

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 152,321

VETERAN

Albert D. Thompson

RANK

1<sup>st</sup> Sergeant

SERVICE

Co. D. - 54<sup>th</sup> U. S. C. Troops

CAN No.

2866

BUNDLE NO.

19

Re-Insured. { No. 152,321

Dec. 9. 1878. 3d auditor - rec  
and check #27237-9/27/78.

Mississippi  
Name: Albert D. Thompson  
Rank: 1<sup>st</sup> Sergeant Comp'y: D  
Reg't: 54. W. S. C. Troops

See this #  
440.529

New Orleans } Agency

RATE PER MONTH, AND DATE OF COMMENCEMENT.

1st Issue. { \$2. Comm'g Dec. 22. 1878  
2d Issue. { Comm'g  
3d Issue. { Comm'g

DATE OF CERTIFICATE, AND TO WHOM SENT.

1st Issue. { April 10. 1878 Sent to W. M. 13. 1878  
City, G. Hershey, N.Y. City  
2d Issue. { Sent to  
3d Issue. { Sent to

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

Registering Clerk: Gaudin

Disability. { L. G. W. Left fore arm

Ex'r.

152321

INVALID.



246.086

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

35m3

Albert D. Thompson

P. O. Brookhaven

Lincoln Co. Miss.

Service: Sergt. Co. D "54 Mass. Inf.

Enlisted: March 17, 1863

Discharged: August 22, 1865

Application filed: Dec. 22, 1877

Alleges:

Re-enlisted:

Attorney: G. Bessler  
P. O. New York  
N.Y.

Recognized.

Contract.

Cert. of Dis. Searched for

Feb. 11/78

W. G. - S. G. - Dr. Walker, Thakky.

Alexander Ex'r.

No.

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

ME.

N. H.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Mary A. Bell  
Carmode Miss.

Widow

Albert D. Thompson

Sgt. "D" 54<sup>th</sup> Mass. Inf.

Died at

Oct. 7<sup>th</sup> 1878

No other claim.

Ins. ch. 152.321

REJECTED.

, 18

Clerk.

Application filed: Sept. 25<sup>th</sup>, 1890.

Attorney: Richard Washington

P. O.

Wash.

Jr.

OCT 10 1891

~~This~~ This Declaration **MUST** be executed before a Clerk of Court of Record.

## DECLARATION FOR ORIGINAL PENSION.

State of Mississippi }  
County of Lincoln } ss.

On this 10 day of December 1877 before me, a Clerk of a Court of Record in and for the County and State above named, personally appeared Albert D Thompson a resident of Brookhaven in the County of Lincoln and State of Mississippi aged 33 years, who, being duly sworn according to law, declares that he is the identical Albert D Thompson who was a Sergeant of Company "G" in the 54<sup>th</sup> Regiment of Massachusetts Volunteers, in the war of 1861, for the suppression of the Rebellion.

That he volunteered at Readville in the State of Massachusetts on or about the 17<sup>th</sup> day of March 1863 for the term of Three years and was honorably discharged at Elloughs Blaud, Mass on the 20<sup>th</sup> day of August 1865

That, while in said service, in the line of his duty, at Alustee in the State of Florida on or about the 20<sup>th</sup> day of February 1864 he received gunshot wound of left arm in action which he was treated for in General Hospital No. 10 at Beaufort S. C. and Division Hospital No. 1. also by Dr. McElymer Medical Director Dept of the South. that he entered the hospital on or about February 23<sup>rd</sup> 1864 and remained for the space of about five months and further that he has not been in the military or naval service since August 20. 1865 or since to March 17. 1863

He makes this declaration for the purpose of being placed on the Invalid Pension Roll of the United States, by reason of the disability above stated; and hereby constitutes and appoints G. KESSLER, of New York, his Attorney, with power of substitution, to prosecute this claim and procure a Pension Certificate.

A. Sutton

Wm H. Davis  
Witnesses to mark.

[1] Albert D Thompson  
Claimant signs here.

Sworn to, subscribed and acknowledged before me, the day and year first above written, and on the same day personally appeared Anthony Sutton residing at Brookhaven Miss and William Davis residing at Brookhaven Miss who being duly sworn according to law, declared that they are personally acquainted with

Albert D. Thompson

who has made and subscribed the foregoing declaration in their presence, and that they have every reason to believe from the appearance of the applicant, and their acquaintance with him, that he is the identical person he represents himself to be; that they reside as above stated, and are disinterested in this claim for a Pension.

