

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No.

830,767

VETERAN

Tobias Berry

RANK

Private

SERVICE

Co-F-109 U.S. Col. Inf.

CAN No.

17093

BUNDLE NO.

41

JUN 15 1907 190... DEAD.

Auditor and Pension Agent

advised. *J. J.*

DROPPED

190...

*July 9/07 Maynard
1 wt per orange H.H.C.
Dec 5/07 A.L. ret'd for
mild med hurt &
pers dis as of
Co #10 US Cav
Dec 17/07
Maynard etc state serv.
for. head. H.H.C.*

(3-230.)

INVALID. (Series _____)

Cert. No. **830767**

Name, *Nobias Berry.*

Rank, *Priv.*; Service, *Co. 109*

Original Roll: *Touissant*

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

" _____, 18____, to _____

ued *Dec 12*, 18____

Main _____, 18____

Rate and Period, \$ _____, from *Nov 27*, 18____

DEAD.

Deductions: _____

Disability: *Rheumatism*

Issued _____, 18____

Mailed _____, 18____

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

Deductions: _____

Disability: _____

Issued, *E. M. C. Apr 30, 1804*
Mailed *May 6, 1804*
Rate and Period, \$ _____, from *Apr 6, 1804*

Deductions: _____

Disability: _____

Issued _____, 18____

Mailed _____, 18____

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

Accrued Pension, ACT OF MARCH 3, 1896.
Accrued-Pension, (Pension) and
Deductions: *Apr 29 1898*
(Pension) (Pension) herewith)
Payable to *Med.*
Disability: _____
Mailed **MAR 2 1908**

INDORSEMENTS.

*May 6/95 Pension 30 days to Sup. Hqs
Aug 2 95 - Pension
30 days to file sworn Ev
Sept 28/95 Pension cont. at 16 1/2*

A.A.R. [3-216 a.]
Ex'r.

No. 1074909

Act of June 27, 1890.

MD.

VA.

W. VA.

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

Mo.

ARK.

D. C.

U.S.C.T.

Jobias Berry
P. O. 40 St. Patrick's Church
Louisville, Ky.
Service: 109 U.S. Inf.

Enlisted: June 2, 1864.
Discharged: Feb. 6, 1866.
Application filed: Nov. 27, 1891.
Alleges:

Any other Claim filed: no (NR)
work

Numerical No. 757108

Attorney: W. B. Maynard,
P. O. Louisville, Ky.

Recognized.

Contract.

Part of Dec Searched for 2, 18

No.

When the registered letter or parcel accompanying this card is delivered, the Postmaster will require signature to the receipt on the other side, also on his record of registered deliveries, and mail this card without cover to address below.

A penalty of \$300 is fixed by law for using this card for other than official business.

Post Office Department.

OFFICIAL BUSINESS

6895

Post Office at

RETURN TO:

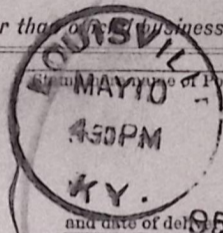
BUREAU OF PENSIONS,

Name of Sender

Street and Number, }
or Post Office Box. }

Post Office at WASHINGTON,

County of Washington, District of Columbia.



830467 1 May 6/95
REGISTRY RETURN RECEIPT sent....., 189 .

Reg. No. 1827

From Post Office at WASHINGTON, D. C.

"Reg. Letter }
Reg. Parcel }

Addressed to

Mr. Tobias Berry

Post Office at

Louisville Ky

After obtaining receipt below, the Postmaster will mail this Card, without cover and without postage, to address on the other side.

RECEIVED THE ABOVE DESCRIBED REGISTERED { *LETTER
PARCEL. 6153

(SENDER'S NAME ON OTHER SIDE.)

Sign on dotted lines
to the right.

When delivery is made to other
than addressee, the name of both
addressee and recipient must ap-
pear.

Tobias Berry
mark
attest Thos. H. Gambou

* Erase letter or parcel according to which is sent.

A. J. W.

Lo ✓

Department of the Interior,
BUREAU OF PENSIONS.

Washington, D. C., *Michael* 1901.

Tobias Berry -

late of *Det.*
Co. *F. 109th* Regiment *H. H. L. Inf.*

an applicant for *Inc* -
Invalid Pension, No. *830767*.

on account of disability from *Rheumatism*.

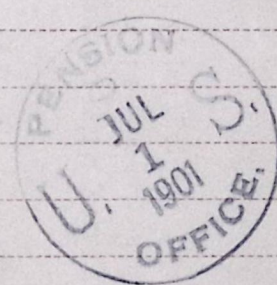
Claimant failed to appear within the specified time

has been directed to report himself to you.
Very respectfully,

H. CLAY EVANS,
Commissioner.

Det. H. H. Duke -
Louisville.
Co. *Jefferson* - *Leg.*

CLAIMANT'S POST-OFFICE ADDRESS:
H. H. Co. 134 Market St.
Louisville. *Leg.*



N. B.—Read the inside of this circular before examining a claimant.

SEE INSTRUCTIONS OF JUNE 30, 1900.
Act June 27, 1900, as amended by

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 830,764

Tobias Berry

P. O., 1926 Cady St.

County, Louisville

State, Ky.

Application filed Feb. 14, 1904

Service, ☒ F. 109, U. S. C. Sup

Attorney, R. B. Maynard

P. O., Louisville

County,

State,

Ky.

(181 100m.)

M. F. G.

Blue

Under Act of June 27, 1890.

(3-217a.)

INCREASE.

~~ABANDONED~~
RESTORED.

Claim to

No.

830.767
Tobias Beck

P. O.,

Wagon 13 & Market

County,

Louisville

State,

Ky.

Application filed

Sept 12th, 1890

State Service,

P. 109 U. S.

6. Inf.

March 21st 1901 at

Louisville of person to

by Mrs R. B. Maynard

notified. ~~OK~~

March 9 1904 at Charles-

town Clark Co. Ind Mrs R. B.

Maynard - notified.

R - P - 1893

Disability,

Mrs R. B. Maynard

Attorney,

P. O., Louisville

County, State, Ky.

(186-100m.)

Attorney Filed.

Ex'r.

INVALID.

No.

830,767

13/237

REGULAR ESTABLISHMENT.

Tobias Berry

P. O. 1611 Madison Alley

Louisville, Jefferson Co., Ky.

Service: F 109 USC Inf R

F 10 USC Cav

1. Enlistment: , 1

2. " June , 1866

1. Discharge: , 1

2. " June , 1871

Application filed: Sept 4 , 1906

other claim. Def. 830767 J

, 190

Clerk.

Attorney: R Bryant Maynard

P. O. Louisville

909 W. Jefferson St. Ky

Cert. of Dis. Searched for , 190

RECEIVED

Filed

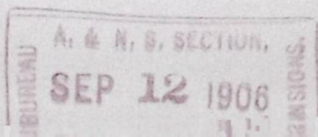
Notified

Sept 10th, 1906. K. E.

OCT 3 - 1906

E. H. Bd, Louisville
Jefferson Co - Ky.
return to atty Maynard F. H. P.

Mch 5/08 Ct & Maynard
date & cause rej. S. H. C.



BUREAU OF PENSIONS

Feb. 27, 1908

Inv. Ct No. 830.464

Soldier, Tobias Berry

Co. F, 109 Reg't U. S. C. I.

*Accrued*When Certificate is issued, return
papers to *Southern*Division for action on *letters of**rejection, Invalid**Claim, General Law.**L. C. Stockton,**Rev**Ad*

BUREAU OF PENSIONS

RECORD DIVISION,

Sept. 8
....., 190*6*

When complete service has
been established, the examiner
will please refer the case to
this Division in order that the
records may be corrected

F 10 U, S. Car
.....
now alleged,
.....

.....
Recorded as of
.....
F 109 U, S. C. Typ only.
.....

G. C. Kniffin
Chief, Record Division.

Louisville 2 *Ref*
ACCRUED PENSION.

Act of March 2, 1895.

SOUTHERN

Division.

Certificate No. *830,767* Last issue *April 30, 1904*

Pensioner, *Tobias Berry* Act *June 27, 1890*

Date of death, *April 17, 1907*

Claimant *Saura A Berry, widow.*

1611 Madison Alley

Louisville

Kentucky

Certificate *not* filed

Attorney, *P. B. Maynard* Fee, *10* Agent to pay.

P. O., *Louisville, Ky* Articles filed

Submitted *Feb 25, 1908*, *H. A. Clarke*, Examiner.

BOARD OF REVIEW.

