

IRVIN BRINGES
LAWYER
SUITE 7, KATIE BUILDING
SEDALIA, MO.

February 4, 1922.

Commissioner of Pensions,
Washington, D. C.

IN RE: Application for increase of
pension of Daniel A. Howard,
pension certificate 714771.

Dear sir:

Several months ago I filed an application with the pension department requesting an increase in the pension of Daniel A. Howard. I am guardian and curator of Daniel A. Howard.

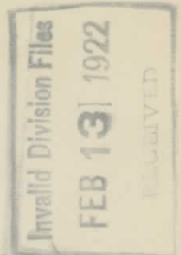
Since filing the application I have not received any information concerning it.

I respectfully request that I be notified concerning the application for an increase in Mr. Howard's pension as to any action that has been taken, or the disposition of the application.

Thanking you for your kind attention in this matter, I beg to remain,

Very truly yours,

Irvin Bringes
Guardian and curator of
Daniel A. Howard.



Handwritten: cert. div. 1/24/22
FEB 14 1922

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON, D. C.

, 191

Mr. *Spwin Pringus, Esq.*

Sir:

By direction of the Secretary of the Interior every guardian or other person receiving pension in a fiduciary capacity must biennially file with the official by whom the pension is payable a certificate of the court to which such fiduciary is accountable, showing that he has accounted to the court as required by law, and that the account has been approved, or that the requirement for accounting has been waived by the court, if such is the fact.

In conformity with such direction you will cause the blank form hereunder to be properly filled, signed, and attested under seal by the clerk of the court to which you are accountable in the execution of your trust, and forward the same to this office with your executed voucher for the pension due to JAN 4 1923, 191.

Very respectfully,

Washington Gardner

Commissioner.

6-2539

ACT OF MAY 1, 1920 INVALIDS
Account filled

Certificate No. *714771*

Daniel A. Howard
(Name of soldier.)

State of

SS:

COUNTY OF

*Minnesota**Peter*

Cayman W. Conant
I, *Judge and Ex-officio clerk*
of the *Probate* Court of

the County and State aforesaid, do certify that

Spwin Pringus
the duly appointed and acting *Guardian and*
Curator of *Daniel A. Howard*

is under good and sufficient bond in the penal
sum of *\$10,000.00*, and has *accounted*

for said estate in conformity
the guardian has accounted in conformity with the law and his account
with the law and his
has been approved, or the requirement has been waived by the court.)

account has been

approved.

In witness whereof, I have hereunto set
my hand and affixed the seal of the said court
this *10th* day of *January*, 1923.

[SEAL]

Cayman W. Conant
Clerk.

GROUP 1

(3-230.)
Act June 27, 1890.

INVALID. (Series)

Cert. No. **714771**

Name, *Daniel A Howard*

Rank, *Pr* ; Service, *Co F 1st Reg Maine*

Original Roll: *Chicago*

Agency { Transf'd , 18 , to
" , 18 , to

Issued *Feb 3* , 18 *92*

Mailed *" 11* , 18 *92*

Rate and Period, \$ *6* , from *Aug 16* , 18 *90*

Deductions: *✓*

Disability: *Affection of nervous system*

Issued *Sept 13* , 18 *06*

Mailed *" 19* - 18 *06*

Rate and Period, \$ *12* , from *Aug 1* , 18 *06*

ACT JUNE 27, 1890.

Deductions: *✓*

Disability:

Revised
Class
Issue
Entered

Issued, *Dec 2* - 18 *12*

DEC 3 1912

Mailed , 18

Rate and Period, \$ *19* , from *May 22* , 18 *12*

Deductions: *0*

Disability:

ACT OF MAY 11, 1912

Issued

Mailed

Rate and Period, \$, from , 18

Deductions:

Disability:

INDORSEMENTS.

*Nov. 7-93, Atty Wedderburn
informed there appears to be no
claim for Inc. on file J.A.S.*

J. B. A. ~~Trans~~
3-1647.

See D.

Act of May 11, 1912.

Ins. Cert. 714 771

Name, Daniel A Howard
Earleville
La Salle Ills

July 18 1917

Application filed Jan 9, 1914
Service, Pat 7 New York Marine
Art.