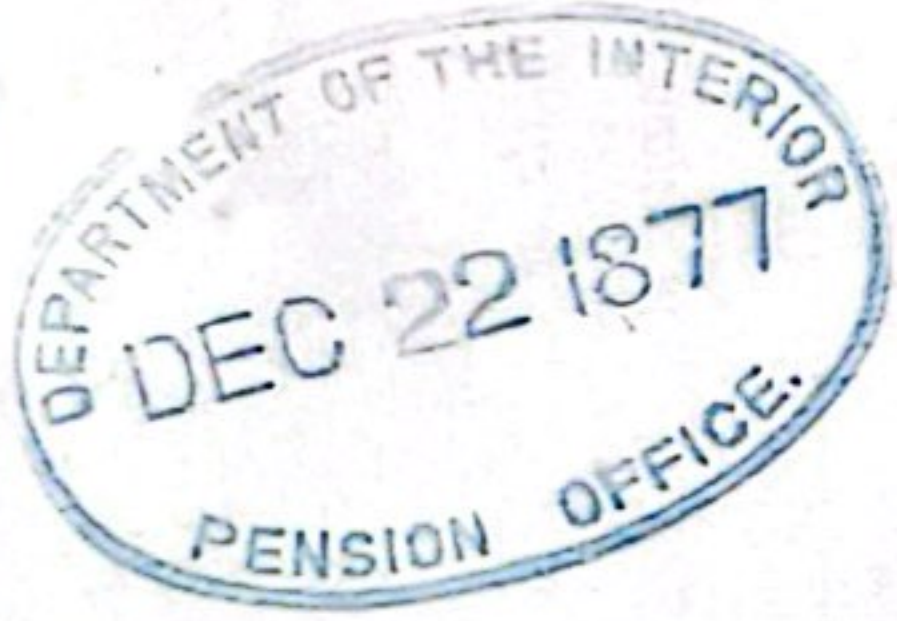
Witnesses to mark.

[2] A. Sutton  
[3] Wm H. Davis  
Identifying witnesses sign here.

Sworn to and subscribed before me; and I certify that I am not interested in the claim or concerned in its prosecution; that I believe the affiants to be credible persons, and the claimant is the person he represents himself to be, and that the foregoing was read and explained to the applicant and his witnesses before signing and swearing.

[4] James Buckley  
Chancellor

Note--Whenever the Claimant or Identifying witnesses sign by mark, it must be attested by two persons other than the identifying witnesses.



G. KESSLER, Attorney,  
NEW YORK,

FILED BY

*Wm. Schuchert*  
Vols.

*Wm. Schuchert*  
Regl.

*Wm. Schuchert*

Original Pension

FOR

DECLARATION



## WIDOW'S PENSION.

Claimant *Mary Thompson's Bell*Soldier *Albert O Thompson*P. O. *Bermande*Rank *1st Sergeant*, Co. *D*County *De Soto*, State *Miss*Regiment *4th Mass. Vol. U. S. C Troops*

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_, 18 \_\_\_\_\_, and \_\_\_\_\_

and two dollars a month additional for each child, as follows:

|                     |                          |                        |
|---------------------|--------------------------|------------------------|
| By former marriage, | { Born, _____, 18 . }    | Commencing _____, 18 . |
|                     | { Sixteen, _____, 18 . } |                        |
| By former marriage, | { Born, _____, 18 . }    | " _____, 18 .          |
|                     | { Sixteen, _____, 18 . } |                        |
| By former marriage, | { Born, _____, 18 . }    | " _____, 18 .          |
|                     | { Sixteen, _____, 18 . } |                        |
| By last marriage,   | { Born, _____, 18 . }    | " _____, 18 .          |
|                     | { Sixteen, _____, 18 . } |                        |
| By last marriage,   | { Born, _____, 18 . }    | " _____, 18 .          |
|                     | { Sixteen, _____, 18 . } |                        |
| By last marriage,   | { Born, _____, 18 . }    | " _____, 18 .          |
|                     | { Sixteen, _____, 18 . } |                        |
| By last marriage,   | { Born, _____, 18 . }    | " _____, 18 .          |
|                     | { Sixteen, _____, 18 . } |                        |
| By last marriage,   | { Born, _____, 18 . }    | " _____, 18 .          |
|                     | { Sixteen, _____, 18 . } |                        |

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate \_\_\_\_\_, 18 \_\_\_\_\_, date of \_\_\_\_\_

## RECOGNIZED ATTORNEY:

Name *R. E. Thornton*

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

P. O. *city*

Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

## APPROVALS:

Submitted for *reject*, *Oct 9*, 1891, *W. R. H. Alexander*, Examiner.Approved for *Rejection as cause* of death in 1878 from *yellow fever*, was not *accepted*, *a result of his military* *service*

Approved for \_\_\_\_\_; death resulted from \_\_\_\_\_

\_\_\_\_\_ due to \_\_\_\_\_

\_\_\_\_\_ which has been legally accepted,

\_\_\_\_\_, 18 \_\_\_\_\_, Medical Reviewer.

\_\_\_\_\_, Medical Referee.

## IMPORTANT DATES:

Enlisted *March* *17*, 1863.Invalid application filed *Dec 22*, 1877Mustered *March* *30*, 1863.

Invalid last paid to \_\_\_\_\_, 18 \_\_\_\_\_

Discharged *August* *20*, 1865.