Approved for *Admission Pay widow as above.*

J. C. Speckton, Reviewer, *Feb. 27, 1908.*

W. R. Alexander, Rereviewer, *Feb. 28, 1908.*

M. C., *None* Claimant *_____* writes.

Order observed

Ernest Sherley
can

B

Accrued 3-798. PENSION AGENCY,

Act of June 27, 1890N 17 1907
DROP ORDER AND REPORT.

LOUISVILLE KY.
Department of the Interior,
BUREAU OF PENSIONS,
FINANCE DIVISION.

Washington, D. C., JUN 15 1907, 190

Thomas Berry
(Pensioner.)

830767
(Certificate number.)

Invalid
(Class.)

(Soldier.)

(Service.)

U. S. Pension Agent,
Louisville

SIR: You are hereby directed to drop from
the roll the name of the above-described pen-
sioner who died Apr. 17, 1907.

Warner
Commissioner.

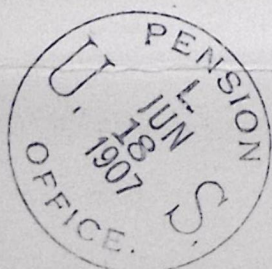
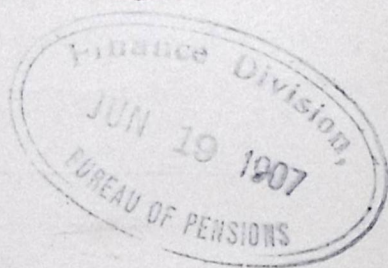
16405-act REPORT.

Commissioner of Pensions.

SIR: The name of the above-described pen-
sioner, who was last paid at \$ 8 per
month to 4 Feb, 1907, has this
day been dropped from the roll of this agency.

A. G. Wood
U. S. Pension Agent.

June 17, 1907.



Application for Accrued Pension.

(WIDOWS.)

State of Kentucky, County of Jefferson, SS:

ON THIS 26 day of May, 1907, personally appeared Laura A Berry, who, being duly sworn, declares that she is the lawful widow of Tobias Berry, deceased; that he died on the 17 day of April, 1907; that he had been granted a pension by Certificate No. 830767, which is herewith returned (if not, state why not) that he had been paid the pension by the Pension Agent at Louisville Ky up to the 4 day of February, 1907; after which date he had not been employed or paid in the Army, Navy or Marine service of the United States, except

; that she was married to the said Tobias Berry on the 20 day of October, 1903 at Louisville, in the State of Kentucky; that her name before said marriage was Laura A Crawford; that she had (~~or had not~~) been previously married; that her husband had (~~or had not~~) been previously married; that she hereby makes application for the pension which had accrued on the aforesaid Certificate to the date of death. She hereby appoints R. B. Maynard

her true and lawful attorney to prosecute this claim.

Her residence is 1611 Madison Alley, City of Louisville, County of Jefferson, State of Kentucky, and her Post Office address is the same

Two witnesses who can write sign here.

Laura A Berry
Widow's signature

Also personally appeared Mary English, residing at Louisville Ky and

residing at Louisville Ky, who, being duly sworn, say that they were present and saw Laura A Berry sign her name (or make her mark) to the foregoing declaration; that they know her to be the lawful widow of Tobias Berry who died on the 17 day of April, 1907, and that their means of knowledge that said parties were husband and wife, and that the husband died on said date, are as follows:

an intimate acquaintance during their marriage
personal knowledge of his death

J. S. Crowder
C. R. Beightol

Mary English
Rascanna Graycraft
Signatures of witnesses

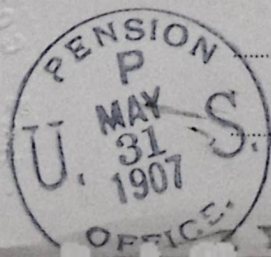
Sworn to and subscribed before me on this 25 day of May, 1907 and I certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in the

Declaration above claim.

Power of attorney valid.

S. A. Cuddy,
Chief, Law Division.

MEH 6-4 07



My Commission Expires March 8, 1910.

C. R. Beightol
Official character

W. J. A. H.

Application for Accrued Pension

WIDOWS.

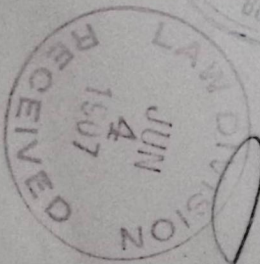
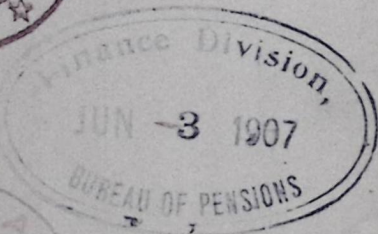
Claim

Certificate No. 830767

Pensioner Tobias Berry

Geo F 109 US C Inf

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



State of _____, County of _____, ss:

I, _____, Clerk of the _____ Court of the _____ County and State aforesaid, do hereby certify that _____, duly commissioned and qualified; that his commission was dated _____, 19____, and will expire on the _____ day of _____, 19____, and that his signature within written is genuine.

Given under my hand and the seal of said Court this _____ day of _____, 19____.

_____, Clerk.

When the amount of Accrued Pension is large, the following evidence of marriage should accompany the application for Accrued Pension:

1. A duly verified copy of a church or other public record; or
 2. The affidavit of the clergyman or magistrate who officiated; or
 3. The testimony of two or more eye-witnesses of the ceremony.
- If, prior to the marriage of the widow and the pensioner, either of them had been married to another party, the death of said party, or divorce from the same, must be proved.
- This application and the blank voucher herewith should be properly executed and forwarded to the Commissioner of Pensions. It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.

47 H. Charles
Southern Division.
Inv. Ctf. No. 830,767,
Tobias Berry,
Co. F, 109th U.S.C. Vol. Inf.,
Laura A. Berry, widow.

3-1855.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

December 17, 1907.

R. B. Maynard,
Louisville,
Kentucky.

Sir:

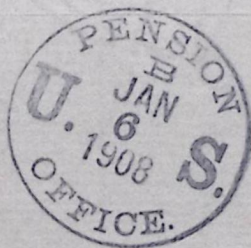
Relative to the above-entitled claim for the accrued pension, you are advised that it requires the claimant's statement, under oath, showing whether her former husband, Alexander Crawford, served in the military or naval service of the United States, and, if so, the designation of such service and whether she applied for pension as his widow.

Very respectfully,

V. Warner
Commissioner.

December 27 1907

Respectfully returned to the Hon Commissioner of Pensions with the reply that my husband Alexander Crawford never was in the service of the United States I never received a Pension I never applied for Widow's Pension



Laura Berry

Subscribed and Sworn to before me
by Laura Berry this 27 day of December 1907

My Commission Expires March 8, 1910.

O'Neill Bightol

N. P. J. O. Ky. 909 W. Jefferson St. Louisville, Ky.

Act June 27, 1890.

3-402.

Certificate No.

130767

Name,

Tobias Berry

Department of the Interior,

BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

McKay Brand

Commissioner.

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

Answer. *Yes*

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

Answer. *Never was married*

Third. What record of marriage exists?

Answer. *None*

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. *Never was married*

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

Answer. *None*

Date of reply,

May 2, 1898

0-8

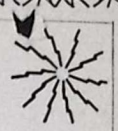
(Signature)

Tobias ^{his} Berry
mark

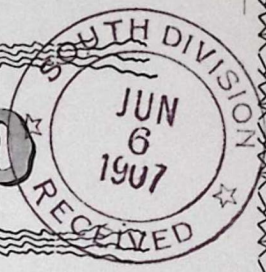
5304-750ml-98

830767

STATE OF KENTUCKY, }
JEFFERSON COUNTY, } SCT.



BE IT REMEMBERED



— That heretofore, to-wit: on the 19th
day of October 1903 Tobias Perry
obtained from the Clerk of the County Court, within and for the State
and County aforesaid, a license to marry Laura Crawford
and that they were married
by J. Feltner at Louisville Ky
on the 20th day of October 1903 ~~18~~ in the presence
of Lena Grundy and Mary Crawford
all of which appears upon the Marriage Register on file in my office as
Clerk of said Court.

IN TESTIMONY WHEREOF, and that the foregoing is truly
and completely copied from the Register aforesaid, I hereunto
set my hand and affix the Seal of said Court, of which I am
the custodian, at Louisville, Kentucky, this

20th day of May 1907 ~~18~~
W. Semour Clerk,
JEFFERSON COUNTY COURT, KENTUCKY.

