a Justice of the Peace or Notary Public.

PENSION
DECLARATION FOR
INVALID PENSION.
Act of June 27th 1890
Name Aaron Cummings
Rank Co. G. 54th Reg't
Mass. Vols.

FILED BY
E. W. McCall,
Attorney at Law,
YORK, PA.
PRESS OF N. W. FISHER, YORK, PA.

EXAMINING SURGEON'S CERTIFICATE

1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 253,908.

State: Pennsylvania County: York
Post Office: York, November 6th, 1878.

Applicant's service.

I hereby certify That I have carefully examined Carson Cummings, late a Private Co. "A", 54th Reg't, Mass. volunteers

Degree of disability.

in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from Scalped wound of right leg below the thigh, and gun-shot wound immediately below left knee.

In our opinion the said Carson Cummings is three-eighths incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

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

Probable duration.

The disability is —

Particular description.

A more particular description of the applicant's condition is subjoined:

Height, 5ft. 10in.; weight, 165 lbs. App., complexion, Dark; age, 45 yrs.; pulse, 72; respiration, 18.

Scalped wound in right leg below the thigh, also gun-shot wound immediately below the knee.

We find upon the posterior aspect of the thigh, a superficial cicatrix the size of half a dollar, alleged that it weakens the limb and likewise stiffens it.

Gun-shot wound of left leg. Ball entered the inner side just below the head of the tibia and passing directly backwards, escaped two (2) inches from orifice of entrance - Alleged pain and weakness as well as lameness as a result of this wound.

Has numbness along the inner side of leg. He atrophies.
Disability rated at \$3.00 per month.

Wm. S. Rolands.

Edw. M. Wisner, M.D.

James H. Berry

Examining Surgeon.

1 SURGEON'S CERTIFICATE 1

IN CASE OF

Cummings, Aaron

Co. "G", 54th Reg't, Mass. Vols.

APPLICATION FOR PENSION.

No. *253,908*

DATE OF EXAMINATION,

November 6th, 1878.

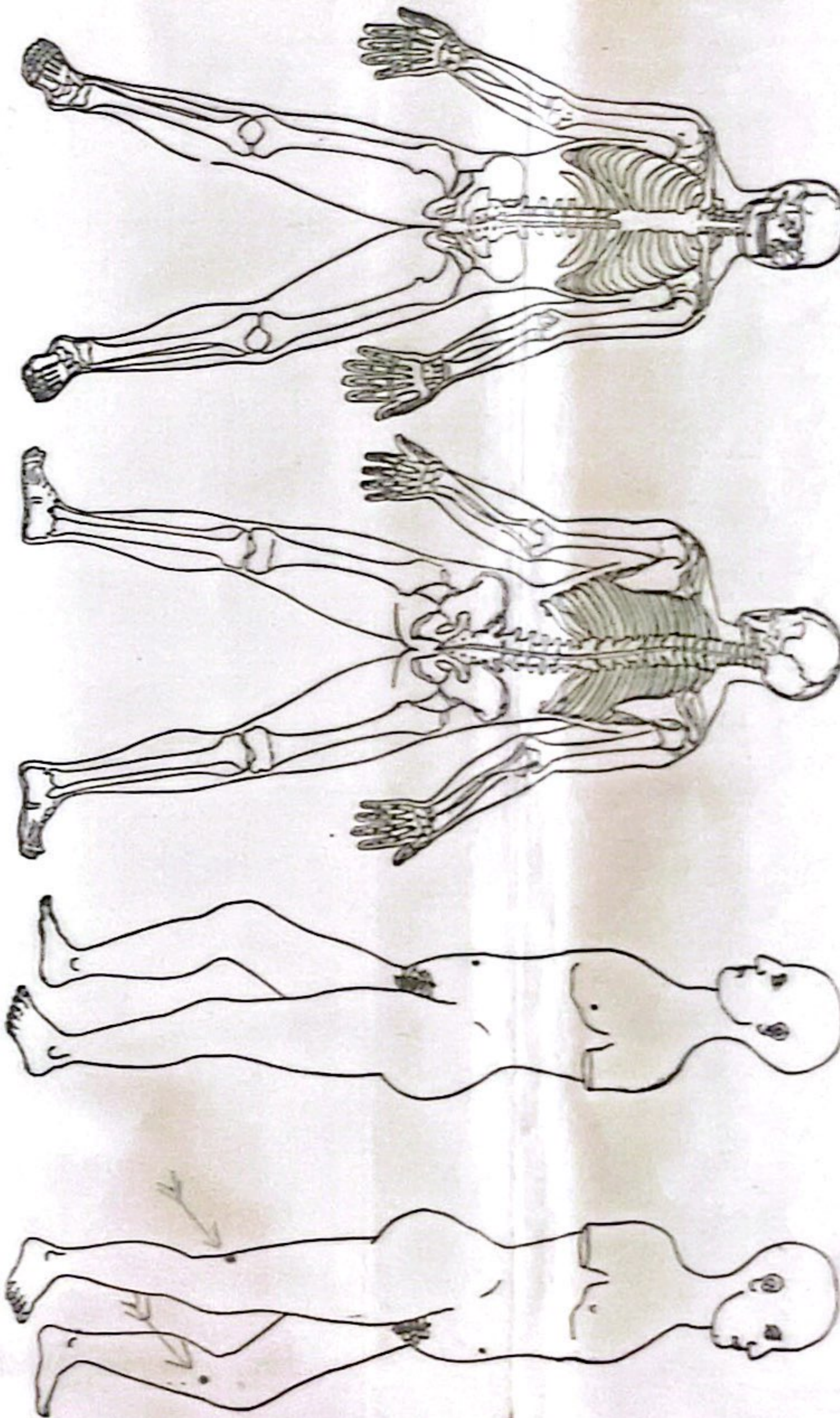
Kerr, Roland
and Weisenthaler,
Examining Surgeons.

Post Office, *York,*

Cor. *York,*

State, *Pennsylvania.*

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



IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION

No. of Certificate, 161.323.

State: Pennsylvania County: York
Post Office: York, October 1st, 1879.

It is hereby certified That Caran Cummings
formerly a Private of Captain Oppeto's Company, "G"
in the 54th Regiment of Mass. vol., in the war of 1861
who is now paid at Philadelphia Agency at the rate
of two dollars per month, on account, as he states, of Gun-shot wound
in left leg

while in the line of duty in the military service of the United States, on or about the
15th day of August, 1864, at a place called Fort
Maguer, in the State or Territory of South Carolina
is still suffering in consequence of said Gun-shot wound

Here specify the particular disease or injury.

The disability originates entirely from the injury or disease on account of which he was originally pensioned, as follows:

Height, 5ft. 10ⁱⁿ; weight, 163^{lbs}; complexion, Dark
age, 46 yrs.; respiration, 18; pulse, 74.

Here state fully and accurately the character of the pensioner's disability, and how he is at present affected thereby; also, state whether the disability is permanent in its present degree, and whether it has been in any degree caused or protracted by vicious habits.

Gun-shot wound in left leg. Ball entered the
leg on its inner side, just below the head of the
tibia, and passing directly backwards, escaped two
inches from orifice of entrance. Alleges pain
in walking and working in the knee and knee
joints. Alleges that there was some discharge
of bone, no atrophy. Alleges increased disability
and inability to work on account of pain in
the leg.

We find his disability, as described above, to be equal to, and entitling him to
an increase of fund 782.00 to 744.00 per month.

Wm. S. Rolando. James H. Kerr
Examining Surgeon.
Edmund H. Weisenfelder.

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

IN CASE OF

Cummings, Aaron.

Co. *G*, *54th* Reg't, *Mass. Vols.*

APPLICATION FOR INCREASE.

No. *161323.*

DATE OF EXAMINATION,

October 1st. 1879.

Gen. Roland,
and *Wise*

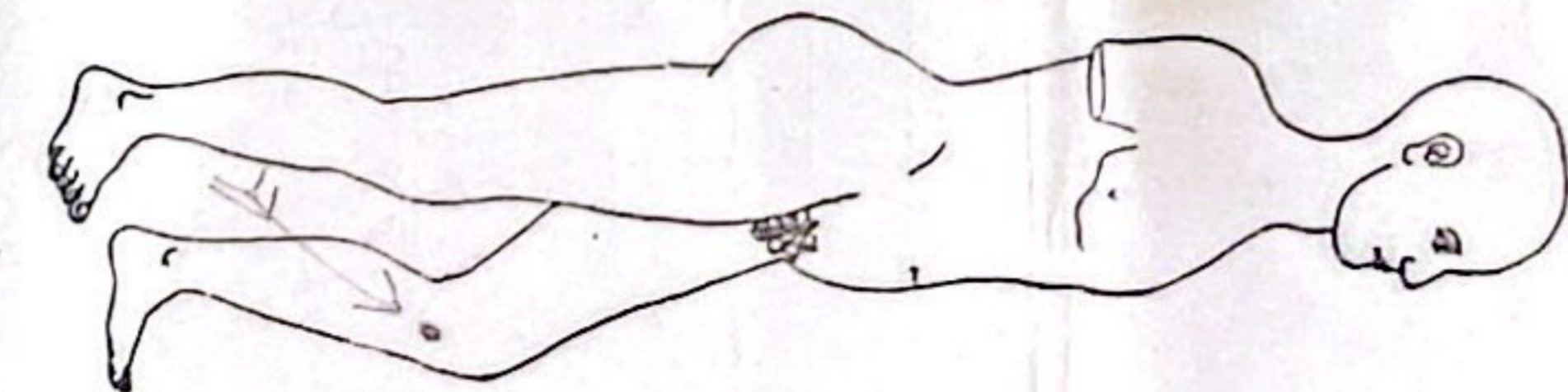
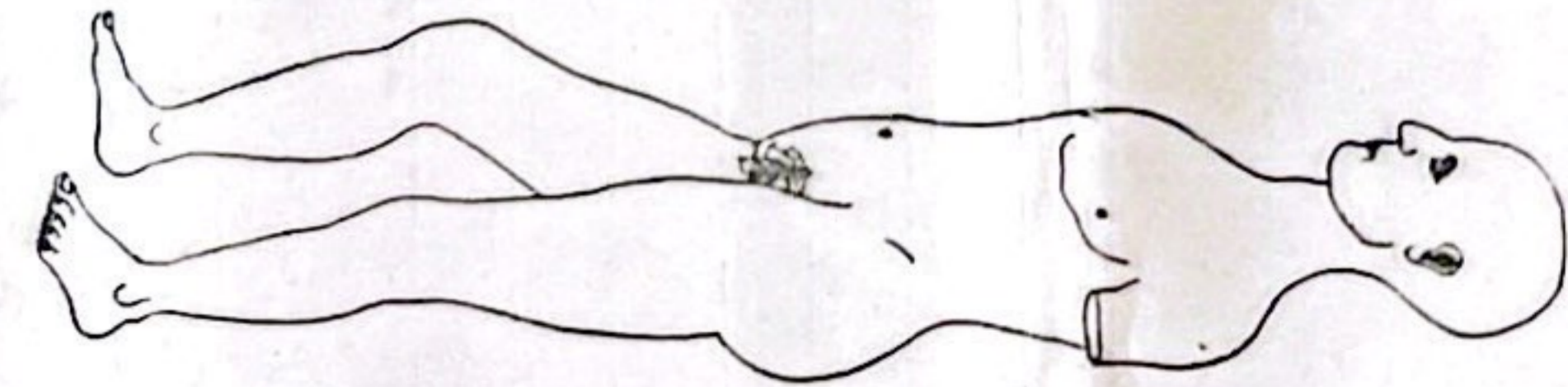
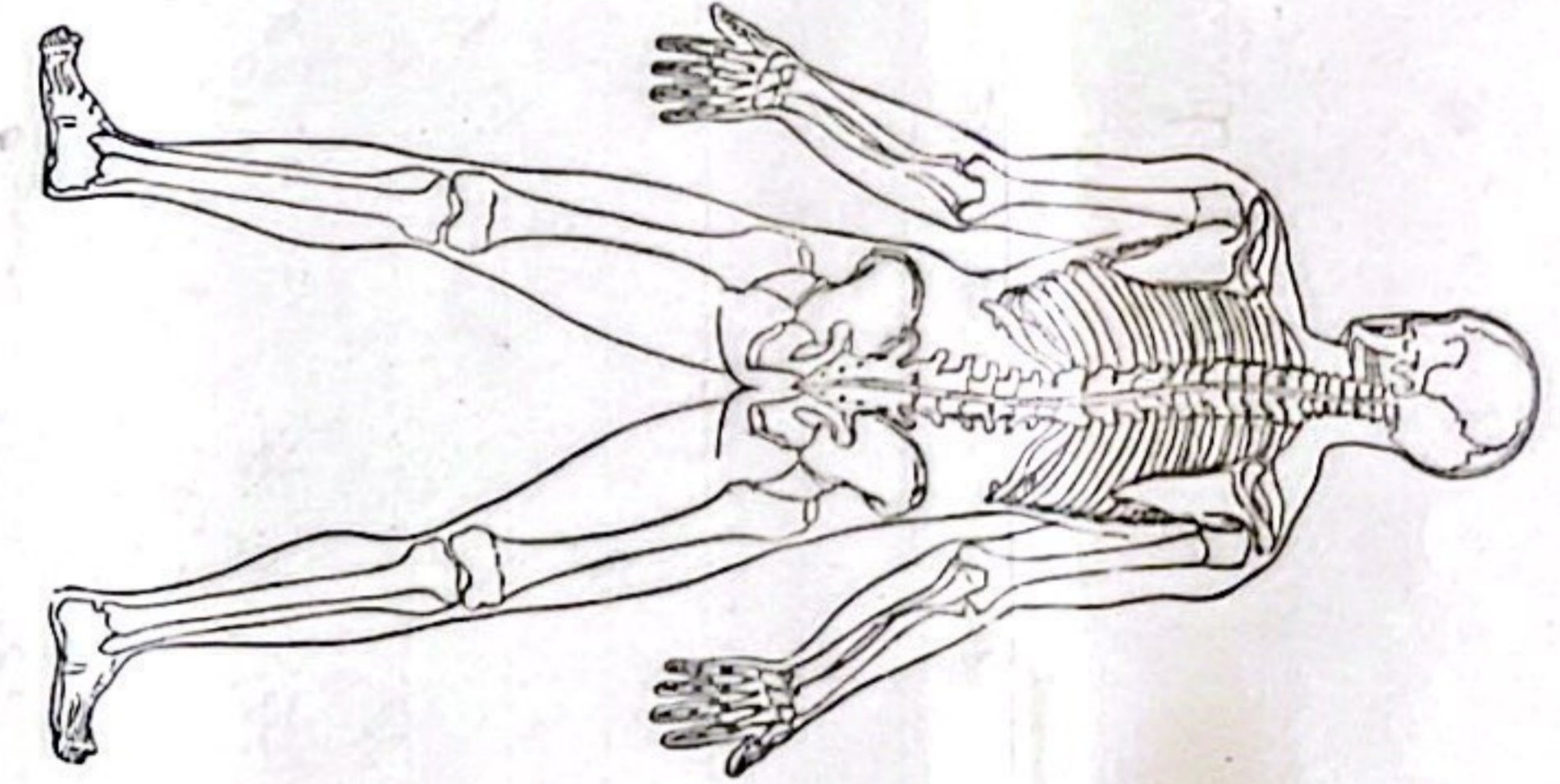
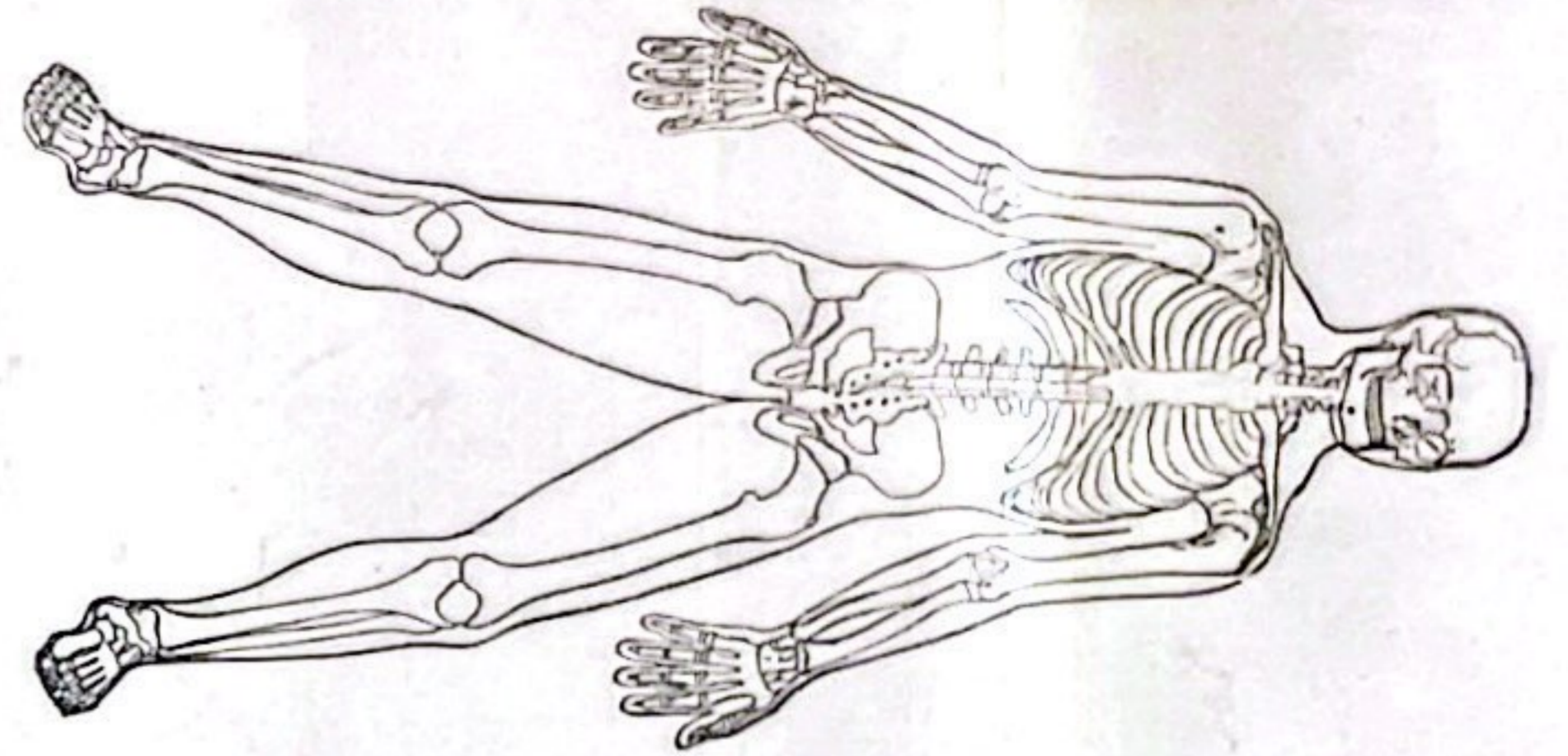
Examining Surgeons.

Post Office, *York,*

County, *York,*

State, *Pennsylvania.*

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



EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate, 161.323.

State: Pennsylvania, County: York, Post Office: York, December 20th, 1882.