Feb 20, 1914 clant notice of
requirement for further increase
Aug 14/17 A.G. full rate 71
JBA

0-2

Mar. em. 015

Under Act June 27, 1901.

(3-217.)

INCREASE.

Claim to Ins.

No. 714. 771

Daniel A. Howard

P. O., Parsons

County, Butcherie

State, Iowa

Application filed, Jan. 21, 1893

State Service, Pat 7 N. Y.

Marine Art. Ills.
Tols.

Jan 31-94
Exp for full report
Ex Perry, Iowa to
Att WJm

Disability, Orig. & add'l

Attorney, John Wedderburn

P. O., City

County, J, State, J

(Order to — 100 M.)

ATTY FILED.

Act of May - 11 - 1912

3-1647.

Act of Feb. 6, 1907.

Cert. 714 771

Name, Daniel A Howard

Application filed May - 22, 1912

Service, Private

Co - I

1 - H. G. Monnie Arty

Oct 11 - 1912

M. E. B

A. G.

For soldier's age at date
of enlistment
Nov. - 19 -
For additional
service

0-2

3-202.

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., Nov. 6, 1912

No. Claim, _____

Cert. No. 714, 771

Claimant, Daniel A. Howard

Soldier, _____

Co. 7, 1 Reg't. Mr Arty

Respectfully, returned to the
Chief of the

Civil War Div
Drawing his attention
to the attached slip
of R. Rev. Berlin

T. W. DALTON,
CHIEF BOARD OF REVIEW.

Chief, Board of Review.

W. B. Berlin,
Rev.

6-720

Civil War Division
Inv. Ctf. 714771
Daniel A. Howard
Co. F 1 New York M. A.

February 20, 1914.

Mr. Daniel A. Howard,
R. R. 40, Earlville,
Illinois.

Sir:

In response to your communication dated January 7, 1914, relative to your above entitled claim for pension under the age and service clause of the Act of May 11, 1912, you are advised that on account of your present age and length of service, you are only entitled to \$19 per month, and will not be entitled to a higher rate under said Act than you are now receiving thereunder, until April 27, 1917, when you apparently will have reached the age of 75 years, at which time you should notify this Bureau of your postoffice address, when a certificate will be issued granting you the amount of pension to which you will then be entitled. If you desire to claim pension under the total disability clause of the Act of May 11, 1912, you are advised that unless you can furnish competent evidence showing that your present disability is due to your military service, you have no title to pension under said Act.

A report from the records of the War Department fails to show that you received treatment for any disability while in the service.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

Civil War 19in
Im bft 714 771
Daniel A Howard
F. I. N. Y. Marine Art

Sec E

77
Feb 20, 1912

Mrs Daniel A Howard.

Carleville RR #40
La Salle Co. Ills

Sir

In response to your communication dated Jan 7, 1914 relative to your above entitled claim for pension under the age and service clause of Act of May 11, 1912, you are advised that on account of your present age and length of service, you are only entitled to \$19 per month, and will not be entitled to a higher rate under said Act than you are now receiving thereunder, until April 27, 1917, when you apparently will have reached the age of 75 years, at which time you should notify this Bureau of your post office address, when a Certificate will be issued granting you the amount of pension to which you will then be entitled. If you desire to claim pension under the total disability clause of the Act of May 11, 1912, you are advised that unless you can furnish competent evidence showing that your present disability is due to your military service you have no title to pension under said Act.

A report from the records of the War Department fail to show that you received treatment for any disability while in the service

Very respectfully,

Commissioner.

January 7th 1914

Earlville Illinois,

Application for a Blank
for Increase to ^{\$}30.00 Thirty
Dollars Per Month, The Maximum
Under the Bill, Act of May 11th
1912. My Pension Certificate No
is 714791 ✓

Name Daniel A. Howard.

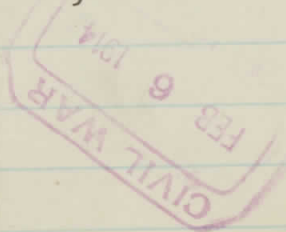
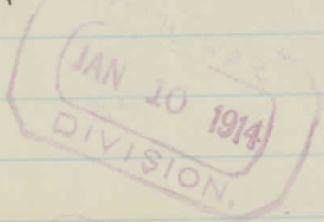
Private Co F 1 Regiment New York
Marine Artillery.