State of Kentucky, County of Jefferson, ss:

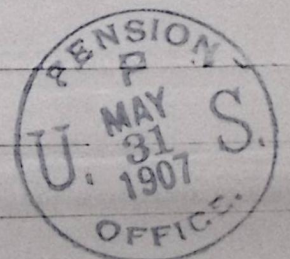
In Claim No. 830767 for Pension by Sama A Berry
on this 25 day of May, 1907, personally appeared before me a Notary Public
in and for the County and State aforesaid, Roseanna Crawford aged 81 years, and
whose post-office address is 1603 W Madison St Louisville Ky
aged _____ years, and whose post-office address is _____ who, being duly sworn, accord-
ing to law, declare 5 That she was well acquainted

NOTE—That affiant should state how they gain a knowledge of the facts to which they testify.

with Tobias Berry from the time he became
of a marriageable age until his death
and state from personal knowledge that
the said Tobias Berry was not married
prior to his marriage to the claimant
Sama A Crawford now Berry
when I became acquainted with the claimant
she was the wife of Alex Crawford and
state from personal knowledge that the said
Alex Crawford died in Louisville Ky
about two years before she married Tobias
Berry The claimant and Tobias Berry
were never divorced but lived together as
husband and wife until his death
I have no interest in this claim

J. D. Crowder
W. R. Bechtol

Roseanna ^{her} Crawford



Signature of Affiant.

Sworn to and subscribed before me this day by the said affiant , with _____ erasure, and I certify that the contents of the foregoing was read to and understood by affiant before signing, and that I am not interested in the claim to which this refers, nor concerned in its prosecution; that my commission expires on the _____ day of _____, 190 _____

My Commission Expires March 2, 1970

C Keill Bightol

新金山 街 1000 W, Jefferson St. Louisville, Ky.

ADDITIONAL EVIDENCE

ИД № 830.767

Act of.....190.

Applicant

Lucas D. Berry

Washed.

Takas Bay

Late... *Paul*... Co. *F. 109*... Regt of

U.A.C.T. Vols.

Affidavit of.....

DEVELOPED BY

MRS. R. BRYANT MAYNARD

ATTORNEY,

LOUISVILLE, KY.

State of Kentucky, County of Jefferson, ss:

In Wm No. 830767 for Affiant by Laura Berry
on this 20 day of November, 1907, personally appeared before me a Notary Public
in and for the County and State aforesaid, Jane Patteringer aged 70 years, and
whose post-office address is 2112 Green Alley and Louisville Ky
aged _____ years, and whose post-office address is _____ who, being duly sworn, accord-
ing to law, declare _____

NOTE—That affiant should state how they gain a knowledge of the facts to which they testify.

I was well acquainted with Tobias Berry from the time he became of a marriageable age until his death. We lived near each other until he enlisted into the Army and after his discharge from the Army I knew him well until his death and state that Tobias Berry was not married prior to his marriage to Laura Crawford. They were never divorced but lived together as husband and wife until his death.



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

Grover Ashars
Neill Beghtol

If affiant signs by mark, two witnesses who can write sign here.

W. B. Beghtol

Jane ^{her} ~~mark~~ Patteringer

Signature of Affiant.

State of Kentucky, County of Jefferson, SS:

Sworn to and subscribed before me this day by the said affiant, with _____ erasure, and I certify that the contents of the foregoing was read to and understood by affiant before signing, and that I am not interested in the claim to which this refers, nor concerned in its prosecution; that my commission expires on the _____ day of _____, 190_____

OFFICER'S SIGNATURE: Neill Beghtol

My Commission Expires March 8, 1910.

[SEAL.]

OFFICIAL CHARACTER: N. P. J. O. Ky. 909 W. Jefferson St. Louisville. Ky

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

ADDITIONAL EVIDENCE

In No. Cy 880767

Act of _____ 190_____

Applicant

Laura Berry
Ma'd
Thomas Berry

Late Pub. Co. F. 109 Regt of

U. S. C. T. Vols.

Affidavit of _____

FILED BY

MRS. R. BRYANT MAYNARD

ATTORNEY,
LOUISVILLE, KY.

State of Kentucky, County of Jefferson, ss:

In Claim No. 830767 for Pension by Laura Berry

on this 20 day of Nov, 1907, personally appeared before me a Notary Public

in and for the County and State aforesaid, Nelson Pottinger aged 58 years, and

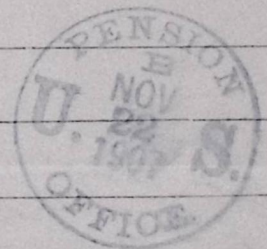
whose post-office address is 2110 Green Alley Louisville Ky

aged _____ years, and whose post-office address is _____ who, being duly sworn, accord-

ing to law, declare I was well acquainted with

NOTE—That affiant should state how they gain a knowledge of the facts to which they testify.

Laura Berry the claimant from the
time she become of a marriageable age
until the present time, she was first
married to Alexander Crawford who
died November 26 1901 in Louisville
Kentucky her next and second husband
was Tobias Berry—from whom she was
never divorced but they lived together as
husband and wife until his death—
I have personal knowledge of the death of
Alexander Crawford was a member of
the same Lodge at his death and funeral



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

also Nelson Battering

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

Signature of Affiant.

State of Kentucky, County of Jefferson, SS:

Sworn to and subscribed before me this day by the said affiant, with _____ erasure, and I certify that the contents of the foregoing was read to and understood by affiant before signing, and that I am not interested in the claim to which this refers, nor concerned in its prosecution; that my commission expires on the _____ day of _____, 190 _____

OFFICER'S SIGNATURE: Neill Beghtol

[SEAL.]

OFFICIAL CHARACTER: Notary Public, State of Kentucky, Jefferson County, Ky.

My Commission Expires March 8, 1914
My Commission Expires March 8, 1914
Notary Public, State of Kentucky, Jefferson County, Ky.

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

ADDITIONAL EVIDENCE

In No. 830, 167

Act of _____ 190 _____

Applicant

Laura Berry

Madame
Tabbas Berry

Late Vol Co. F 109 Regt of

U.S.C.P. Vols.

Affidavit of _____

FILED BY

MRS. R. BRYANT MAYNARD

ATTORNEY,

LOUISVILLE, KY.

State of Kentucky, County of Jefferson, ss:

In Claim No 830.767 for Accrued Pension

on this 28 day of May, 1907, personally appeared before me a Notary Public

in and for the County and State aforesaid, Mary English aged 57 years and

no 1611 whose post-office address is Madison Alley Louisville Ky

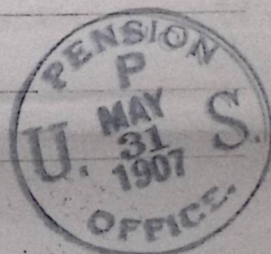
aged _____ years, and whose post-office address is _____ who, being duly sworn, accord-

ing to law, declare, \$ That she has been well and

NOTE—That affiant should state how they gain a knowledge of the facts to which they testify.

intimately with Laura & Berry from the time she become of a marriageable age until the present time she was first married to Alexander Crowford who Died in Louisville Kentucky, in November 1901 I have personal knowledge of the fact of his death

I become acquainted with Tobias Berry about twelve years ago he claimed that he never was married until he married Laura & Crowford they were never divorced but they lived together as husband and wife until his death



She further declare that she has no interest in said case and she is not concerned in its prosecution.

Mary English

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

Signature of Affiant.

State of Kentucky, County of Jefferson, SS:

Sworn to and subscribed before me this day by the said affiant, with _____ erasure, and I certify that the contents of the foregoing was read to and understood by affiant before signing, and that I am not interested in the claim to which this refers, nor concerned in its prosecution; that my commission expires on the _____ day of _____, 190 _____.

OFFICER'S SIGNATURE: Keill Bechtel

My Commission Expires March 8, 1910.

[SEAL.]

OFFICIAL CHARACTER: N. P. & C. No. 000 W. Jefferson St. Louisville, Ky.

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

ADDITIONAL EVIDENCE

Ch. No. 530767

Act of _____ 190 _____

Applicant

Laura Perry

Mrs. Laura Perry

Tabbas Perry

Late Pas. Co. 109 Regt of

U.S. A. Vols.

Affidavit of

Mary English

FILED BY

MRS. R. BRYANT MAYNARD

ATTORNEY,

LOUISVILLE, KY.

In clt no 830,767

M. K. ALLEN, M. D.,

Health Officer

Widow of Tobias Berry
Co F 109 U.S.C.T.

CITY OF LOUISVILLE.

HEALTH OFFICE.

PHYSICIAN'S CERTIFICATE.