Former marriage of soldier \_\_\_\_\_, 18 \_\_\_\_\_

Died *Oct* *7*, 1878

Death of former wife \_\_\_\_\_, 18 \_\_\_\_\_

Declaration filed *Sept* *25*, 1890Claimant's marriage to soldier *Dec 24*, 1868.*Re Marriage Nov 28 1881**claimant writes**to me*

# WIDOW'S DECLARATION FOR PENSION OR INCREASE OF PENSION.

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

State of Mississippi, County of DeSoto, ss:

ON THIS 29<sup>th</sup> day of August, A. D. one thousand eight hundred and ninty, personally appeared before me, Er Smith Mayor of Hound  
of the County of DeSoto, a Court of Record within and for the County and State aforesaid,  
Mary A. Bell, aged 30 years, who being duly sworn  
according to law, makes the following declaration in order to obtain the Pension provided by  
Acts of Congress granting pension to widows: That she is the widow of Albert S. Thompson,  
who enlisted under the name of Albert S. Thompson  
at Boston, on the \_\_\_\_\_ day of \_\_\_\_\_, A. D. 18\_\_\_\_.  
in Co "D" 54<sup>th</sup> Regt Mass Vol  
(Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.)  
in the war of 1861-5, who \_\_\_\_\_  
(State nature of wounds, and all circumstances attending  
them, or the disease and manner in which it was incurred, in either case showing soldier's death to have been the sequence.)

And died \_\_\_\_\_ on the 7<sup>th</sup> day of October, A. D. 1878  
who bore at the time of his death the rank of Sergeant in Co "D" 54<sup>th</sup> Mass Vol  
(“In the service aforesaid,” or otherwise.)  
that she was married under the name of Mary A. Nelson  
to said A. S. Thompson, on the 24<sup>th</sup> day of December  
A. D. 1868, by Rev. S. V. Berry, at St. Philip's Church Buffalo N. Y.  
there being no legal barrier to such marriage; that neither she nor her husband had been  
previously married.  
(If either have been previously married, so state, and give date of death or divorce of former spouse.) not

\_\_\_\_\_ ; that she has to  
present date remained his widow; that the following are the names and dates of birth of all his  
legitimate children yet surviving who were under sixteen years of age at father's death, viz:

No children

That she was remarried to Mr. Austin Bell on 28<sup>th</sup> Nov.  
1881

that she has not abandoned the support of any one of her children, but that they are still under  
her care or maintenance. +  
(For such children as are not under her care claimant should account)

that she has not in any manner engaged in, or aided or abetted, the rebellion in the United States;  
that No prior application has been filed

(If prior application has been filed, either by soldier or widow, so state,  
giving number assigned to it.) \_\_\_\_\_ ; that she hereby appoints, with full

power of substitution and revocation, R. Washington  
of Washington D. C., her attorney, to prosecute the above  
claim; that her residence is Hermando street Miss  
and her Post Office address is Same

T. R. Maxwell  
W. H. Rollins  
(Two witnesses who can write, sign here.)

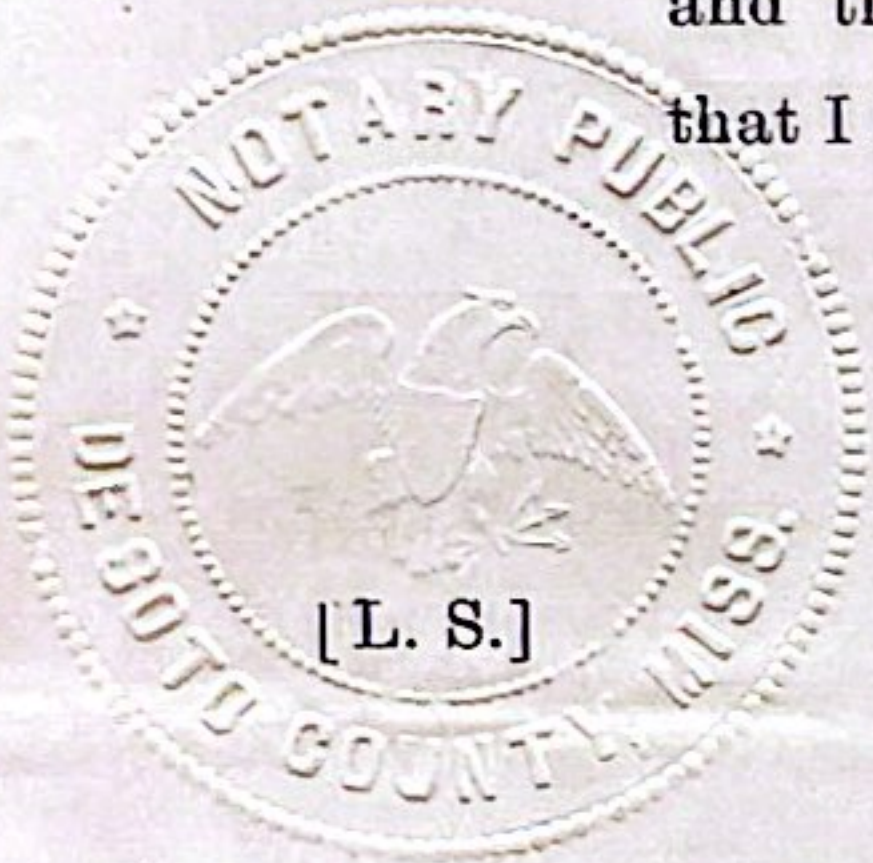
Mary A. Bell  
(Signature of Claimant.)