Address R.R-40 Earlville, Illinois.

I will be 72 next April and can
not do any Manual labor, or hardly
Walk Best Wishes to all

Daniel A. Howard

R.R-40 Earlville, Illinois



Campbell

[3-216 a.]

Ex'r.

No.

Act of June 27, 1890.

Daniel A. Howard
P. O. Long Point
Ill

Service: Pr. Fr. 1. N. F. Marine, A

Enlisted: Feb 6, 1862.

Discharged: Jan 17, 1863.

Application filed: Aug 15, 1890.

Alleges:

Any other Claim filed: No

Numerical No. 362,292
19/250

Attorney: Geo F. Belford
P. O. Streator
Ill

Recognized.

Contract.

Cert. of Dis. Searched for

, 18 .

6-202.

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., Nov 4, 1912

No. Claim, _____

Cert. No. 714 771

Claimant, Daniel A. Howard

Soldier, _____

Co. F, 1st Reg't. N.Y. Marine Art.

Respectfully returned to Mr. Dulin,
Mr. Macanley's Section.

Claimant having alleged service
in Co. G-7th Congressional Reg't
Illinois Vols. (a 3 months
organization) his claim should
be returned to the Civil War
Division for call to be made
in the War Department for
a verification of his alleged
service.

H. P. Dalin

Re-Review

T. W. DALTON,

CHIEF BOARD OF REVIEW.

Chief, Board of Review.

6-720

Ct 714.771- Sec D. J.S.R. & - Sept 17/17

Daniel A. Howard

MBK

F-1 - N.Y. Marine Art
Mr Daniel A Howard
617 Cherry Street
Springfield. Mo

Sir In response to your letter relative to
an increase of your pension under the act of
May 11-1912 you are advised said
claim was allowed August 30-1917
at the rate of \$22.50 per month for
age 75 years + length of service 11 months
and 12 days. and if you have not
already received your certificate
it will reach you in a short time.

Mailed by Daniel A. Howard
617- Cherry Street,
Springfield, Mo.



Disbursing Clerk,
Bureau of Pensions
Washington, D. C.

Mailed by Daniel, A. Howard
617 Cherry Street
Springfield, Mo.



Department of the Interior, Bureau
of Pensions,
Office of the Disbursing Clerk,
Washington, D. C.

INVALID.

Cert. No.

714 771

Name,

Daniel A. Howard

Rank,

Priv; Service Co. F 1st N. Y.

Marine Art.

DEAD

Agency

or

Group No.

Original Roll: Group 1

Transf'd 1 to

" 1 to

Issued

Aug. 30 1917

Rate, \$

22.50, from Apr. 27 1917

Deductions:

Disability:

ACT OF MAY 11, 1912

Issued

Jan. 27 1922

Rate, \$

72, from Dec. 9 1921

Pay to guardian

Deductions:

Disability:

ACT OF MAY 1, 1920

Issued

Rate, \$

from

Class

Issue

Deductions:

Disability:

Issued

Rate, \$

from

Class

Issue

Deductions:

Disability:

INDORSEMENTS.

Report of aptst of

Irvin Bringer

as gdn. attached to brief.

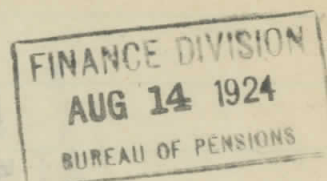
AUG 9 1921 J.P. Finance

JUL 21 1924 Let Berman co. act
Let March 2, 1894 co. of
Irvin Bringer Fin

Daniel A. Howard
Cert# 714 771

ACT OF MAY 1, 1920

DROPPED IN SEC. I



Sedalia Mo. Aug. 12, 1924

Bureau of Pensions
Washington D. C.

Sirs:-

I have been appointed
administratrix of the estate of
my father Mr. Daniel A. Howard now deceased.
He died June, 8, 1924 and I find there
is some pension due which I want
to make application for. His Certificate
No was 714, 771.

Very Truly yours
Mrs. Chy H. Baker Adminx
1108 E Broadway
Sedalia Missouri

O. K.
a.k.

IRVIN BRINGES
LAWYER
SUITE 7, KATIE BUILDING
SEDALIA, MISSOURI

July 9, 1924.