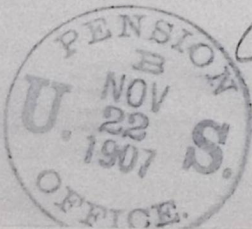
Name of Deceased Leopold Crawford.
Sex male Color Black Married or Single Married
Age 47 Date of Death 26 day of Nov. 1901
Cause of Death Pneumonia
H. B. Beck M. D.

UNDERTAKER'S CERTIFICATE.

Occupation
Place of Death Louisville Ky
Name of { Father
 { Mother
Place of Birth Louisville Ky
Residence No. Box 1602 Penton Street 11 Ward,
Date and Place of Interment, 28 day of Nov 1901
St Louis Cemetery.
R. F. Taylor Undertaker.

The above is a true copy taken from the Mortuary Record.

G. A. Schneider Health Officer.



Registrar

Subscribed & Sworn to
before me on this 20 day
November 1907

My Commission Expires March 8, 1910.

Reill Beghtol

N. P. J. O. Ky. 909 W. Jefferson St. Louisville, Ky.

INVALID PENSION.

REISSUE TO ALLOW UNDER THE GENERAL LAW.

Pensioner, *Louis Berry (deceased) Laura A. Berry (widow)* ^{completing}
 P. O., *16 1/2 Madison Alley.*
 County, *Louisville.*
 State, *Kentucky.*
 Rate, \$ _____ per month, commencing _____
 Rank, *Private.*
 Company, *H.*
 Regiment, *10 U.S. Can.*

Pensioned for _____

RECOGNIZED ATTORNEY.

Name, *R. B. Maynard.* *909 W. Jefferson St.* Fee, \$ *10*; Agent to pay. *State.*
 P. O., *Louisville Ky* Articles filed _____, 1 _____

APPROVALS.

Approved for _____

Submitted *for rej. Feb 25, 1908* *A. S. Clarke*, Examiner.Approved for *Rejection.*

Approved for _____

No record, medical or other evidence of origin in service or existence at discharge of gunshot wound of right eye or of left side and claimant is apparently unable to prove that soldier received any such disabilities in service.

Feb. 27, 1908, J. B. Shockton,
 Legal Reviewer.

Medical Examiner.

Medical Reviewer.

Feb 28, 1908, W. A. Alexander,
 Re-Reviewer.

190 _____,

Medical Referee.

Enlisted

June 2

1864

Discharged

Feb 6

1866

Other service

None

Pensioned under the act of June 27, 1890, at \$ *8* per month. Last paid to *Feb 4*, 1907

PRESENT CLAIM.

Declaration filed *Sept 4*, 1906, under the general law, alleges *gunshot wound over right eye and gunshot wound of left side.*

Claimant does _____ write.

*Order 51 observed.**No medical examination.**No* M. C.

Declaration for Original Invalid Pension.

NOT. To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record or a City or County Clerk.

State of KENTUCKY

County of JEFFERSON

, ss:

ON THIS 13 day of AUGUST

A. D. one thousand nine hundred and six

personally appeared before me, a Notary Public

within and for the County and

State aforesaid

Tobias Berry

aged

years, who being

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

Tobias Berry

who was ENROLLED as a

Private

on the

day of

June

1866

in Company

F

of the

10

Regiment of

US Can

commanded

by

Louisville Ky

on the

day of

June

1871

That his personal description is as follows: Age 34 years; height 5 feet 9 inches; complexion Black;

hair Black; eyes Black.

That while a member of the organization aforesaid, in the service and in

the line of duty at

Big Horn

in the State of

Dacotah

on or about the

day of

1870

he was wounded

Here state the name or nature of disease, or the location of the

by Indians while on the Shoshone line

wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

as follows one gun shot wound over the right Eye causing pain in head especially so when exposed to heat. Gun shot wound of left side ball passing around lower ribs

That he believes these disabilities will give him a higher rating under the General Law

That he was treated in hospitals as follows: in the Ambulance while on

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

the march by our Regimental Surgeons

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

Here state what the service was,

Co F 109 Reg USCT war of the Rebellion

whether prior or subsequent to that stated above and the dates at which it began and ended.

That he has not been in the military or naval service of the United States since the

day of

June

1871

That since leaving the service this applicant has resided in the

City

of

Louisville

in the State of

Kentucky

and that his occupation has been that of a

Janitor

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

wholly

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

R Bryant Maynard of Louisville Ky

his true and lawful attorney to prosecute his claim. That he has received applied for a pension: that

his receipt No. 830767 at \$8.00 per month Set of June 27 1890

1611 Madison Alley and that his post-office address is

1611 Madison Alley Louisville Ky

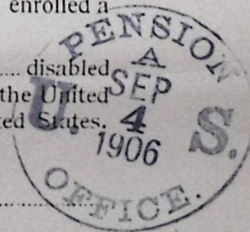
P L Bechtel

Tobias Berry

Signature of claimant

J. S. Crowder

Two witnesses who can write must sign here



ATTY FILED

Also personally appeared Mary English residing at Louisville,
Name of one witness
Kentucky, and H. J. Chappell
Name of other witness

residing at Louisville, Kentucky. 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

Tobias Berry, the claimant, sign his name (or make his mark) to the
Name of soldier
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.

1. _____

1. Mary English

2. _____

2. H. J. Chappell

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

Signatures of witnesses—full names

Sworn to and subscribed before me, this 13 day of August, A. D. 1906,

and I do hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to

the applicant and witnesses before swearing, including the words _____

Insert any words erased

_____ erased, and the words _____

_____ added:

Insert any words added

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

[L. S.]

My Commission Expires March 8, 1910.
1. Wesley B. Reynolds
Official signature
2. N. P. J. C. Ky. 909 W. Jefferson St. Louisville, Ky.
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 _____, 1906.

[L. S.]

Clerk of the _____

NOTE.—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.

No Revenue Stamps Required.

INVALID.

CLAIM FOR PENSION

ORIGINAL

Tobias Berry, Applicant

Co. F, 10 Regt.

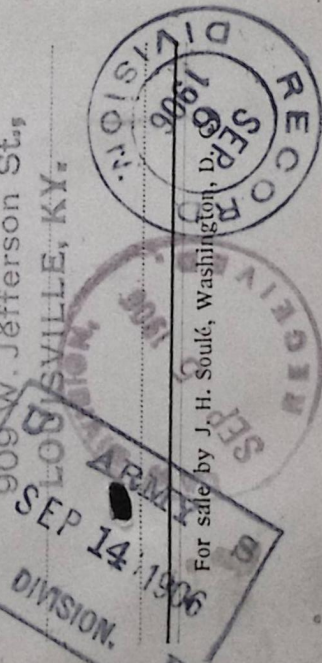
U. S. Cavalry Vols.

Proposed by 1866
Enlisted, June

Discharged, June 1871

FILED BY

R. B. Maynard
909 W. Jefferson St.,
LOUISVILLE, KY.



ACT JUNE 27, 1890.

Increase INVALID PENSION.Claimant, *Tobias Berry*P. O. *Louisville 1926 Eddy street*County *Jefferson*State *Kentucky*Rate, \$ *8-* per month, commencing *April 6, 1904*Rank *Private*Company *F*Regiment *109 U. S. C. W. Inf.*Pensioned for *partial* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *R. B. Maynard*P. O. *Louisville, Kentucky*Fee, \$ *2-*

Agent to pay.

APPROVALS.

Submitted for *action April 22, 1904* *Fred J. Brande*, Examiner.Approved for *rheumatism (old)*
and gradual paralysis
of left side. Examined
September 17, 1904
Disease of heart and
*age, under 71.*Approved for *rheumatism, disease*
of heart and senile
*debility.*Aggregate of disabilities shown, permanent in character: \$ *8*
*from April 6, 1904.**April 23, 1904* *W. P. McMillen*
Legal Reviewer.*Butler, Dist.*
Re-Reviewer.*Pospisiel.*

Medical Examiner.

April 27, 1904 *Wm. Houston*
Medical Referee.Enlisted *June 2*, 186*4*; honorably discharged *February 6*, 186*6*

Enlisted _____, 186____; honorably discharged _____, 186____

Pensioned at \$ *6* per month. Last paid to _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *September 24, 1904*, alleges *increase*Declaration filed *February 17, 1904* alleges *increase* and for
*gradual paralysis of left side*Claimant does *not* write.
Certificate not filed.

Declaration for Increase of Pension.

Under the Act of June 27, 1890 *Amended May 9th 1900*

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Kentucky }
COUNTY OF Jefferson } ss.

