

REQUEST FOR MILITARY RECORDS				1. DATE 6/7/23		2. PULLTIME/STAFF INITIALS SCA	
3. NAME OF REQUESTER LUSCO, Erika				4. RESEARCHER CARD NO. 1002605			
ITEM NOS. 2, 5, 6, 7, 8, AND 9 FOR STAFF USE ONLY		5. STACK AREA 17w1	6. ROW 4	7. COMPARTMENT 23	8. SHELF 5	9. SEARCHER LG	
10. RECORD IDENTIFICATION (Check one only)							
☐ MILITARY ☒ PENSION ☐ BOUNTY LAND <i>(If Military or Bounty Land checked – complete items 11, 13, 14, and 15. If Pension is checked – complete items 11, 12, 13, 14, 15, and 16.)</i>							
11. NAME OF SOLDIER Walden, Berry L				12. NAME OF DEPENDENT			
13. UNIT (CO, BN, or REGT.) L 14 R I H A / L I I V S C H A				14. STATE SERVED FROM		15. WAR, OR DATE OF SERVICE Civil War	
16. PENSION FILE NUMBERS							
				APPLICATION		CERTIFICATE	
a. INVALID				732,207		533653	
b. WIDOW							
c. MINOR							
d. MOTHER							
d. FATHER							
e. OTHER NUMBERS (XC, etc.)							
17. RECEIVED BY		18. DATE		19. RETURNED TO		20. DATE	

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

NA FORM 14027 (10-12)

DO NOT REMOVE FROM RECORDS

INVALID. (Series _____)

Cert. No. 5-33653

Name, _____

Benny L. Walden
Rank, Private, Service, C. & N. N. Co.
Co. 1st H. A.

Original Roll: Invalids

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

" _____, 18____, to _____

Issued _____

Mailed _____

Rate and Period, \$24, from May 20, 1861

Fee, \$2

Class Inc.

Deductions: _____

Disability: _____

None of record.

Issued _____

Mailed _____

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

Fee, \$ _____

Class _____

Deductions: _____

Disability: _____

Entered _____

DEFERRED

Issued, _____, 18____

Mailed _____, 18____

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

Fee, \$ _____

Class _____

Deductions: _____

Disability: _____

Entered _____

Issued _____

Mailed _____

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

Fee, \$ _____

Class _____

Deductions: _____

Disability: _____

Entered _____

INDORSEMENTS.

DEFERRED

June 15 1911
Adm HHC

INVALID. (Series

14

Cert. No.

533653

Name,

James L. Mahaffey

Rank,

Priv.; Service, Co. 11th W.S.

Original Roll: *Indianapolis*

Agency.

{ Transf'd

, 18

, to

18

Issued

Sept. 12, 1891

Mailed

Mar 2, 1891

Rate and Period, \$

6

, from

Oct 2, 1889

Deductions:

Disability:

Mr. Mahaffey

Entered

Issue. Class

Orig.
Feb 25

Issued

Mch. 23, 1892

Mailed

" 30, 1892

Rate and Period, \$

10

, from

July 29, 1891

Deductions:

Disability:

Ch. diarrhoea & disease of rectum.

2" Issue. Class

Dmcr.
Dec 2

Entered

Issue. Class

3" Issue. Class

Dmcr.

Feb 2

Issued,

Oct 3, 1892

Mailed

" 11, 1892

Rate and Period, \$

14

, from

June 22, 1892

Deductions:

Disability:

Ch. diarrhoea and dis. of rectum.

Entered

Issued

, 18

Mailed

, 18

Rate and Period, \$

, from

, 18

Deductions:

Disability:

Entered

INDORSEMENTS.

*July 20, 1891. P. M. Mahaffey**cause my new law**May 13, 1901. Sent and after**July 13, 1901. Sent and after**July 13, 1901. Sent and after**July 13, 1901. Sent and after**July 13, 1901. Sent and after*

[3—216 a.]

Quon Ex'r.

No. *732.207.*

Act of June 27, 1890.

Berry L. Walden.
P. O. *Lyles Gibson Co.*
Ind.

Service: *L. 11" U. S. C. H. A.*

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *July 23*, 18*90.*

Alleges: _____

Any other Claim filed: *732207.*

Numerical No. *163717.*

Attorney: *James P. L. Munn.*

P. O. *Vincennes Ind.*

JAN 20 1891

Recognized.

Contract.

Cert. of Dis. Searched for _____, 18 .

Mat.

140.

W. V. A. add'l Thursday
Feb 14/90. at 9 am at Bldg 5. at

P.O.

1 Doyle, William
and.

Service:

Dec 11 " W. G. G. G.
Cathy

Enlisted:

Dec. 1863

Discharged:

Oct. 1865.

Application filed:

Oct. 21, 1889

Alleges:

John Dean

Alleges: *Ans. That*
Quemling and Jakes-
3

Re-enlisted:

"C" 14 "Jr. & Jy. Wt.

Attorney:

P. P. L. News

P.O.

Unconcerned

End.

Recognized.

Contract.

Cert. of Dis.

Searched for

18

No.

N. C.
S. C.
FLA.
GA.
ALA.
Miss.
LA.
TEX.
KY.
TENN.
Mo.
ARK.
D. C.
U.S.C.T.

Ex'r. INVALID.
No. 43220

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

MD.

VA.

W. VA.

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

Berry L. Waldren
P. O. Lyles, Gibson Co.
Ind.

Service: "L" 11 " U.S.C. Hy
Arti

Enlisted: 5 " Dec. , 1863

Discharged: 2 Oct. , 1865

Application filed: Oct. 2' , 1889

Alleges: Chr. Dias
Dysentery & Piles

Re-enlisted: 1/24/83
"L" 14 " R. B. Hy
Arti

Attorney: J. P. L. Weems
P. O. Vincennes,
Ind.

Recognized. Contract.

Cert. of Dis. Searched for , 18
(17176-20,000.)

BUREAU OF PENSIONS.

Washington, D. C., *Apr 12*, 1891/90

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier and his per-
sonal description, with
name of former owner.

YOUTH DIV.
APR 16 1901
RECEIVED

No other report on file.

Inv. Bert. No. 533653

Name, Berry L. Waldren

Co. B. 19 Reg't U.S.C. Vol. 1 H. Ant.

N. Chay Evans
Commissioner.

0-4

Record and Pension Office,

WAR DEPARTMENT.

Washington, APR 15 1901

Respectfully returned to the

Commissioner of Pensions.

with the information that in the case of

Berry L Walden, Co
L. 14th R. I. Cold. Fly Art'y
which organization became
in May or June 1864 Co L
11th U.S.C.A., the military
record furnish the
following in addition to
former report. From
enrollment to which
he held the rank of
private and during
that period the rolls
show him present.
His name as borne ^{as} ~~Walden~~
as Berry L Walden.
Born in Penna; age 31 yrs.
height 5 ft 7 1/2" complexion
white eyes & hair black
a farmer.
To evidence that he was a
slave.
The organization was also
known as Co L & U.S.C.A.

Medical Records that have been indexed (or discovered) since the report of Feb. 13, 1890

was made show the following additional information:

Treated: - At P. B. L. Walden,
Poi. Co. L, 8 U.S.C. H. A.
May 31/64, (diagnosis not
stated); June 1 and 2/64, Fever;
June 3 and 4/64, Diarrhoea;
June 5/64, Fever; June 6 to 10
/64, Diarrhoea; June 16/64,
(diagnosis not stated); June 17
to 19/64, Fever; June 20/64,
Dibility; June 21/64, Fever;
June 22/64, Diarrhoea; June
23/64, Fever; June 24/64,
Dysentery; June 25 to 27/64,
Diarrhoea; June 28/64, Fever;
June 29/64, Diarrhoea; June
30/64, Fever; at Berry L.
Walden, Poi. Co. L, 11 U.S.
C. H. A., June 14 to 17/65,
Dysentery.
Nothing additional found.

BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Ainsworth

Chief, Record and Pension Office

(595a)

ORIGINAL INVALID CLAIM.

533.653
Soldier

P. O.,

County,

State,

Rates, \$

per month, commencing Oct 2, 1889

Rank,

Company,

Regiment,

Pensioned for

Name,

P. O.,

RECOGNIZED ATTORNEY.

Fee, \$ 2.50, Agent to pay,

Articles filed Oct 2, 1889

APPROVALS.

Approved for

Submitted

Examiner.

Approved for

Files.

Approved for

chronic diarrhoea and disease of rectum

6/8

Chas

Inm, Legal Reviewer.

Re-Reviewer.

Med. Ex'r,

Med. Referee.

IMPORTANT DATES.

Enlisted,

Mustered

Discharged

Declaration filed

1863

18

1865

1889

service from

18

1865

Not in service since

1865

BASIS OF CLAIM.

chronic diarrhoea agreeing with files continued
new certificate Nov. July 1894.

Submitted under Ruling 97.

Statement under Ruling 97.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana, County of Gibson, ss:

On this 4 day of June, A. D. one thousand eight hundred and ninety 1 personally appeared before me, a clerk court within and for the County and State aforesaid, Berry L. Waldren, aged 59 years, a resident of the town of Lyles, county of Gibson State of Indiana, who, being duly sworn according to law, declares that he is a pensioner of the United States, Certificate No. 533.653 enrolled at the Indianapolis Pension Agency at the rate of 6 dollars per month, by reason of disability from Chronic diarrhoea (Here name the disability for which pension was granted.) and disease of rectum incurred

in the Military service of the United States while Private in Co. D. 11 (Military and Navy.) (Here state rank, company and regiment, if in the Army—vessel, if in the Navy.) Regiment U.S. 6 Vol Heavy Artillery

That he believes himself to be entitled to an increase of pension on account of the present rating being too low for the degree of his disability and for the reason his (Here give a plain statement of why you should have a higher rate of Pension.) disability has become worse and has resulted in Piles

He feels that his present rating is not commensurate with the degree of his disability. He, therefore, files this application for increase of pension, and requests a medical examination by a board of examining surgeons at Albion Ills, to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full powers of substitution and revocation,

Albert R. Burton Omnicott Indiana, his true and lawful attorney to prosecute his claim.

His post office address is Lyles Gibson Co Indiana (State your address in full.)

Berry L. Waldren (Claimant's Signature.)

(If claimant sign by mark, two witnesses must sign here.)

Also personally appeared James B. Gamber, residing at Omnicton Ind.
and Saul E. Williams, residing at Omnicton Ind., persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and
saw Berry L. Walden, 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.

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

James B. Gamber
Saul E. Williams
(Signatures of Witnesses.)

STATE OF Indiana, COUNTY OF Gibson, ss:

Sworn to and subscribed before me this 4 day of June A. D., 1891

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

and the words _____ added,

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

W. H. Coleman Clerk
(Signature)
J. R. Woods
(Official Character.)

NOTE.—If the official before whom this is executed HAS NO SEAL, the CLERK of the COUNTY COURT must certify to his official character. UNLESS SUCH A CERTIFICATE IS ALREADY ON FILE in the Pension Office, WHEN THAT FACT SHOULD BE STATED.

INVALID.

CLAIM FOR INCREASE.

Berry L. Walden, Applicant.

4, Vol 1 & 2 Reg't.

Vols.

Pension Certificate No. 533653

PENSION CERTIFICATE NOT REQUIRED.

FILED BY

Albert R. Burton

Omnicton

Indiana

533653 Indpts Increase INVALID PENSION.

Claimant,

Berry L Walden

P.O.,

Lyles

Rank,

private

County,

Gibson

Company,

L

State,

Indiana

Regiment,

11 U S C H A

Rate, \$

10-

per month, commencing

July 29, 1891.

Disabled by

Chr diarrhoea & dis. of rectum -

RECOGNIZED ATTORNEY:

Name

J R Burton

Fee \$

2

Agent

to pay.

P.O.,

Princeton Ind

Articles filed

, 18

APPROVALS:

Submitted for

Jan 22, 1892

G B Wright

Examiner.

Approved for

Chronic diarrhoea & disease of rectum

Approved for

Chronic diarrhoea and disease of rectum 10/10 from July 29 1891

Discharged

Oct 2

, 1865

Last paid to

, at \$

6

Pensioned from

Oct 2

, 1889

at \$

6

for

Chronic diarrhoea and disease of rectum

Original declaration filed

Oct 2

, 1889

alleged

same as above

Arrears allowed from

, 18

to

, 18

, at \$

PRESENT CLAIM.

Declaration filed

June 6

, 1891.

Original

United

nom b.

(7)

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

(For Old or New Law.)

*+ New
disability*

State of Indiana, County of Gibson, SS:

On this 9 day of May, A. D. one thousand eight hundred and ninety 2,
personally appeared before me, a Clk Court
within and for the County and State aforesaid, Berry L. Walden, aged 40
years, a resident of the Town of Lyle, county of Gibson
State of Indiana, who, being duly sworn according to law, declares that he is a pensioner
of the United States, Certificate No. 533.653 enrolled at the Indianapolis Pension Agency
at the rate of 10 dollars per month, by reason of disability from Chronic
Dysentery and resulting duodenal ulcer incurred
in the Military service of the United States while Pr'l 2nd Vol 1st
(Military and Naval) (Here state rank, company and

regiment, if in the Army—vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of the present rating being too
low for the degree of his disability and further for the reason
(Here give a plain statement of why you should have a higher rate of Pension.)

his disability has increased so he cannot
perform manual labor, and his disabilities
has resulted in Disease heart and kidneys
he has fainting and shortness of breath
with least exertion,

He feels that his present rating is not commensurate with the degree of his disability. He, therefore,
files this application for increase of pension, and requests a medical examination by a board of examining
surgeons, to whom special instructions may be issued, so that the full extent of his disability may be ascer-
tained. He hereby appoints, with full powers of substitution and revocation.