Commissioners of Pensions,
Washington, D. C.

Form 3-1081 to
Disbursing Office.

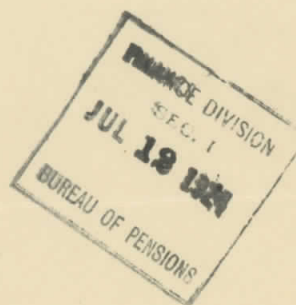
Dear sir:

I am enclosing herewith the voucher,
unexecuted, for the pension of Daniel A. Howard,
714771. Mr. Howard died at Sedalia, Missouri,
June 8, 1924, and his daughter Mrs. Cly Baker,
1118 East Broadway, Sedalia, Missouri, has been
appointed administratrix of his estate. Whatever
the government owes Mr. Howard will be paid to
the administratrix, I believe.

For the above reasons I am returning the
enclosed unexecuted voucher.

Very truly yours,

Irvin Bringes



ACT OF MAY 1, 1920

INCREASE

Claimant Daniel A. Howard, of sound mind, Irvin Bringer, guardian
 P. O. Kate Bledy Sedalia
 County Pettis
 State Missouri
 Rank Private
 Service 1st W.G. Marine Art.
 Rate, \$ 72 per month, commencing December 9, 1921

INVALID DIVISION

STATE REPRESENTATIVE. W.

APPROVAL

Submitted for Adm., Jan. 10, 1922, Joe H. Keefe, Examiner.

Approved for

INCREASE, SECTION 2

ACT OF MAY 1, 1920.

Approved for \$72.00

Pay duly appointed guardian

No Medical Examination

May 13, 1922, J. H. Bell
 Reviewer.
 _____, 1922, _____
 Rereviewer.

J. H. Bell
 Medical Examiner.
Jan. 21, 1922, E. F. Whiting
 Medical Referee.

Enlisted _____, 18____; honorably discharged _____, 18____.

Enlisted _____, 18____; honorably discharged _____, 18____.

Enlisted _____, 18____; honorably discharged _____, 18____.

Length of pensionable service _____ years, _____ months, _____ days.

Pensioned at \$ 50 per month, under ACT OF MAY 1, 1920, as Civil War veteran.

PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed Dec. 9, 1921.

Claimant does _____ write.

W., M. C.

This declaration is filled out by Irvin
Bringer, Guardian and Curator of Daniel A. Howard,
a person of unsound mind. 3-026

DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Missouri, COUNTY OF Pettis, ss:
On this 30th day of November, A. D. 1921, personally appeared before me, a notary
public, within and for the county and State aforesaid, Irvin Bringer, guardian of D. A. Howard
who, being duly sworn according to law, declares that he is 79 years of age, and a resident of Sedalia
county of Pettis, State of Missouri; and that he is the identical person
who was ENROLLED at _____, under the name of Daniel A. Howard
on the 6th day of February, 1862, as a private
in Pension certificate # 714 771 shows Daniel A. Howard was a
Private, Co. F, 1st Regiment New York Marine Artillery Volunteers
Certificate of Honorable Service shows same service.
in the service of the United States, in the Civil War, and was HONORABLY DISCHARGED
at Newburne, North Carolina, on the 17th day of January, 1863. That he also
served none other known to this guardian
and curator. (Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height, _____ feet _____ inches; complexion, _____
color of eyes, _____; color of hair, _____; that his occupation was _____
_____ that he was born _____, 18____, at _____

That he requires the regular personal aid and attendance of another person on account of the following disabilities:
Daniel A. Howard (D. A. Howard) was adjudged to be a person of
unsound mind by Probate Court of Pettis County, Missouri
on March 31, 1921. He is old, feeble, harmless, of unsound
mind and requires personal attention continually. He is able
at times to walk short distances when accompanied and weather is nice.
(State in this space the nature of any and all disabilities.)

That since leaving the service he has resided at Sedalia, Mo and Springfield, Mo, Illinois
and Iowa. He has been out of service 58 years.
and his occupation has been farmer as long as physically able.