It is hereby certified That Carol Cummings formerly a Private of Captain Appleton's Company, "9", in the 54th Regiment of Massachusetts Vols., in the war of 1861 who is now paid at Philadelphia Agency at the rate of four dollars per month, on account, as he states, of Gun-shot wounds of left leg & also, right leg, received while in the line of duty in the military service of the United States, on or about the day of ... 18 ... at a place called Cluwater, in the State or Territory of Florida is still suffering in consequence of said Gun-shot wounds of left leg & also, right leg.

Here specify the particular disease or injury.

The disability originates entirely from the injury or disease on account of which he was originally pensioned, as follows:

Height, 5ft. 11in.; weight, 165 lbs.; complexion, Dark; age, 48 yrs.; respiration, 20; pulse, 66. P.O. Gettysville.

Here state fully and accurately the character of the pensioner's disability, and how he is at present affected thereby; also, state whether the disability is permanent in its present degree, and whether it has been in any degree caused or protracted by vicious habits.

Gun-shot wound of left leg. - Alleges that this wound was received at the battle of Cluwater, Florida. - Ball entered the inner side of the left leg, just below the head of the tibia, & passing inward & backward, escaped, on the posterior aspect of leg, three inches from point of entrance, cicatrices perpendicular, without tender, nor swollen. Small splinters, alleged to have been discharged. Alleges that he was in the hospital at Beaufort, P.C., for about six months, when he was again sent to the front. - Alleges, as a result, pain in the left leg & stiffness of corresponding knee, & loss of time in working. Gun-shot wound of right leg. (Should be thigh). This wound was received at the battle of Fort Wagner, in July 1863. - Wound was made by a fragment of a shell, which struck the outer side of the right thigh, about 5 inches below the great trochanter, for which wound he find his disability, as described above, to be equal to, and entitling him to no increase.

Edmund Dr. Physician, Wm. S. Rolands.

James W. Kern, Examining Surgeon.

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

He alleges he was in Beaufort, S. C. Hospital for three months. - Cicatrices perpendicular. Alleges that this makes his right leg & these interfere with the possibility of manual labor.

IN CASE OF

Cummings, Aaron,
Co. "G", 154th Reg't, Loos. Colo.

APPLICATION FOR INCREASE.

No. *161.323.*

Date of Examination: _____
December 20th 1882.

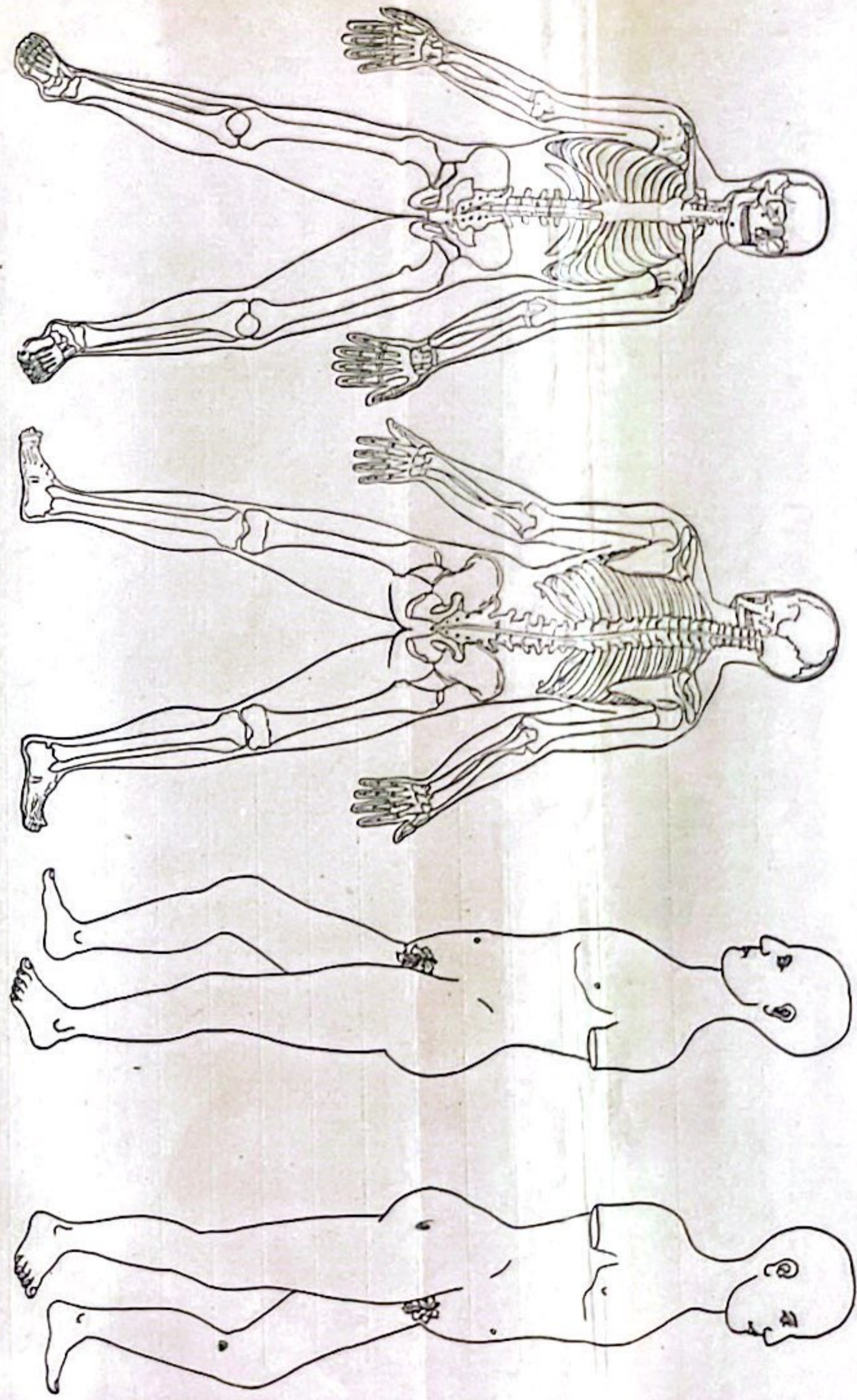
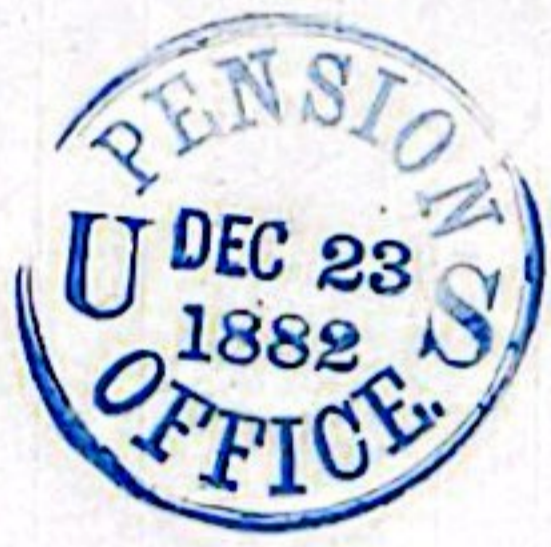
Kerr, Roland Shrewsbury
Examining Surgeon, S.

Post Office, *York,*

County, *York,*

State, *Pennsylvania.*

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



Handwritten mark

No **253908**

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

4273

Anna Summings

P. O. *Getchellville*

Port Co. Penn.

Service: *Co. "54" Mass.*

Enlisted: *April 12*, 1863

Discharged: *August 20*, 1865

Application filed: *May 2*, 1878

Alleges: *a severe wound in right leg, below the thigh, rec'd at Fort Wagner S.C. (July Aug. or Sept. 1863) - also g. s. w. immediately below left knee at Battle of Olustee Fla. (Feb. 20, 1864).*

Re-enlisted: _____

Attorney: *O. M. McCall*

P. O. *Port Co. Pa.*

Recognized.

Contract.

no Cert. of Dis. Searched for *May*, 1878

FILED

Oct 18, 78.

~~a.g.~~

a.g. to verify witnesses service. -

Ord: before Board at York Penna: -

Feb: 10, 1879 - Surg: Gen: -

May 2, 1879 - conditions to claimant.

~~Matthewson~~ Pile.
(3-217.)

INCREASE.

Claim to

No. 161, 323

Aaron Cummings

P. O., Hatchelville

County, York

State, Pa.

Application filed, Aug 9th, 1898

State Service,

5-54- Mass. Inf.
Jan 18-99, A. S. Mt. Mer.
1st York. Order to Ct
City notified **Family**
date in to Soldier.

D. N. M.

Feb 21/1900 A. + N. D. for Add of Comrades inc
Anderson and Freeman A.S.

March 7, 1900 Status to Clut to Dr. James B. Combs
Troy, Pa. through Hon. ~~Boyd~~ DeRose
clut requires clt's afft as to when where under
what circumstances he contracted rheu. & dip of
eyes. Also origin & treatment in

Disability, service for wound of right thigh
and disease of eyes, treatment & continuance
during each year since discharge for rheum
& disease of eyes & list of comrades sent. A.S.
and to clut for personal history

Attorney, ~~A. W. Moore~~ ^{dead}
~~W. L. Combs~~

P. O., York

County,, State, Pa.

D. N. M.

Combs - D. N. M. Attorney Filed

Oct. 23. '01. Dr. Combs, that
claims awards evidence of
origin of dis. of eyes & cont.
of that disability and rheu-
matism. If, as alleged,
clmt is unable to furnish
the same, so state under
oath when claim will
be further considered.

Nov 25. 1901. letter ^{me} to Lloyd
as to cont of dis of eyes
and rheumatism and
P.M. for cred of Lloyd.
and claim for additional
testimony showing
cont of rheumatism
since discharge
of non service.

May 6. 1902 letter to Jenkins
and P.M. cred of same. SRP.

May 7. 1902 ~~Med Ex~~

~~Sawester. Pa. Order~~

to claimant claimant
Dec 9. 1902. atty Combs for SRP.
better evidence showing cont
of rheumatism since discharge
medical if possible. SRP.

3-1081.

[Handwritten initials]

PENSIONER DROPPED.

United States Pension Agency,

PHILADELPHIA, PA.

JAN 31 1903, 190

Certificate No. 161.323

Class *Inv. - 6/27/90.*

Pensioner *Aaron Cummings*

Soldier

Service *G. 54 Mass.*

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at \$12—, to *Nov. 4, 1902,* has been dropped because of

Death, reported by the Hon.

Commissioner of Pensions.

*No other claims MRC
Feb 21/03.*

Very respectfully,

[Handwritten signature]

United States Pension Agent.

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

RECORD DIVISION,
Section E.-A. & N. S.

Finance Division
MAR 10 1903
BUREAU OF PENSIONS.

RECORDED
FEB 20 1903

PENSION
FEB 20 1903
U S OFFICE

INCREASE OF PENSION. (FOR A BOARD.)

Claim No. 161,323.

Name of claimant, Cummings, Aaron.

Rank, Private,
Company, "G"
Regiment, 54th Mass. Volunteers,
Post-office address, Gatchelville, York Co., Pa.

ADDRESS OF THE BOARD:

Post office, York Pa.,
County, York Pa.,
State, Pennsylvania.
Date of examination, March 18th, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law * we have carefully examined this applicant, who states that he is now pensioned at a four-eighths disability on account of "Gun-shot wound of left leg of Reuvelts" and that he claims an increased rating for the reason that the disability is increasing, and that he is now disabled to _____ degree for earning his subsistence by manual labor.

Degree now paid and for what disability.
Reason for claiming increase and degree claimed.

His pulse-rate per minute is 68; his respiration 20; his temperature 98.8; his height is 5 feet and 8 inches; he weighs 186 pounds, and he states that he is 43 years of age. Care, laborer.

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

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

States that his trouble, "Gun-shot wound of left leg" was received at the battle of Olustee, Fla., on or about July 15th, 1864; that he was sent to Beaufort, S.C., Hospital where he remained for about six months; was then sent back to his regiment & discharged, on or about Oct. 1st, 1865, - by reason of the close of the war. - Alleges that ever since his discharge he has suffered from this wound & that each year it is growing worse, as is indicated by increased pain, particularly at night, & by weakness upon exertion. -

SUBJECTIVE SYMPTOMS.

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

Upon examining this applicant we find the following objective conditions which, in our judgment, do entitle him to an increased rating: Ball entered the inner side of left leg, just below the head of the tibia, & passing directly inward & backwards, escaped four inches from orifice of entrance on the posterior border of the leg. - Cicatrix of entrance, smooth, superficial, slightly tender & not adherent. The other cicatrix is of some general character, but not tender. No atrophy. - Venis leg left leg slightly varicose.

OBJECTIVE SYMPTOMS.

Claims to suffer from Heart Disease & difficulty of hearing. There is a muffled murmur heard during the first sound of the heart, faintly well marked. Difficulty of hearing. - He said that he heard ordinary conversation well, but he alleges that he does not hear the ticking of a watch, if held against either ear. -

Rate for each cause of disability, and state the aggregate.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a one-half rating for the disability caused by G.S.W. of left leg of Reuvelts for that caused by _____, and one-fourth caused by difficulty of hearing the sum of which aggregates three-fourths.

* See the back.

James M. Stern, Pres.,
Edward W. Linniker, Sec'y,
Wm. S. Rolando, Treas., } BOARD.

2 SURGEON'S CERTIFICATE 2
(FOR A BOARD)

IN CASE OF

Cummings, Aaron,
"G" 54th Reg't Mass. Vols.
Co.

Application for Increase.

No. 161,323.

Date of examination: _____

March 18th, 1885.

Exam. Roland Christensen, M.D.
Examining Surgeon, S.

Post office, York,

County, York,

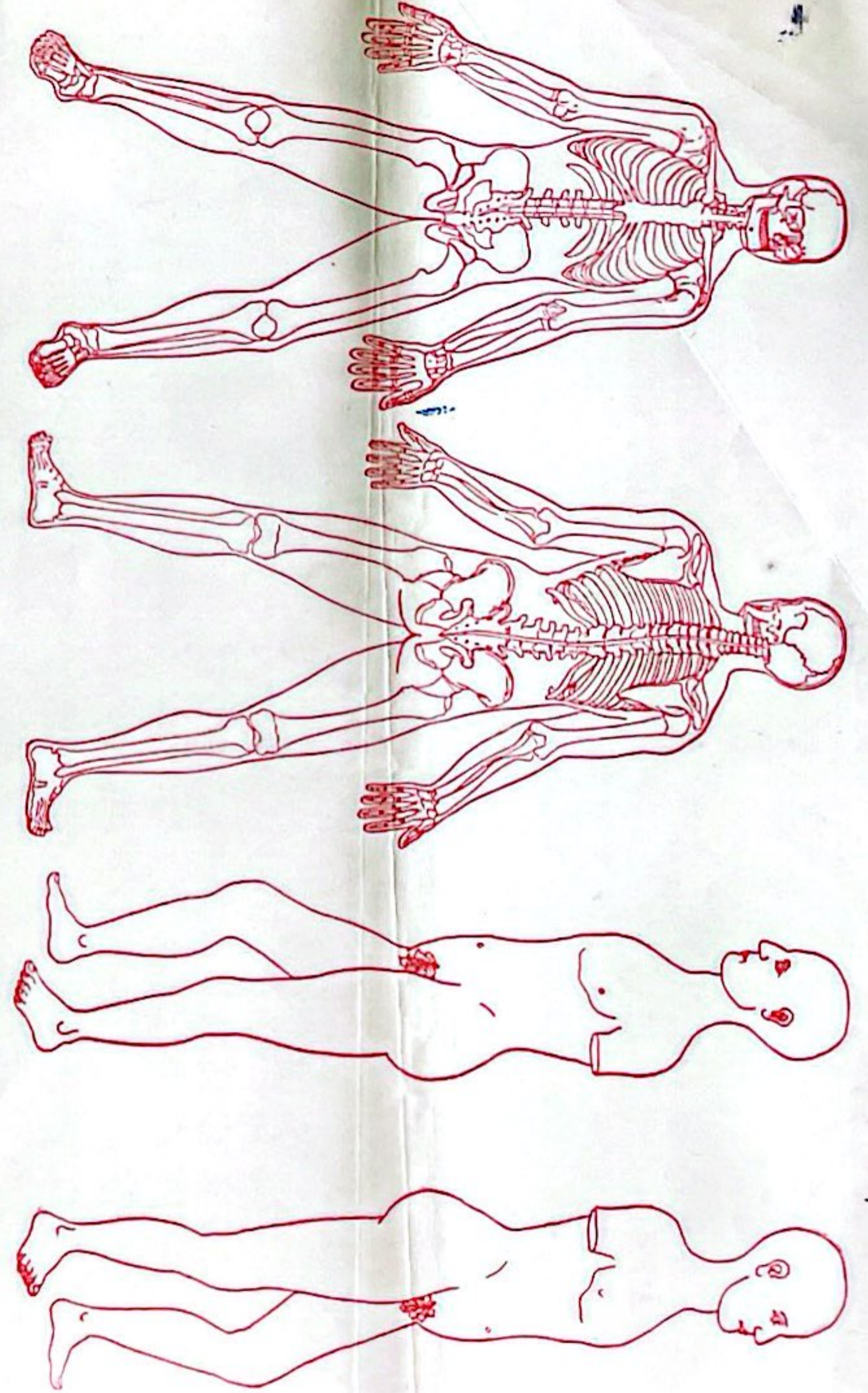
State, Pennsylvania.

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

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



(455-100 M.)



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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.
Name and rank of claimant.
Company.
Claimant's post office address.

Increase Pension Claim No. 161,323.
Cummings, Aaron, Rank, Private,
"G" 54th Reg. Mass. Vols., York, York Co., Penna. State,
Gatchellville, York Co., Pa. (Post office address of the Board.)
November 24th, 1886. (Date of examination.)

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

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

"Gun-shot wound of left leg & shell wound of right thigh;" - & Effects, -
and that he receives a pension of Four dollars per month.

Pulse rate per minute, 80; respiration, 18; temperature, 98.4; height, 5 feet 8 inches; weight, 136 pounds; age, 52 years. Occ. laborer. Phys. Fair.

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: States that the alleged disability - "Shell wound of right thigh" was received at or near Fort Wagner, S.C., on or about August 1st, 1863; that he was never sent to any hospital therefor, but was exposed to duty and continued to the wound himself, having no regimental, or other physician to attend to it. After two or three weeks he was able to pursue the doing of ordinary duty. - Alleges that he has suffered from this wound for the last fifteen years and states that it is growing worse & that the right limb is, in consequence, very weak. -

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

Upon examination we find the following objective conditions: -
Alleges that the second disability - "Gun-shot wound of left leg" was received at the battle of Olustee, Florida, on or about July 15th, 1864; that he was sent to Beaufort, S.C., Hospital, (No. 10); that he remained there under treatment for about five months, until his wound was healed & then returned to his regiment, with which he remained until discharged, by reason of the close of the war, August 20th, 1865. - Alleges that he has suffered from this wound ever since; that it is steadily growing worse; that the pain is worse at night and is aggravated by walking or working; that the leg has been weakened by this injury & that, in consequence of both of these wounds, the pursuit of manual labor is interfered with & prevented for more than one-half of his time. -

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, 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.