Abner R. Burton Princeton Indiana

his true and lawful attorney to prosecute his claim.

His post office address is Lyle Gibson County Indiana,
(State your address in full.)

John W. Mapp
James W. Lewis
(If claimant sign by mark, two witnesses must sign here.)

Berry L. Walden
(Claimant's Signature)

Also personally appeared John B. Massey

Residing at Princeton Ind

and James H. Lewis

Residing at Princeton Ind

, persons whom I

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

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

John B. Massey
James H. Lewis
(Signatures of Witnesses.)

STATE OF Indiana

COUNTY OF Gibson

, ss:

Sworn to and subscribed before me this 9 day of May A. D., 1892

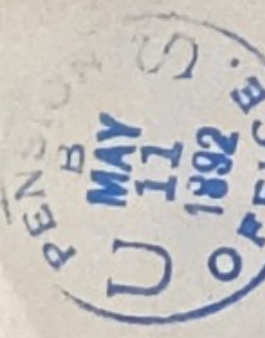
and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

W. H. Holman
(Signature.)

Gibson Cir Court
(Official Character.)

76
114



INVALID

CLAIM FOR INCREASE.

Berry C. Walden Applicant.

C. H. West H. A., Regt.

Vols.

Pension Certificate No. 533.659

PENSION CERTIFICATE NOT REQUIRED.

FILED BY

A. R. BURTON,
U. S. Pension Attorney,
PRINCETON, IND.

Printed and for sale by E. J. GRAY, 1024 Pa. Ave., Washington D. C.

Increase **INVALID PENSION.**



533653
Gondy's

Claimant,

Berry L. Waldren

P.O., *Layles*

Rank, *Priv*

County, *Gibson*

Company, *L*

State, *Indiana*

Regiment, *11. U.S. C. Vol. 86. A.*

Rate, \$ *14.*

per month, commencing

Dec 22, 1892

Disabled by

Ch. Diarrhoea & Disease of rectum

RECOGNIZED ATTORNEY:

Name, *A. R. Burton*

Fee \$ *2* —, Agent — to pay.

P.O., *Princeton, Ind.*

Articles filed —, 18 —

APPROVALS:

Submitted for

Aug 27, 1892

E. J. Wilder, Examiner.

Approved for

Chronic diarrhoea & Disease of rectum

Approved for

Chronic diarrhoea and Disease of rectum

14/18 from June 22, 1892

Alleged results referred to Med. Ref.

No other special results shown

Bennett

Sept. 10, 1892

Sept. D. H. Peters, Legal Reviewer.

Sept. 12, 1892

Thos. Dugan, Medical Referee.

Discharged

Oct. 2

, 18*91*. Last paid to

, at \$ *10* —

Pensioned from

, 18*89*, at \$ *6* —

, for *chr. diarrhoea*

Original declaration filed

Oct 2, 1889; alleged

Dysentery & piles & chr. diarrhoea

done & \$10 - from July 29, 1891.

Arrears allowed from

, 18 —, to

, 18 —, at \$ —

PRESENT CLAIM.

Declaration filed

May 11, 1892

Original & results

write

no D. C.

Declaration for the Increase of an Invalid Pension.

State of Indiana Gibson County

On this 12 day of February A. D. one thousand ~~eight~~ hundred ~~and ninety~~ personally appeared before me, a Clerk of Circuit Court within and for the County and State aforesaid, Berry L. Waldren aged 68 years, a resident of Gibson County of

State of Inda, who, being duly sworn according to law, declares that he is a pensioner of the United States enrolled at the Indianapolis Pension Agency at the rate of _____ dollars per month, under Certificate No 533653 by reason of disability from Chronic diarrhoea and disease of rectum (Here name the disability or disabilities for which now pensioned.)

incurred in the Military service of the United States, while serving as a Priv Co L 11th Regt United States Cold Vol Heavy Artillery (Here state rank company and regiment, if in the Army; or rating and name of vessel, if in the Navy.)

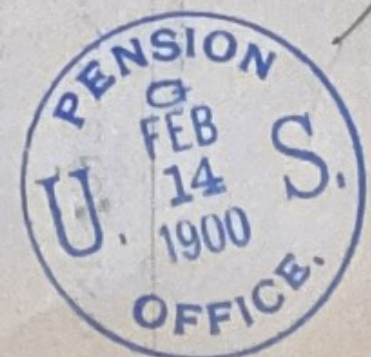
That he believes himself to be entitled to an increase of pension on account of an increase of the said Chronic diarrhoea and disease of rectum (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should

be stated, and the manner and extent of the progressions of the disability described. If on account of disease resulting from the disability for which pensioned, the names of the disease should be stated.)

and he hereby appoints with full power of substitution and revocation, John W. Corder, his true and lawful attorney, to prosecute his claim. His postoffice address is Syles Station, Gibson Co Ind.

Attest Berry L. Waldren Signature of Claimant.

For persons who write sign here.



ATTY FILED

Also personally appeared John P. Simpson P. O. Princeton Ind
County of Gibson State of Indiana and Martin L
Van Nada P. O. Princeton County of Gibson
and State of Indiana persons whom I certify to be respectable and entitled to credit, and
who being by me duly sworn, say they were present and saw Benny L. Walden
the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every
reason to believe, from the appearance of said claimant, and their acquaintance with him, that he is the
identical person he represents himself to be; and that they have no interest in the prosecution of this
claim.

Attest:

John P. Simpson
Martin L. Van Nada

Signature of witnesses.

If witnesses sign by mark two persons who can write sign here.

Sworn to and subscribed before me, this 12 day of Feb A. D. 1900
and I hereby certify that the contents of the above declaration, etc., were fully made
known and explained to the applicant and witnesses before swearing, including the
words _____ erased and the words _____
_____ added; and that I have no interest,
direct or indirect, in the prosecution of this claim.

L S

Stewart
Signature
Clerk Gibson Co. Court
Official Character.
E. R. Maxam

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

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

L S

Clerk of the _____

NOTE. - This should be sworn to before a Clerk of Court, Notary Public or some officer who has a Seal. If sworn to before a
Justice of the Peace without seal, the Clerk of court must attach his Certificate, showing the official capacity of such Justice of the
Peace, and that his signature is genuine

JOHN W. CORDER, PRINCETON, IND.

FILED BY

Democrat, Princeton, Ind.

16
1900



8.14.1888.42a

Pension Certificate No. 533653

U.S. Col. 4th Art. Vols.

Co. 11th Reg't

Benny L. Walden

CLAIM FOR INCREASE.

INVALID

Walden

HISTORY OF CLAIM.

Pensioner, Berry L. Waldren, Certificate No. 533 653
 1st service, Co. E 11 U.S. Vol. # Ant; enlisted, Dec 5, 1863; discharged, _____, 18____
 2nd service, _____; enlisted, _____, 18____; discharged, Oct. 2, 1865

Pensioned from Oct. 2, 1889, at \$ 6 per month for chronic diarrhoea
and disease of rectum, increased to \$ 10 per month
from July 23-1891 and to \$ 14 per month from
June 22-1892 for same disability —

Original declaration, Act of General Law, 18____, filed Oct. 2-1889
alleged chronic diarrhoea, dysentery and piles, admitted as above.
Declaration under act of June 27-1890 filed July 23-1890
alleged chronic diarrhoea, dysentery and piles, rejected Jan 30-1891
(no benefit). Declaration under General Law filed June 6
1891 alleged increase of pensioned disability, admitted as
 above. Declaration under General Law filed May 11-1892
alleged Original and results, admitted as above.

Increase INVALID PENSION.

Claimant,

Berry L. Waldren

P. O.,

Lytle

County,

Gibson

State,

Indiana

Rank,

Private

Company,

L.

Regiment,

11486 Vol. Inf.

Rate, \$

per month, commencing

Pensioned for

RECOGNIZED ATTORNEY.

Name,

John W. Border

P. O.,

Princeton, Indiana

Fee, \$ 2

; Agent to pay.

Articles filed

1

APPROVALS.

Submitted for

admission April 22, 1901,

H. B. Whitney

Examiner.

Approved for

Chronic diarrhoea
and disease of rectum.

Approved for

Chronic diarrhoea
and disease of
rectum 14/18
No increase.

April 26, 1901, C. Pearson

Legal Reviewer.

Pratt

Medical Examiner.

J. L. Lomo

Medical Reviewer.

May 1, 1901,

H. F. Paul

Medical Referee.

Enlisted

December 5, 1863

Discharged

October 2, 1865

Last paid to

1

Pensioned at \$ 14

per month for

chronic diarrhoea and disease of rectum

PRESENT CLAIM.

Declaration filed

February 14, 1900,

alleges increase of pensioned
cause.

Claimant does

write.

No

M. C.

Declaration for the Increase of an Invalid Pension.

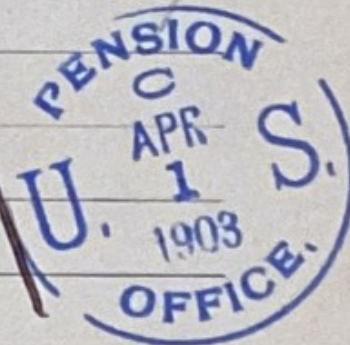
State of Indiana 388.
Gibson County 388.

On this 30th day of March A. D. one thousand eight hundred
and ninety three, personally appeared before me, a Clerk Circuit Court within
and for the County and State aforesaid, Berry L. Malvern aged 71 years,
a resident of Patoka Township County of Gibson
State of Indiana, who, being duly sworn according to law, declares that he is a pensioner of the
United States enrolled at the Indianapolis Pension Agency at the rate of 14.00
dollars per month, under Certificate No 533653 by reason of disability from Chronic
Sciarrhorea and resulting disease of rectum (Here name the disability
or disabilities for which now pensioned.)

incurred in the Military service of the United States, while serving as a Private
Co L, 11th United States (Colonel) Art. (Here state rank
company and regiment, if in the Army; or rating and name of vessel, if in the Navy.)
Heavy

That he believes himself to be entitled to an increase of pension on account of the increase
of the above stated diseases and results
of the same

(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should
be stated, and the manner and extent of the progressions of the disability described. If on account of disease resulting from the dis-
ability for which pensioned, the names of the disease should be stated.)



That I was examined in 1900 before and
by the board at Princeton Ind. and rejected
I now live nearer to Mt-Carmel than Princeton
and ask to be sent before the board in
Mt Carmel Ill to be examined.

and he hereby appoints with full power of substitution and revocation, John W. Corder, his true and
lawful attorney, to prosecute his claim. Princeton Ind
His postoffice address is Lyles - Gibson Co Ind

Attest

Raymond J. Walters
Thomas Belmont
For persons who write sign here.

Berry L. Malvern
Signature of Claimant.

ATTY FILED

Also personally appeared Ruben J. Walters P. O. Princeton
County of Ellesham State of Indiana and Thomas
Besant P. O. Princeton County of Ellesham
and State of Indiana persons whom I certify to be respectable and entitled to credit, and

who being by me duly sworn, say they were present and saw Berry L. Waldren
the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every
reason to believe, from the appearance of said claimant, and their acquaintance with him, that he is the
identical person he represents himself to be; and that they have no interest in the prosecution of this
claim.

Attest:

If witnesses sign by mark two persons who can write sign here.

Ruben J. Walters,
Thomas Besant
Signature of witnesses.

Sworn to and subscribed before me, this 30 day of March A. D. 1903

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

Thomas J. Mason
Clerk Ellesham Circuit
Official Character.
By E. P. Maxamy

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

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

L S

Clerk of the _____

NOTE.—This should be sworn to before a Clerk of Court, Notary Public or some officer who has a Seal. If sworn to before a
Justice of the Peace without seal, the Clerk of court must attach his Certificate, showing the official capacity of such Justice of the
Peace, and that his signature is genuine

INVALID
CLAIM FOR INCREASE.

Berry L. Waldren

Co. L, 11th Reg't

U S (Col'd) Art-Mary Vols.

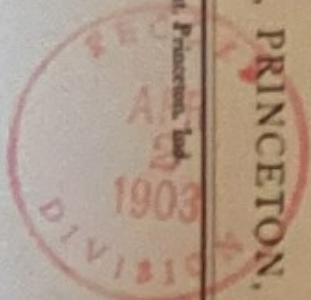
Pension Certificate No. 533653

214 R. J. H. A.

FILED BY

JOHN W. CORDER, PRINCETON, IND.

Democrat Print. Princeton, Ind.



533653
Indph.

3-355.
(Old No. 3-145.)

Certificate No. 533653
No. 112

Increase INVALID PENSION.

Claimant

Perry L Waldren

P. O.,

Lyles

County,

Gibson

State,

Indiana

Rank,

Private

Company,

L

Regiment,

11 US 6 Vol Reg art

Rate, \$

24

per month, commencing

May 20, 1903

Pensioned for

chronic diarrhoea and disease of rectum

RECOGNIZED ATTORNEY.

Name

John W. Border

P. O.,

Princeton Indiana

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

Articles filed _____, 1

APPROVALS.

Submitted for

Sept 15, 1903

Approved for

chr diarrhoea and dis of rectum

Approved for

Chronic diarrhoea and disease of rectum
3rd Grade

from May 20 - 1903. B.R.

Sept 16 1903

Wm. W. Smith

Legal Reviewer.

Reed

Medical Examiner.

Staples

Medical Reviewer.

190

No. 518

Re-Reviewer.

September 10, 1903

Sam Houston

Medical Referee.

Enlisted

December 5, 1863

Discharged

October 2, 1865

Last paid to

Pensioned at \$

14

per month for

chronic diarrhoea and disease of rectum

from June 22 1892

PRESENT CLAIM,

Declaration filed

April 14, 1903

alleges increase on pensioned

Causes.

Claimant does _____ write.