On this 18 day of Sept, A. D. one thousand ~~eight~~ ^{nine} hundred and ~~ninety~~

personally appeared before me, a Notary Public J. C. King
within and for the county and state aforesaid Tobias Berry aged 71 years,
late a member of Co. H, 109 Regiment, USC Vol. 1

a resident of the City of Louisville County of Jefferson

State of Kentucky, who, being, duly sworn according to law, declares that he

is a pensioner of the United States under the act of June 27, 1890, enrolled at the Louisville

Pension Agency at the rate of \$4 dollars per month, by reason of partial inability to earn a

support by manual labor, his pension certificate being numbered 830 767. That

he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged,

namely, Rheumatism

(Here insert the disabilities alleged in original and subsequent declarations.)

Also on account of

Increase of above Disability

(Here insert the disabilities not previously alleged.)

incurred

(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)

That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and belief of a permanent character,

that he appoints Mrs. R. B. Maynard
of Louisville, County of Jefferson State

of Kentucky, his true and lawful attorney to prosecute this claim. That his Post

OFFICE ADDRESS is The V. H. Warner marked Louisville, county of Jefferson

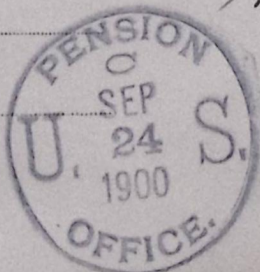
State of Kentucky

Claimant's signature:

Tobias Berry
mark

Attest L. E. Bolender

George Chappell



ATTY FILED

Also personally appeared L E Bolenster, residing at Louisville Ky
and George Chappell, residing at Louisville Ky, persons
whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
and saw Thomas Berry, 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 claim-
ant and their acquaintance with him, that he is the identical person he represents himself to be; and that they
have no interest in the prosecution of this claim.

L E Bolenster

George Chappell
(Signature of witnesses)

SWORN to and subscribed before me this 18 day of Sept 1900, A. D. 189

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, in-
cluding the words _____, erased,

and the words _____, added,

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

My Commission expires Jan. 19, 1904

H. A. Chappell

(Signature.)

Notary Public Jefferson Co. Ky

1731 Lytle St., Louisville, Ky.

(Official character.)

[3-011 a.]

Claim for Increase

Act of June 27, 1890.

Thomas Berry, Applicant,

Private Co., Fr. 109, Reg't

USC 9, Vols.

(Pension certificate not required.)

Certificate No. 830767

FILED BY

R. B. Bryant
Louisville Ky

Printed and for sale by T. R. Bailey successor to H. A.
Kunnecke, 540 W. Jefferson St., Louisville, Ky.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Bureau of Pensions or the Pension Agents, should be stated

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

This declaration and any testimony in support of the allegations made therein may be executed before any officer authorized to administer oaths for general purposes in the state, city, or county where said officer resides.

Declaration for Increase and Reissue of Pension.

Under the Act of June 27, 1890.

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 Kentucky, County of Jefferson, ss:

ON THIS 12 day of February A. D. one thousand nine hundred and four
 personally appeared before me, a Notary Public within and for the County
 and State aforesaid, Tobias Berry aged 71 years, late a member
 of Co. A, 109 Regiment, USCT Vols., war of the Rebellion
 a resident of the city of Louisville County of Jefferson
 State of Kentucky who, being duly sworn according to law, declares that he is a pensioner
 of the United States under the Act of June 27, 1890, enrolled at the Louisville Kentucky
 Pension Agency, at the rate of Six dollars per month, by reason of partial
 inability to earn a support by manual labor, his Pension Certificate being numbered 830767

That he believes himself to be entitled to an increase of pension on account of the DISABILITIES HERETOFORE ALLEGED, namely:

Rheumatism

Here insert the disabilities alleged in original and subsequent declarations



Also on account of a gradual paralysis of left side
 which he believes is caused from Rheumatism

Insert here the disabilities not previously alleged

incurred That he was originally rated at
half Pension when his declaration
showed that he was totally disabled from
performing manual labor

State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence

That he requests that he be examined by the Board at
Charleston, Ind.
 That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent in character, and disable him for earning a support by manual labor.

He therefore requests that he be favored with another medical examination with the view of determining his right to \$12 per month, the full rate allowed under the Act of June 27, 1890.

He also requests that his original or first claim filed under the Act of June 27, 1890, be re-examined and considered under the provisions of the Act of March 6, 1896, and also under the decision of the Assistant Secretary of the Interior of June 17, 1896, in the case of James J. Durkee, Vol. 8, P. D., p. 152, with a view that a reissue be made in his case allowing his pension from the date of filing his original or first application.

He hereby appoints, with full power of substitution and revocation,

R B Maynard of Louisville Ky

his true and lawful attorney to prosecute his claim.

His Post-Office address is 1926 Eddy St Louisville
Kentucky

R B Maynard

J Vaughan

Two witnesses who can write must sign here

Tobias Berry
 his
 Signature of claimant

ATTY FILED

Also personally appeared W. Maynard residing at Louisville
Name of one witness
and J. L. Vaughan
Name of other witness
residing at Louisville Kentucky 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
Tobias Berry
Name of soldier
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.

(1) _____

(2) _____

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

W. Maynard
J. L. Vaughan
Signatures of affiants

Sworn to and subscribed before me this 12th day of February, A. D. 1904, and

I do hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the appli-

cant and witnesses before swearing, including the words _____

Insert any words erased

_____ erased, and the words

_____ added;

Insert any words added

and that I have no interest, direct or indirect, in the prosecution of this claim. my Commission expires
mon 14th - 1906

C. A. Olmstead
Official signature
Notary Public Jefferson Co Ky
Official character

[L. S.]

NOTE.—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.

No Revenue Stamps required.

Soldier's Application

FOR

INCREASE AND REISSUE.

Under the Act of June 27, 1890.

Tobias Berry, Applicant.

Co. F, 109 Regt.

U. S. C. S. Vols.

Pension Certificate No. 830767

FILED BY

W. Maynard
909. St. Jefferson St.

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

LAW:

Reissue to

Claimant,

P. O.,

County,

State,

Rate, \$ per month, commencing

Rank,

Company,

Regiment,

ACT OF JUNE 27, 1890.

Revision under Departmental Decision of May 27, 1893, and Office Orders (No. 225) of June 9, 1893, and (No. 240) of August 26, 1893.

Respectfully referred to the Medical Referee for his opinion whether, under the above decisions, the pensioner is entitled to his present rate of \$ _____?

(Call attention to any pending claim for increase, former pension and rate

under another law, or other essential fact.)

*Approved for dropping,
not ratably disabled, for
earning a support by man-
ual labor, under Act of
June 27th 1890.*

_____, 189____, Reviewer.

*Camp - The Hutchinsons
Mch. 13 1895*, Medical Referee.

NOTE.—If the present rate is continued on the above action, cut off the remainder of this blank at this point.

Reference for Notice of Reissue under another Law, Reduction, or Dropping.

Respectfully referred to the Chief of the Notification Section for legal notice to the pensioner that his pension under the above act will be *dropped*.

in accordance with the above opinion of the Medical Division
(If action is solely upon conclusive legal grounds, erase this clause and state legal grounds.)

April 26, 189*5*.

Bennett, Reviewer.

Final Medical Action after Legal Notice and Hearing.

Upon all the evidence now filed in the case the medical action taken *March 13*, 189*5*, should *be changed to continuance at \$6*
until Sept. 20, 1895, *The Hutchinsons*, Medical Referee.

Final Legal Action after Notice and Hearing.

Respectfully referred to the Chief of the _____ Legal notice and hearing having been given the pensioner, the decision to _____ the pension _____ in accordance with the _____ action of _____, 189____, is _____, Reviewer.

NOTE.—If after notification the action is to continue Board of Revision will send case to proper files; if to drop Finance Division will do so; if to reissue under another law or reduce, Board of Revision will forward to Board of Review.

ACTION OF BOARD OF REVIEW.

Approved for _____

_____, 189____

_____, Reviewer.

ACT OF JUNE 27, 1890.

INVALID PENSION.

830 767
 Claimant, *Tobias Berry*,
 P. O., *St. Patrick's Church Louisville*, Rank, *Private*,
 County, *Jefferson*, Company, *F.*,
 State, *Ky.*, Regiment, *109 U.S.C. Vol Inf.*,
 Rate, \$ *6*, per month, commencing *Nov. 27, 1891*

Disabled by

Rheumatism

RECOGNIZED ATTORNEY.

Name, *R. Bryant Maynard*, Fee, \$ *10.00*, Agent to pay.
 P. O., *Louisville Ky*, Articles filed, _____, 189

APPROVALS.

Submitted for *Admission Nov. 18, 1892* *Alex. A. Russell*, Examiner.

Approved for *Admission* Approved for *rheumatism*,
\$6.

