

Also personally appeared James J. Bergesen, residing at Somerville N.J.
 and Peter S. Bellis, residing at Somerville N.J., persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and
 saw Henry Alvard, 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 for twenty years and twenty 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.

J. J. Bergesen
Peter S. Bellis
 Signatures of witnesses.

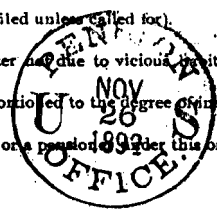
SWORN TO AND SUBSCRIBED before me this 25th day of November, A. D.
1892, and I hereby certify that the contents of the above declaration, &c., were fully
 made known and explained to the applicant and witnesses before swearing, including the
 [L. s.] words _____ erased and the words _____
 _____ added, and that I have no interest,
 direct or indirect, in the prosecution of this claim.

W. R. Sutphen
 Signature.
Notary Public
 Official character.

NOTES.

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 mental or physical disability of a permanent character 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.



ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name Henry Alvard
P. Leo "H" 15th Regt
Sophia
 Address New Jersey Hotel
Somerville
Somerset County
New Jersey

FILED BY
A. C. Sutphen
Somerville N.J.

Date of Execution _____
 Printed and Sold by W. H. Moore & Co., Box 986,
 Washington, D. C.

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

State of New Jersey, County of Somerset, SS:

On this 25th day of November, A. D. one thousand eight hundred and ninety two

personally appeared before me, a Notary Public
within and for the county and State aforesaid Henry Alvord

aged 63 years, a resident of the Town of Somerville, county of
Somerset, State of New Jersey, who, being duly sworn according to law,

declares that he is the identical Henry Alvord who was enrolled on
the 8th day of August, 1862, in Co H. 15th Regt
New Jersey Volz
Here state rank, company, and regiment or military service, or vessel, if in the Navy.

in the service of the United States in the War of the Rebellion, and served at least ninety days, and was
honorably discharged at Halls Hills Va, on the 22^d

day of June, 1865. That he is now unable to earn a support

by manual labor by reason of Rheumatism, Kidney disease,
Here name the diseases or injuries from which disabled.
or any disability found to exist

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a
permanent character; that he has never applied for pension under application No. _____

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 has not been employed in the Military or Naval service otherwise than as stated above.

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

He hereby appoints, with full power of substitution and revocation, A. Stephen
of Somerville

State of New Jersey, his true and lawful attorney to prosecute his claim, and to receive
therefor a fee of ten dollars; that his post-office address is Somerville
county of Somerset, State of New Jersey

Henry Alvord
Claimant's signature.

Attest: _____

STATE OF New Jersey, COUNTY OF Somerset, RR.

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

.....erased, and the words.....

.....added, and acquainted him

with its contents before he executed the same. I further certify that I am in nowise interested

in said case, nor am I concerned in its prosecution; and that said affiant is personally known to

me, and that he is a credible person.

W. P. Suptun
(Official Signature.)

NOT. DIV.
1601 1897

[L. S.]

Notary Public of N.J.
(Official Character.)

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

County and State, do certify that....., Esq., who has signed

his name to the foregoing declaration and affidavit, was, at the time of so doing.....

.....in and for said County and State, duly commissioned and sworn;

that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

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

[L. S.]

Clerk of the.....

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

ADDITIONAL EVIDENCE.

CLAIM OF

Henry Alvord
Geo "Ed" 15th Regt
N. J. Falls.

AFFIDAVIT OF

Charles Deam.

RECEIVED.
EC 31 1897
NOT. DIV.

FILED BY

W. P. Suptun
Somerville
N. J.

Printed and for sale by J. F. SHERIDAN, Claim Blank Printer, 603 B Street, Washington, D. C.

[3-216 a.]

Ex'r.

No. 1150262

DECLARED ~~REJECTED~~

Noted - 12-13-93

ME.

1/28/93 as

N. H.

~~Somerville reg.~~

Henry Alvord
 P. O. Somerville
 Somerset Co., N. J.
 Service: P. N. 15 N. J. Inf.
 Enlisted: , 18
 Discharged: , 18
 Application filed: Jan. 26, 1894
 " " June 4, 94
 Alleges:
 Any other Claim filed: No
 Numerical No.

June 6-93. CLK
 Vt. Atty as to rejection
 MASS. DEC 10 " 94 A. G. Post
 R. I. Mad by Somerville
 order to Atty for Con.
 CONN. Family date Cir
 N. J. to Soldier. D. M.
 N. J.
 DEL.

Attorney: A. P. Sutphen
 P. O. Somerville N. J.
 Recognized. Contract.

Cert. of Dis. Searched for , 18
 (2910-00,000.)

No.

JAN 31 0

790867

1893

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Henry Alford

East

Div.

EBJ

Ex'r.

Bureau of Pensions,

No. *1139765*

Jan 28, 1893

SIR:

It is alleged that the above-named man enlisted *Aug. 8, 1862* and served as a *prt* in Co. *H, 15 Reg't N. Y. Vols.* also as a _____ in Co. _____ Reg't _____, and was discharged at _____

on *June 22, 1865*

No. of prior claim _____

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

Very respectfully,

Green B. Raum

Commissioner.

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

War Department,

Record and Pension Division,

JAN 31 1893

Respectfully returned to the

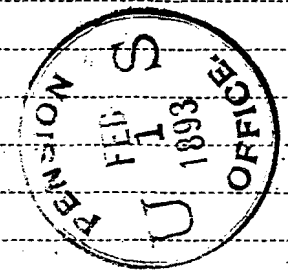
COMMISSIONER OF PENSIONS.