So, M. C.

GENERAL AFFIDAVIT.

State of Illinois, County of Wabash, ss:

In the matter of claim of Perry L. Walden Co L
11th Regt 128th Inf Hyatt

ON THIS 1 day of December, A. D. 1928, personally appeared before me
J. B. Maxwell, County Clerk in and for aforesaid County, duly authorized to administer
oaths J. B. Maxwell aged 47 years, a resident of Wabash
in the County of Wabash, and State of Illinois
whose Post-office address is Wabash Ill

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to
aforesaid case as follows: that he has been claimant's physician

for the past 10 years and from his intimacy
[NOTE.—Affiant should state how he gains a knowledge of the facts to which he testifies.]

with him, that he has gained the information
heroin - that from chronic diarrhoea and disease
of rectum and resulting debility - he is entirely
disqualified for the performance of any manual labor
and has been for the past 5 years or more

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

J. B. Maxwell
(Signature of Affiant)

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

Division
For Service of Pension
Cert. No. 533, 658

ADDITIONAL EVIDENCE.

CLAIM OF

Benny L. Holden
Co. L. 11th Reg. N.Y.C. Art

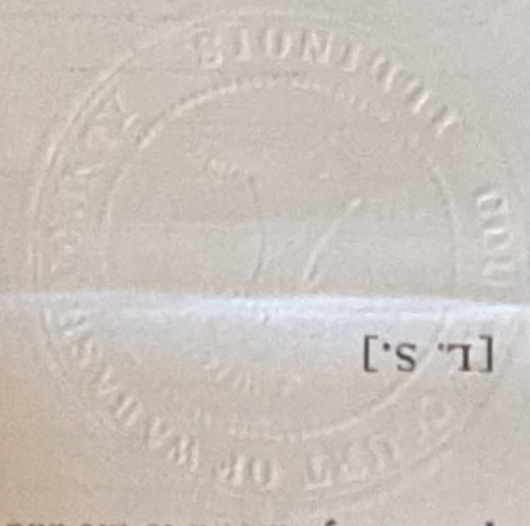
AFFIDAVIT OF

J. B. Maxwell

FILED BY

Geo. A. Spencer, City
Princeton
Indiana

Printed and for sale at the DEMOCRAT, Princeton.



[L. S.]

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

[Official Signature]

[Official Character]

STATE OF... COUNTY OF...
55:

Declaration for Increase of Pension.

Under the ~~General Law~~ ^{General Law} ~~Acts of June 27, 1890, and May 9, 1900.~~

[No. 114.]

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 Indiana, County of Gibson, ss:

ON THIS 14th day of October A. D. one thousand nine hundred and eight

personally appeared before me, a Clerk of the Circuit Court within and for the County

and State aforesaid, Berry L. Waldren aged 76 years, late a member

of Co. L, Eleventh Regiment, U. S. Colored Vols., Heavy Artillery

a resident of the City of Princeton County of Gibson

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

of the United States under ~~the Act of June 27, 1890,~~ ^{General Law} enrolled at the Indianapolis, Indiana,

Pension Agency, at the rate of Twenty-four dollars per month, by reason of chronic

diarrhoea, and disease of rectum, his Pension Certificate being numbered 533,653.

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

Chronic diarrhoea, and disease of rectum, being wholly
Insert here the disabilities alleged in original and subsequent declarations

unable to perform any kind of manual labor.

And being totally unable to earn any part of his
support by manual labor, on account of said Pensioned
Disabilities

Also on account of

Insert here the disabilities not previously alleged

Incurred

during service in the Civil War
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, with full power of substitution and revocation,

of Princeton County of Gibson

State of Indiana his true and lawful attorney, to prosecute his

His post-office address is R. F. D. No 37 St. Carmel County of Wabash

State of Illinois

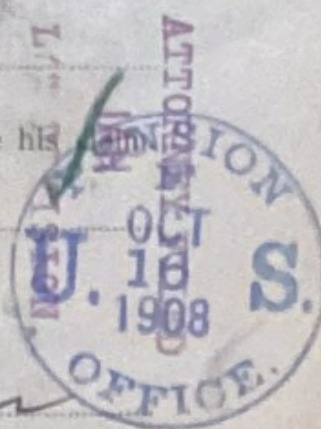
Claimant's signature

Berry L. Waldren
mark

Attest

Theodore McCain

Harry Lichenor
Two witnesses who can write must sign here



10/16

Soldier's Application

FOR INCREASE.

General Rank

Acts of June 27, 1890, and May 9, 1900.

Benny L. Walden, Applicant

Co. L, Eleventh Regt.

United States Colonel H. A.

214 R. S. H. A.

Pension Certificate No. 533, 653

Q 7 J



James S. Thompson, Atty
General
Indiana
Indy, Ind.

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

2117

No Revenue Stamps Required.

Declaration and
power of attorney valid.
S. A. Cuddy,
Chief, Law Division.
per C B H

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, using dates of beginning and close of official term. If certificate on file, no state.

[L. S.]

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

added; Insert any words added

erased, and the words

Insert any words erased

cant and witnesses before swearing, including the words

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

Sworn to and subscribed before me this 14th day of October, A. D. 1908, and

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

Signatures of witnesses—full names

Theodore McCar
Henry Walden

claim.

him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this

foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with

Name of soldier

Benny L. Walden, the claimant, sign his name (or make his mark) to the

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

residing at

Name of other witness

Henry Walden and Henry Walden

Name of one witness

residing at

Theodore McCar

Increase

INVALID PENSION.

✓ Claimant,

Berry L. Waldren

P. O.

Mouth Carmel R. D. #37

County,

Wabash.

State,

Illinois.

Rank,

Private.

Company,

L.

Regiment,

11. U.S. C. & M. H. Arty.

Rate, \$ _____ per month, commencing _____

Pensioned for _____

June 21/1909

RECOGNIZED ATTORNEY.

Name,

James A. BrownFee, \$ 2; Agent to pay.

P. O.

Princeton, Ind.

Articles filed _____

1

Submitted for

Jan 14, 1909

Approved for

Chronic diarrhoea and disease of rectum

Approved for

Chronic diarrhoea and disease of rectum 3^d grade - No increaseJan. 15, 1909, J. Morrison

Legal Reviewer.

Wilson

Medical Examiner.

Jaylor

Medical Reviewer.

Jan. 18, 1909C. Whitney

Medical Referee.

Enlisted

see 5, 1863

Discharged

Oct 2, 1865

Last paid to _____

1

Pensioned at \$ 24.

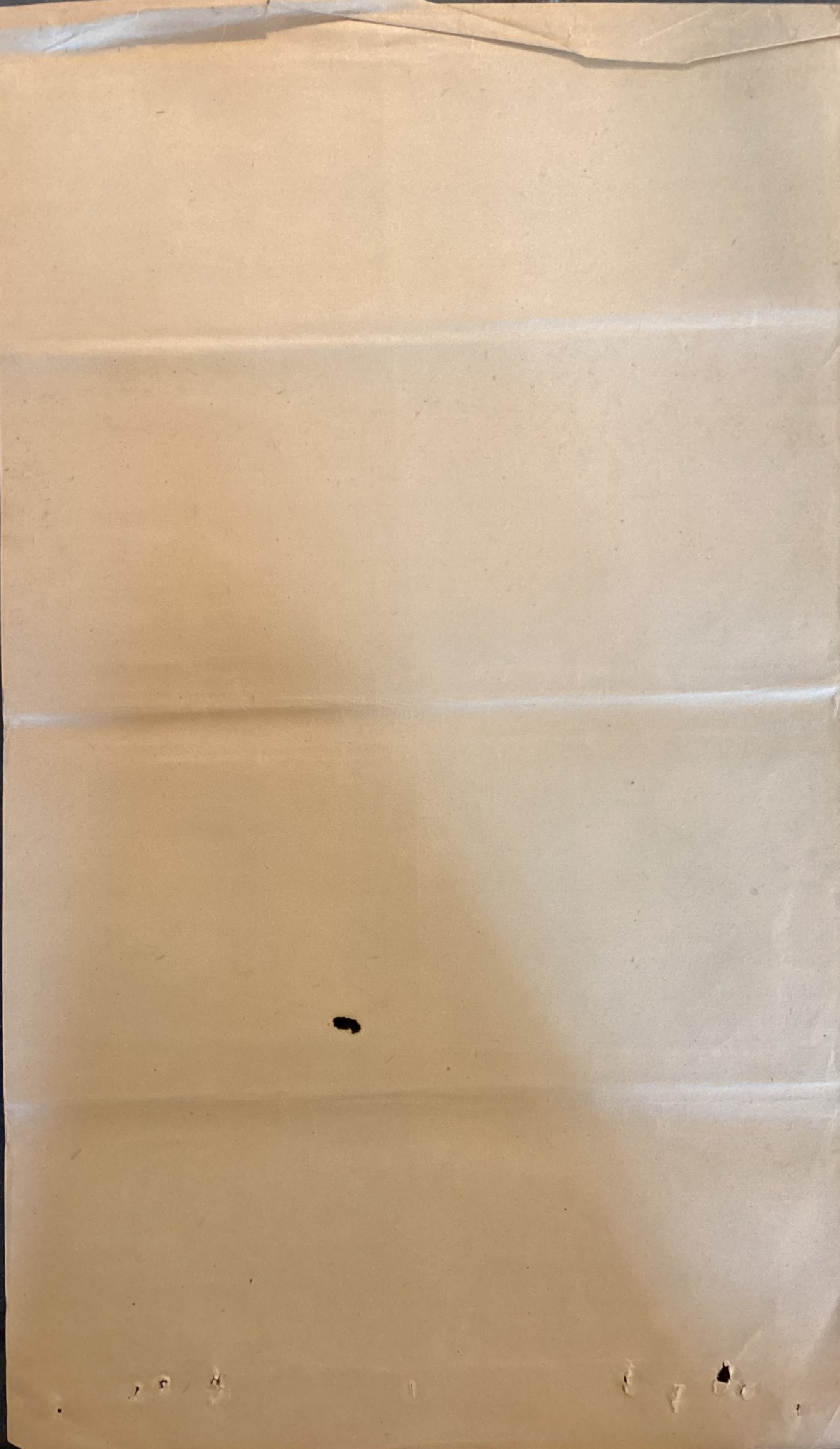
per month for

Chronic diarrhoea and disease of rectum

PRESENT CLAIM.

Declaration filed

Oct 16, 1908alleges increaseClaimant does not write.one service



ACT OF JUNE 27, 1890.

INVALID PENSION.

Claimant, Benny L. Walden
P. O., Lyle Rank, Private
County, Sioux Company, L
State, Indiana Regiment, 11 U.S. Vol Inf.
Rate, \$ _____, per month, commencing July 23, 1890.

Disabled by _____

RECOGNIZED ATTORNEY.

Name James P. L. Keener Fee, \$ 10 Agent to pay.
P. O., Vincennes Ind. Articles filed, _____, 189____

APPROVALS.

Submitted for Adm Jan 7, 1891, Gen. Cassin, Examiner.

P.B. Approved for rejection on the
ground that he could
afford no relief.
Subject to appraisal of Medical
Referee - Sum.

Jan 22, 1891

Legal Reviewer.

Approved for rejection. In ben-
efit under act June 27, 1890.

Shirley M.R.

Jan. 30, 1891

Medical Referee.

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

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

SERVICE SHOWN BY RECORD.

Enlisted Dec 5, 1863 honorably discharged Oct 2, 1865

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

Declaration filed July 23, 1890, alleges permanent disability, not due to vicious habits,

from chronic diarrhoea arising from

Admission notes.

no m.b.

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

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

Insert character and number of claim.

Original

Pension Claim No. 732707

Name and rank of claimant.

Berry L. Walden

Rank, 1st

Claimant's post-office address.

Company, 11 Reg't N. S. C. H. Art. Dragoon Indiana State,

Lyle Indiana

[Post-office address of the Board.]

March 26, 1898

[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: Chronic diarrhoea dysentery and piles

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

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

He has diarrhoea and dysentery since the time of the war. He has pain and shooting at stool and discharges are small and black in color, his piles come down after any kind of work or straining or lifting.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 61, 62, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, 80; respiration 20; temperature, 98 1/2; height, 5 feet 7 1/2 inches; weight, 143 pounds; age, 58 years. The tongue gives no special suggestive features. The liver and spleen occupy normal sites. The abdomen is full and a little pendulous. It is dull on percussion. The alveolar process and tenderness over colon. The rectal tissues are a little relaxed. Sphincter rigid. The mucosa is very red and covered in a mucous like fluid. The whole is granular patches in some portions. Piles - on right side externally there is one pile tumor as large as thumb. It is enlarged, surface raw and bleeds easily upon being touched with probe. No internal pile tumors. Fistula - a little below and one inch to right of anus. there is a fistulous opening. A probe introduced through the fissure into gut one and a half inch reaching opening. It is therefore a complete fistulous opening. Claimant is only poorly well nourished. The muscles are light and not very firm. He seems to be in only moderately good health.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by Chronic diarrhoea & dysentery & piles for that caused by _____, and 4/18 for that caused by _____

W. H. Blair, Pres. G. C. Kendall, Sec'y. J. C. Patten, Treas.

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

SURGEON'S CERTIFICATE

IN CASE OF



Benny S. Walden
Co. *A*, 11 Reg't *71. Inf. Ct. Arty*

Applicant for *Discharge*

No. *732107*

DATE OF EXAMINATION:

March 26, 18*80*.

W. Walden, Pres.,
H. H. H. H., Sec'y,
J. H. H. H., Treas.,

BOARD.