Dec 5, 1892

Not now pensioned under other laws. Last paid to _____, 18____, at \$____

Pensioned from _____, 18____, at \$____, for _____

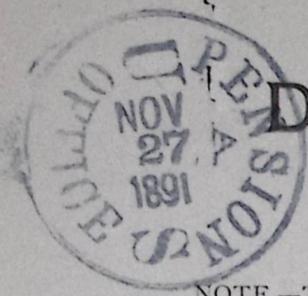
SERVICE SHOWN BY RECORD.

Enlisted *June 2, 1864* and honorably discharged *Feb 6, 1866*

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

Declaration filed *Nov 27, 1891*, alleges permanent disability, not due to vicious habits,from *Rheumatism*.

signs by mark *No M.C.*



Declaration for Invalid Pension.

Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Kentucky, County of Jefferson, ss:

ON THIS 24 day of November, A. D. one thousand eight hundred and ninety 1

personally appeared before me, a Notary Public

within and for the County and State aforesaid, Thomas Berry

aged 33 years, a resident of the City of Louisville

County of Jefferson State of Kentucky, who, being

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

who was ENROLLED on the 2 day of June, 1864, in C. I. 109 Regt U S L Troops

and regiment, in Military service, or vessel, if in the Navy.)

in the war of the rebellion, and served at least

ninety days, and was HONORABLY DISCHARGED at Louisville on the 6

day of February, 1866 That he is totally unable to earn a support by

manual labor by reason of Pharyngitis
(Here name the diseases or injuries from which disabled.)

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

he has never applied for pension under application No. That he is a pensioner

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

former application if one was made.)

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

J. Bryant Maynard of Louisville Ky

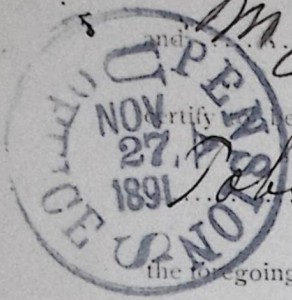
his true and lawful attorney to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorney

That his POST OFFICE ADDRESS is 9 St Patrick's Church Louisville

County of Jefferson State of Kentucky

Matthe Taylor Thomas Berry
P. G. Bechtel
(Two witnesses who can write, sign here.)

Also personally appeared Tom H. Moore residing at Louisiana
and M. J. Bord residing at Louisiana, persons whom I



certify that he is respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Thomas Berry, 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 five years and _____ 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.

Hattie Taylor
P. L. Beightel

Tom H. Moore
M. J. Bord
(Signatures of Witnesses.)

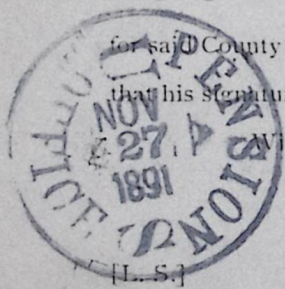
Sworn to and subscribed before me this 7 day of November, A. D. 1890.

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.

[L. S.]

J. H. Staller
(Official Signature.)
M. J. Bord
(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 _____, 1890.

[L. S.]

Clerk of the _____

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

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

SOLDIER'S APPLICATION.

Act of June 27, 1890.

Name Thomas Berry
Service 5 109 218 C. Reg.

Address St. Patrick's Church
Louisiana

Date of Execution 7th Nov 1891

Filed by
W. Bryant Maynard
Louisiana

State of Kentucky County of Jefferson SS:

In claim No. 1074909 for Pension by Tobias Berry
on this 22 day of July 1892 personally appeared before me a Notary Public
in and for the County and State aforesaid Tobias Berry aged 56 years,

who being duly sworn on oath, declares that his Postoffice address is (at St Patrick Church,
Louisville, Ky

Affiant states that he is the claimant in
claim no 1074,909 for Invalid Pension
That he never applied for Pension under
any law until he applied under act of June
27 1890. That he did at no time render
the U S Government any service either military
or naval after February 6th 1866

Affiant further declares thathe has no interest in the claim to which this refers andhe is not concerned in
its prosecution.

Attest:

W Maynard
Leaspar Spillman
[If witness sign by mark two persons who can write sign here.]

Tobias^{hus} Berry
[Witness sign here.]

Sworn to and subscribed before me, on the date above named, and I certify that the contents of the foregoing was
read to and understood by affiant before signing, and that I am not interested in the claim to which this refers, nor con-
cerned in its prosecution. I further certify that the affiant is creditable and resides as stated.

Officer's Signature: [Signature]

[SEAL]

Official Character: [Signature]

NOTE. That Affiant should state how they gain a knowledge of the facts to which they testify.

CLERK'S CERTIFICATE.

State of

County of

SS:

I certify that

Esg. who hath signed his name to the foregoing

affidavit was at the time of so doing

in and for said

County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this

day of

189

[L. S.]

Clerk of the

ADDITIONAL EVIDENCE.

In Case No. 1074909

For One Person

Act of June 27 1890.

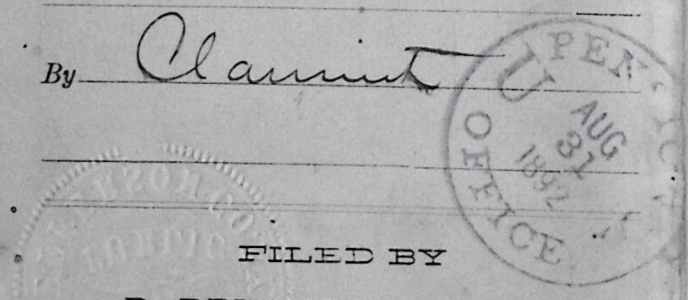
Tobias Barry Applicant.

Late Port Co. 109 Regt of

USCT Vols.

Proof of

By Clamint



FILED BY

R. BRYANT MAYNARD,

ATTORNEY,

LOUISVILLE, KY.

State of Indiana County of Cass SS:

In Claim No. 1074909 for Wife by Thomas Berry
on this 12 day of February 1892, personally appeared before me a Notary
in and for the County and State aforesaid Thomas Berry aged _____ years,
who being duly sworn on oath, declares that his postoffice address is Can St Patrick

Church Louisville Ky

That he has not been in the
military or naval service of the United
States Subsequent to Jan 6th 1866 date of
discharge from Co D 109 21st Inf

Attest further declares that _____ he has no interest in the claim to which this refers and _____ he is not concerned in its prosecution.

Attest: _____

[Witness sign here.]

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

Sworn to and subscribed before me, on the date above named, and I certify that the contents of the foregoing was read to and understood by affiant before signing, and that I am not interested in the claim to which this refers, nor concerned in its prosecution. I further certify that the affiant is creditable and resides as stated.

Officer's Signature: _____

[SEAL.]

Official Character: _____

NOTE.—That affiant should state how they gain a knowledge of the facts to which they testify.

CLERK'S CERTIFICATE.

State of _____ County of _____ SS:

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

Witness my hand and seal of office, this _____ day of _____ 189

[L. S.]

Clerk of the

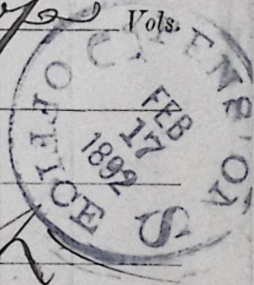
ADDITIONAL EVIDENCE.

In Case No 1034909
For Elmer Dine
Act of Jan 29 1890
John Dine Applicant.

Late Dr. J. Dine Regt. of
U S C Troops Vols.

Proof of

By Clarence



FILED BY

R. BRYANT MAYNARD,
ATTORNEY,
LOUISVILLE, KY.

ADJUTANT GENERAL'S OFFICE

DEC 11

2696594

1907

WAR DEPARTMENT

3-050.

Southern Div. *H. S. C.* Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.

Dec 9, 1907

Respectfully returned to

The Adjutant General
War Department
for a full military
and medical history
and personal des-
cription of the
soldier, as of Co F,
10 U.S. Cav. It is
alleged that the
soldier enlisted in
the above service
as private about
June, 1866, and
was honorably

V. Warner

6-280

Commissioner.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

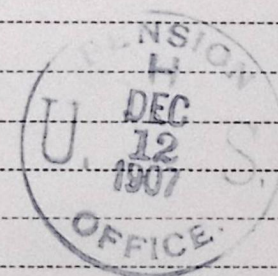
WASHINGTON,

DEC 11 1907

Respectfully returned to the

Commissioner of Pensions,

with the information that the names
Tobias Berry has not
been found on the muster
rolls of Troop "F" 10th
U.S. Cav. during the
period in question.



F. C. Ainsworth

The Adjutant General.