"Shell wound of right thigh. - A fragment of shell struck the external aspect of right thigh - about four and one-half inches below the great trochanter, lacerating the soft parts, and leaving rather superficial, moderately long, slightly tender and slightly adherent cicatrix. - There is no appreciable atrophy. - Alleges that this wound gives him pain in walking or working and thus interferes with the pursuit of manual labor. -

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

"Gun-shot wound of left leg. - Ball struck the inner side of the left leg, three inches below the knee-joint, and just on a line with the posterior border of the tibia, which it seems to have struck, so some spicula of bone are alleged to have come away from this wound after the receipt of this injury. - The ball then passed outward through the leg and escaped by the upper part of the calf on a line with crown of entrance. Both cicatrices small, rather superficial, very tender, on pressure, a tingling sensation shoots down the leg from each wound, & is slightly adherent. Leg atrophied over half inch. This wound, also, it is alleged, interferes with the pursuit of labor. -

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.

From the existing condition and the history of the claimant, as stated by himself, it is, in our judgment, -

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, 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.

probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a one-fourth rating for the disability caused by "Shell wound of right thigh" and one-half for the "Gun-shot wound of left leg," aggregating three-fourths.

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

From the existing condition and the history of the claimant, as stated by himself, it is, in our judgment, -
probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a one-fourth rating for the disability caused by "Shell wound of right thigh" and one-half for the "Gun-shot wound of left leg," aggregating three-fourths.

* See the back.
Here state whether for original, increase, restoration, or renewal, or for a re-rating.
John Meier, Pres. E. W. Richardson, Sec'y. Geo. Boyce, Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or 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, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase Pension Claim No. 161.323.

Name and rank of claimant.

Cummings, Aaron, Rank, Private.

Company.

"9" 54th Reg Mass. vol. York, York Co., Penna. State.

Claimant's post office address.

Gatehellville, York Co., Pa. November 24th, 1886.

(Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined

this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

"Gun-shot wound of left leg & shell wound of right thigh; - & Effects, -

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

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

Pulse rate per minute, 80; respiration, 18; temperature, 98.4; height, 5 feet 8 inches; weight, 136 pounds; age, 52 years. Occ. laborer. Phys. fair.

Comp. Yorks. - He makes the following statement upon which he bases his claim for increase: States

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

that the alleged disability - "Shell wound of right thigh" was received at or near Fort Wagner, S.C., on or about August 1st, 1863; that he was never sent to any hospital therefor, but was excused from duty and attended to the wound himself, having no regimental or other physician to attend to it. After two or three weeks he was able to resume the doing of ordinary duty. - Alleges that he has suffered from this wound for the last fifteen years and states that it is growing worse & that the right limb is, in consequence, very weak. -

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

Upon examination we find the following objective conditions: - Alleges that the second disability - "Gun-shot wound of left leg" was received at the battle of Olustee, Florida, on or about July 15th, 1864; that he was sent to Beaufort, S.C., hospital, (No. 18); that he remained there under treatment for about five months, until his wound was healed & then returned to his regiment, with which he remained until discharged, by reason of the close of the war, August 20th, 1865. - Alleges that he has suffered from this wound ever since; that it is steadily worse; that the pain is worse at night and is aggravated by walking or working; that the leg has been weakened by this injury & that, in consequence of both of these wounds, the pursuit of manual labor is interposed with & prevented for more than one-half of his time. -

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to 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.

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

"Shell-wound of right thigh. A fragment of shell struck the external aspect of right thigh - about four and one-half inches below the great trochanter, lacerating the soft parts and causing a pa-

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.

months, until his wound was healed & then returned to his regiment, with which he remained until discharged, by reason of the close of the war, August 20th, 1865. - Alleges that he has suffered from this wound ever since; that it is ^{growing} steadily worse; that the pain is worse at night and is aggravated by walking or working; that the leg has been weakened by this injury & that, in consequence of both of those matters, the pursuit of manual labor is interfered with & prevented for more than one-half of his time -

"Shell-wound of Right Thigh."

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

A fragment of Shell struck the external aspect of Right Thigh - about four and one-half inches below the great trochanter, lacerating the soft parts, and leaving a rather superficial, moderately large, slightly tender and

~~Upon examination we find the following objective conditions:~~

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

^{slightly adherent} cicatrix. - There is no appreciable atrophy. Alleges that this wound gives him pain in walking or working and thus interferes with the pursuit of manual labor.

"Gunshot wound of left leg."

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.

Ball struck the inner side of the left leg, three inches below the knee-joint, and just on a line with the posterior border of the tibia, which it seems to have struck, as some spicula of bone are alleged to have come away from this wound after the receipt of this injury. - The ball then passed outward through the leg and escaped by the upper part of the calf on a line with wound of entrance. Both cicatrices small, rather superficial, very tender, as upon pressure, a tingling sensation shoots down the leg from each wound, - ^{& slightly adherent.} Leg atrophied over half inch. This wound also, it is alleged, interferes with the pursuit of labor.

From the existing condition and the history of the claimant, as stated by himself, it is, in our judgment,

probable that the disability was incurred in the service as he claims, and that it has

not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a one-fourth

rating for the disability caused by "Shell wound of Right Thigh" for that caused

by "Gun-shot wound of left leg," aggregating three-fourths.

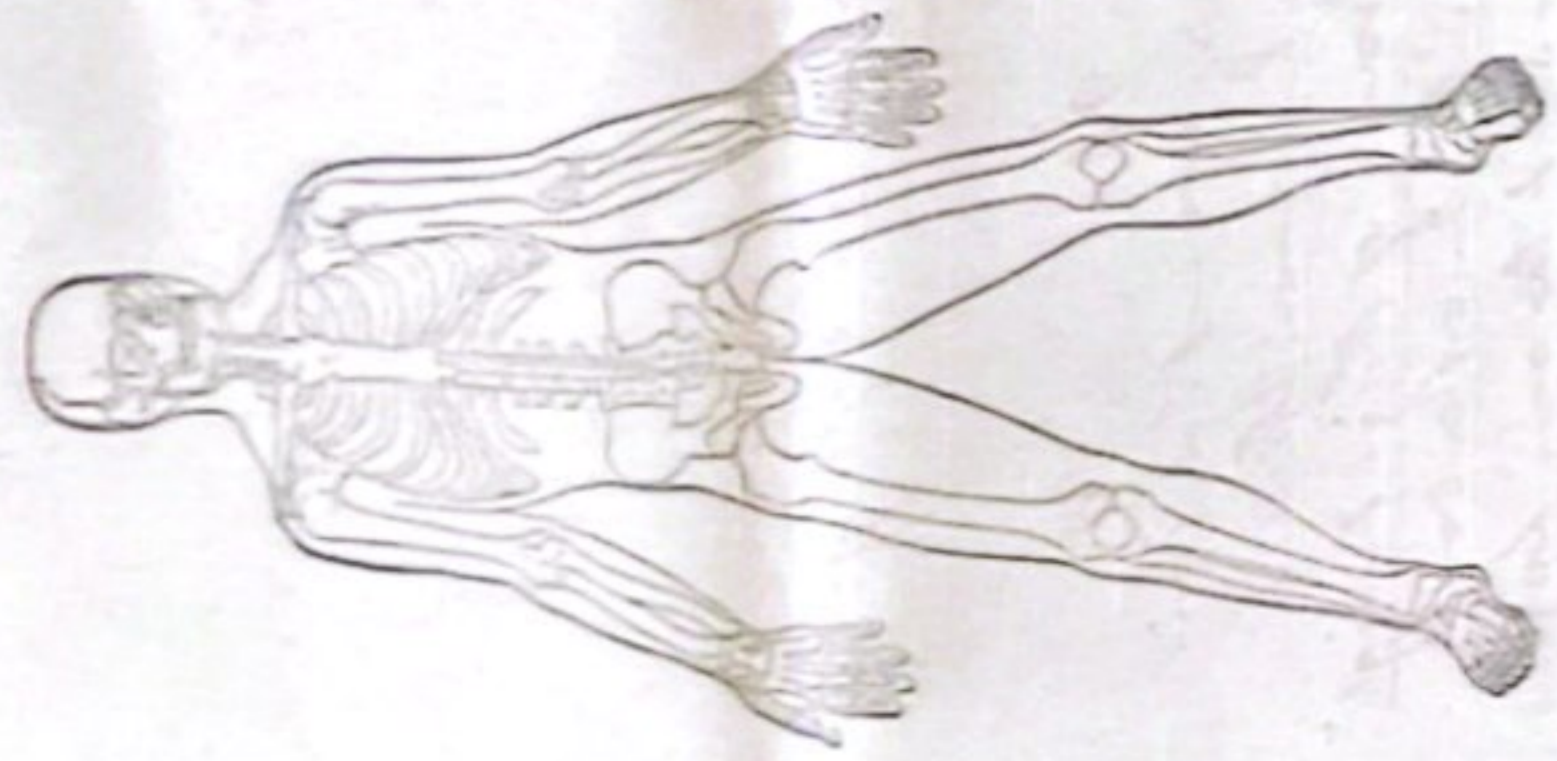
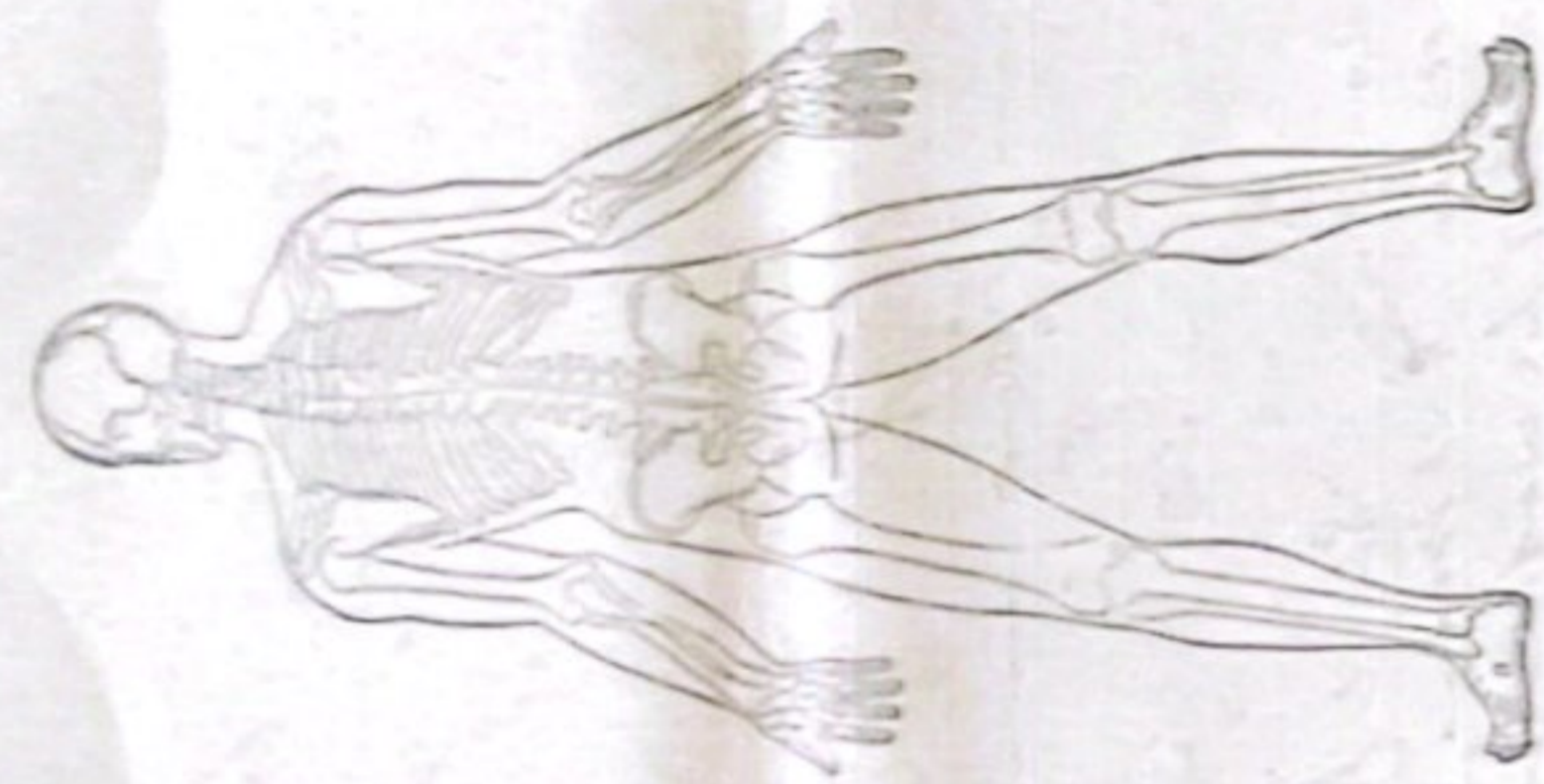
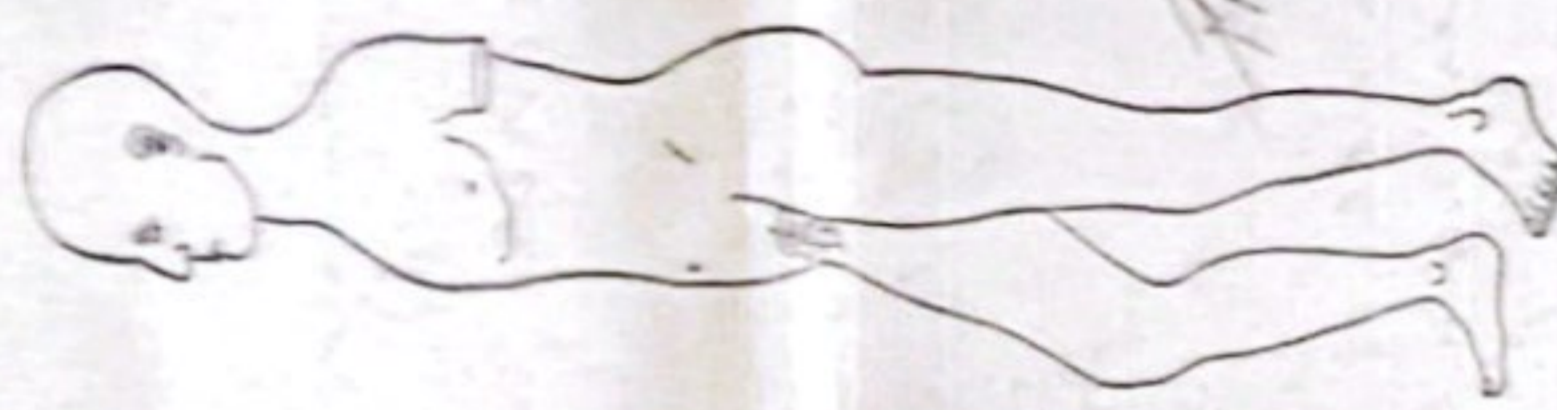
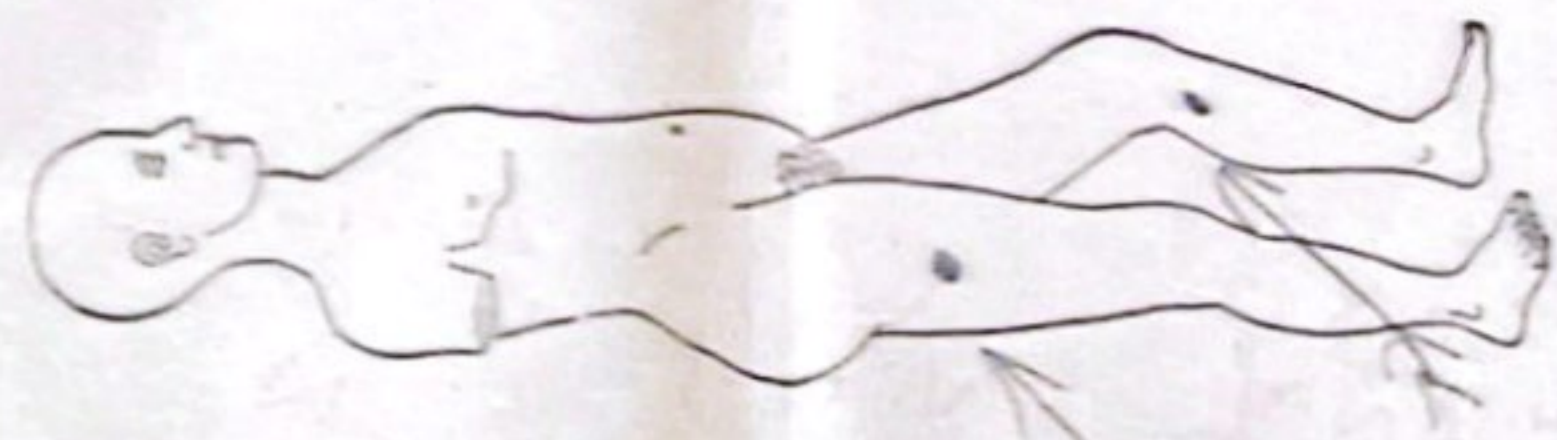
Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

John Meier, Pres. E. W. Luise, Sec'y. Geo. J. Oet, Treas.

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



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

SURGEON'S CERTIFICATE

IN CASE OF

Cummings, Aaron,
Co. *G*, *54th* Reg't *Mass. Vols.*

Applicant for *Increase.*

No. *161.323.*

DATE OF EXAMINATION:

November 24th, 1886.

John Priest, Pres.,
E. H. Wheeler, Sec'y, } BOARD.
George Post, Treas., }

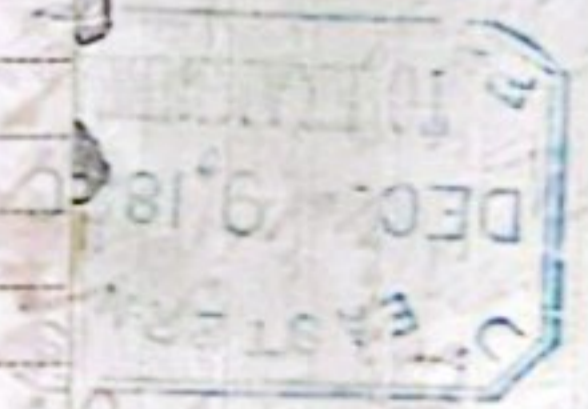
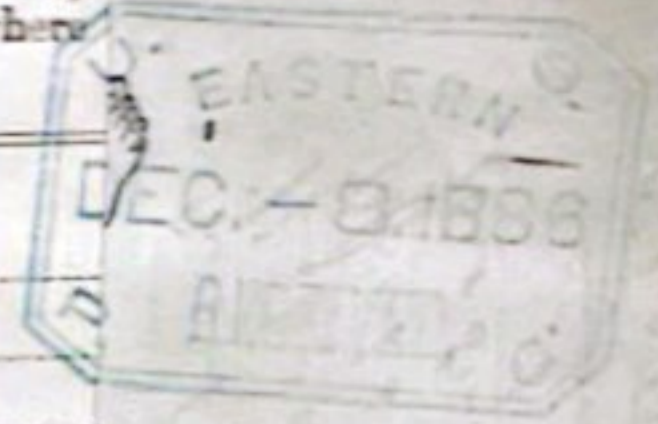
Post office, *York,*

County, *York,*

State, *Pennsylvania.*

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

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



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

SURGEON'S CERTIFICATE

IN CASE OF

Co. _____ Reg't _____

Applicant for _____

No. _____

DATE OF EXAMINATION:

_____, 188 .

_____, Pres., } BOARD.
_____, Sec'y, }
_____, Treas., }

Post office, _____

County, _____

State, _____

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

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

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. *Increase* Pension Claim No. *161.323*
Name and rank of claimant. *Aaron Cummings*, Rank, *Pirate*
Company *G, 54 Reg't Mass Vols*, *Launceston Green* State,
Catchville, York Co, Va (Post office address of the Board.)
Claimant's post office address. (Date of examination.) *January 23*, 188*9*.