Post office, *Winchester*

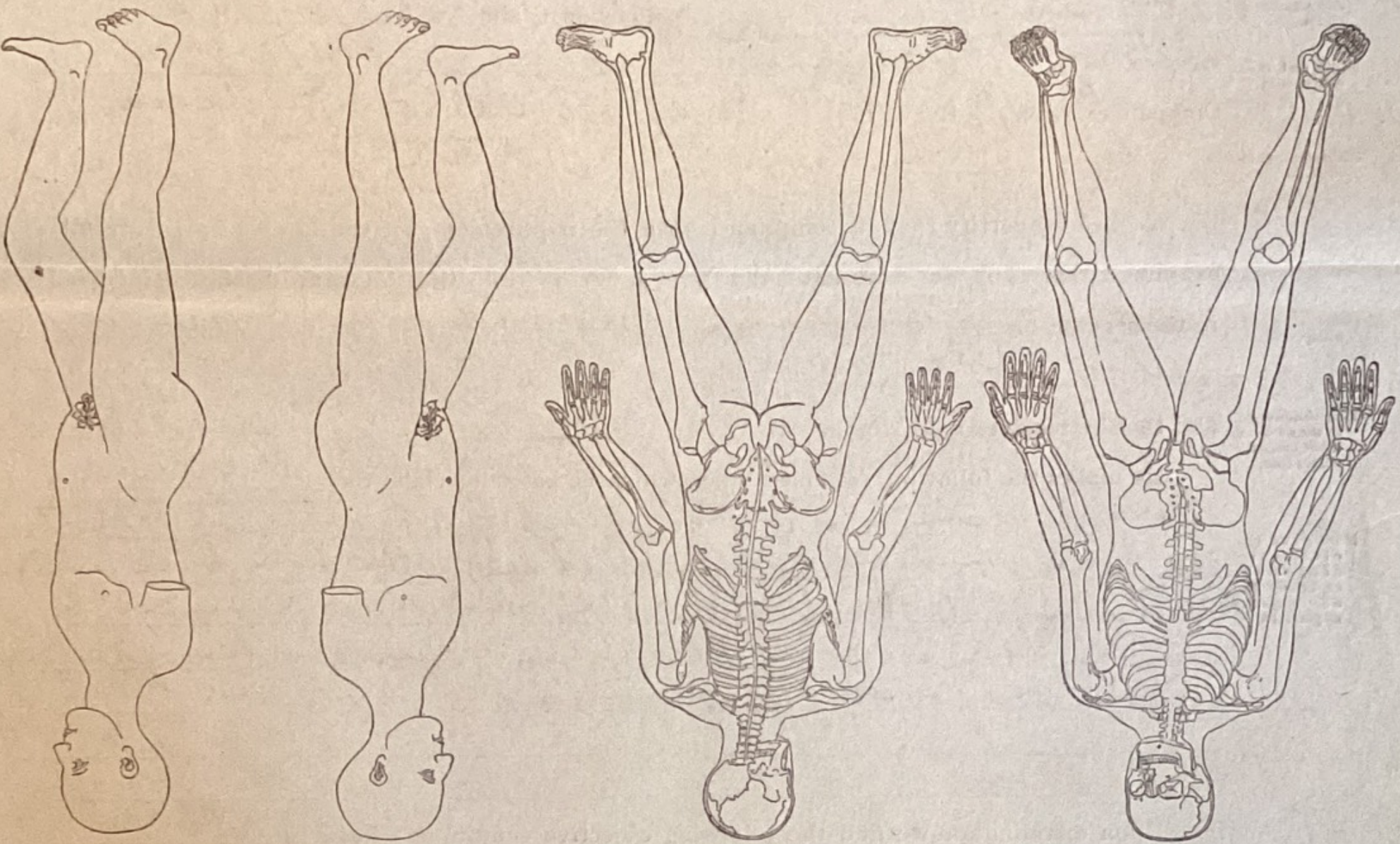
County, *Richmond*

State, *Virginia*

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

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

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



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

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

Insert character and number of claim.

Inc

Pension Claim No. *5-33 633*

Name and rank of claimant.

Berry R. Malden

Rank, *Det*

Claimant's post-office address.

Company *R, 11*

Reg't *MSC Hq*

Princeton Ind

State,

[Post-office address of the Board]

[Date of examination.]

July 29, 1891.

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

Cause of disability.

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

and that he receives a pension of *25* dollars per month.

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

[Original, increase, restoration, &c.]

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

I have dysentery one half the time. Worse in warm weather. Stools small, thin and slimy and sometimes mixed with blood. Piles come down every time tries to do anything in way of lifting or working, but gets from the stool pain in lower bowel all the time.

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

Upon examination we find the following objective conditions: Pulse rate, *76*; respiration, *22*; temperature, *98.4*; height, *5* feet *7 1/2* inches; weight, *130* pounds; age, *39* years. *The tongue is pale, fissured - indented in the middle and covered with white before fur. The sclerotics are yellowish, skin flabby and wrinkled. Liver and spleen normal. Abdomen full and resonant on percussion. There is tenderness along entire course of colon. Anal tissues relaxed and some out rolling of membrane. Mucosa of flesh cherry red throughout. Surface raw looking and (usually) marked by granules. In upper part of small portion of the anal flange - Pale - no external tumors just within sphincter. There are four or five tumors varying in size from large pea to walnut. Two of them are quite raw and bleed upon being touched with instrument. Cloacal is fairly normal. Muscles tight and flabby. There is loss of fat. General appearance not good and is indicative of unimpaired health in considerable degree. He has a complete fistula, 4 tenths opening a little below and one inch to right of anus. Distinct opening one inch within sphincter. In rectum, 2 to 3 inches from its ability found to exist.*

Rate for EACH cause of disability.

rating for the disability caused by

Chronic Dysentery and rectal disease

for that caused

by

Fistula

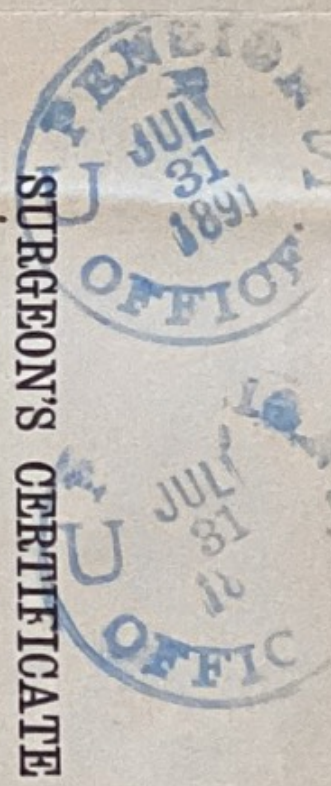
and

6/10

for that caused by

H. H. Blair, Pres. *GE Hunt*, Sec'y. *SB Patten*, Treas.

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



IN CASE OF

Bury & Mulden
Co. A, 11 Reg't M.C. 45

Applicant for Disch

No. 533653

DATE OF EXAMINATION:

July 24, 1891.

W. H. Blair, Pres.,
W. H. Blair, Sec'y,
W. H. Blair, Treas.,

BOARD.

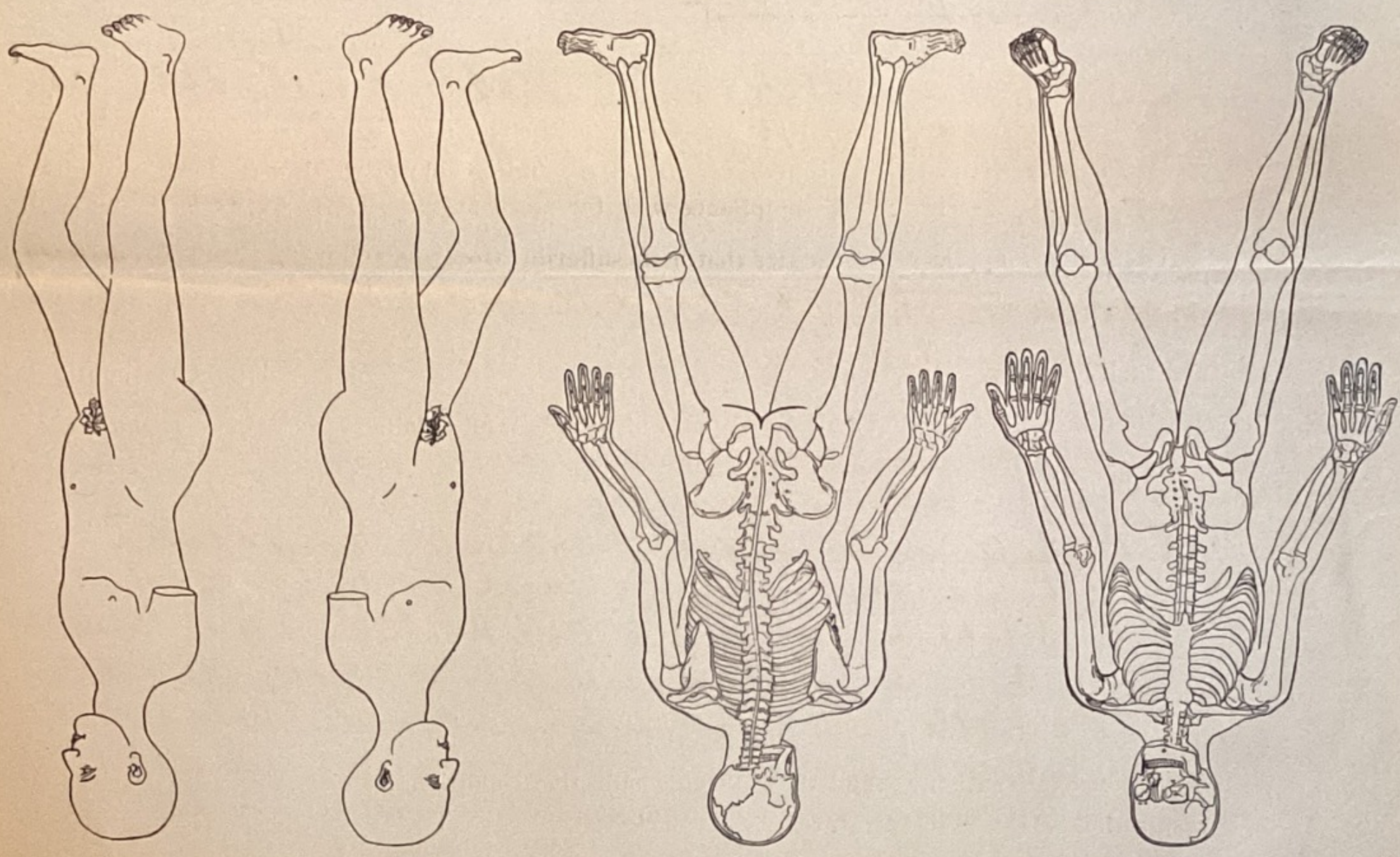
Post office, Princeton

County, Butter

State, Indiana

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

[Signature]



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

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

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

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

Insert character and number of claim.

Due

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

Pension Claim No. 533653

Name and rank of claimant.

Bury L. Holden

Rank, Priv

Company L, " Reg't U.S. H.A

Mathamuel Dill

State,

Claimant's post-office address.

Lyles Station Ind.

[Post-office address of the Board.]

June 22

[Date of examination.]

, 1892

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

Cause of disability.

in the service, viz: Chronic Diarrhea & disease of rectum disease of heart and kidneys

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

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

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

[Original, increase, restoration, &c.]

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

I am troubled with constipation & diarrhea each about half the time. Constipation obstinate - must take Solutio, to start bowels and then they run off until I take something to check them I am also troubled with heart disease I am totally disabled I do a little but because I must and not because I am able.

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

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 22; temperature, 98 1/2; height, 5 feet 7 1/2 inches; weight, 132 pounds; age, 60 years. Very much emaciated. Expression haggard and anxious. Teeth poor. Pharynx inflamed. Soft palate relaxed. Tongue coated. Muscles soft and flabby. Liver slightly enlarged. Spleen also. Tenderness over the stomach and liver. Abdomen relaxed and skin in folds over it. Rate Chr. Diarrhea: Less Eighteenths Rectum - Mucous membrane Mucous membrane relaxed and inflamed with two pile tumors, one on posterior part, one inch in diameter and ulcerated, one on right margin 1/2 inch in diameter also ulcerated. Rate Less Eighteenths. Heart normal in size and position, Beat very weak irregular and intermittent. Standing, 96-112 B, Ex. No murmurs. The Lungs show by tubular breathing, and moist rales - some chronic bronchitis Rate for Lungs & heart Less Eighteenths - Kidneys normal for urine tests.

otherwise sound & healthy,
not due to vicious habits,

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 18 rating for the disability caused by Chronic Diarrhea, 10 for that caused by Piles, and 10 for that caused by Disease of lungs & heart

J. H. Waller, Pres. J. B. Maxwell, Sec'y. John Schuch, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Berry L. Halden
Co. E, 11 Regt. 21st Va.

Applicant for Dis

No. 533653

DATE OF EXAMINATION:

June 22, 1892

Wm. F. Hallas, Pres.,
J. M. Starnes, Sec'y,
J. M. Starnes, Treas., } BOARD.