Also personally appeared J R Maxwell, residing at Stonovo mip, and W H Rollins residing at Stonovo mip, 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 Mrs Mabe, the claimant, sign her name (make her mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

J R Maxwell  
W H Rollins  
(Signature of Affiants.)

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

Sworn to and subscribed before me, this 29 day of August, 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.



J R Maxwell  
(Official Signature.)

Mayor of Stonovo mip  
(Official Character.)  
Notary Public

WIDOW.

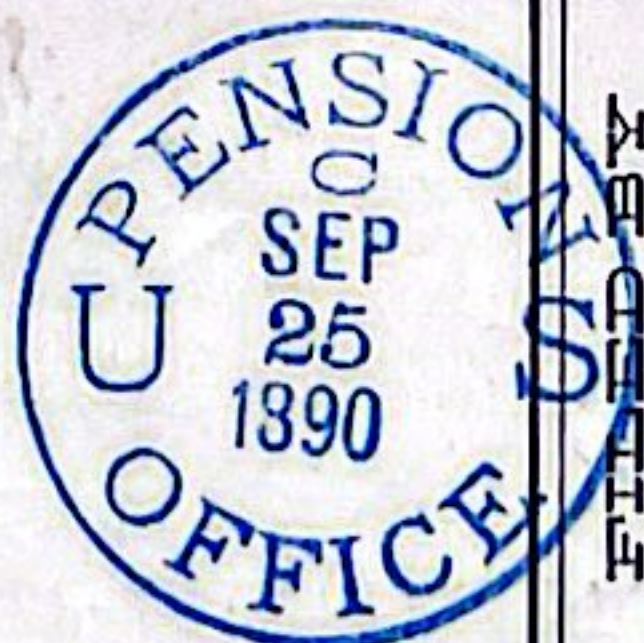
CLAIM FOR PENSION

Mary A. Bell, Applicant.

Widow of Albert S. Thompson

Sergeant Co. "D" 5<sup>th</sup> Reg't.

March Vols.



FILED BY  
RICHARD WASHINGTON,

U. S. Pension & Claim Attorney,

BOX 275  
WASHINGTON, D. C.

Printed and for sale by J. F. Sherry, Claim Blank Printer,  
No. 621 D Street, N. W., Washington, D. C.

# GENERAL AFFIDAVIT.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

In the matter of

*Mrs. Mary A. Bell, Wid. of Albert D. Thompson, Sgt. Co. D, 54<sup>th</sup> Mass. Vols.*

Personally came before me, a \_\_\_\_\_ in and for aforesaid County

and State, \_\_\_\_\_, aged \_\_\_\_\_ years

and \_\_\_\_\_, aged \_\_\_\_\_ years

citizen of the Town of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_

Post-Office address.

\_\_\_\_\_, well known to me to be reputable and entitled to credit, and who,

being duly sworn, declare

*City of Buffalo,  
County of Erie,  
State of New York } Mch. 7, 1891*

*To whom it may concern  
We the undersigned  
do testify, that we were  
present at the mar-  
riage of Mary Nelson  
to Albert Thompson  
by the Rev. Samuel B.  
Berry, at St. Phillip's  
P. E. Church in the ab-  
ove named place, Dec.,  
24<sup>th</sup> 1868.*

\_\_\_\_\_ furth  
cerned in its prosecution

1. \_\_\_\_\_

2. \_\_\_\_\_

*1. Mrs Emma Lee  
2. Alice Leonard  
3. Witnesses*

NOTE.—In the executi  
can write must attest the  
The official before wh

us who

*Please return when you are through  
with this M. A. B.*

State of New York  
Erie County

Es  
on the 9<sup>th</sup> day

of March in the year Eighteen hundred  
and Ninety One before me personally  
Came Emma Lee and Alice  
Leonard to me known and known  
to me to be the individual described  
in and who executed the foregoing  
and they thereupon severally duly  
acknowledged to me that they  
executed the same

Lois R. Walter  
Notary Public  
Erie County N.Y.

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , and acquainted h with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant.....personally known to me; that he.....credible person and so reputed in the community in which h reside.

Witness my hand and official seal this.....day of.....189

Sign here.....