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

Cause of disability. *G.S. W of left leg, & Shell Wound of right thigh*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of *Four* dollars per month.
Pulse rate per minute, *76*; respiration, *18*; temperature, *normal*; height, *5*
feet *9 1/2* inches; weight, *166* pounds; age, *53* years.

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*
States he has pain on exertion in the left leg - & right thigh - worse in changes in the weather - & loss of power in left leg - & pain in the back.

Here give a full symptom picture of the case embracing all the physical and rational signs, but confining it to the present condition of the claimant. Upon examination we find the following objective conditions:
We find a cicatrix 3/4 in - in diameter - tender, not adherent - on the inner surface of left leg - 3 in below knee joint - where the ball entered & passing downwards & backwards - made exit on the posterior surface of left leg 3 in below the popliteal space - leaving a cicatrix 3/4 in - in diameter - adherent, not tender - some stiffness of left knee joint - no atrophy of muscles - or contraction of muscles, or tendons - or limitation of motion of leg.
Find a Cicatrix 1 1/2 in - in diameter - not adherent, or tender, on the outer surface of right thigh - at junction of upper & middle third - no loss of muscular tissue - or contraction of muscles, or tendons - or limitation of motion of right leg - pain on pressure in the lumbar region, on both sides of the spine - difficulty in stooping, & in rising from a stooping position. Heart sounds normal

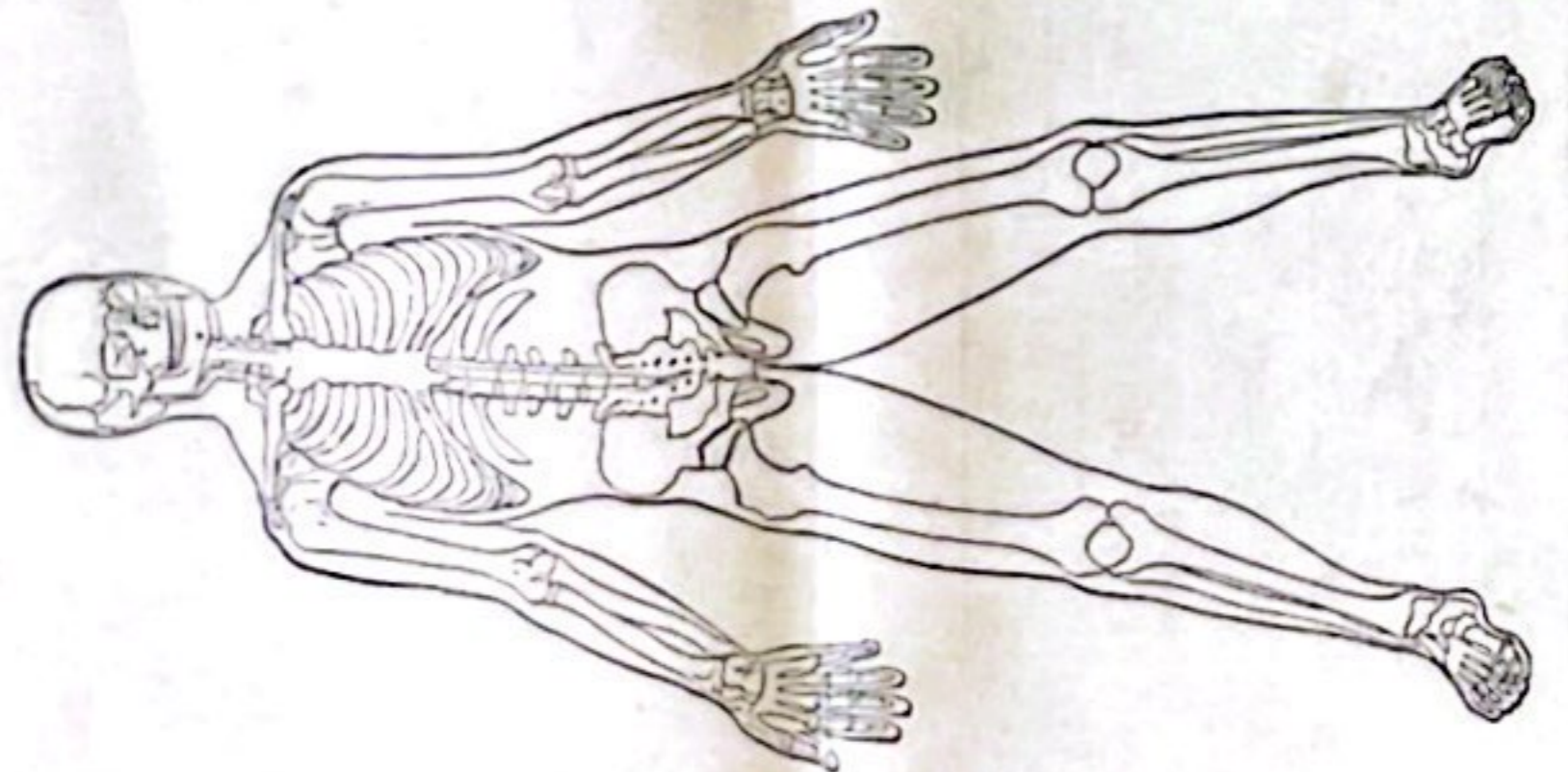
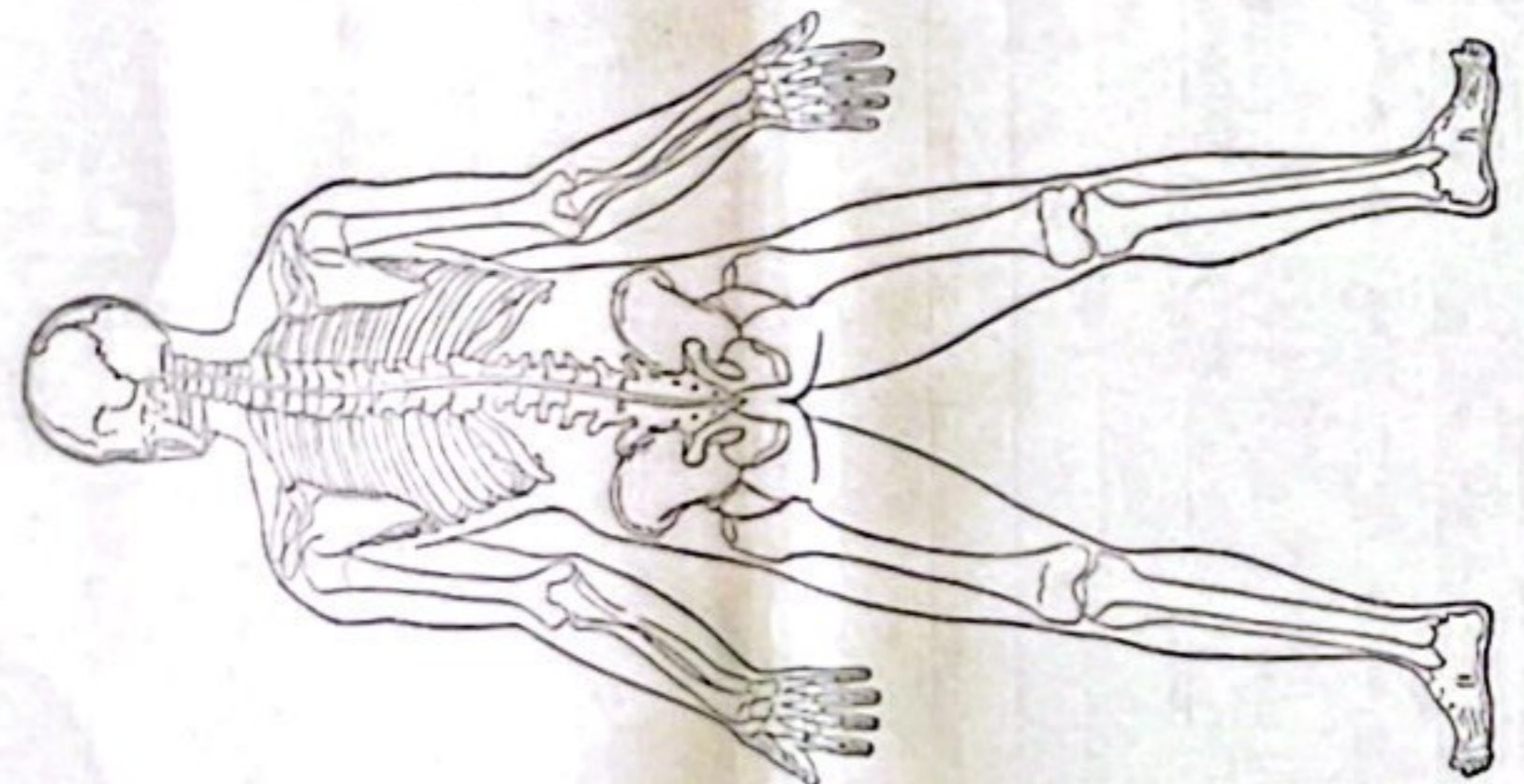
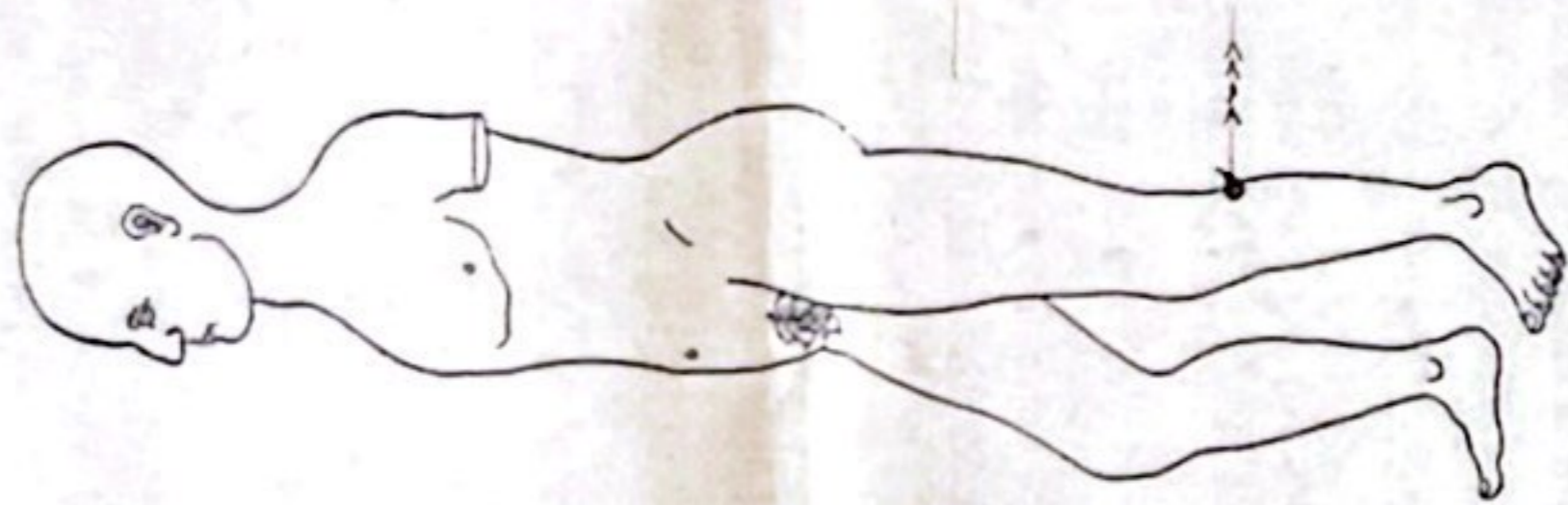
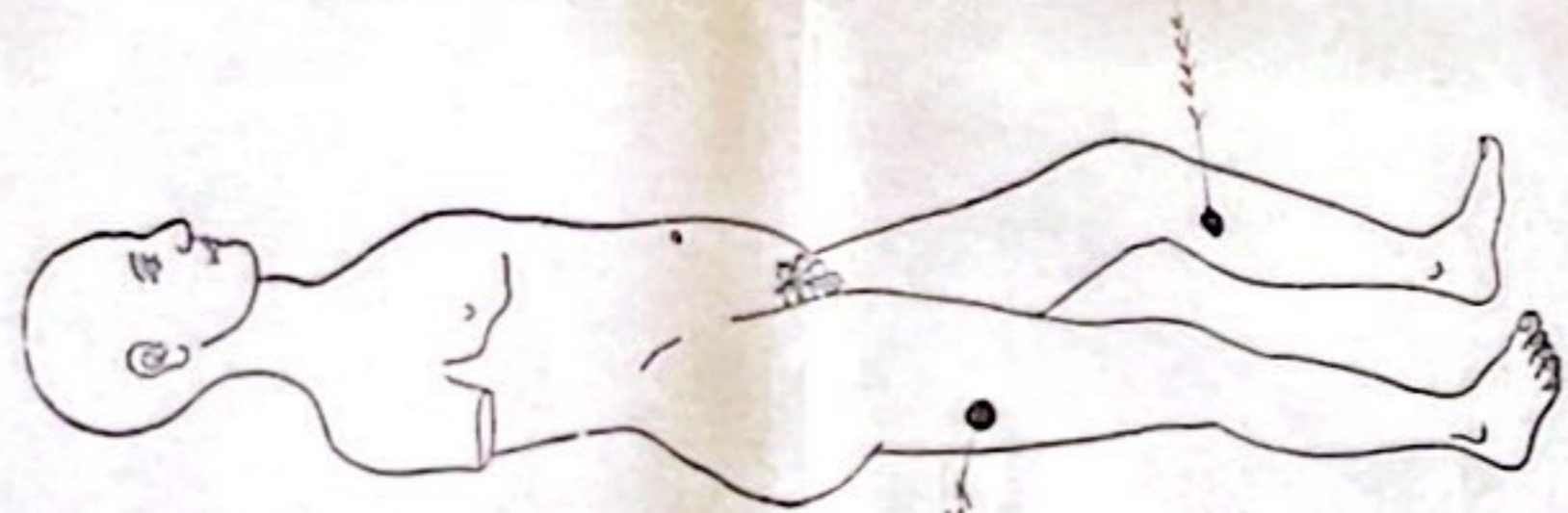
It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1/3, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent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

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *4*

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given. rating for the disability caused by *G.S. W of left leg*, *2* for that caused by *Shell W of right thigh*, and caused by *18*

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.
H. E. Metcalfe, Pres. *J. G. Albright*, Sec'y. *H. E. Sackett*, Treas.

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



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

SURGEON'S CERTIFICATE

IN CASE OF

Aaron Cummings
Co. *S*, 54th Reg't *Mass Vols*

Applicant for *Increase*

No. *161,323*

DATE OF EXAMINATION:

January 23, 1889.

W. M. Allen, Pres.,
F. G. Albright, Sec'y,
H. Westcott, Treas., } BOARD.

Post office, *Lancaster*

County, *Lancaster*

State, *Penn*

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

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



MRS

Adjourned Meeting

(3-111.)

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original

Pension Claim No. *161,323*

Name and rank of claimant.

Cummings Aaron

Rank, *Private*

Claimant's post-office address.

Company *G, 54th Reg't Mass. Inf.*
Gatchelville York Co. Pa

York York Co Pa State,
[Post-office address of the Board]

July 12th, 189 *1*.
[Date of examination.]

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

Cause of disability.

in the service, viz: *G. S. W. of Left Leg: Rheumatism: Wound of Right Thigh: Slight Deafness: Heart Trouble & Deafness of Eyes*
and that he receives a pension of _____ dollars per month.

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

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

He makes the following statement upon which he bases his claim for *Orig. Pension*
[Original, increase, restoration, &c.]
That the alleged disabilities were contracted in the military service of the U. S. that the eye & ear trouble were contracted at Morris Island S. C. that wounds were received at Fort Wagner S. C. & at Alusta Florida: that he was in hospital: that he has been treated since: that as a result manual labor he is disabled three-fourths. Alleges no hereditary tendency to deafness.

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

Upon examination we find the following objective conditions: Pulse rate, *70*; respiration, *19*; temperature, *98.8*; height, *5* feet *10* inches; weight, *170* pounds; age, *53* years. *rec. laborer; gen. app. good.*
G. S. W. of Left Leg.

Ball entered about three inches below knee-joint right back of tibia & escaped three or one-half inches from point of entrance at upper portion of calf & posterior to it: both cicatrices about 3/4 inches in diameter smooth, tender, & nonadherent. Extreme flexion of leg on thigh is very painful but no impairment of motion. No atrophy of thigh or leg.

Rheumatism.
Creeping in left shoulder joint and both knee-joints without any impairment. Elsewhere there is absolutely no objective evidence of the existence of the alleged condition, no cardiac disease.

Wound of Right Thigh
Cicatrix one or one-fourth inches (over)

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by *G. S. W. Left Leg* *4/18* for that caused by *Rheumatism* *5/18* and *2/18* for that caused by *Wound of Right Thigh* *3/18* for *Slight Deafness* *1/18* for *Heart Trouble* *1/18* for *Deafness of Eyes*.
Jacob H. Day, Pres. *E. W. Harrison*, Sec'y. *B. F. Gaugler*, Treas.

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

Continue record of examination here.

in diameter: smooth; tender and slight adherent on posterior portion of thigh and six inches below great trochanter. No atrophy of thigh: no impairment of motion.

Slight Deafness of Both Ears. Mild catarrh of anterior & posterior nares. Cannot hear the ticking of watch with right ear at any point: hearing power of left ear = 1/40: both ear drums opaque: both Eustachian tubes closed. Heart trouble, not found. He also finds some pharyngitis. Hears the spoken voice without much difficulty.

Adjoint Medical Meeting



SURGEON'S CERTIFICATE

IN CASE OF

Burnings of Aaron Co. G, 54th Reg't Mass. Inf.