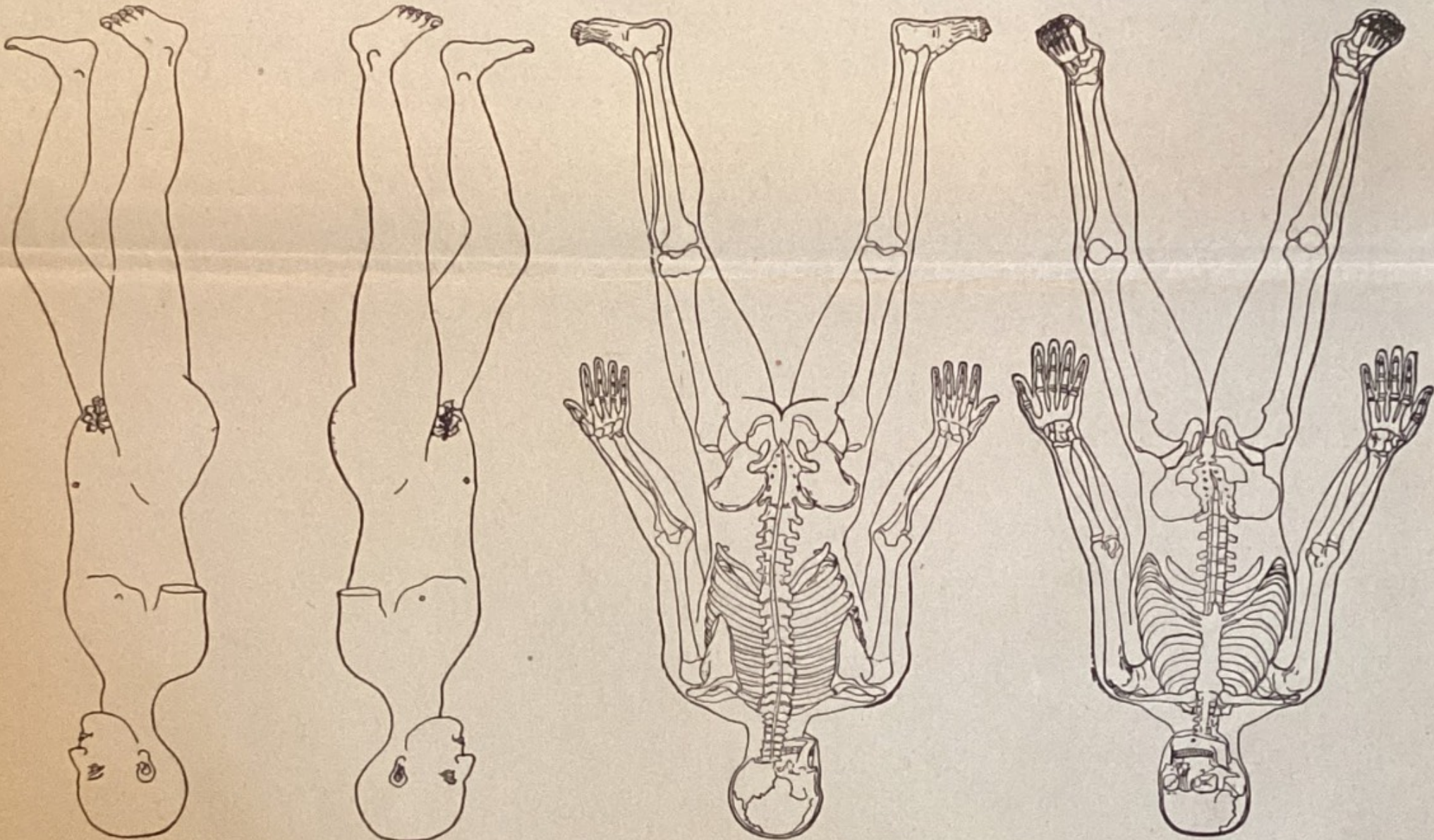
Post office, Prichard

County, Shelby

State, Mississippi

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

Wm. F. Hallas



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.

Cause of disability.

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

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

He receives a pension of fourteen dollars per month.He makes the following statement upon which he bases his claim for increase (original, increase, restoration, etc.)

Have diarrhoea half the time constipation the other half. Have a fistula and piles. Have palpitation of heart. Have fallen with it. Had dysentery in service.

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

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

Pulse rate, 88 108 110, respiration, 20 26, temperature, 98.6.
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 7 1/2 inches; actual weight, 138 pounds; age, 68 years.

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

Diarrhoea:—Tongue heavily coated, muscles soft skin pallor, spleen normal, liver enlarged, hepatic dullness extends one inch below ribs. Abdomen distended. Rating 8/8

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

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

Rectum:—Three pile tumors half an inch in diameter rectum congested, no fissures or ulcers. Fistula on right side external opening three fourths of an inch from anus. Probe passes into rectum about one inch from anus. Rating 10/8

Heart:—Apex in fifth interspace within nipple line, cardiac dullness normal, no cyanosis, dyspnoea or oedema, no murmurs. Has atheroma of vessels and heart. Rating 4/8

Kidneys:—Urine sp. g. 1025, acid. No albumen or sugar.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Dysentery:—None at present. See diarrhoea and piles

No vicious habits. No other disabilities

Occupation—farmer

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

W. W. Blair, Pres. R. G. Higgins, Sec'y W. G. Hopkins, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

(This certificate to be filled in and signed by the secretary when the full board is present.)
"I hereby certify that Dr. W. H. Bear, Dr. W. H. Hopewell, and Dr. R. S. Bagnaw were personally present and actually participated in the examination of Benny A. Walden, the claimant in this case, on Aug. 1st day of Aug., 1900."

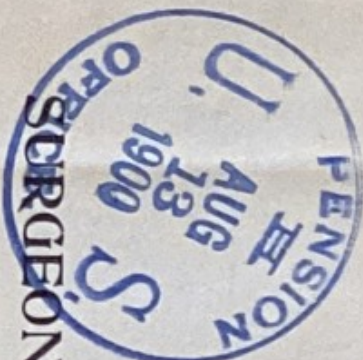
(Signature.)

R. S. Bagnaw

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

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



SURGEON'S CERTIFICATE

IN CASE OF

Benny A. Walden

Co. A, 11 Reg't U. S. C. M.

APPLICANT FOR Aug

No. 633653

DATE OF EXAMINATION:

Aug. 1 1900

W. H. Bear, Pres.,

R. S. Bagnaw, Sec'y,

W. H. Hopewell, Treas.,

BOARD.

Post office,

Sanuelon

County,

Wilson

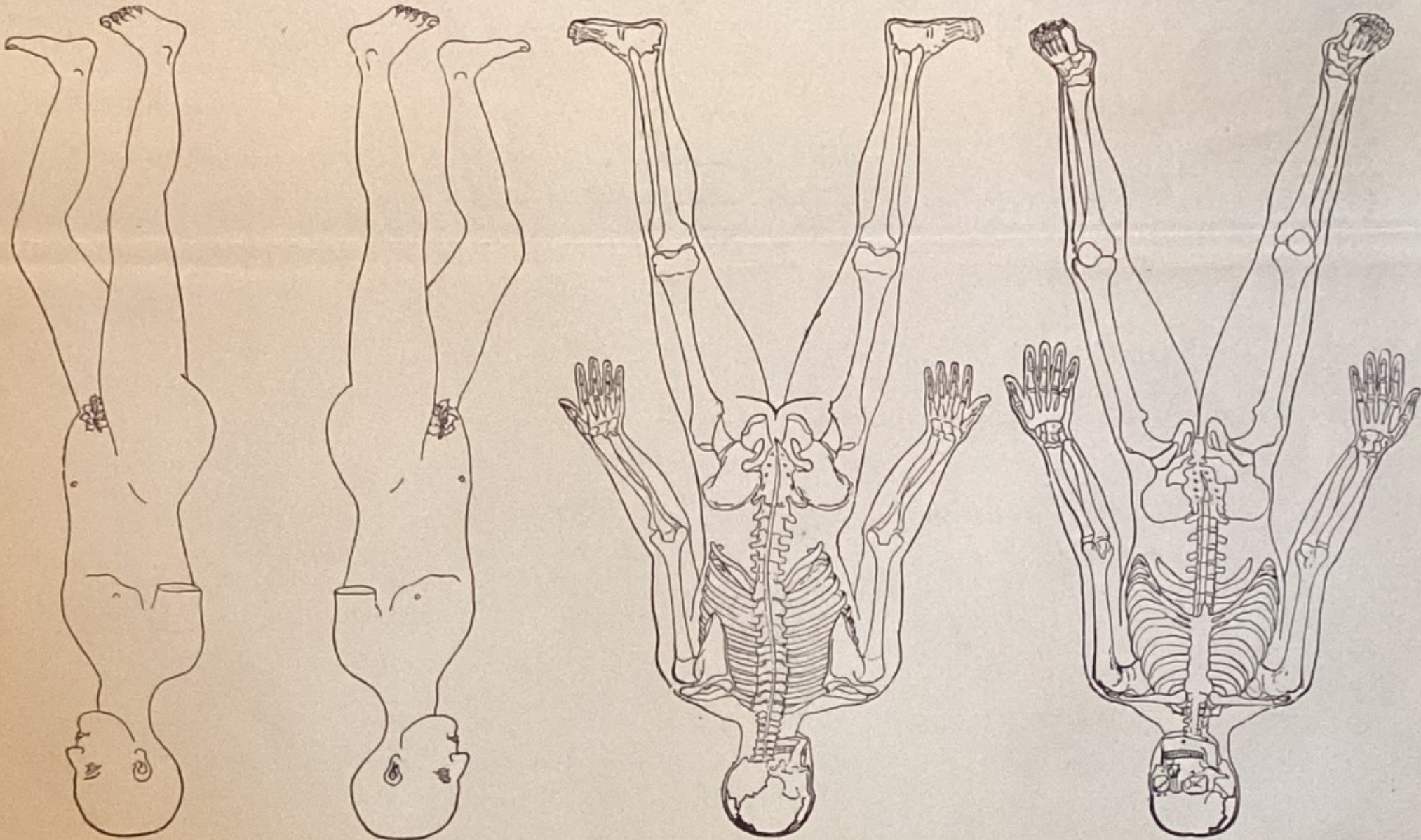
State,

Indiana

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

SO. DIV.
SEP 13 1900
RECEIVED

Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.
"All examinations shall be thorough, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]



SURGEON'S CERTIFICATE.

Insert character
and number of
claim.Name of claim-
ant.Claimant's post-
office address.Cause of disa-
bility.

Pension Claim No.

Address
of
Board.

P. O.

State.

Date of examination.]

Here give the
claimant's
statement (as
briefly and as
compactly as
possible) in re-
gard to the date
of origin and
cause of his dis-
abilities and
the manner in
which they
affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted Diarrhoea at Fort Banks La. in Summer of 1864 Disease of Rectum in the Fall of same year. Totally disabled for any kind of manual labor.

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

Birthplace, Gibson Co. Tenn.; age, 41 years; height, 5-7 1/2; weight, 120 pounds; complexion, Mulato; color of eyes, Brown; color of hair, Gray; occupation, Farmer; permanent marks and scars other than those described below, Right little finger broke at

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

Pulse rate, 96/108/132; respiration, 28/30/35; temperature, 98 1/2;

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

Here give a full
description of
the disabilities,
in accordance
with Book of
Instructions.Facts within the
knowledge of
the Board, or
any member
thereof, rela-
tive to the
cause of any
disability
found should
be stated.Whenever a dis-
ability 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.

Lungs: 30 1/2, 31, 32 - Chest, barrel shaped in-
tercostal spaces very wide - Costal cartilages prominent -
Rhythm irregular, expiratory sound labored, prolonged
and much louder than inspiratory. Vocal fremitus di-
minished, & percussion exaggerated on all parts of both
lungs, in upper part of lungs respiration is feeble, with
loud moist rales in lower part. Vesicular murmur is ac-
companied with large and small mucous rales, the ex-
pansive movements are greatly limited - Examination ex-
cites a continuous spasmodic cough & muscular tremor

Rate 1/2. Heart: Apex in pulse, 1 in. below & 3/4 in. to
right of nipple palpable and perceptible. Cardiac dull-
ness upward to 4 in. to right of sternum under 2nd rib &
dilated. Action feeble, irregular, rapid & intermittent.
Long mitral or gurgitant murmur heard all through
1st sound heard at apex, base, under angle of scapula and
axilla - There is cyanosis & dyspnoea. Rate 1/2.

Chronic diarrhoea & disease of Rectum: Body
emaciated, expression haggard, & shows great exhaustion -
muscles flabby, palms soft, skin callous & bright red spots
over chest - teeth all gone, gums retracted and ulcerat-
ed, tongue broad & red - the entire rhino-pharynx inflamed
Stomach, leucopannitic & tender. Liver enlarged, extends
from 1/2 in. under nipple to 1/2 in. below ribs - Spleen normal
walls of abdomen thin showing outlines of intestines plain-
ly - tenderness over entire abdomen, but greater & with loud
gurgling in right iliac region. Rectum is inflamed, sen-
sitive & prolapsed 1/2 in. external tumor on left side 1 in.
in diameter external tumor right side 1 1/4 in. in diameter
both tumors ulcerated & bleed - A complete fistula - external

When rates are
recommended
solely on sub-
jective evi-
dence the
strongest rea-
sons must be
given therefor.

J. Schreck Pres. J. Moxam, Sec'y Fay H. Hallan, Treas.

N. B. Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-156) properly numbered, and attach it to the back and upper margin of this sheet. 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. Schneek, Dr. Maxwell, and Dr. Waller were personally present and actually participated in the examination of Berry Walden, the claimant in this case, on 20 day of May, 1903."

(Signature.)

J. B. Maxwell

(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 _____, 1903."

Witnesses to mark.

(Signature of Applicant.)

SURGEON'S CERTIFICATE

IN CASE OF

Berry Walden
Co. D, 1st Reg't U.S. Col.-H.C.A.