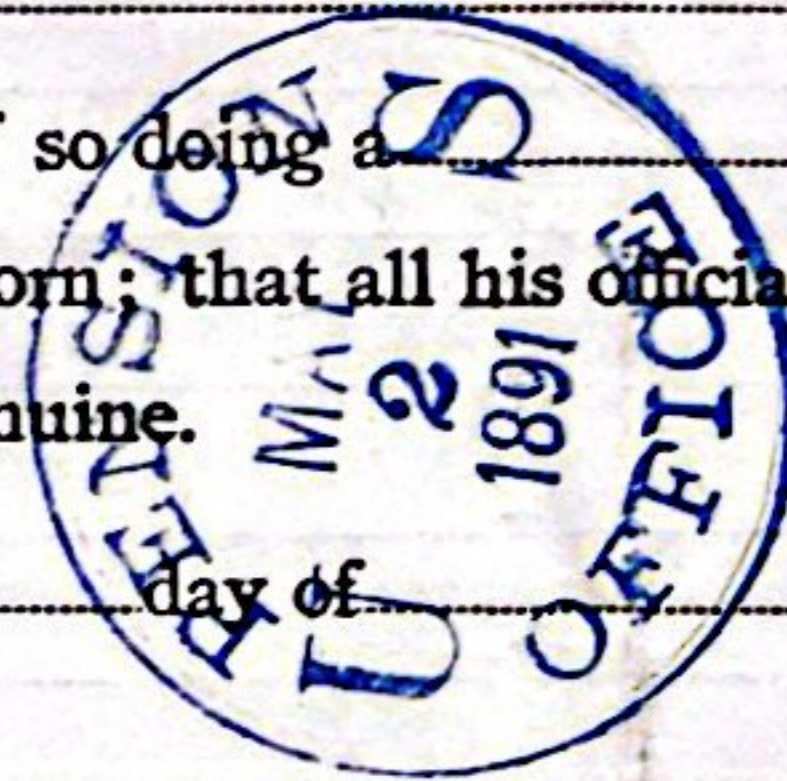
ADD SEAL HERE

NOTE.—Should this be sworn to before any other officer than a CLERK OF COURT, then the proper CLERK OF COURT must add his certificate of character on the back hereof, and not on a separate slip of paper.

State of....., County of....., ss:

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

Witness my hand and seal of office this.....day of.....189



Clerk of the.....



If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. Such Certificate for each Department where many authentications are required will save much expense.

Several papers executed before one Notary Public or Justice of the Peace on the same date need County Clerk's Certificate on one only if all are to be used in one case.

Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

No. 440, 529

## GENERAL AFFIDAVIT.

CASE OF

Mrs. Mary A. Bell, Wid. of

Albert D. Thompson

FOR

Sgt. Co. D, 54<sup>th</sup> Mass. Vols.

*damaged*

AFFIDAVIT OF

Emma Lee V

Alice Leonard

FILED BY

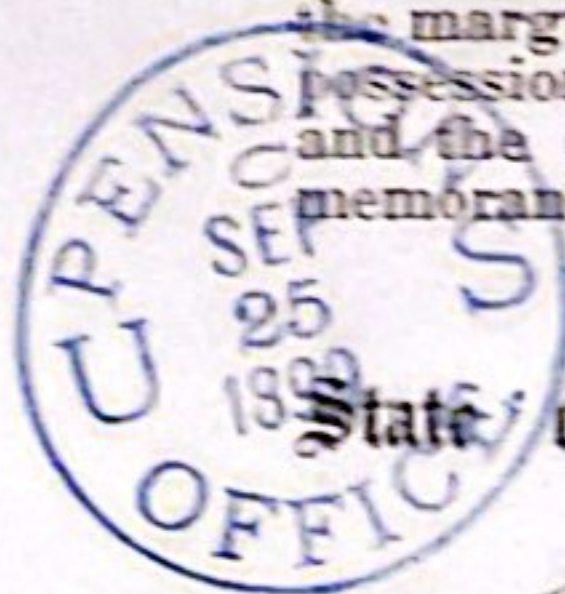
Richard Washington & Co.,

U. S. Pension & Claim Attorneys,

Box 295, Wash'n, D. C.

# PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.



State of \_\_\_\_\_ County of \_\_\_\_\_, ss:

In the Pension Claim No. \_\_\_\_\_

of Mary A. Bell widow Albert S. Thompson, late  
Sergeant Co "D" 8-4th Mass Vol.  
(Rank, company and regiment if in the army; or vessel and rating, if in the navy.)

Personally came before me, a \_\_\_\_\_ in and for the  
aforesaid County and State \_\_\_\_\_  
whose Post Office address is \_\_\_\_\_

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

That he is a practicing physician, and has been acquainted with the above-named soldier for about \_\_\_\_\_ years, and that \_\_\_\_\_

(Here embody all the facts known to the affiant in accordance with the marginal instructions.)

Emasures or interlineations will not be permitted unless the magistrate certify in his jurat that they were made before executing the paper.)

OFFICE OF

Dr. L. L. Saunders,

## NOTES.

The Physician's Affidavit must show the following facts:

Whether or not he knew the soldier prior to enlistment; the length of time he has known him, his intimacy and what opportunities he has had of observing his physical condition, whether as a family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been un-sound, he would have known it.

If he treated claimant while in the service either as his regimental surgeon or while home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.

If he has treated soldier since discharge he should so state, giving the date of first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of prescriptions, or visits.

The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.