Applicant for Dr. J. Brown
C.A. No. 161, 323

DATE OF EXAMINATION:

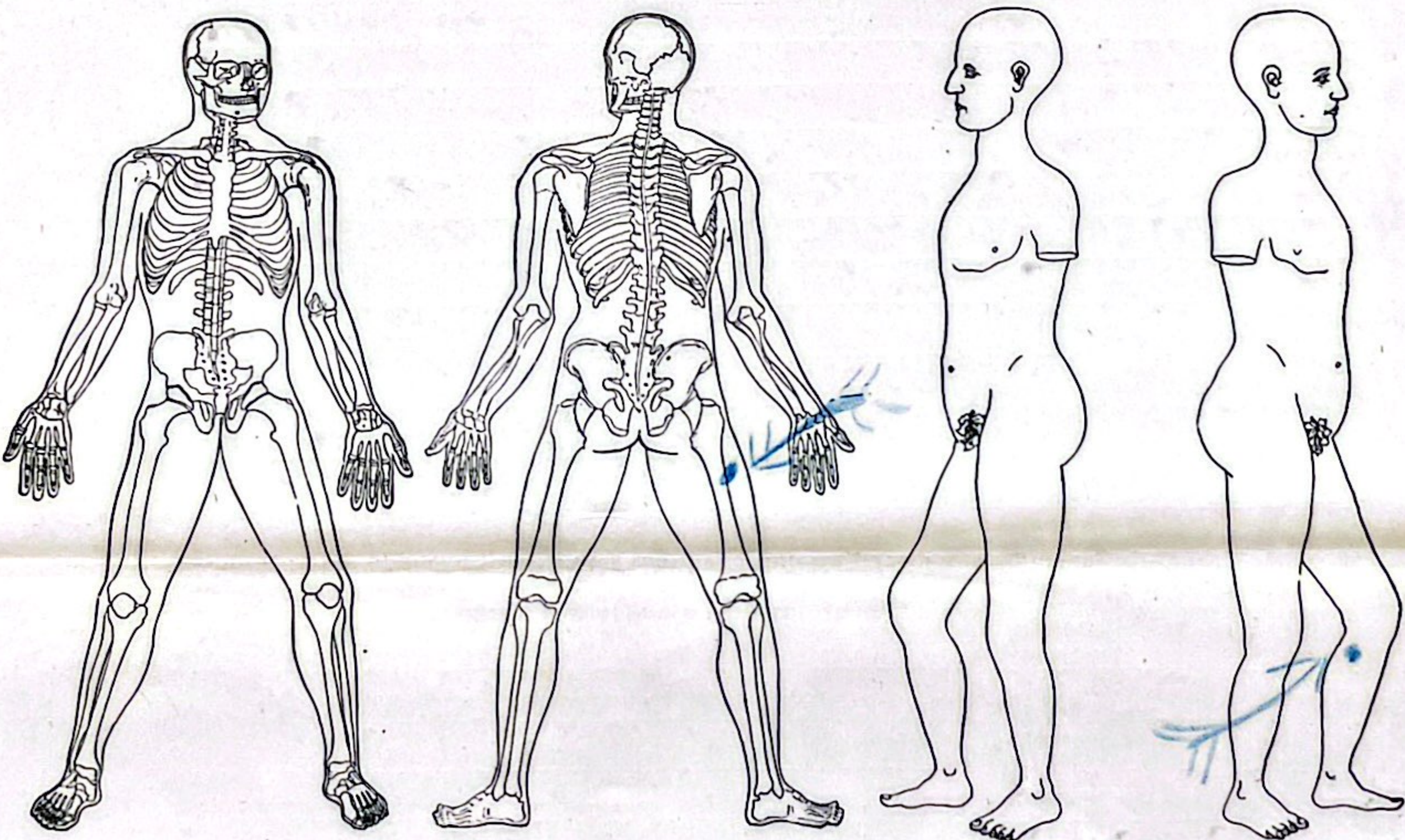
Feb'y 12, 1891

Board: J. W. Wood, Pres., E. W. Wood, Sec'y, A. H. O'Leary, Treas.

Post office, York
County, York
State, Pa

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

278



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

Name and rank of claimant. _____, Rank, _____

Company _____, Reg't _____ State, _____
 [Post-office address of the Board.]

Claimant's post-office address. _____, 189 _____
 [Date of examination.]

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

Cause of disability. in the service, viz: _____

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

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

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

Upon examination we find the following objective conditions: Pulse rate, _____; respiration, _____; temperature, _____; height, _____ feet _____ inches; weight, _____ pounds; age, _____ years.

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

Weakness of Eyes. Cannot use test types because he cannot read or does not know his letters. Counts fingers with both eyes without glasses at 20 feet; with right eye at 12 feet; with left eye at 15 feet. Well marked Cataract discovered in each eye. All bad habits denied & none suspected by Board. No other disability alleged or found.

Rate for EACH cause of disability. He is in our opinion, entitled to a _____ rating for the disability caused by "*Rheumatism*", and _____ for that caused by "*W.S.W. of left leg*".
 _____ for "*Right Thigh*", _____ for "*Slight Deafness*", _____ for "*Heart Disease*".
Jacob Day, Pres. *E. W. Wheeler*, Sec'y. *B. F. Langley*, Treas.

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

Contains record of examination here.

Lined area for recording examination details.

SURGEON'S CERTIFICATE

IN CASE OF

Co. _____ Reg't _____

Applicant for _____

No. _____

DATE OF EXAMINATION:

_____, 189 _____

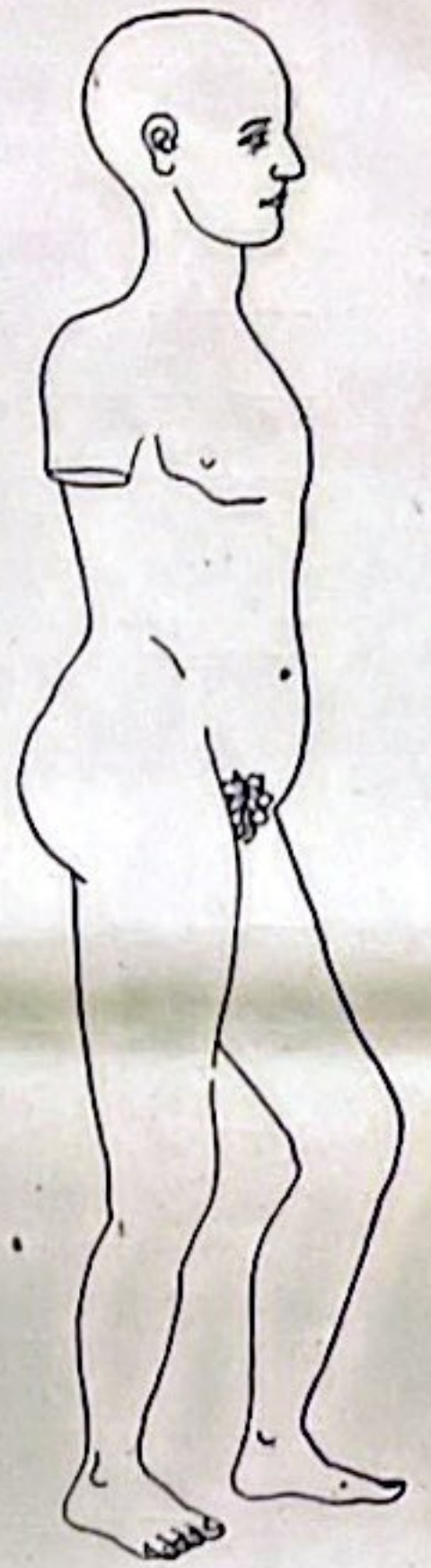
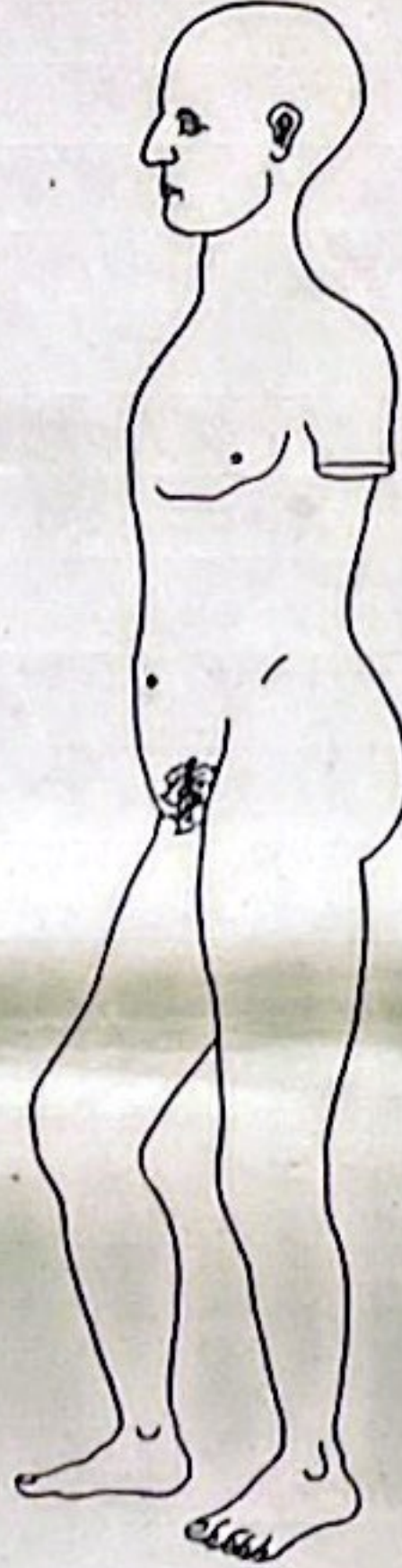
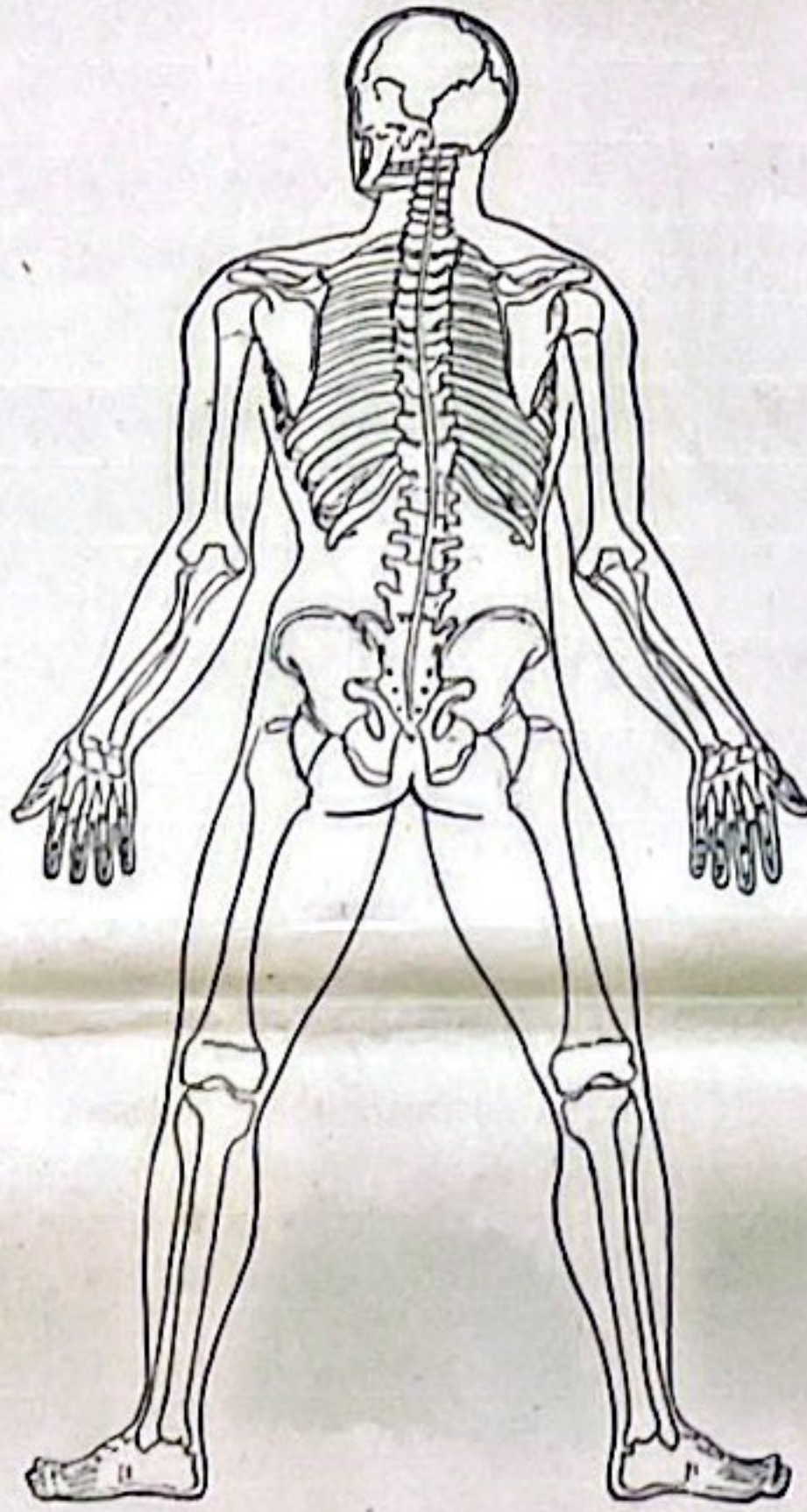
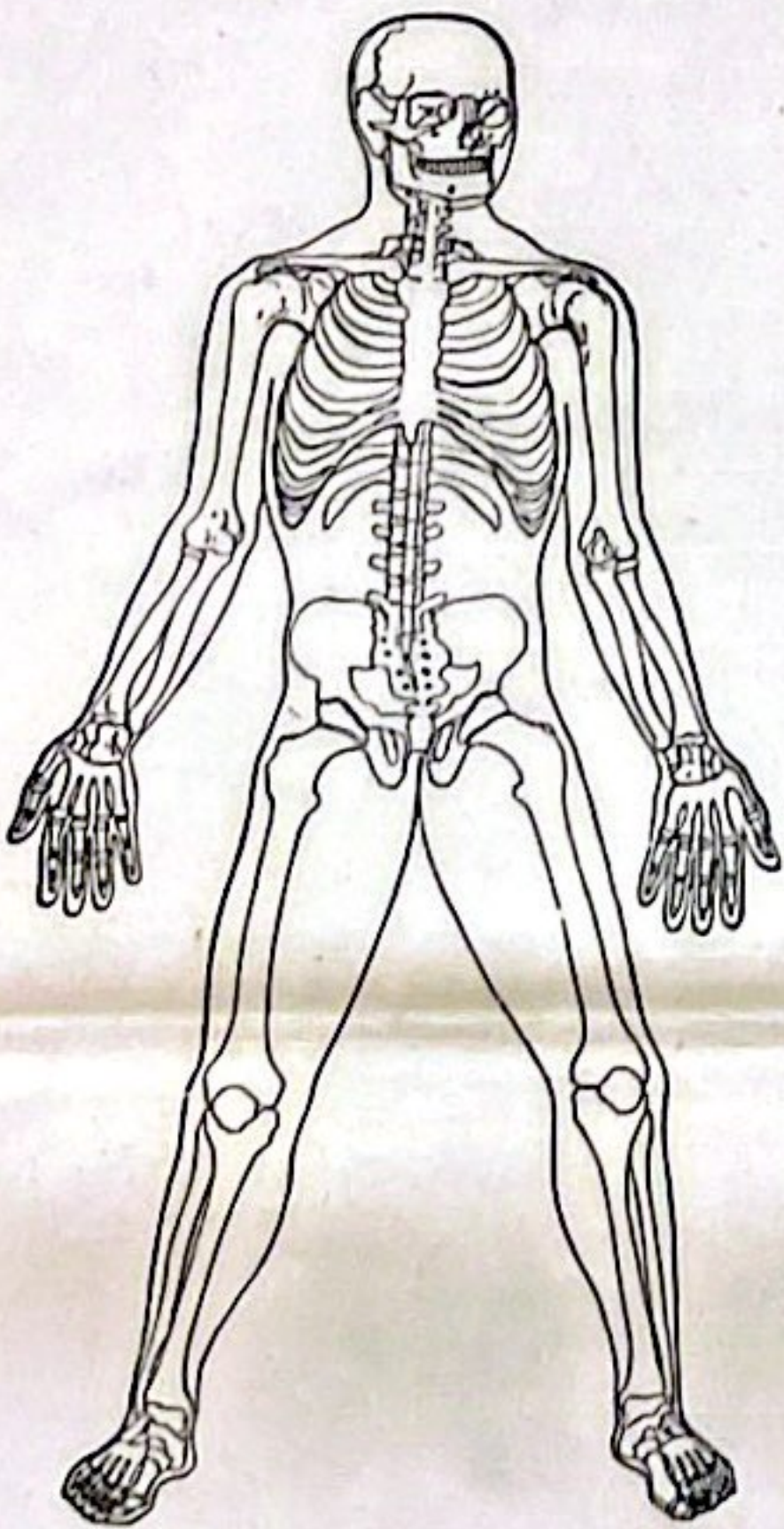
_____, *Pres.*, }
_____, *Sec'y*, } BOARD.
_____, *Treas.*, }

Post office, _____

County, _____

State, _____

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



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

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

Attention is invited to the outlines of the human skeleton and figure on 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 indersed upon each certificate.

Insert character and number of claim.

Increase

Pension Claim No. 161.323

Name and rank of claimant.

Aaron Cummings

Rank, private

Claimant's post-office address.

Company G, 54 Reg't Mass Inf
Gatchelville York Co Pa

Leicester Penna

State,

[Post-office address of the Board.]

[Date of examination]

July 13, 1892

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

Cause of disability.

in the service, viz: Wound of left leg - Rheumatism - wound of right thigh - slight Deafness - Heart trouble & weak eyes.

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.]
Wound in L. leg Aug. 1863. Constant pain & weakness of leg.

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

Almost constant rheumatic pains in shoulders, back & legs, increased in damp weather, dyspnoea & palpitation of heart on exertion.

Wound in R. thigh about Aug. 1863. Constant pain in thigh. Hearing of both ears & sight of both eyes, somewhat impaired.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature normal; height, 5 feet 9 1/2 inches; weight, 163 1/2 pounds; age, 56 years: A ball entered, near anterior aspect of middle of upper third of L. leg, passing backward & slightly outward, making its exit slightly upward from lower angle of popliteal space. Cicatrices each 3/4 in. diameter, somewhat adherent & tender to pressure. Rate four eighteenths.

Heart forcible, otherwise normal. Stiffness of pain on motion of shoulders & knees. No other physical signs of rheumatism. Rate four eighteenths.

There is a cicatrix 2 in. diameter on outer aspect of R. thigh, 2 in. below the great trochanter, somewhat adherent & tender to pressure. Rate two eighteenths.

External auditory meatus & tympanum of both ears normal. Throat & both Eustachian tubes normal. He hears ordinary conversation beyond 6 ft. with either ear, when the other is closed. No otitis.

There is a small pterygium from inner canthus of each eye, which does not impinge on cornea. Eyes presbyopic. There is slight conjunctivitis of lids of both eyes. Eyes otherwise normal. Rate two eighteenths.

Lungs, liver & spleen normal.

No other disability is found to exist.

Rate for EACH cause of disability.

He is in our opinion, entitled to a 4/8 rating for the disability caused by Wound of L. leg 4/8 for that caused by Rheumatism, and 2/8 for that caused by Wound of R. thigh, & 2/8 for Dim of Eyes & Nothing for Deafness.

S. T. Davis, Pres. A. J. Kerr, Sec'y. H. O. Reed, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Caron Cummings

Co. *4*, *574* Reg't *Mass Inf*

Applicant for Severeau

No. *161.323*

DATE OF EXAMINATION:

July 13, 189*2*

S. J. Davis Pres.,

A. H. Kern Sec'y,

A. H. Reed Treas.,

BOARD.