APPLICANT FOR Increase

No. 533,653

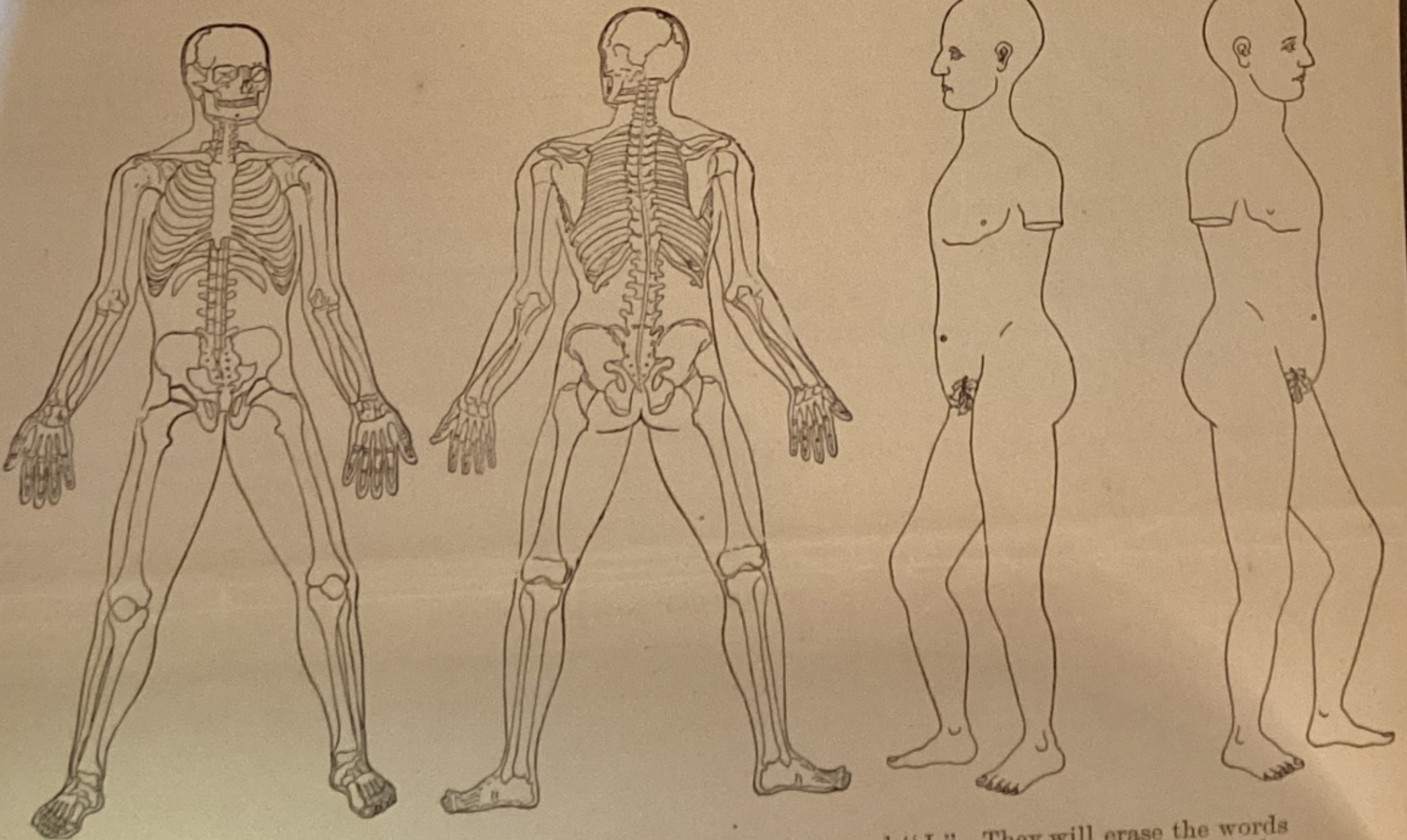
DATE OF EXAMINATION:

May 20, 1903

J. Schneek, Pres.,
J. B. Maxwell, Sec'y,
Fay H. Waller, Treas.,
BOARD.

Post office, Wm. Carmel
County, Wabash
State, Illinois

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



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

Insert character
and number of
claim.Name of claim-
ant.

Pension Claim No.

Increase
Berrie Walden

533,653

Mt Carmel

Illinois

[Rank.]

Company L, Reg't U.S. Col. 76A

Lyles Indiana

May 20

[Date of examination.]

1903

EXAMINATION—Continued.

opening, 1. in. anterior and 1. in. to right of margin of a-
nus. the opening is in a large deep adherent scar—all the
tissues between anus & scrotum are swollen, tender and
hard—Rate 24.

Urine: 1020—acid—straw, no sugar no albu-
men—no evidence of vicious habits—no other dis-
ability exists.

This claimant is so disabled from Chronic
Diarrhea & disease of Rectum as to be incapa-
citated in a degree equivalent to the loss of a hand or
foot for the purpose of manual labor and is en-
titled to \$24 a month.

J. Schneck Pres. J. B. Maxson, Sec'y. Fay K. Haller, Treas.

(This certificate to be filled in and signed by the secretary when the full board is present.)
"I hereby certify that Dr. Walter H. Maxwell, Dr. Maxwell, and Dr. Henry Haldane, were personally present and actually participated in the examination of Henry Haldane, the claimant in this case, on 20 day of May, 1893.
(Signature.)
(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)
"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."

(Signature.)



IN CASE OF

Henry Haldane
Co. & 1st Reg't U.S. Col. H.Q.

APPLICANT FOR Discharge

No. 533, 653

DATE OF EXAMINATION:

May 20, 1893

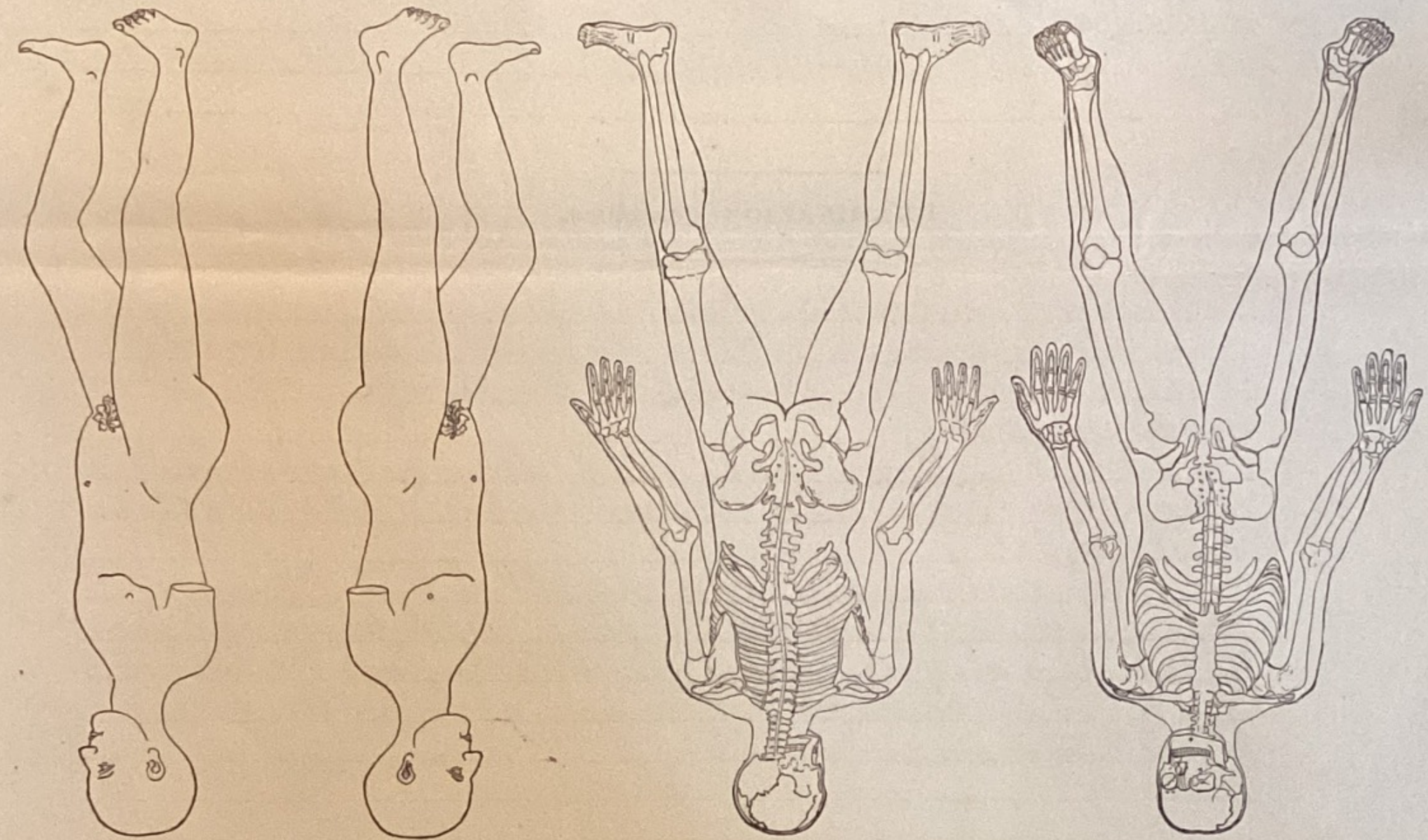
J. J. Schneck, Pres.,
W. H. Maxwell, Sec'y,
Henry Haldane, Treas.,
BOARD.

Post office, Gen. Counsel

County, Shabash

State, Illinois

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



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.
"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

SOUTH DIV.
JUN 19 1903
RECEIVED.

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

Pension Claim No. 533653

Berry L. Waldron
Company 2 11 Reg't U.S.C. Vol N.R.
Mt Carmel R.D 37 IllAddress of Board. { Mt Carmel P. O.
Illinois State.
December 23rd, 1908
[Date of examination.]Chronic diarrhoea and disease rectum, for which
pensioned under general law at \$24 per month.

He receives a pension of 24 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Had a chronic diarrhoea ever since 1864.
Had disease of Rectum since close of war.Birthplace, Gibson Co Tenn; age, 74 years; height, 5-4;
weight, 130 pounds; complexion, dark; color of eyes, Brown;
color of hair, Gray; occupation, Farmer; permanent marks and
scars other than those described below,

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

Pulse rate, 60-70-78; respiration, 20-22-24; temperature, 98 1/2.
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]His muscular system is very poorly developed, muscles
small soft and stringy, (he is very poor) skin sallow, soft
and wrinkledHeart area percussion dullness from third to sixth interspace
and from nipple line to center of sternum. Impulse in
fifth interspace about midway between nipple and sternum
heart action weak, no murmur, cyanosis or edema.Liver enlarged, area percussion dullness from fifth interspace
to one inch below lower rib and is tender. Spleen
slightly enlarged and tender. The whole epigastric region
is badly sunken and very tender. Waist measurement 26 inches.
Tongue broad and covered with a heavy mushy yellow substance.
Naso-pharyngeal mucous membrane pale.

Lungs normal, chest measurement 31 1/2 - 32 - 32 3/4 inches.

Specific gravity of urine 1020, Amber, neutral, no sugar or albumin.

Some enlargement of prostate gland, he has a complete fistula

on right side of anus, opens into rectum about 1/2 inch above

sphincter runs most of time. Has no prolapsus of rectum

at present, mucus membrane of rectum is very sensitive

and tender, no fissures. Bowls are very irregular, at

times constive, at other times move four or five times in night

no external piles. Found only one internal pile tumor

oblong and 2 1/2 inches in circumference, very painful

bleeds occasionally, no strictures or fissures.

This claimant has a permanent and incurable

disability and this claimant is so disabled from

chronic diarrhoea, piles and fistula, as to be incapacitated

in a degree equivalent to loss of hand or foot for the

purpose of manual labor and is entitled to \$24 per

month.

No evidence of vicious habits.

Except as above stated no other disability was

found.

Lyell J. Lusk, Pres. J.E. Smith, Sec'y. Absent, 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. W. J. Smith, Dr. A. J. Leach, and Dr. A. J. Leach, were personally present and actually participated in the examination of Berry & Walden, the claimant in this case, on 23 day of December, 1908.
(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, Berry & Walden, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. A. J. Leach and Dr. W. J. Smith, the examining surgeons here present (waiving examination by full board), on this 23 day of December, 1908.
Witnesses: W. J. Smith (Signature of Applicant) W. J. Leach

SURGEON'S CERTIFICATE

IN CASE OF

Berry & Walden

Co. L, 11 Regt U. S. C. Vol. Inf.

APPLICANT FOR Discharge

No. 533453

DATE OF EXAMINATION:

December 23rd, 1908

W. J. Smith, Pres.,

W. J. Smith, Sec'y,

Leach, Treas.,

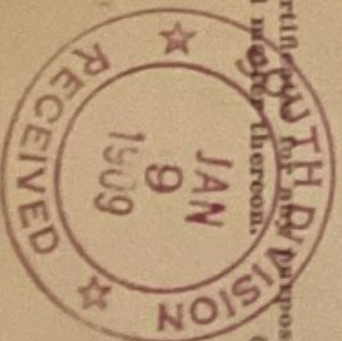
BOARD.