The bills show that

Henry Alford

mentioned in the preceding indorsement, was enrolled

Aug. 8, 1862, and M.O. as a Pvt. June 22, 1865



BY AUTHORITY OF THE SECRETARY OF WAR:

J. A. ...

Major and Surgeon, U. S. Army.

Per *M.*

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &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. 1139765

Name and rank of claimant.

Henry Wood, Rank, 2nd Lt.

Claimant's post-office address.

Company 1st Reg't Cavalry, State, Vermont, Vt. [Post-office address of the Board.] 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 in the service, viz: Rheumatism; kidney disease &c

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

and that he receives a pension at \$600 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.

What had pain in back for years is very painful; minutes often several times at night. Rheumatism in shoulder for six months is very painful.

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

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 16; temperature, 98.6; height, 5 feet 8 inches; weight, 175 pounds; age, 63 years. Rheumatism all joints move smoothly (nothing). Kidney disease acute. Urine shows nothing abnormal (nothing). There is enlargement of entire prostate gland which materially interferes with free passage of urine (see Examinations). Nutritional good. H. a. & lungs normal. No other disabilities found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 0 rating for the disability caused by rheumatism or kidney disease 4/8 or that caused by enlarged prostate, and for that caused by

J. F. Berg, Pres. J. M. Sullivan, Sec'y. [Signature], Treas.

Continue record of examination here.

Blank lined area for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Henry Wood
Cont. 15 Regt. Inf. 100th

Applicant for Original

No. 1129765

DATE OF EXAMINATION:

Feb 21 1893

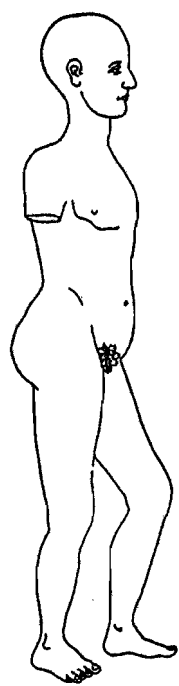
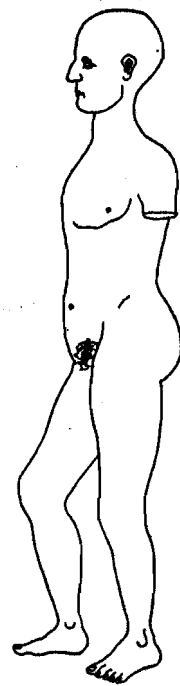
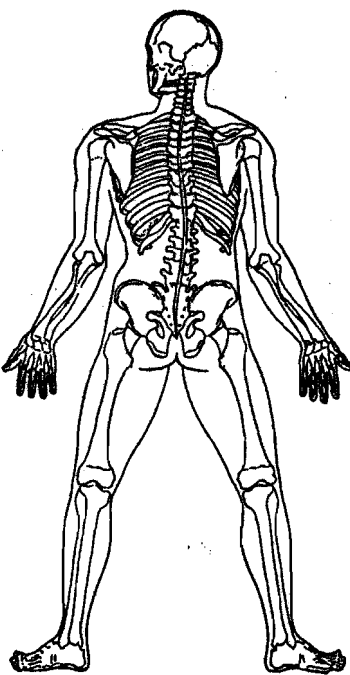
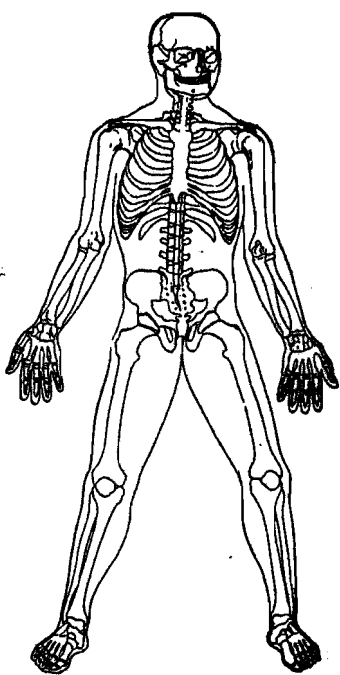
W. H. King, Pres.,
A. J. Williams, Sec'y,
W. H. King, Treas., BOARD.

Post office *Dover, N. H.*

County, *Dover*

State, *New-Hampshire*

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



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

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

Act of June 27, 1890.

INVALID PENSION. No 1139 765

Claimant, Henry Alvord
 P.O., Somerville Rank, Private
 County, Somerset Company, A
 State, N.J. Regiment, 15th U.S. Inf.
 Rate, \$ _____, per month, commencing _____

Disabled by _____

RECOGNIZED ATTORNEY.

Name, A. P. Sutphen Fee, \$ _____ Agent to pay.
 P.O., Somerville N.J. Articles filed, _____, 189 .

APPROVALS.

Submitted for rejection May 22, 1893 W. A. Harrison, Examiner.
 Subject to opinion of Medical Review
 Approved for _____ Approved for rejection, as total

disability, from under Act of June 27, 1890

R. F. Elliott
Legal Reviewer.

[Signature]
Medical Referee.

May 24, 1893

May 31, 1893

now pensioned under other laws. Last paid to _____, 189 , at \$ _____
 Pensioned from _____, 18 _____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Aug 8, 1862 honorably discharged June 27, 1865
 Re-enlisted _____, 18 _____, honorably discharged no sub service, 18 _____

Declaration filed Nov 26, 1892 alleges permanent disability, not due to vicious habits,
 from amputation and disease of kidneys

Ch writes. No M.C.