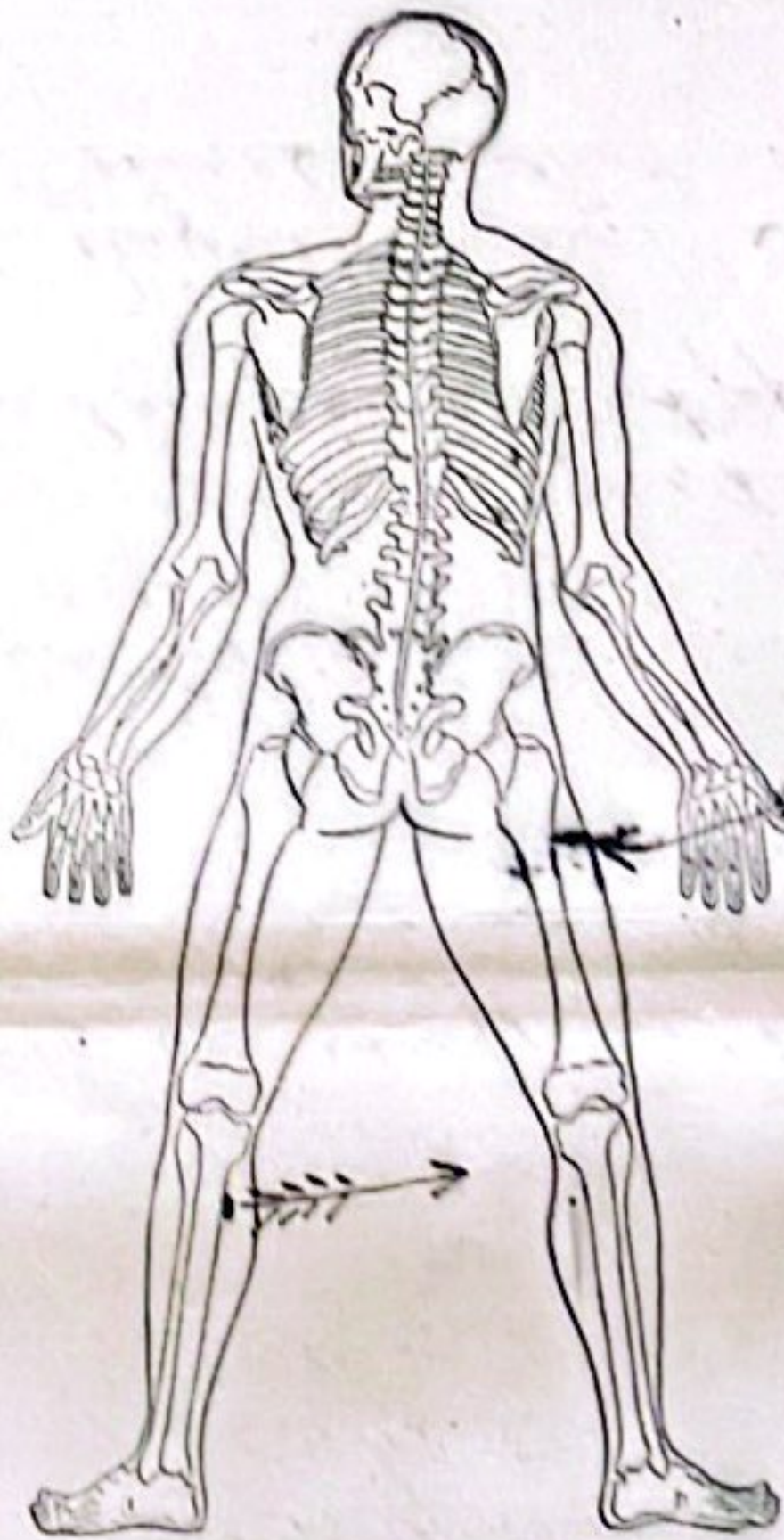
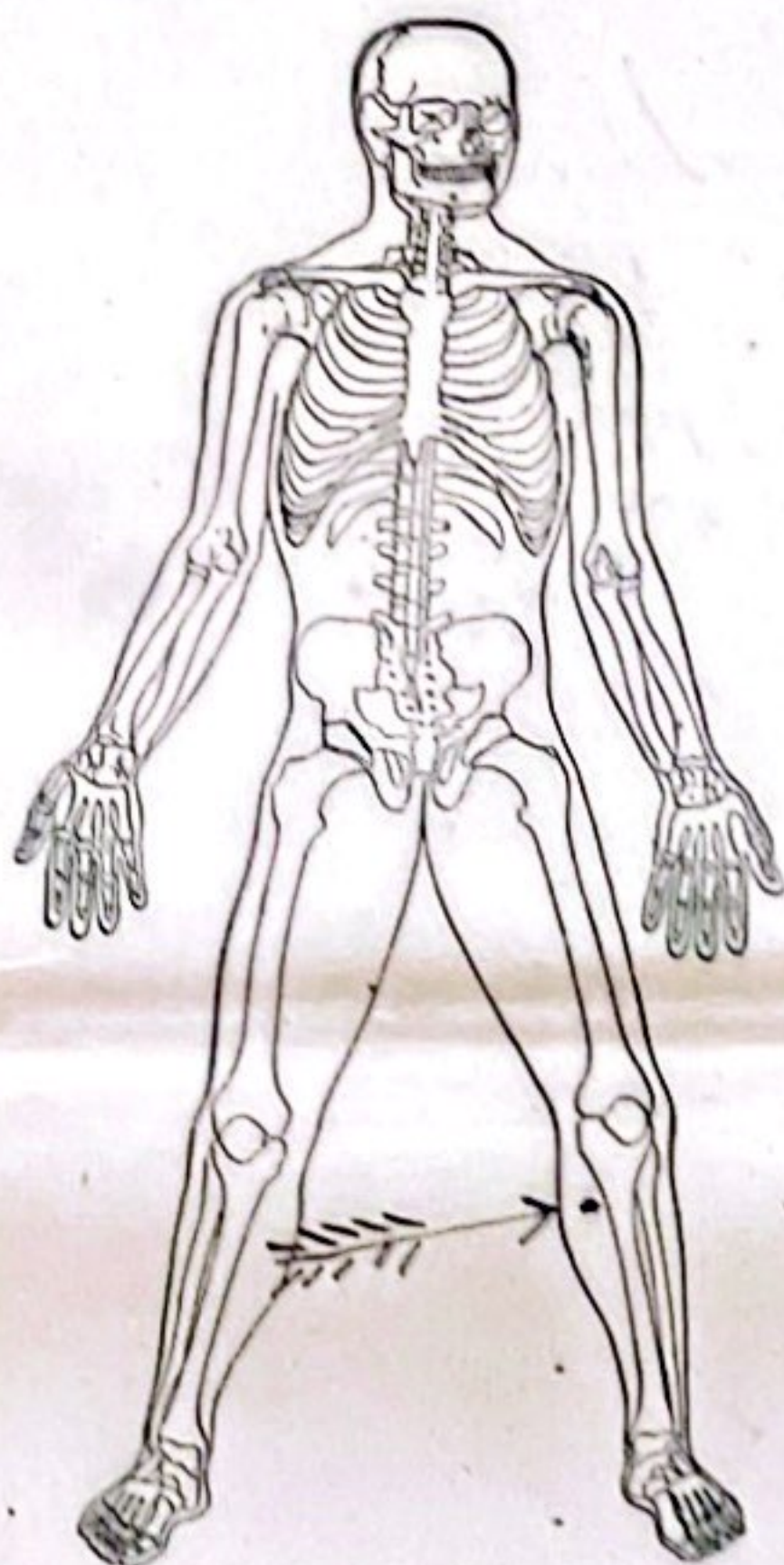
Post office, *Lancaster*

County, *Lancaster*

State, *Pennsylvania*

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

Darwin



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

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

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Additonal Pension Claim No. 161323
Name and rank of claimant. Armin Cunningham Rank, Private
Company G, 54 Reg't Mass, Inf State, York, York Co Pa
Claimant's post-office address. Gatchsville, York Co Pa [Date of examination.] Feb 22, 1899

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 Eyes, Rheumatism, Gun shot wound of left leg + right leg
and that he receives a pension of Twelve (12) dollars per month.

He makes the following statement upon which he bases his claim for Addt [Original, increase, restoration, &c.]
All the above disabilities developed while in the service during the late civil war except the Rheumatism which has developed since and that he is wholly disabled for the performance of manual labor.

Upon examination we find the following objective conditions: Pulse rate, 94; respiration, 24; temperature, 98.2; height, 5 feet 10 inches; weight, 169 pounds; age, 66 years. Gen. Labor Gen. App. Crippled w. Disease of Eyes.

1st Disease of Eyes.
We find marked conjunctivitis in both eyes. On the right eye there is a well defined Pterygium extending to the cornea and a stenosis of the duct of the lacrimal gland. On the left eye there is a Pterygium in incipience. Both eyes are amblyopic. Fingers being counted imperfectly at 8-10 inches. Pupils of average size and respond equally to light and shade. Lenses are transparent. He cannot read. (illiterate.) (Rate 1/18)

2nd Rheumatism.
We find marked soreness in the right shoulder and motions are constrained and limited, one third (1/3) No other objective evidence of rheumatism in the upper extremities. Motions of the head and neck free and easy. Pressure upon the shoulders produces pain in the lumbar region. The lumbar muscles are sore. He stoops with difficulty and motions are constrained and limited one half (1/2) There is cracking in both knee joints and motions are limited.

Wm. F. Bacon, Pres. M. J. McKinnon, Sec'y. O. C. Brickley

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. 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. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 18 ____."

(Signature.)

(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.)

EAST. DIV.
MAR 11 1899
RECEIVED

PENSION
FEB 24 S.
U. S.
OFFICE,
1899

SURGEON'S CERTIFICATE

IN CASE OF

Carroll Cummings
Co. 4, 54 Reg't Main St

APPLICANT FOR Additional

No. 161323

DATE OF EXAMINATION:

Feb 22, 1899

Wm. A. Baer, Pres.,
W. J. McManis, Sec'y,
D. C. Brickley, Treas.,
BOARD.

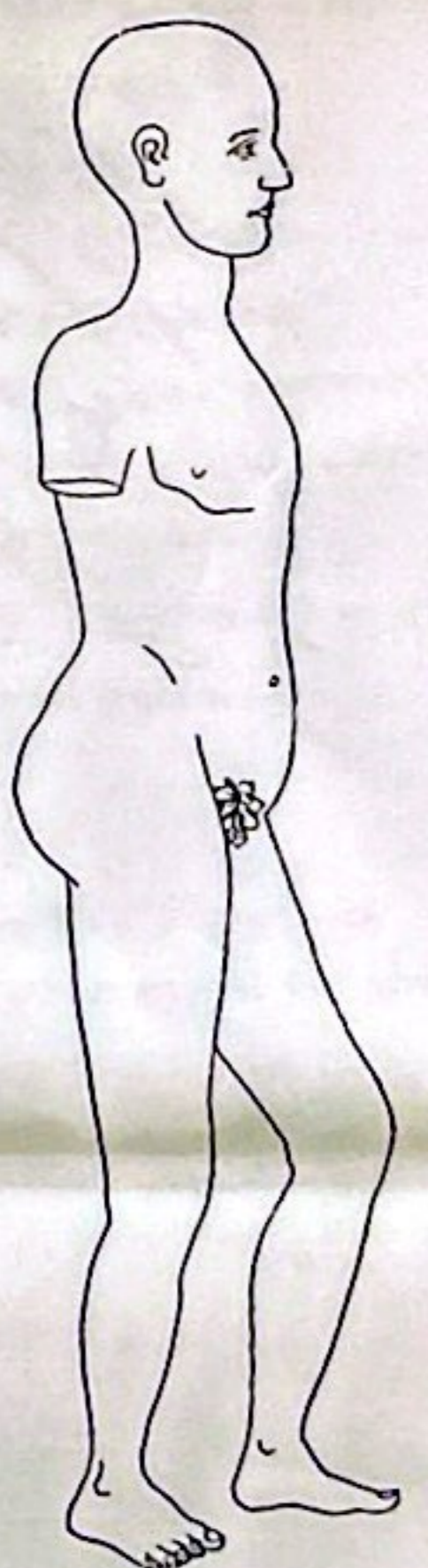
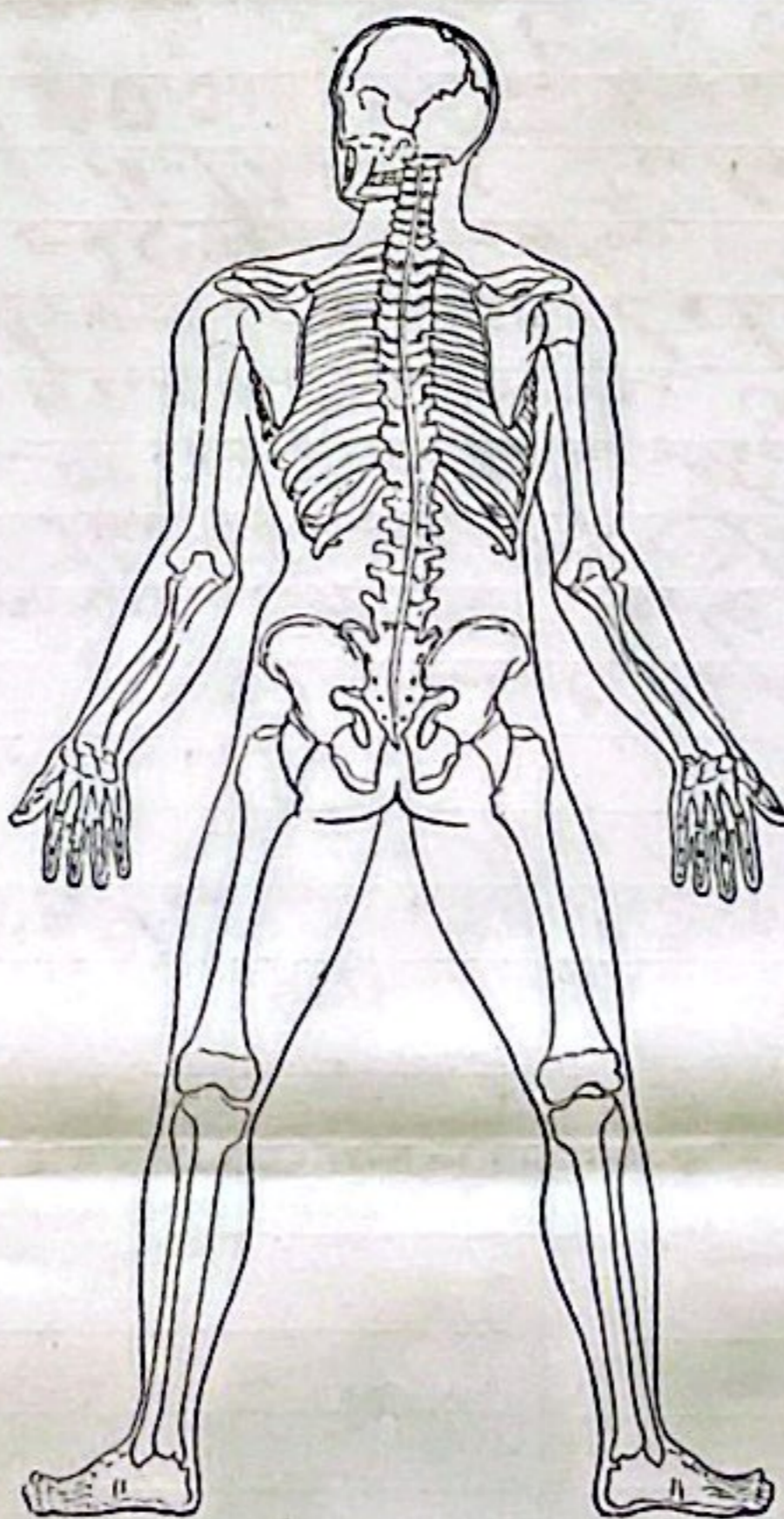
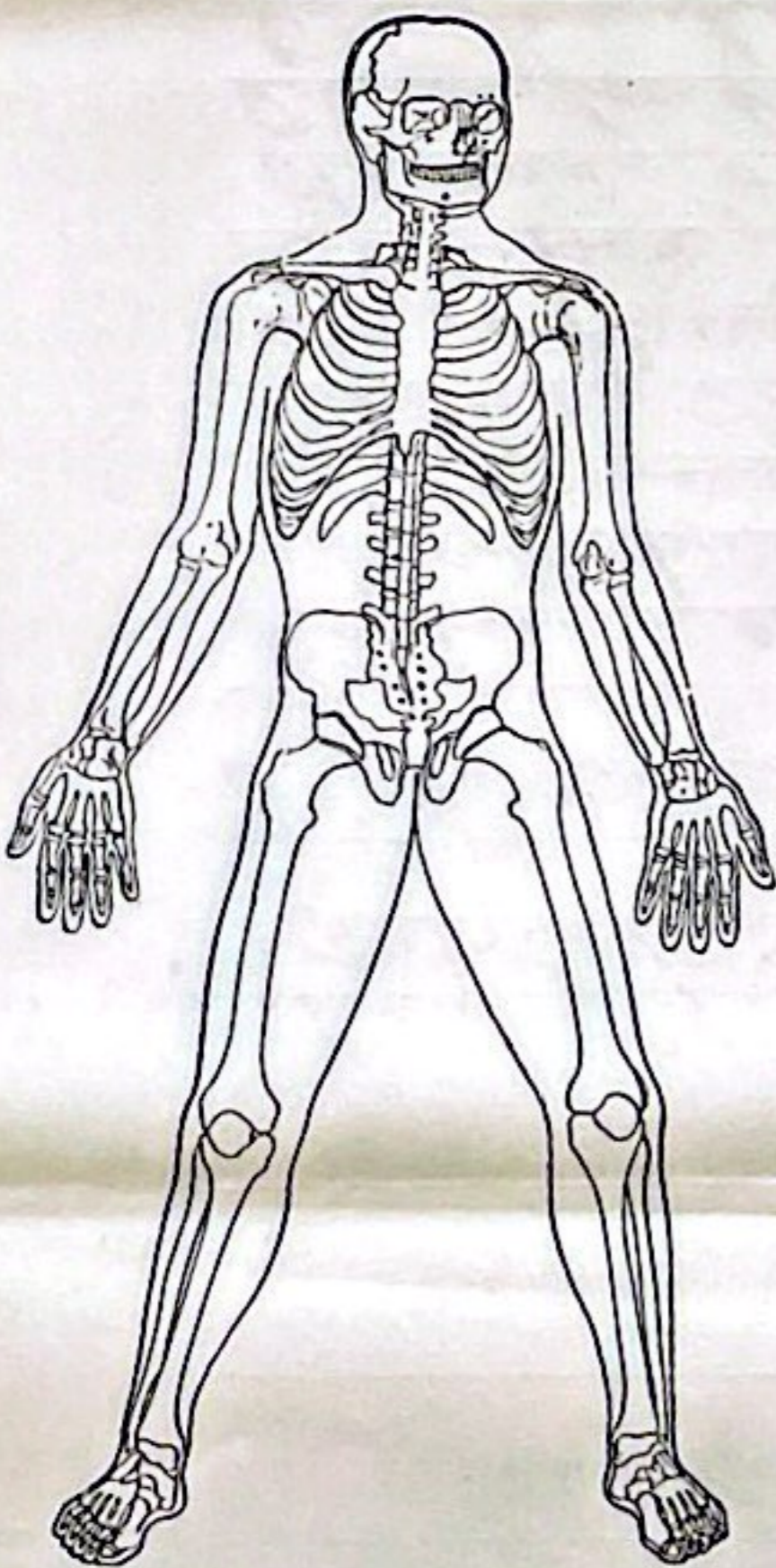
Post office, York

County, York

State, Pa

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

Wilson



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, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Additonal Pension Claim No. 161323
Name and rank of claimant. Arnon Cunningham Rank, Private
Company G, 54 Reg't Mass, 2nd Inf State, York, York Co Pa.
Claimant's post-office address. Gatchsville, York Co Pa. [Post office address of the Board.]
Feb 22, 1899. [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Disease of Eyes, Rheumatism, Gun shot wound of left leg + right leg.
and that he receives a pension of Twelve (12) dollars per month.