Post office, Wt. Claremont

County, Habach

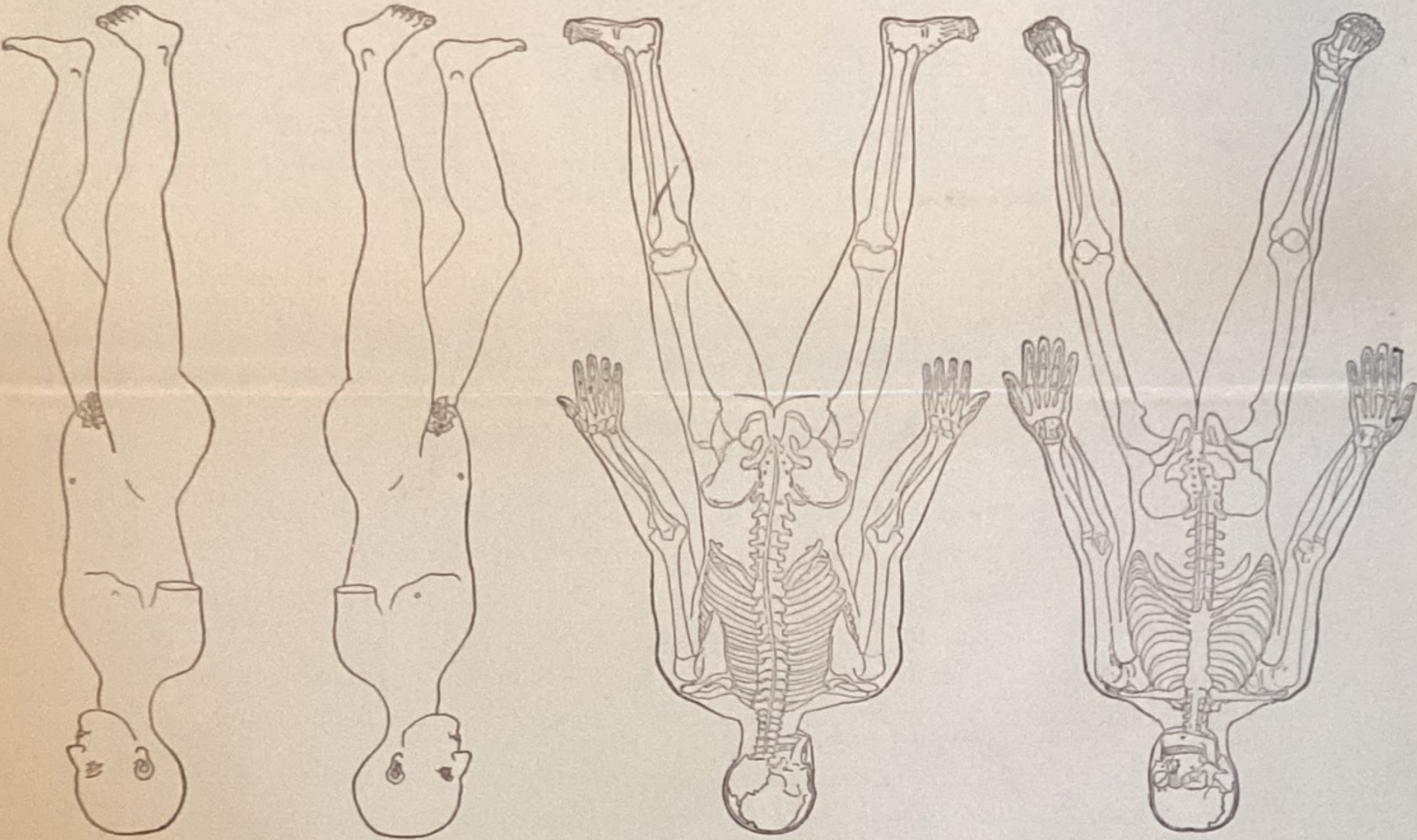
State, Delaware

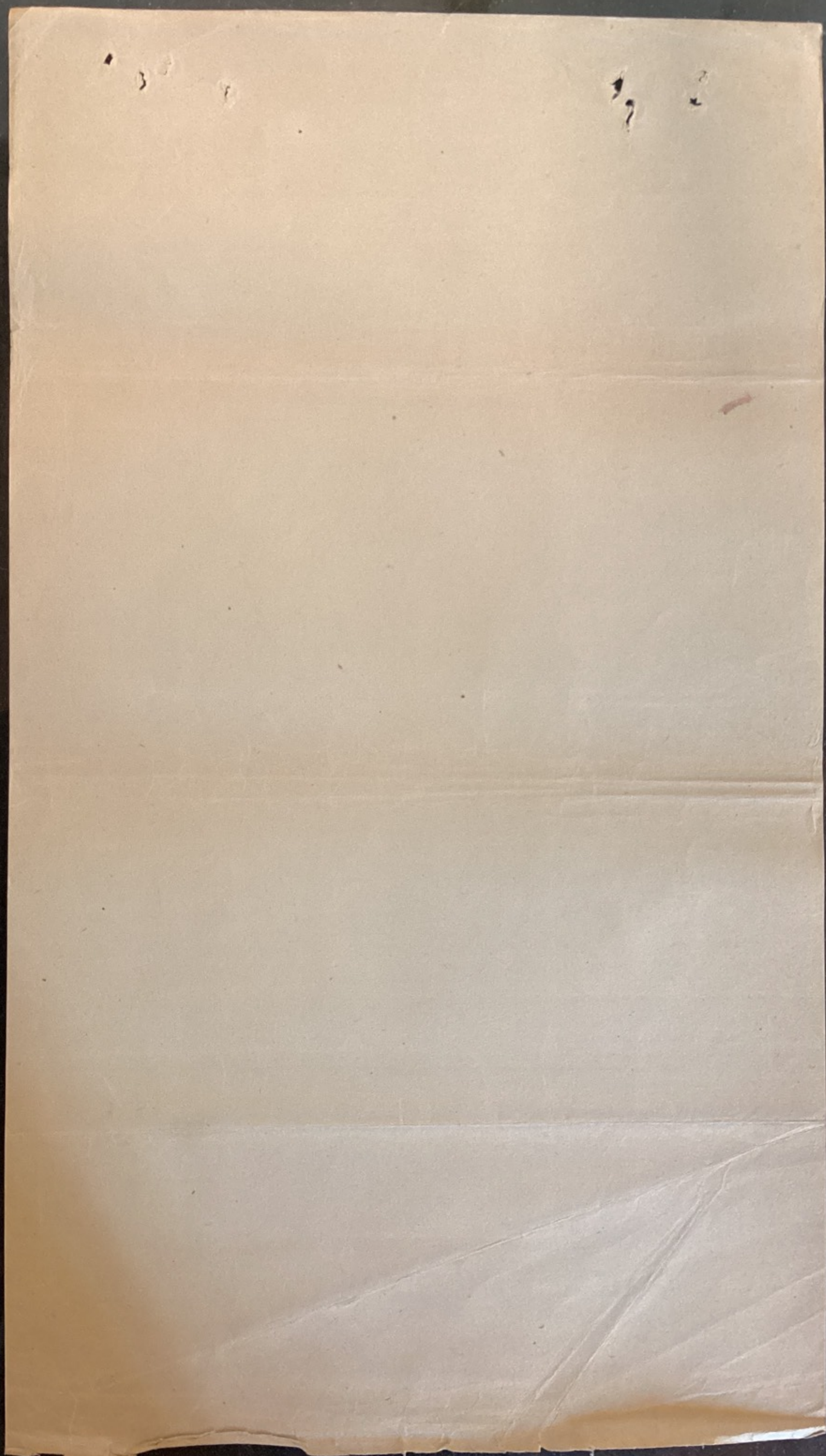
Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-555a



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

(Paste continuation sheet, if used, here.)





Mount Carmel Ill. 12/12/06
B.F.P.

36

GENERAL AFFIDAVIT.

State of Indiana County of Gibson, ss:

In the matter of the application for pension of Berry S. Walden
Co A " 11th Reg U. S. C. H. Artillery

ON THIS 30 day of June A. D. 18 90, personally appeared before me a
Notary Public in and for the aforesaid County, duly authorized to administer oaths,

Austin Jones aged 62 years, a resident of Patoka Township
in the County of Gibson and State of Indiana

whose Post-Office address is Corydon Ind. and

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post-Office address is _____

well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the

aforesaid case as follows: That I have been well and personally acquainted with Berry S. Walden

for 30 years, and _____ years respectively, and that I was a member

of Co A. 11th Reg U. S. C. H. Colored Artillery

and served with the claimant

who was a private of said

organization, that at Ft Bank

near Carrollton La. about the

1st of July 1864. The claimant

contracted chronic diarrhoea

colic, and swelling piles

incident to bad diet and

exposure and was disabled

more or less thereby during

remainder of service.

No. 732, 207

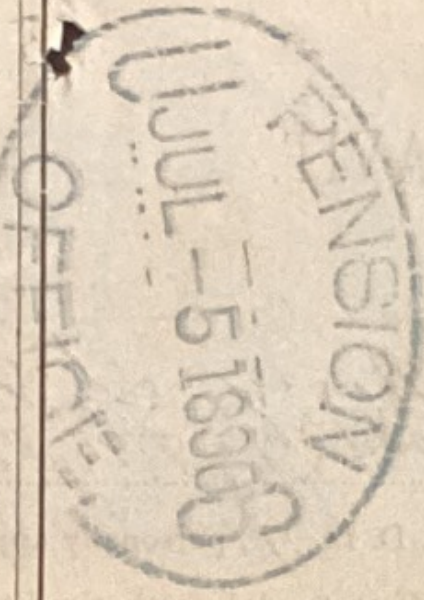
ADDITIONAL EVIDENCE.

CLAIM OF

Henry A. Madhoun

AFFIDAVIT OF

Heathen Jones



FILED BY

JAMES P. L. WEEMS,
Attorney at Law,
VINCENNES, INDIANA.



[L. S.]

Clerk of the

Witness my hand and seal of office, this day of 18.....

credit, and that his signature thereunto is genuine.

for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and
foregoing declaration and affidavit was at the time of so doing..... in and

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

I..... Clerk of the County Court in and for aforesaid County

[L. S.]

(Official Character)

(Official Signature)

known to me and that *he is a* credible person.

nowise interested in said case, nor am I concerned in its prosecution, and that said affiant *is* personally

and acquainted. *him* with its contents before *me* executed the same. I further certify that I am in

added.....

fidavit to said affiant, including the words..... erased, and the words

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

State of *Indiana* County of *Gibson*, ss:

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary
Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly
executed.

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

[Signature of Affiants.]

Heathen Jones

its prosecution.

further declare that *he* has no interest in said case and *am* not concerned in

GENERAL AFFIDAVIT.

State of Indiana County of Gibson SS:
In the matter of the application for pension of Berry L. Walden
Capt. U. S. Regt. 4, S. Colored, Heavy Art.

ON THIS 30 day of June A. D. 1882, personally appeared before me a
Notary Public in and for the aforesaid County, duly authorized to administer oaths,
Alexander Hartman aged 53 years, a resident of Patoka Township
in the County of Gibson and State of Ind
whose Post-Office address is Lytle Ind and
aged years, a resident of
in the County of and State of
whose Post-Office address is

well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the
aforesaid case as follows: That D have been well and personally acquainted with claimant
for 35 years, and years respectively, and that Quora member

of Co. I, 11th U. S. Colored, H. Artillery &
served with the Claimant who was
a private of said Organization.

I met at Ft. Banks, near Cairo,
La. about 1st of July 1864, the Claimant
Constructive Through Drunkenness & Dystery &
resulting piles, incident to bad diet &
of exposure to discharges, morales, thereby
during the remainder of said service

NO. 732,207

ADDITIONAL EVIDENCE.

CHAM OF

Borg & Alderson

AFFIDAVIT OF

Abraham Harrison



FILED BY

JAMES P. L. WEEMS,

Attorney at Law,

VINCENNES, INDIANA.

[L. S.]

Clerk of the

Witness my hand and seal of office, this day of 18

and that his signature thereunto is genuine.

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

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

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

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

(Official Character)

(Official Signature)

known to me and that he is a credible person.

nowise interested in said case, nor am I concerned in its prosecution; and that said affiant, personally

and acquainted with its contents before executed the same. I further certify that I am in

added

fidavit to said affiant, including the words, erased, and the words

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

ss: State of Indiana County of Gibson

executed.

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary

Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly

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

[Signature of Affiants.]

its prosecution.

further declare that no interest in said case and not concerned in

GENERAL AFFIDAVIT.

State of Indiana County of DeWitt, ss:

In the matter of the application for pension of Serg L Waldren
Co I 11th U.S. Col Cavalry Artillery

ON THIS 30 day of June A.D. 1890, personally appeared before me a
Notary Public in and for the aforesaid County, duly authorized to administer oaths,
John B. Hardiman aged 32 years, a resident of Watake Township
in the County of Gibson and State of Indiana
whose Post-Office address is Sykes and

aged 32 years, a resident of Watake Township
in the County of Gibson and State of Indiana
whose Post-Office address is Sykes

well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the
aforesaid case as follows: That I have been well and personally acquainted with Claimant
for 20 years and 20 years respectively, and that I have known

said Claimant ever since his
discharge & each year up to the
present time that on his
return from said service he was
afflicted with Chronic Diarrhoea &
proptery & has been
afflicted ever since,
being disabled from performing
manual labor & other work.

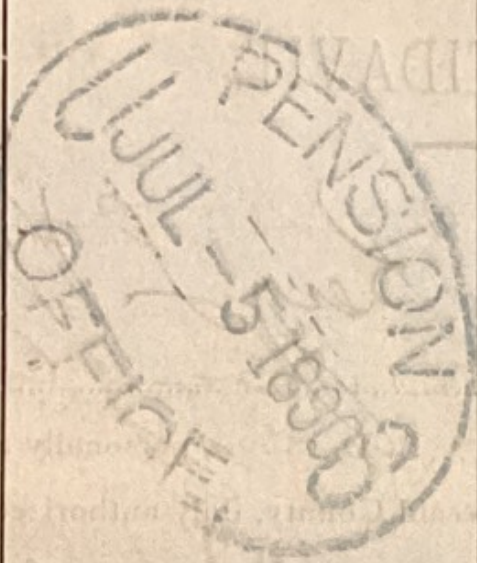
20732207

ADDITIONAL EVIDENCE.

CLAIM OF
Benny J. Waldman

AFFIDAVIT OF

John B. Waldman



FILED BY

JAMES P. L. WEEMS,

Attorney at Law,

VINCENNES, INDIANA.

[L. S.]