G.O. 161)

Per

ADJUTANT GENERAL'S OFFICE

DEC 11

2696594

1907

WAR DEPARTMENT

3-050.

Southern Div. *H. H. C. Ex'r.*

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *Dec 9, 1907*

Respectfully returned to
The Adjutant General
War Department
for a full military
and medical history
and personal des-
cription of the
soldier, as of Co F,
10 U.S. Cav. It is
alleged that the
soldier enlisted in
the above service
as private about
June, 1866, and
was honorably
V. Warner

6-280

Commissioner.

7373
*Ky., June 1871. No
other report on file.*

I. C. 830,767

*Tobias Berry
Co F 109 U.S. Inf*

Commissioner

3 inc.

ADJUTANT GENERAL'S OFFICE

DEC 6

2694580

1907

WAR DEPARTMENT

3-050.

C. J. B.
Southern Div. *Ex'r.*

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C.

Dec 4, 1907

Respectfully

returned to
The Adjutant General
War Department
for a full military
and medical history
and personal description
of the soldier, as of
Co F 10 U.S. Cav.
No other report on
file.

I.C. 830,767

Tobias Berry

Co F 109 U.S. Inf.

H. W. Warner

6-280

Commissioner.

2 encls.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

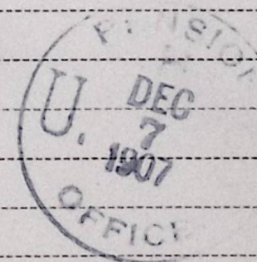
WASHINGTON,

DEC 6 1907

Respectfully returned to the

Commissioner of Pensions,

with the information that request
that this office be furnished
the approximate dates of
enlistment and discharge
of Tobias Berry, in troop
F. 10th U.S. Cavalry.



F. L. Ainsworth

The Adjutant General.

(A.G.O. 161)

Per

J. H.

RECORD & PENSION OFFICE

MAR 19 1901

2024679

1901

WAR DEPARTMENT

3-37.

(Old No. 3-64aa)

Lo - N. J. W. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. March 18, 1901

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

SOUTH DIV.
MAR 20 1901
RECEIVED.

No other report on file.

Ins. No. 30.767.

Name of James Berry

Co. F. 109 Regt. U.S.C. Inf.

A. Chaynau
Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Tobias Berry
Co. F. 109 Regt. U.S.C. Inf.
was enrolled June 2, 1864
and was Feb. 6, 1866

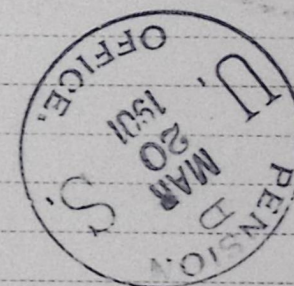
From Mar., 1866, to Feb., 1866,
he held the rank of Pvt.

and during that period the rolls show him present
except as follows.

Apr. 30. 65 Det. 10th
2d. U.S.C. Mar. 19. 65
June 30. 65 Det. in
country. Sept. Apr
28. 65
James Berry Dec. 31. 65
Det. MR Aug. 31. 65

The medical records show him treated as follows:
as Tobie Baerny, Rank
- Co. F. 109. U.S.C. Inf. July
10. 64, measles; as Tobias
Berry, Pvt. 20, July 10 to
22. 64, Small Pox, diagnosis
also shown as Rubella,
ret'd to duty.

Nothing additional
found.



BY AUTHORITY OF THE SECRETARY OF WAR:

P. H. Atkinson

Chief, Record and Pension Office.

Per m.

Washington, D. C., MAR 19 1901

(COMMISSIONER OF PENSIONS.)

MILITARY SERVICE.

NAME OF SOLDIER:

*Tobias Berry**South* Div.

Bureau of Pensions,

J. C. C. Ex'r.No. *1074909**Jan. 27, 1892**Orig. duv*

SIR:

It is alleged that the above-named man enlisted *2**June*, 18*64*, and served as a *private*in Co. *7*, *109* Reg't *U. S. C. Inf*

also as a _____ in Co. _____, Reg't

_____, and was discharged at

*Louisville Ky*on *Feb 6*, 18*66*.*Please give personal description*

No. of prior claim _____

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

Very respectfully,

John B. Ramm

Commissioner.

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

0-4

War Department,

Record and Pension Division,

JAN 28 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

Tobias Berry

mentioned in the preceding indorsement, was enrolled

*June 2, 1864, and M.O. as
priv. July 6, 1866*Age *24 yrs.* Height *5 ft. 7 in.*Complexion *copper*Eyes *blk.* Hair *blk.*Where Born *Mo.*Occupation *laborer*

BY AUTHORITY OF THE SECRETARY OF WAR:

W. Ainsworth

Major and Surgeon, U. S. Army.

Per *m*

JAN 28

580768

1892

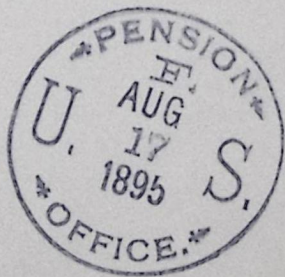
Write nothing above this line.

1232 W. Mkt, St.,
Louisville Ky.

Aug 14/95.

This is to certify that I am presently
the Physician of Tobias Berry and have
been for several months have treated
him for Chronic Rheumatism
He has also a gun shot wound on
the left leg just below the knee
He is not able to do much work
I should say disabled at least
 $\frac{1}{2}$ of his time The truth of the matter
is he is getting old and not able
to work at all J. A. Smith M.D.

Subscribed & sworn to by D. S. A. Smith
this Aug 14 " 1895 before me a Notary Public
for and in Jefferson Co Kentucky
my Notarial Commission expires when next Genl
Assembly meets W. J. Benson M.P.J.



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.

Name and rank of claimant.

Claimant's post-office address.

Joseph Perry
109 Reg't *109*
Louisville Ky

Pension Claim No. *1074909*

, Rank,

Louisville Ky

[Post-office address of the Board]

Feb 10, 189*2*

[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:

Rheumatism
(Act of June 27 90)

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.]

He has Rheumatism for 5 or 6 years

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

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *18*; temperature, *98.1*; height, *5* feet *10 1/2* inches; weight, *204* pounds; age, *36* years.

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

Rheumatism

No evidence of articular rheumatism. There is marked tenderness on kneading muscles - on pressure on motion on left side of chest & upper portion of back & muscles of left upper arm. Diagnosis Muscular Rheumatism. Heart normal Rate Six Eighteenths. No other disability is found to exist.

Rate for EACH cause of disability.

rating for the disability caused by

Rheumatism

for that caused

by _____, and _____

for that caused by

John C. Lister, Pres. *Wm. D. Doherty, Sec'y.* *Wm. D. Doherty, Treas.*

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



SURGEON'S CERTIFICATE

IN CASE OF

Tobias Berry
Co. F. 109 Reg't W. C. Inf

Applicant for Orgl

No. 1074.909

DATE OF EXAMINATION:

Feb 10th, 1892.

Wm C. Lelaw Pres.,
Wm B. Loherty Sec'y,
Chas F. Dupont Treas.,

BOARD.