He makes the following statement upon which he bases his claim for Addit. [Original, increase, restoration, &c.]
Here give the claimant's statement as briefly and as compactly as possible.
All the above disabilities developed while in the service during the late civil war except the Rheumatism which has developed since and that he is wholly disabled for the performance of manual labor.

Upon examination we find the following objective conditions: Pulse rate, 94; respiration, 24; temperature, 98.2; height, 5 feet 10 inches; weight, 169 pounds; age, 66 years. Gen. Labor Gen. App. Crippled
1st. Disease of Eyes.

Here give a full description of the disabilities, in accordance with Book of Instructions.
The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.
We find marked conjunctivitis in both eyes. On the right eye there is a well defined Pterygium extending to the cornea and a Stenoseductus lachrymalis. On the left eye there is a Pterygium in incipience. Both eyes are Anisophic. Fingers being counted in perfectly at 8-10 inches. Pupils of average size and respond equally to light and shade. Lenses are transparent. He cannot read. (illiterate.) (Rate '18)

2nd Rheumatism.
We find marked Rosiness in the right shoulder and motions are constrained and limited, one third (1/3) No other objective evidence of rheumatism in the upper extremities. Motions of the head and neck free and easy. Pressure upon the shoulders produces pain in the lumbar region. The lumbar muscles are sore the thorax with difficulty and motions are constrained and limited one half (1/2) There is creaking in both knee joints and motions are limited

Wm. F. Bacon, Pres. W. J. McKinnon, Sec'y. O. C. Brickley, Sec'y.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

Name of claimant.

Additional Pension Claim No. 161323
Aaron Cummings
[Rank.] , Company 354, Reg't 100th
Feb 22, 1899
[Date of examination.]

EXAMINATION - Continued.

one half (1/2) no other objective evidence of rheumatism in the lower extremities
(Rate 9/18)
3rd Heart disease.

We find a few irregularities not plainly evident to inspection or palpation. The area of cardiac dullness is normal and in the normal position. Rhythm regular. Force normal. No murmurs. No hypertrophy or dilatation. No dyspnoea. No oedema, or cyanosis. There is no organic disease of the heart. Pulse sitting 94. Standing 100. After exercise 108. This tachycardia is due to a neurotic condition
(Rate 8/18)

4th Gun Shot wound of the left leg.
We find the scars of a missile ball, which entered two inches below the knee joint, at the inner edge of the tibia breaking off a splinter, which afterwards came out, and came out back of the knee about (2) two inches from the point of entrance. The scars are about one half (1/2) inch in diameter and depressed, but not painful. (Rate 4/18)

5th Gun Shot wound of the right thigh.
We find a large scar, one and one half inches (1 1/2) in diameter, on the outside of the right thigh. Six inches below the hip joint. This scar is depressed, and adhering to the underlying tissues. There is some numbness and loss of sensation in the leg and foot. (Rate 4/18)

Hands soft. Habits good. No evidence of syphilis.
In our opinion this claimant is disabled for the performance of manual labor
(Rate 15/18)

Wm. F. Bacon, Pres. J. G. McKinnon, Sec'y. O. C. Brickley, Treas.
6-552

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

"I hereby certify that Dr. Bacon, Dr. Brockley, and Dr. McKinnon, were personally present and actually participated in the examination of Caron Cummings, the claimant in this case, on 23rd day of Feb, 1899

(Signature.)

M. J. McKinnon

(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

Caron Cummings
Co. B, 54 Reg't. Mass Inf

Applicant for additional

No. 161323

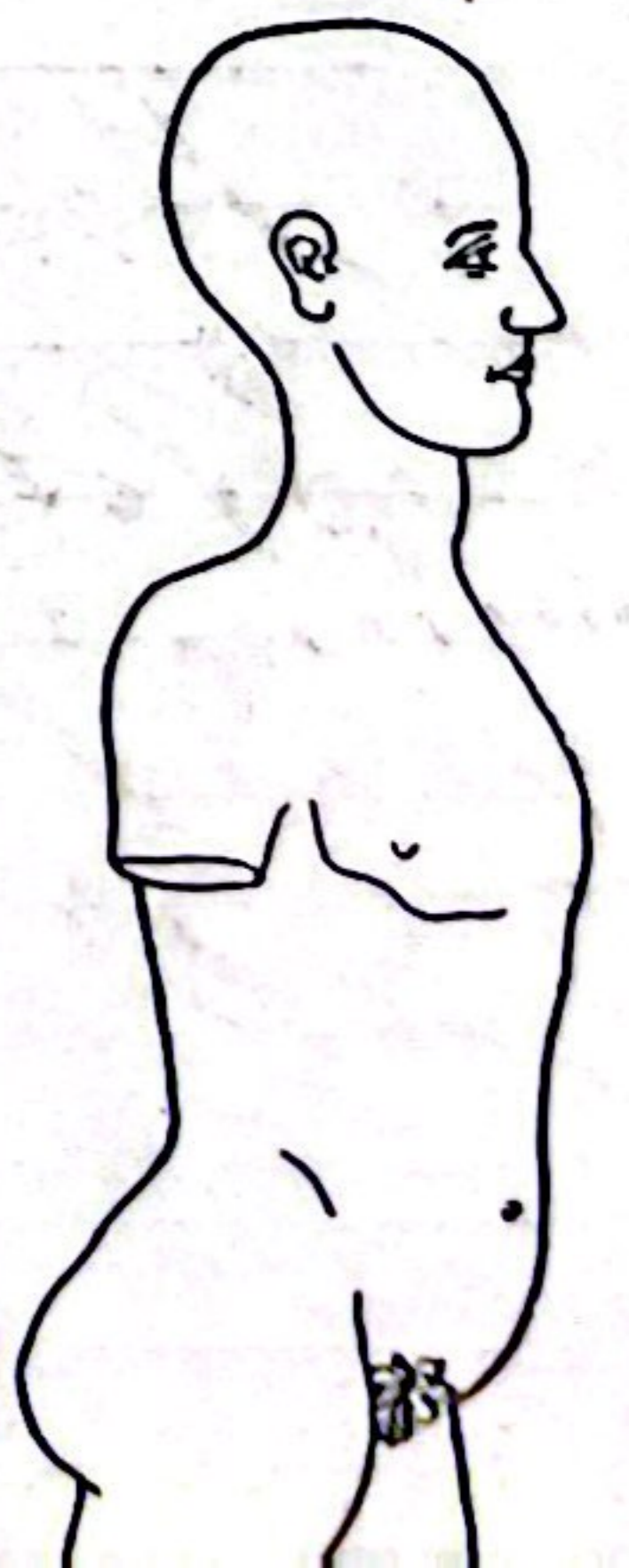
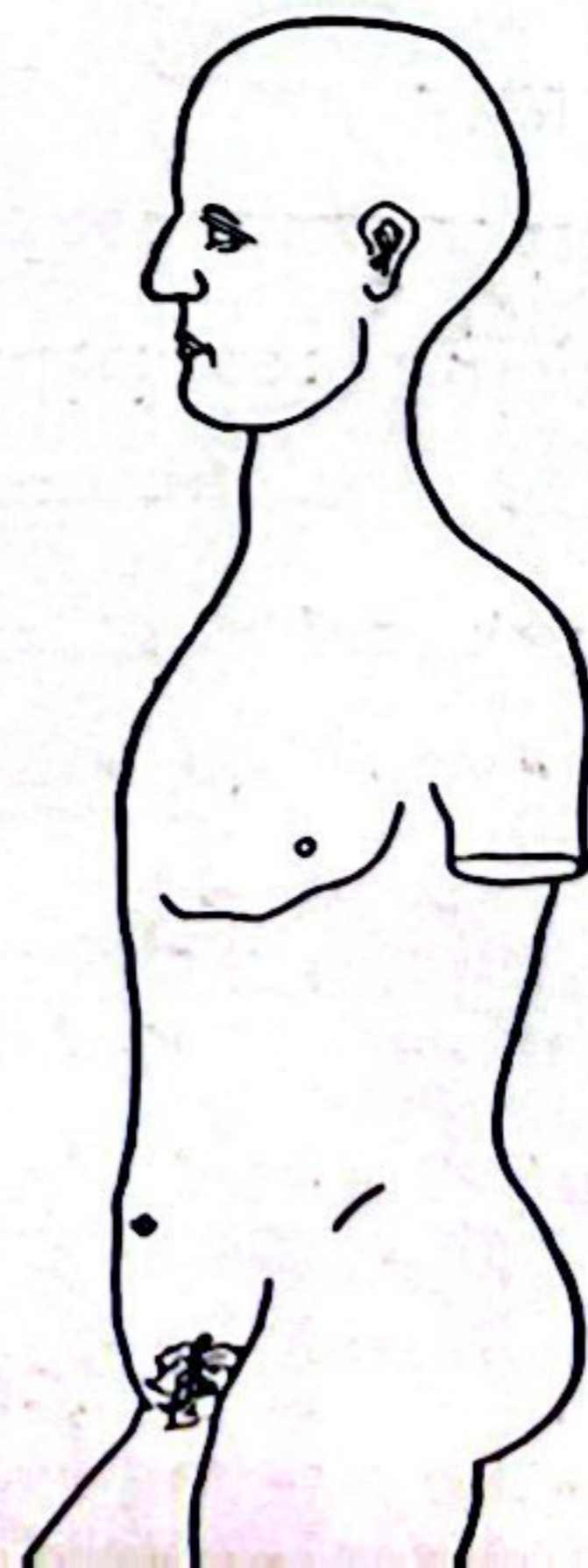
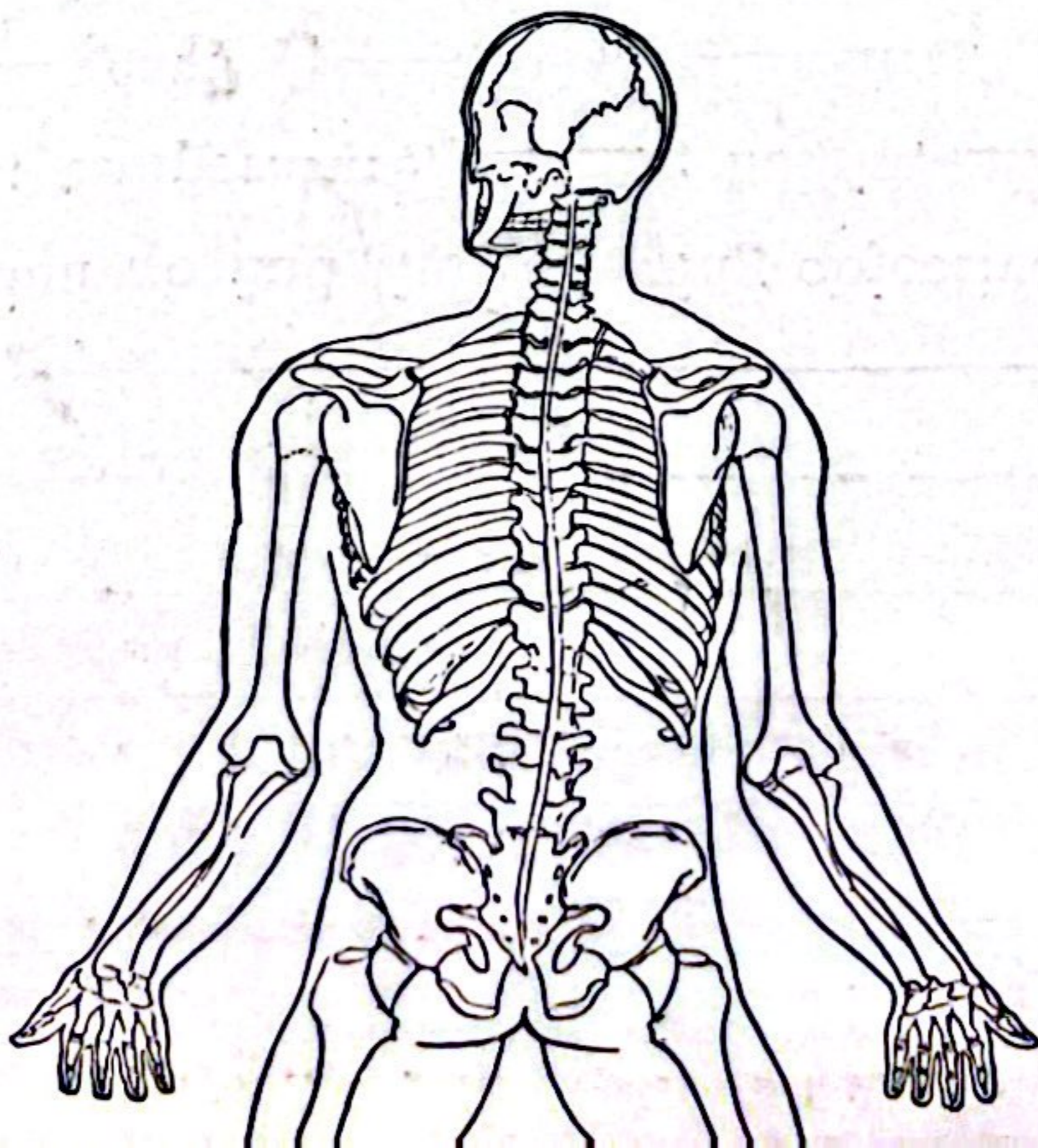
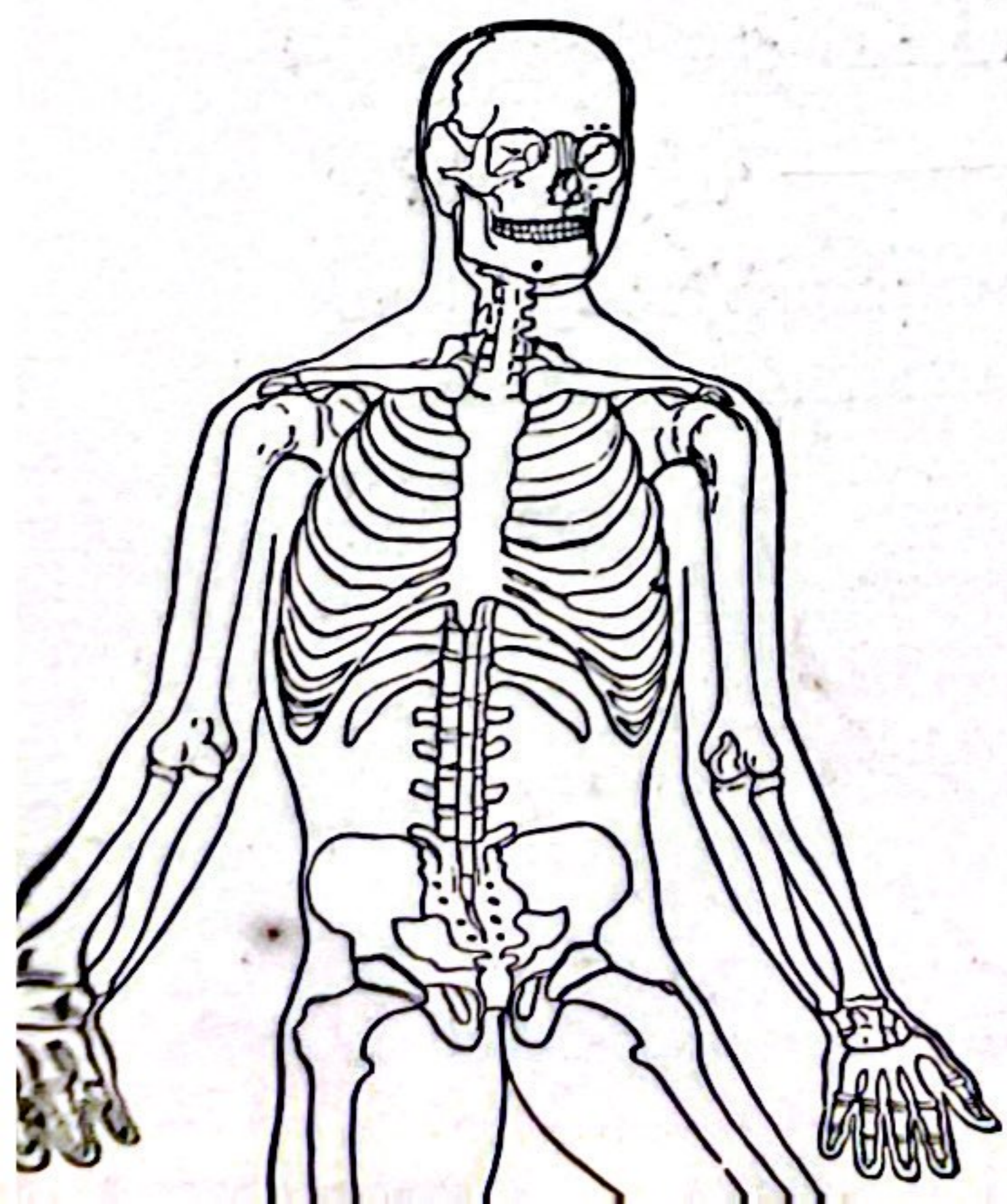
DATE OF EXAMINATION:

Feb 22nd, 1899

M. J. Bacon, Pres.,
M. J. McKinnon, Sec'y,
O. C. Brickley, Treas.,
BOARD.

Post office, Yonk
County, Yonk
State, Pa

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



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

"I hereby certify that Dr. Bacon, Dr. Brickley, and Dr. McKinnon, were personally present and actually participated in the examination of Caron Cummings, the claimant in this case, on 22nd day of Feb, 1899

(Signature.)