Fort Smith, Ark., August 26 1890

This is to certify that I attended  
A. D. Thompson during his last  
illness & that ~~he~~ the immediate  
cause of his death was Yellow Fever  
I further certify that he had been  
suffering for years from Chronic  
Rheumatism and in my opinion  
the depressing effect of the Rheumatic  
trouble upon his general system and  
especially his heart, so lessened and  
weakened the resistive & recuperative  
powers of his physical organism, that  
it (Rheumatism) was an important  
factor in the causation of his death

L. L. Saunders M.D.

State of Arkansas

County of Sebastian. ss

Personally appeared before me S. H. Hubert

3 a Notary Public within and for the County and State aforesaid  
L. L. Saunders M.D. a practicing physician whom I know

to be respectable and entitled to full credit  
who after hearing the foregoing affidavit  
read signed the same and declared un-  
der oath that the same was true accord-  
ing to his best judgment, and that he  
has no interest directly or indirectly in  
the prosecution of this claim, and I further  
certify that I am not interested direct-  
ly nor indirectly in the prosecution  
of the same.

Witness my hand and Notarial  
seal at my office in Fort  
Smith, Arkansas, this 26<sup>th</sup> day  
of August 1890,

J. H. Sherlock  
Notary Public.

New Orleans  
152.321

# ORIGINAL INVALID PENSION.

Claimant, Albert D. Thompson  
P. O., Brookhaven  
County, Lincoln  
State, Mississippi  
Attorney, G. Kessler, New York City.  
Rank, 1st Sergeant  
Company, "D"  
Regiment, 54th U. S. C. I.  
Fee, \$10.<sup>00</sup>  
Rate, \$2 per month, commencing December 22, 1877

Disabled by g. s. w. left ~~fore~~ arm  
Submitted March 29, 1878, by E. M. Taber, Examiner.

Approved for  
Gun shot wound left arm

Approved for g. s. w. left fore arm  
1/4 - 1st. Sec. Reg'd

W. Yeager  
Apr 6, 1878,

Reviewer.

Apr 8, 1878,

H. F. Kuhling  
Med. Referee.

|                              |                 |                                        |            |
|------------------------------|-----------------|----------------------------------------|------------|
| Enlisted                     | March 17, 1863  | service from                           |            |
| Mustered                     | March 30, 1863  | 18                                     | , to 18 in |
| Discharged                   | August 20, 1865 |                                        |            |
| Declaration filed            | Dec. 22, 1877   | Not in military or naval service since |            |
| Last material evidence filed | , 18            | August 20, 1865, when discharged.      |            |

## BASIS OF CLAIM.

Alleges g. s. w. left arm in action at  
Olustee, Fla., Feby. 20, 1864.

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 246,086State: Mississippi County: MarionPost Office: Tribsburg March 15, 1878.I hereby certify That I have carefully examined Albert D. Thompson, late a Sgt

Applicant's service.

Co. D, 54 Reg't, Mass Volsin the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from gun shot wound

Degree of disability.

In my opinion the said Albert D. Thompson is now incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

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

Probable duration.

The disability is two dollars per month

Particular description.

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

Height, 5ft 9 1/2 in; weight, 158; complexion, Black; age, 33; pulse, normal; respiration, normal

This is to certify that I have carefully examined the above applicant & find him partially disabled in the left fore arm from gunshot wound. The ball entered three inches above the wrist joint, at the inner margin of the "Radius", passing obliquely upwards & outwards of the anterior of the forearm, one & 1/2 inches from point of entrance, producing atrophy of the muscles of left arm. Measurement by comparison Diameter of left wrist "6 1/3" inches "D" right wrist "7" inches "D" left elbow joint "9 1/8" "D" right elbow joint "9 1/4" inches "D" left deltoid muscle 9 1/4 inches "D" right deltoid muscle "10" inches. I will respectfully recommend two dollars per month.

W. H. Miller

Examining Surgeon.

IN CASE OF  
20  
1878  
*Alfred Thompson*  
Co. *D*, *54* Reg't, *Miss Vol*

APPLICATION FOR PENSION.