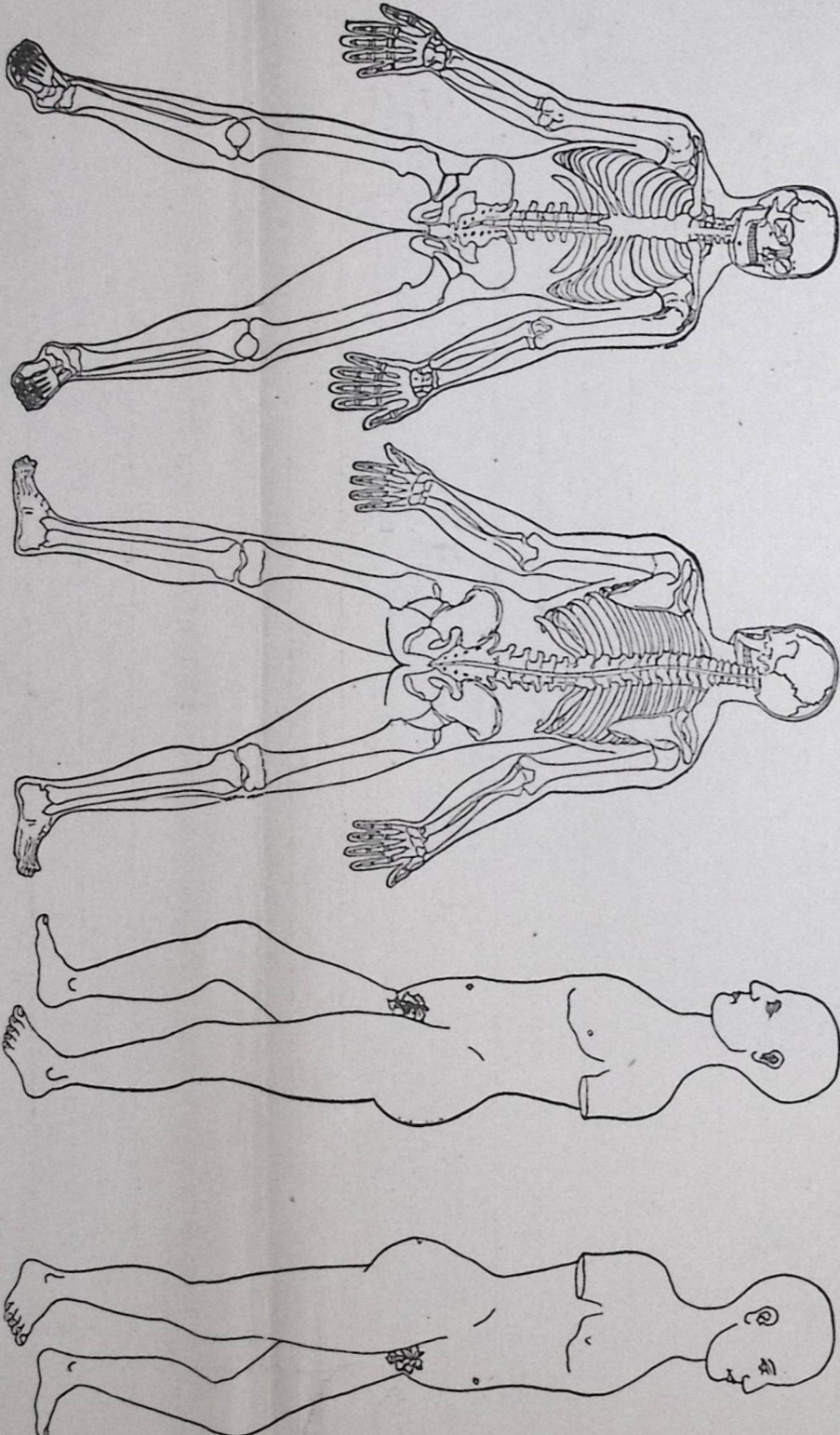
Post office, Louisville

County, Jefferson

State, Kentucky

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

Pratt



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. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

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

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

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

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

Amereuse Pension Claim No. 830764.
Johias Berry. Address of Board. { Charleston P. O.
Company 34 Reg't 109th U. S. Inf. Ind. State.
1924 Eddy St, Louisville Ky. [Date of examination.] April 6, 1904
Rheumatism, paralysis of left side.

He receives a pension of \$4 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism in 1865, Cause of paralysis in 1890.

Birthplace, Perryville Mo.; age, 71 years; height, 5' 10 1/2"; weight, 191 pounds; complexion, Ruddy; color of eyes, D. Brown; color of hair, Black; occupation, Janitor for church; permanent marks and scars other than those described below,

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

Pulse rate, 74, 90, 84; respiration, 18, 20, 22; temperature, 98 1/2.
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Rheumatism; muscles and joints of shoulders, wrists, knees and ankles tender and painful on pressure and motion, joints stiffened, muscles and tendons contracted. Left shoulder, left wrist and left knee crepitant. Loss of motion of joints crepitating on passive motion, other joints mention slight. He limps and uses a cane in walking. Lumbar muscles tender and painful. No swelling or enlargement of joints or atrophy of muscles. Heart hypertrophied. Dullness over and half inch to left of nipple line and to sixth interspace. Apex in sixth interspace on nipple line. Evident to palpation and inspection. Mitral murmur. Lips cyanosed. No dyspnea or edema.

No paralysis of left side. No other disability found. No evidence of vicious habits. Lungs and kidneys healthy. We find that the permanent disability for earning a support by manual labor is due to rheumatism, valvular disease of heart and age and wear and a rate of \$4.12 a month.

J. M. Mayo, Pres. G. J. Garses, Sec'y. J. H. Rendell, Treas.

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

Marginal entries must never be made.

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

"I hereby certify that Dr. J. M. Meloy, Dr. E. J. Gaskin, and Dr. J. H. Rendell, were personally present and actually participated in the examination of G. Berry, the claimant in this case, on 4 day of April, 1904.
(Signature.) E. J. Gaskin

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

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1904."

Witnesses
to mark. {

(Signature of
Applicant.) _____

SURGEON'S CERTIFICATE

IN CASE OF

G. Berry

Co. H, 109 Reg't Ind. Inf.

APPLICANT FOR increase

No. 5990767

DATE OF EXAMINATION:

April 4, 1904

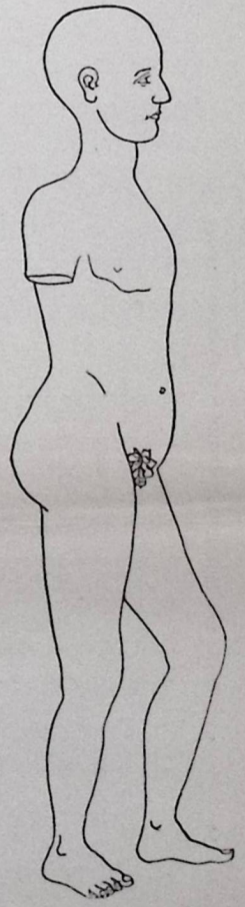
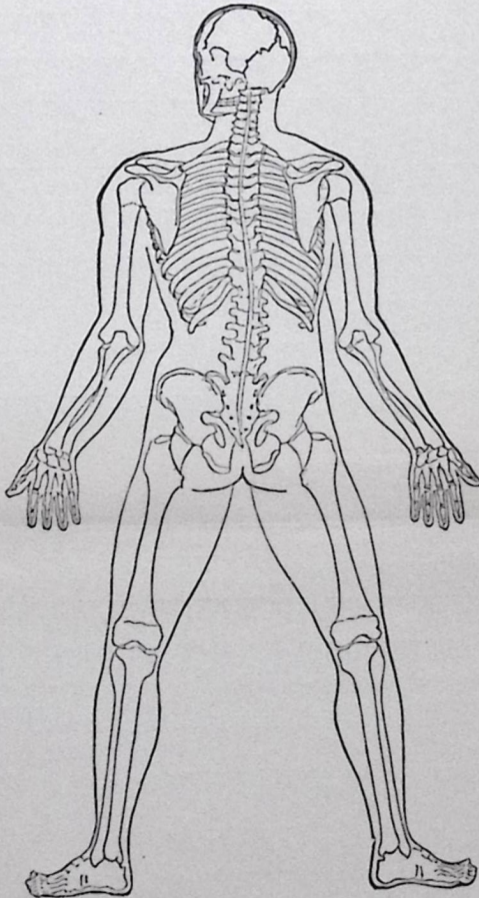
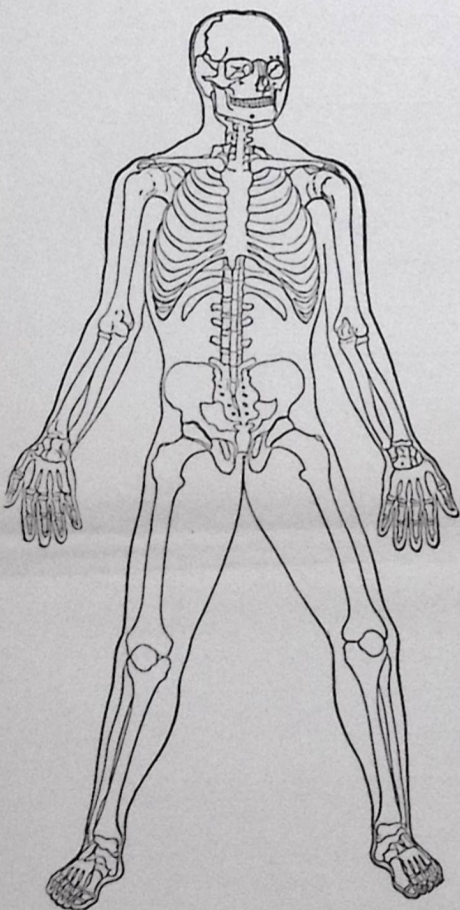
J. M. Meloy, Pres.,
E. J. Gaskin, Sec'y,
J. H. Rendell, Treas.,
BOARD.

Post office, Lebanon, Mo.

County, Lebanon

State, Ind.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Louisville Ky
10-3-06 S