Clerk of the

Witness my hand and seal of office, this day of 18.....
for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and
foregoing declaration and affidavit was at the time of so doing in and
and State, do certify that Esq., who has signed his name to the
I, Clerk of the County Court in and for aforesaid County

(Official Character)

(Official Signature)

[L. S.]

known to me and that he is a credible person.

and acquainted with its contents before executed the same. I further certify that I am in
nowise interested in said case, nor am I concerned in its prosecution; and that said affiant personally
added
fidavit to said affiant, including the words erased, and the words

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

ss: State of Indiana County of Gibson

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary
Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly
executed.

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

[Signature of Affiants.]

John B. Waldman

its prosecution.

further declare that interest in said case and not concerned in

Since my discharge from service I
have lived in Gibson Co. Ind.

my Postoffice address was Princeton Ind.
until an office was located at Hyles since
that time Hyles Ind. has been my postoffice

My occupation has been and ^{is} yet that
of a farmer and have lived in the
same neighborhood all of said time.

I first noticed the chronic diarrhea and
piles while in the service and while in Ia.
in the summer or fall of 1864. And which
has continued up to the present time.

And have doctored myself with medicine
I procured from the druggist &c. except while
in the service then Dr. Benning Carpenter our
regimental doctor treated me, but cannot
state whether ~~he~~ is living or dead as I have
never seen or heard ~~from~~ him since

I left the service.

At a number of different times I have been
wholly unable to do any work, from one day
to ten day but it has been so often I do not
now remember the dates but is generally in
hot weather or when I catch cold. In the sum-
mer of 1878, or 1879, I was laid up for the
longest time. I am very respectfully

Yours, Berry L. Walden

Sa. Division.
John

[3-079.]

CALL FOR HISTORY OF CLAIMANT'S DISABILITY.



Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *July* 12th, 1880.

13
Sir: In the claim for Invalid Pension No. 732. 207, of *Berry L. Walden*, the claimant is requested to state his place or several places of residence (actual post-office addresses--in cities, the names of streets and numbers), and what his occupation has been during the period from his discharge to the present time, giving approximately the dates of any changes in his residence. He should also give a full and circumstantial history of the origin of his disability, and its continuance from the time when it first appeared, mentioning all medical treatment which he has received, and the names and residences of his physicians, and which, if any of them, are deceased. He should also state whether at any time and for what period or periods, giving the dates as nearly as possible, he has been prevented from following his usual occupation by reason of the alleged disability.

Until the foregoing shall have been furnished, further action cannot be intelligently taken in this claim, and a prompt reply will facilitate its early settlement.

Very respectfully,

Green B. Ransom
James Tanner
Commissioner

Ch.
Lyles

Ind.

GENERAL AFFIDAVIT.

State of Indiana County of Gibson, ss:

In the matter of the application for pension of Berry S. Walden
CO. D. 11th U. S. C. H. Artillery

ON THIS 10 day of June A. D. 1890, personally appeared before me a
Saturday Public in and for the aforesaid County, duly authorized to administer oaths,
Samuel Byls aged 53 years, a resident of Potter Township
in the County of Gibson and State of Indiana
whose Post-Office address is Byles Ind and
aged years, a resident of
in the County of and State of
whose Post-Office address is

well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the
aforesaid case as follows: That I have been well and personally acquainted with claimant

for 35 years, and years respectively, and that I have known

claimant each year since his
discharge up to the present
time that on his return from
said service he was afflicted
with chronic diarrhoea and
piles and has been so
dissabled each year ever
since from performing
manual labor about 1/2
of each year or more

no. 732,207 1

Highland

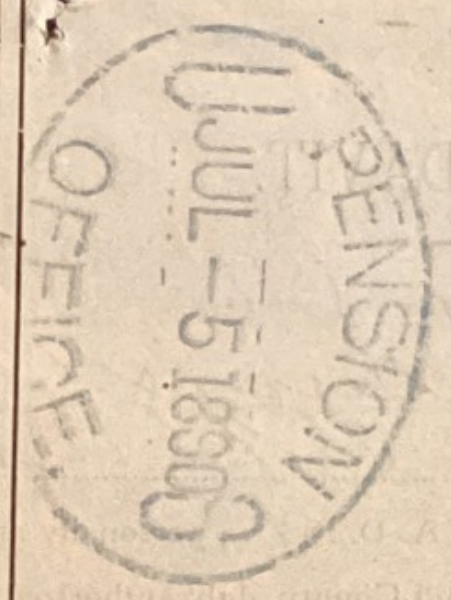
ADDITIONAL EVIDENCE.

CLAIM OF

David L. Patton

AFFIDAVIT OF

David L. Patton



FILED BY

JAMES P. L. WEEMS,

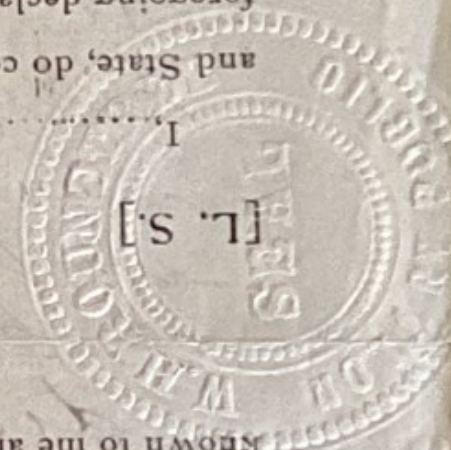
Attorney at Law,
VINCENNES, INDIANA.

[L. S.]

Clerk of the

Witness my hand and seal of office, this day of 18....

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.
foregoing declaration and affidavit was at the time of so doing..... in and
and State, do certify that..... Esq., who has signed his name to the
Clerk of the County Court in and for aforesaid County



[L. S.]

W. H. Cooper
(Official Signature)
W. H. Cooper
(Official Character)

known to me and that he is a credible person.

nowise interested in said case, nor am I concerned in its prosecution; and that said affiant..... personally
and acquainted..... with its contents before..... executed the same. I further certify that I am in
added.....
fidavit to said affiant, including the words..... erased, and the words
Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said af-
State of *Indiana* County of *Highland*, ss:

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

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

[Signature of Affiants.]

David L. Patton
Lucy A. Patton

its prosecution.

further declare that *David L. Patton* has no interest in said case and *David L. Patton* am not concerned in

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

[To be executed before a Court of Record or some officer thereof having custody of its seal.]

State of Indiana, County of Gibson SS:

On this 17 day of July A. D. one thousand eight hundred and ninety —, personally appeared before me A Notary Public of the _____ Court, a court of record within and for the county and State aforesaid Berry L. Waldren, aged 58 years, a resident of the Town of Cyles, County of Gibson, State of Ind, who being duly sworn according to law, declares that he is the identical Berry L. Waldren who was enrolled on the 5 day of Dec, 1863, in Co. "L." 11. Reg. U.S. C. T. 4. Art.

[Here state rank, company, 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 Port Smith, Ga., on the 26 day of Oct, 1865. That he is Greatly unable to earn a support by reason of Chronic Diarrhoea, and Dysentery and Piles and

that said disabilities are not due to his vicious habits, and to the best of his knowledge and belief permanent. That he has _____ applied for pension under application No. 732,207. That he is a pensioner under certificate No. _____

[If a pensioner, the certificate number only need be given; if not give the number of the former application, if one was made.]

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of June 27, 1890.

He hereby appoints James R. L. Weems, of Vincennes State of Ind., his true and lawful attorney to prosecute his claim. That his Post-Office address is Cyles County of Gibson State of Ind.

Berry L. Waldren
(Claimant's Signature,)

Attest: John W. White
John W. White

Also personally appeared G. H. White residing
at Lyle and and John W. Arley
residing at Lyle and persons whom I certify
to be respectable and entitled to credit, and who, being by me duly sworn, say
they were present and saw Berry L. Waldren, 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 22 years and 18 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.

Signature of witnesses: {

G. H. White
John W. Arley

Sworn to and subscribed before me this 17 day of July 1890

and I hereby certify that the contents of the above declaration, etc.,

were fully made known and explained to the applicant and wit-

nesses 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.

[Signature.]

[Official Character.]

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.

Name Berry L. Waldren

Service Co. D. 11 Regt.

U.S. C. T. & A. Art.

Address Lyle.

Gibson Co. Ind.

Gas P. A. Weiss
Attorney

Address Vincennes, Ind.

Date of Execution July 17 1890

William Mitchell, Printer, Greensfield, Ind.

of 10.10.90 No

32207

Declaration for an Original Invalid Pension.

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

State of Indiana County of Gibson, ss:

ON THIS 21st day of September A. D. one thousand eight hundred and eighty nine personally appeared before me Clerk of the Court

of Record within and for the County and State aforesaid Berry S. Walden

aged 55 years, who, being duly sworn according to law, declares that he is the identical Berry

S. Walden who was ENROLLED as a private on the 5 day of

Dec, 1863, in Company 2^d of the 11 regiment of U. S. C. & H.

commanded by George et Spinks and was honorably DISCHARGED at

New Orleans on the 2 day of Oct, 1865. That his

personal description is as follows: Age 31 years; height 5 feet 7 1/2 inches; complexion dark

hair black; eyes black. That while a member of the organization aforesaid, in the

service and in the line of duty at Hart Bank, near Cayle in the State of Ind

on or about the 1st day of July, 1864, he he contracted

chronic diarrhea, dysentery and

piles caused by camp

diet exposure incident

to his service. These

above said disabilities

have continued to exist

to the present time.

That he was treated in hospitals as follows: Was treated in camp

by regimental surgeon at Hart Bank

in summer of 1864. Till discharge

That he has not been employed in the military or naval service otherwise than as stated above.

(Here state what the

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

That he has not been in the military or naval service of the United States since the 2 day of Oct, 1865

That since leaving the service this applicant has resided in the county of Gibson

in the State of Indiana, and that his occupation has been that of a farmer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a

farmer. That he is now totally 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, JAMES P. L. WEEMS,

of VINCENNES, INDIANA, his true and lawful attorney, to prosecute his claim. That he has never received

nor applied for a pension; that his residence is White River, Ind.

Gibson Co. Ind. and that his post office address is

Cayles, Gibson Co. Ind.

Berry S. Walden

(Signature of Claimant.)

James P. L. Weems

Geo. M. Young

(Two witnesses who can write sign here.)

Also personally appeared James Hardiman residing at Legles Sta. Ind.
and Jonathan Lyle residing at Legles Sta. Ind.
persons whom I certify to be respectable and entitled to credit, and
who being by me duly sworn, say that they were present and saw Berry L. Walden
the claimant sign his name (~~make his mark~~) to the foregoing
declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that
he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J. H. Kade

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

James Hardiman

Jonathan Lyle
(Signature of Affiant)

Sworn to and subscribed before me this 21st day of September A. D. 1889

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.

W. H. Coleman

Clerk of the Gibson Cir Court

[L. 8.]

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Berry L. Walden Applicant

Co. 26 11 Reg't

U. S. C. 4th. 1863

Enlisted 5th Dec 1863

Discharged 20 Oct 1865

OFFICE
OCT 2 1889

Filed by

JAMES P. L. WEEMS,

Attorney at Law.

VINCENNES, INDIANA.

PENSIONER DROPPED.

United States Pension Agency,

INDIANAPOLIS, IND.

JUN 15 1911, 190

Certificate No. 533653

Class Invalid GENERAL LAW

Pensioner Berry L. Waldren

Soldier

Service Co - L 11 U.S.H.A.

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid

at \$ 24, to 4 Feb'y, 1911

has been dropped because of death -

26 Mch 1911

Very respectfully,

Jos W Dyer

United States Pension Agent.

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

BUREAU
A. & H. S. SECTION,
JUN 12 1911
RECORDS DIVISION
PENSIONS.

FINANCE DIVISION
JUN 17 1911
BUREAU OF PENSIONS

OFFICE.
JUN 17 1911
S.
L
NOV

Write nothing above this line.

(3-060.)

S. Div.
The Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

No. 732. 207

Berry L. Waldren.

Co. L. 11. U. S. C. H. Art. Washington, D. C., *July 10*, 1890

SIR:

It is alleged that *Berry L. Waldren* enlisted *Dec 5*, 1863.
and served as a _____ in Co. *L*, 11 Reg't *U S C H. Art.*
also as a _____ in Co. _____, Reg't _____

commanded by Geo. A. Spinks.

and was discharged at *New Orleans, La.*, *Oct 2*, 1865.

It is also alleged that while on duty at *Hart-Banks - near Canton - La.*
on or about *July 1*, 1864, he was disabled by *chronic diarrhoea*
dysentery and piles.

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Geo. B. Raum

Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

No. 732.207

WAR DEPARTMENT,

RECORD AND PENSION DIVISION

Washington, D. C., , 18

Respectfully returned to the Commission of Pensions.

Berry L. Waldron
Co. L Reg't 11 U.S. A.

was enrolled Dec. 5, 1863

and M. C. Act. 2, 1864

with his

From Apr 30, 1864, to Oct. 31, 1864

he held the rank of

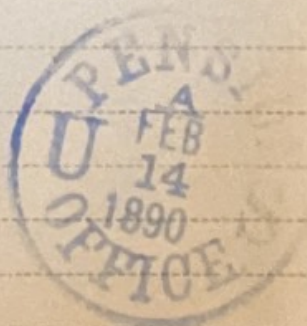
Priv.

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

Other records furnish nothing additional bearing upon this case.

W

The medical records show him treated as follows: B. L. Waldron, Priv. July 1st 3. 1864, Debility: July 22. 64. Diarrhoea: as B. Waldron &c. Oct 6. 64, Int. Fever: as Perry L. Waldron &c. June 18. 65, Deficiency. Nothing additional found.



By authority of the Secretary of War:

F. S. Gansworth
Captain and Ass't Surgeon, U. S. Army.

Per

18400 b-20 m

GENERAL AFFIDAVIT.

State of *Indiana* County of *Richmond*