No. *246,086*

DATE OF EXAMINATION,  
*March 15/1878*

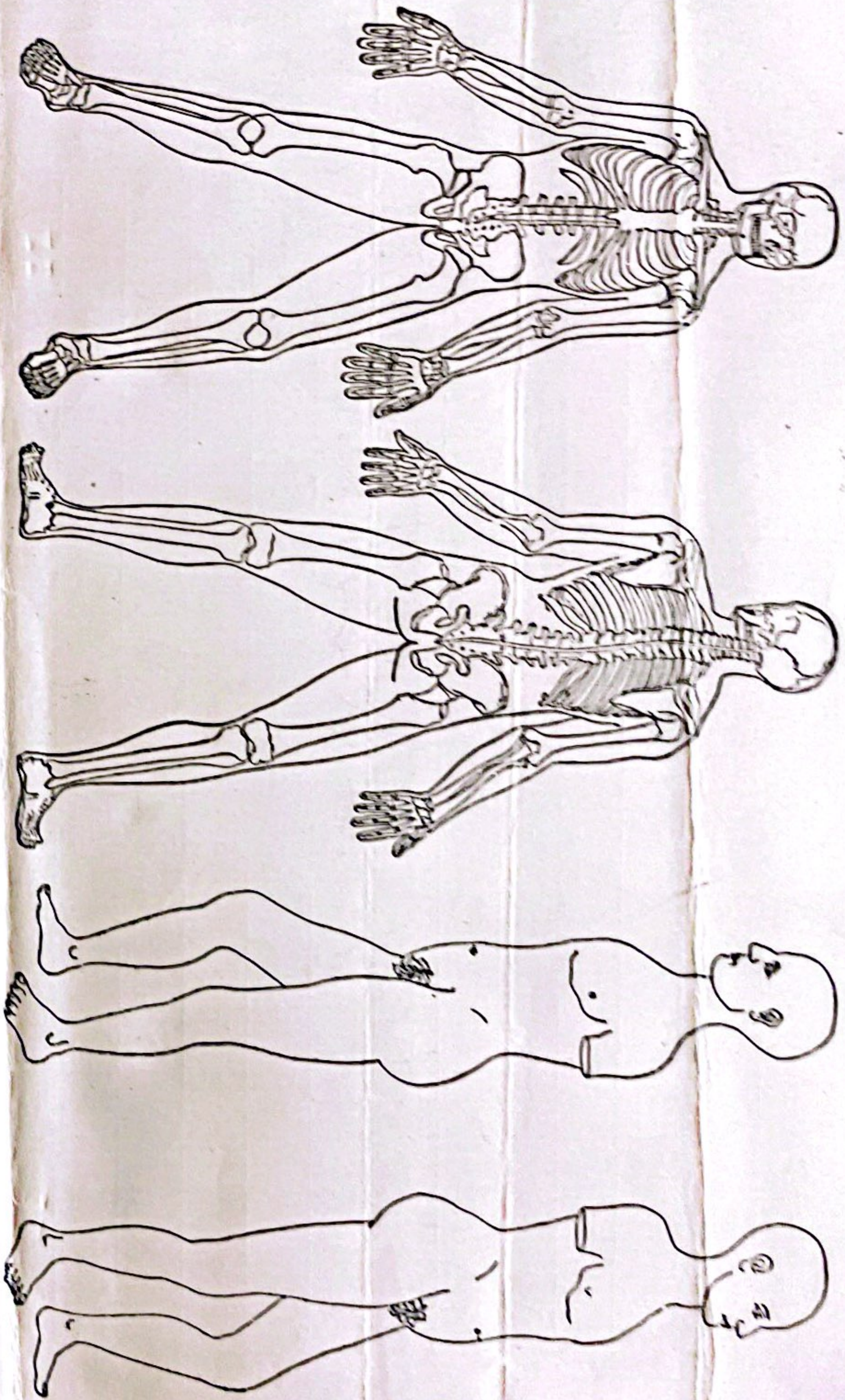
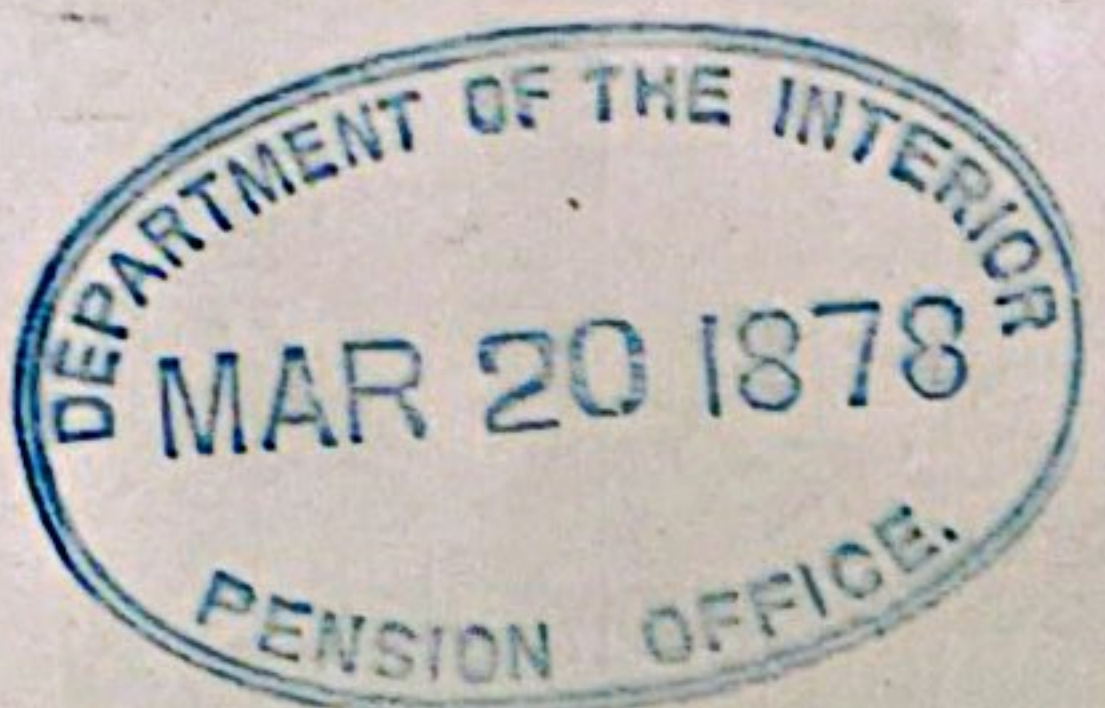
*W. H. Smith*  
Examining Surgeon.