M. J. McKinnon

(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 _____, 1899."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Caron Cummings
Co. B, 54 Reg't Mass Inf

Applicant for Additional

No. 161323

DATE OF EXAMINATION:

Feb 22nd, 1899

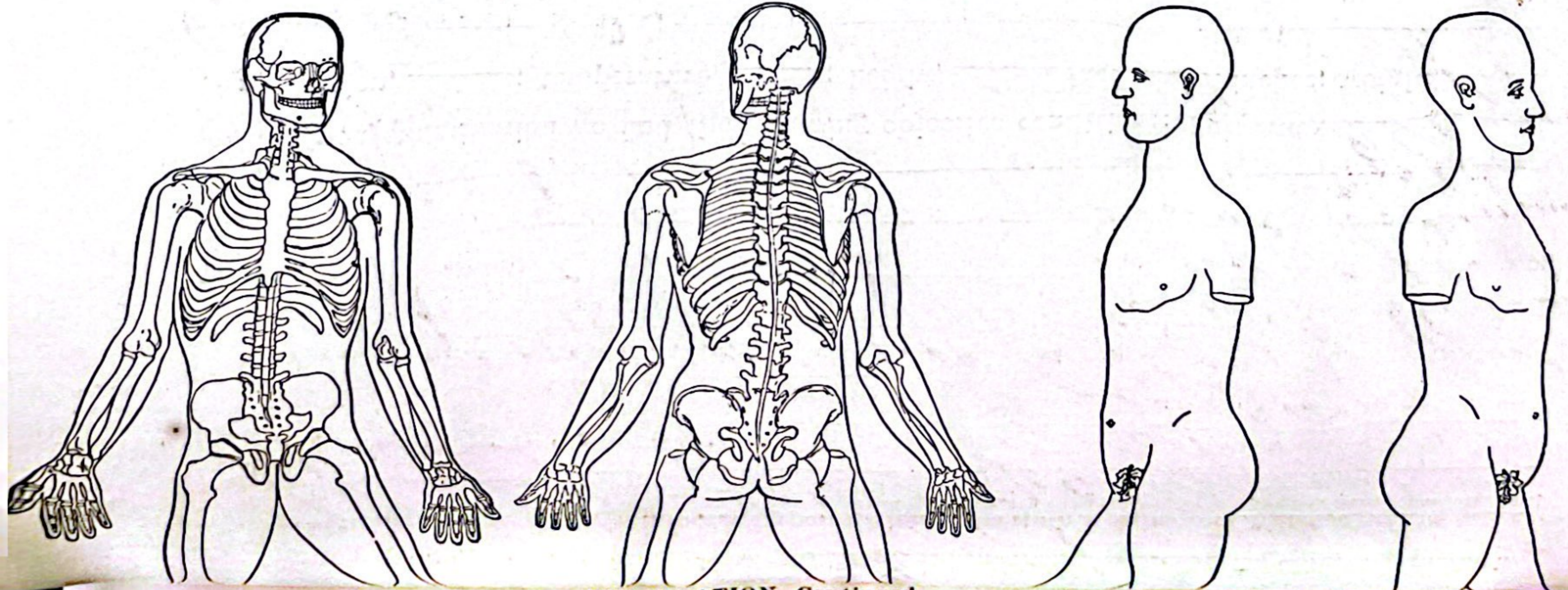
M. J. Bacon, Pres.,
M. J. McKinnon, Sec'y,
O. C. Brickley, Treas.,
BOARD.

Post office, York

County, York

State, Pa

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



EXAMINATION—Continued.

one half (1/2) no other objection evidence of osteoarthritis in the lower extremities (Rate 9/18)
3rd heart disease,

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. _____, Dr. _____, and

Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 18 ____."

(Signature.)

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.)

EAST. DIV.
MAR 11 1899
RECEIVED.

PENSION
FEB 24 S.
1899
OFFICE.

SURGEON'S CERTIFICATE

IN CASE OF
Carroll Cummings
Co. H, 54 Reg't Massy

APPLICANT FOR Addition

No. 161323

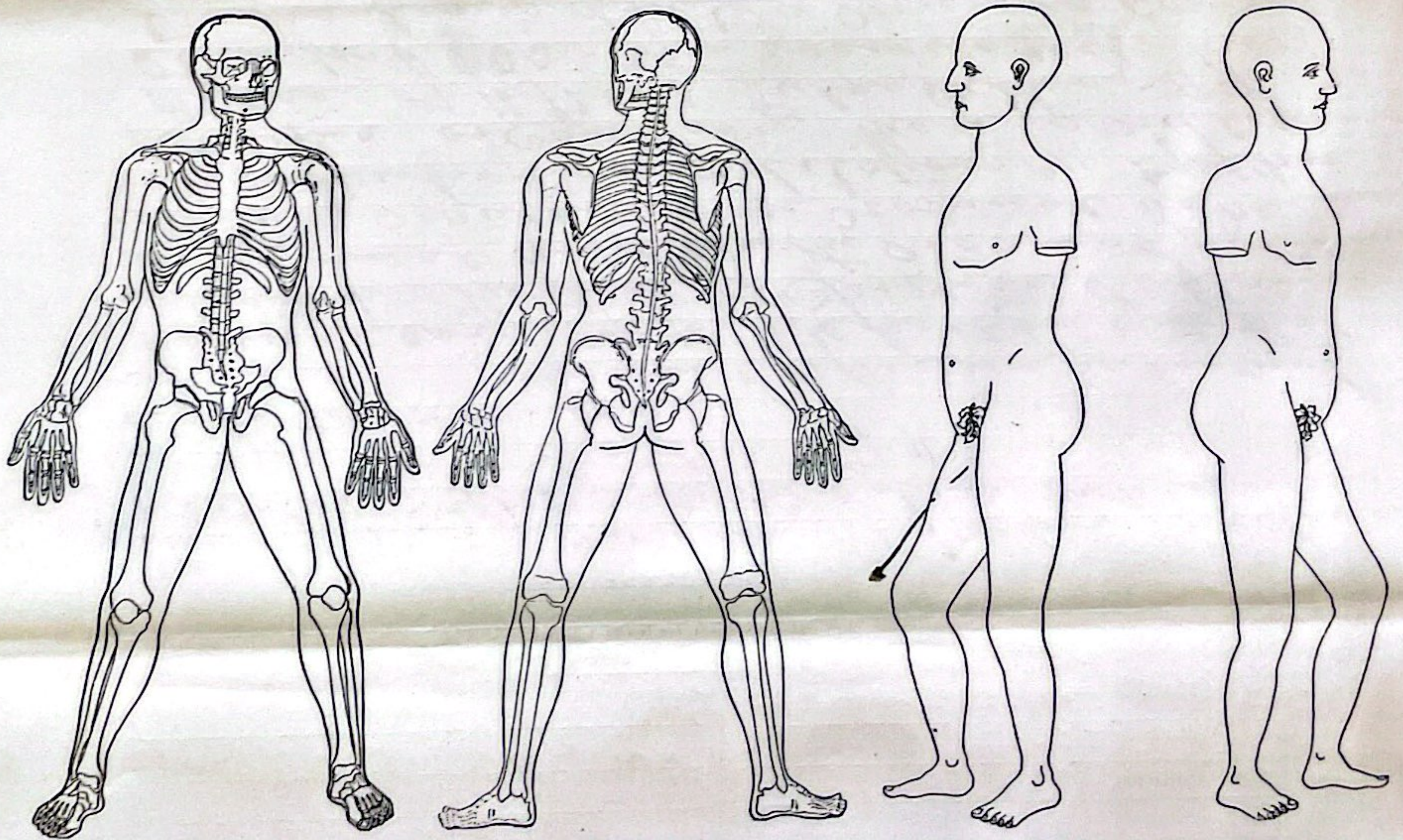
DATE OF EXAMINATION:
Feb 22, 1899

Wm. G. Baer, Pres.,
M. J. McKim, Sec'y,
O. C. Brickley, Treas.,
BOARD.

Post office, York
County, York
State, Pa

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

Wilson



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.]

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

"I hereby certify that Dr. Wooten, Dr. Davis, and Dr. McClure, were personally present and actually participated in the examination of Aaron Cummings, the claimant in this case, on 18 day of June, 1902.

(Signature.)

J. Francis McClure

(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 _____, 1902.

Witnesses to mark.

(Signature of Applicant.)

RECEIVED
JUL 10 1902
PENSION OFFICE
JUN 20 1902

SURGEON'S CERTIFICATE

IN CASE OF

Aaron Cummings
"G", 54 Reg't Mass. Vol. Infy

APPLICANT FOR Additional

No. 161.323

DATE OF EXAMINATION:

June 18, 1902

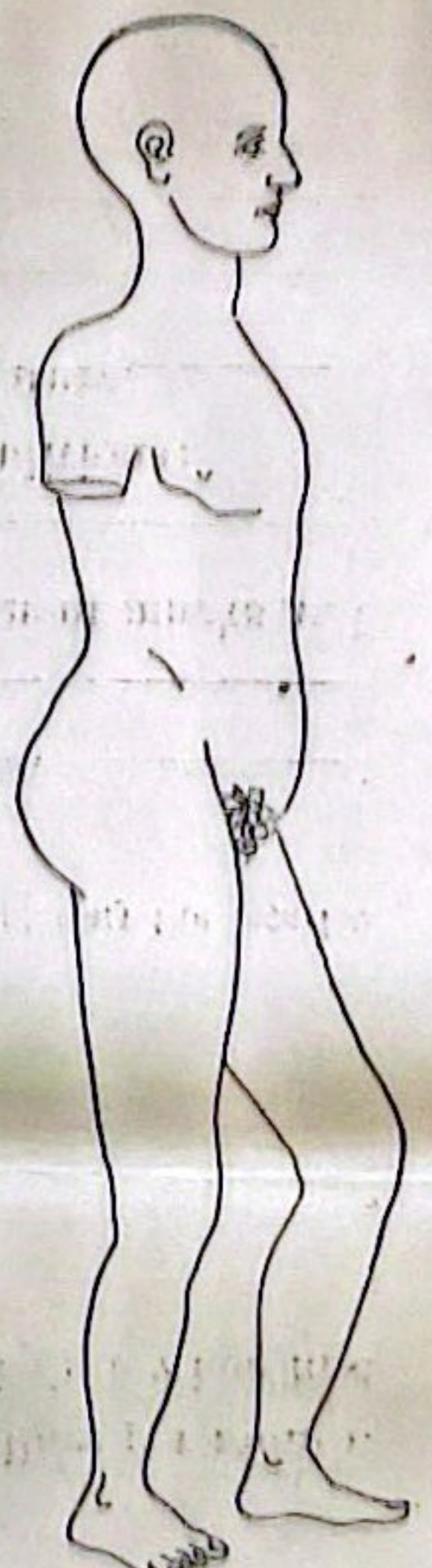
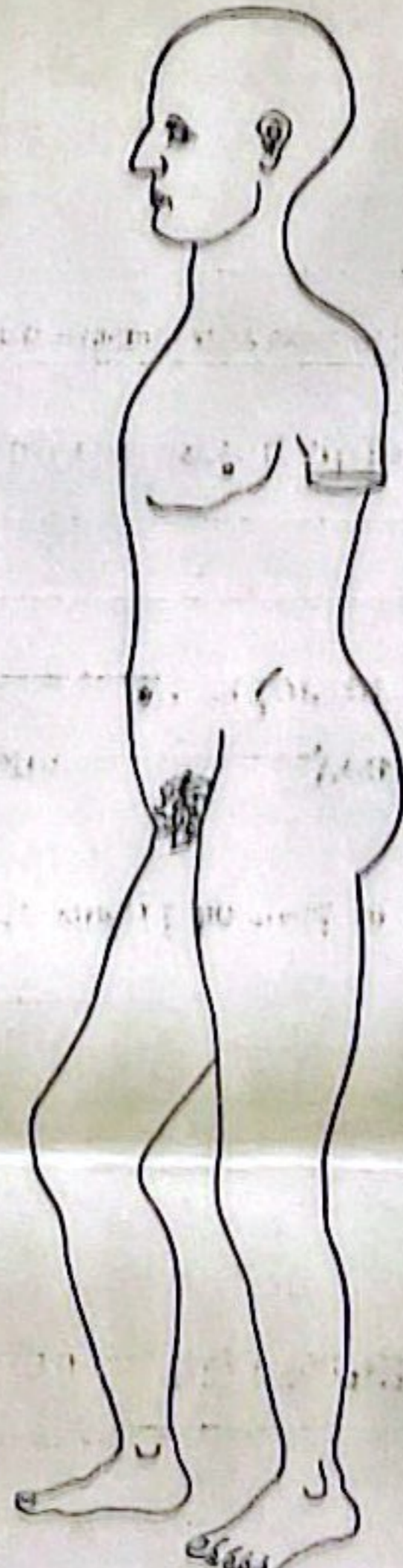
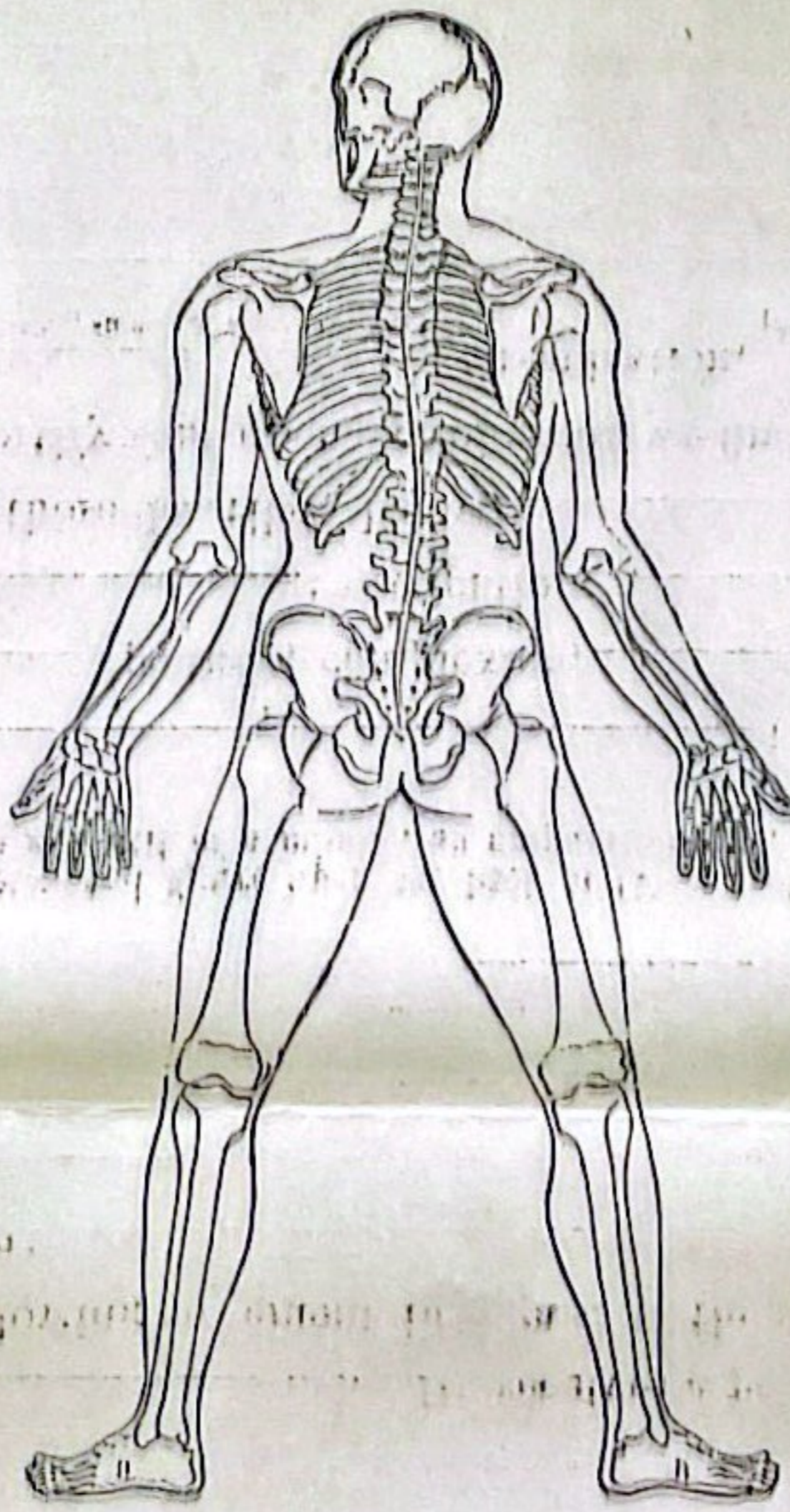
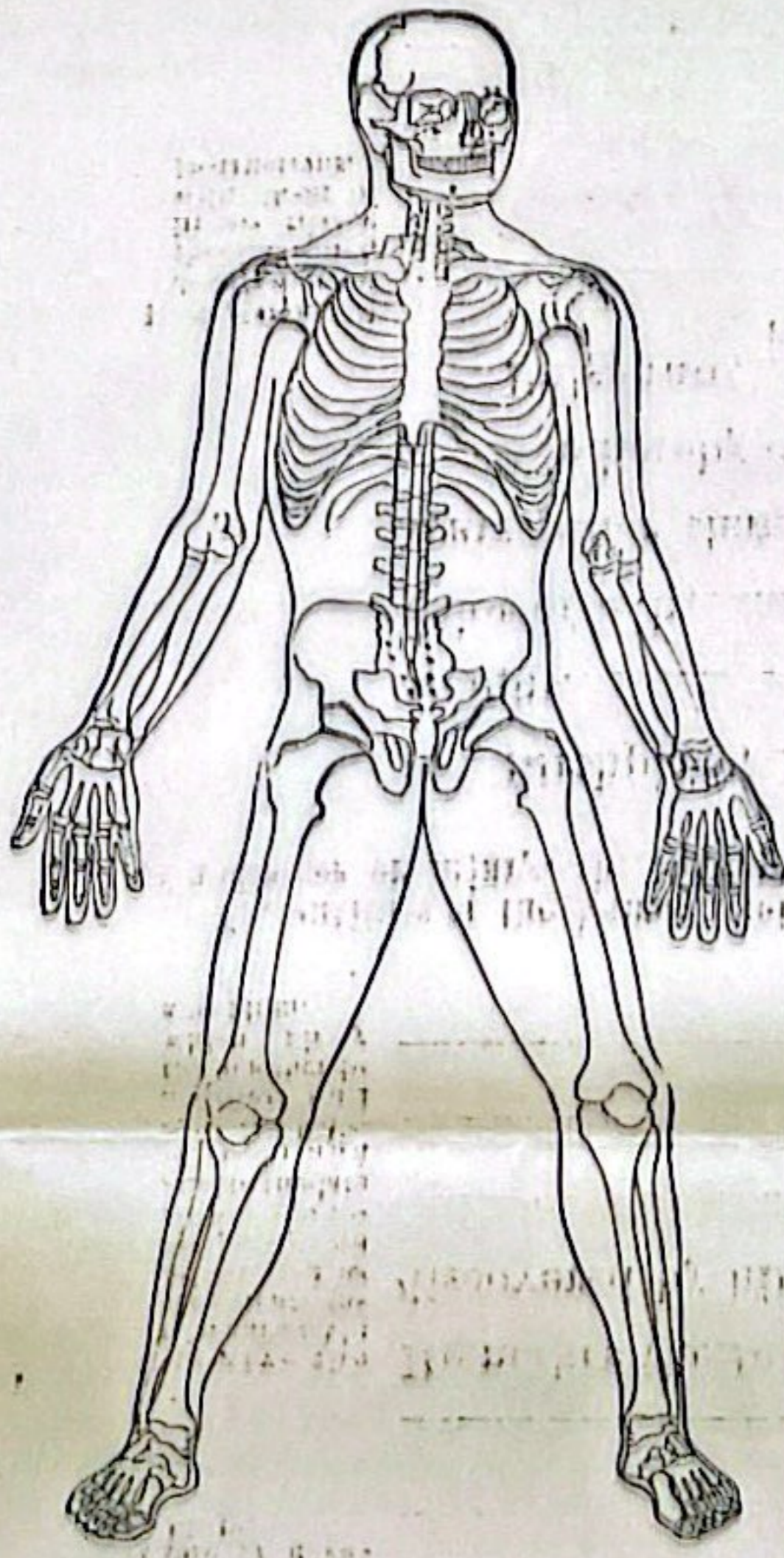
Wooten, Pres.,
J. Francis McClure, Sec'y,
J. T. Davis, Treas.,

BOARD.

Post office, Lancaster
County, Lancaster
State, Penn.

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

W.M.H.



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

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

SURGEON'S CERTIFICATE