Post Office, *Richburg*

County, *Warren*

State, *Mississippi*

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



(C.)

# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., February 20<sup>th</sup>, 1878.

SIR:

I have the honor to acknowledge the receipt of your request of February 11<sup>th</sup>, 1878, for certain information for use in the consideration of application for Pension No. 246:086 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 Albert D. Thompson was enrolled on the 17<sup>th</sup> day of March 1863, at Readville Mass: , in Co. "D", 54<sup>th</sup> Regiment of U. S. Colored Mass: Vols, to serve 3 years, or during the war, and mustered into service as a 1<sup>st</sup> Sergeant on the 30<sup>th</sup> day of March, 1863, at Readville Mass: , in Co. "D", 54<sup>th</sup> Regiment of U. S. Colored Mass: Vols, to serve 3 years, or during the war. On the Muster Rolls of Co. "D", of that Regiment, ~~for the months of~~ from Organ: to Dec<sup>r</sup>. 31<sup>st</sup>, 1863, he is reported Present. from Dec<sup>r</sup>. 31<sup>st</sup>/63 to Aug<sup>t</sup>. 31<sup>st</sup>/64, absent "Wounded at Olustee Fla. Feby. 20<sup>th</sup> - In Hospital Beaufort S. C. from Aug<sup>t</sup>. 31<sup>st</sup>/64 to June 30<sup>th</sup>/65, Present. He was mustered out of service with Co. at Charleston S. C. August 20<sup>th</sup> 1865. (1<sup>st</sup> Sergeant, with remark - "Wounded slightly in left arm at battle of Olustee Fla Feby. 20<sup>th</sup> 1864".

I am, sir, very respectfully,

Your obedient servant,

*Sam. Duck*

Assistant Adjutant General.

The Commissioner of Pensions,  
Washington, D. C.

WAR DEPARTMENT,  
Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C.,

Mar. 12, 1878

(TRANSCRIPT FROM RECORDS.)

It appears from the records filed in this Office, that *1st Sgt. Albert D. Thompson,*  
*G. A., 5th Mass. Vols.,* was admitted to *St. A. H. Beaufort, S. C.,*  
*Feb. 23, '64,* from *G. A. No. 11, Beaufort, S. C.,* with *G. S. M. flesh,* left  
fore arm, 3 inches above the wrist, external aspect, slight,  
wounded at *Chateau, Fla., Feb. 20, '64,* & transferred July 1, '64.

By order of the Surgeon General:

VOL 46

NO 4565

Per

*J. H. Woodhead*  
Surgeon, U. S. Army.  
(168)  
*J. H. Woodhead*

(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.)

Index Widows' Claim No. 440,529,Albert D. Thompson Co D 54 Reg't Mass. vol. Inf.

ARRANGE PAPERS IN INVALID CLAIMS—1. Declaration; 2. Soldier's statements as to origin; 3. A. G.; 4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.

IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence, &c., follow evidence of origin and continuance of fatal disease.

o 6-113

| NO.                                                                                                                          | NAME AND P. O. ADDRESS.                     | DATE OF FILING. | SUBJECT.                 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|--------------------------|
| 1                                                                                                                            | Claimant                                    | Sept 25, 90     | Declaration              |
| 2                                                                                                                            | Emma Lee,<br>Alice Leonard<br>Buffalo, N.Y. | March 2, 91     | Present at marriage.     |
| 3                                                                                                                            | Dr. L. L. Sanders<br>Fort Smith, Ark.       | Sept 25, 90     | Date and cause of death. |
| Rejected for the reason that the Soldier's death from Yellow Fever was not in any manner the result of his military service. |                                             |                 |                          |

## Department of the Interior,

## PENSION OFFICE

Feb. 11, 1878

Sir:

E. W. T.

March 28 C. 152321

Please furnish this Office a report of hospital treatment in the Claim No. 246,086, of Albert D. Thompson, late a Seryt Co. "D" 54th Mass Vols, from the data given below.

1. Disability from J. S. W. left arm, -  
- Okeetee, Fla., - Feb. 20/64

2. Treatment, as follows:  
Hosp. No. 10. Beaufort Feb. 23/64  
also Div. Hosp. No. 1.

3. The Adjutant General's report shows:

4. Discharged Aug. 20, 1865,

Very respectfully,

J. A. Runtz

Commissioner.

The Surgeon General M. F. A.

WAR DEPARTMENT,  
Surgeon General's Office,  
Record and Pension Division,

WASHINGTON, D. C., *Nov. 12*, 1878.

Respectfully returned to the Commis-  
sioner of Pensions, with report enclosed.

BY ORDER OF THE SURGEON GENERAL:

*J. H. Woodruff*  
Surgeon, U. S. A.  
(8)  
Per *J. H. Woodruff*

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