That he has _____ applied for pension under Original No. _____. That he is now a pensioner under Certificate
No. 714 771 and draws \$150 - quarterly now.
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 May 1, 1920.

(1) Charles Holberson
(Signature of first witness.)

Katie Bloy, Sedalia, Mo.
(Address of first witness.)

(2) _____
(Signature of second witness.)

(Address of second witness.)

Irvin Bringer
(Guardian's signature in full.)

Katie Building
(Claimant's address in full.)

Sedalia, Missouri

SUBSCRIBED and sworn to before me this 30th day of November, A. D. 1921, and I hereby
certify that the contents of the above declaration were fully made known and explained to the applicant
before swearing, including the words _____
_____ and the words _____
_____ added:

STATE OF Missouri, COUNTY OF Pettis, ss:

On this 30th day of November, A. D. 1921, personally appeared before me, a notary public, within and for the county and State aforesaid, Erwin Bringer, guardian of D. A. Howard who, being duly sworn according to law, declares that he is 79 years of age, and a resident of Sedalia county of Pettis, State of Missouri; and that he is the identical person who was ENROLLED at _____, under the name of Daniel A. Howard on the 6th day of February, 1862, as a private in Pension certificate # 714,771 shows Daniel A. Howard was a Private, Co. F, 1st Regiment New York Marine Artillery Volunteers Certificate of Honorable Service shows same service in the service of the United States, in the Civil War, and was HONORABLY DISCHARGED at Newburne, North Carolina, on the 17th day of January, 1863. That he also served none other known to this guardian and curator.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
(Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height, _____ feet _____ inches; complexion, _____; color of eyes, _____; color of hair, _____; that his occupation was _____; that he was born _____, 18____, at _____.

That he requires the regular personal aid and attendance of another person on account of the following disabilities:
Daniel A. Howard (D. A. Howard) was adjudged to be a person of unsound mind by Probate Court of Pettis County, Missouri, on March 31, 1921. He is old, feeble, harmless, of unsound mind and requires personal attention continually. He is able at times to walk short distances when accompanied and weather is nice.
(State in this space the nature of any and all disabilities.)

That since leaving the service he has resided at Sedalia, Mo and Springfield, Mo, Illinois and Iowa. He has been out of service 58 years. and his occupation has been farmer as long as physically able.

That he has _____ applied for pension under Original No. _____. That he is now a pensioner under Certificate No. 714,771 and draws \$150 - quarterly now. 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 May 1, 1920.

(1) Charles Halverson
(Signature of first witness.)
Katie Bldg. Sedalia Mo.
(Address of first witness.)

(2) _____
(Signature of second witness.)

(Address of second witness.)

Erwin Bringer
(Guardian's signature in full.)
Katie Building
(Claimant's address in full.)
Sedalia, Missouri

SUBSCRIBED and sworn to before me this 30th day of November, A. D. 19____, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words _____, erased, and the words all words, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

my Comm. exp.
Mar. 3, 1924.

Edress Collins
(Signature.)
Notary Public in and for
(Official character.)
Pettis County, Missouri
Address - Katie Bldg.,
Sedalia,
Mo.

(OVER.)
Declaration accepted
as a claim under Sec.
2, act of May 1, 1920.
Chief, Law Div.
Per W. B.

3-026

Act Approved May 1, 1920.

DECLARATION FOR PENSION.

Number

Claimant

Service

INSTRUCTIONS.

This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 of the act of May 1, 1920, because he requires the regular personal aid and attendance of another person.

The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

DEC 13 1921

Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

INSTRUCTIONS.

If applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file in support of his application:

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person; or, if the claimant is unable to procure such statement,

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

There should also be filed claimant's statement whether any member of his family rendered military or naval service in the late World War and, if so, whether he has applied to the War Risk Insurance Bureau for compensation, or is in receipt of the same because of the death in or since the service of such member of his family.

Claimant should answer fully the following: *The following are answered by guardian.*

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: *Widower*

No. 2. When, where, and by whom were you married to your present wife? Answer: *Wife been dead many years.*

No. 3. What record of your marriage to her exists? Answer: _____

No. 4. Were you previously married? Answer: _____ If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer: _____

claimant + Dr. Howard is not housekeeper of

Number

Claimant

Service

This form is of one who des under section because he req and attendance The declarat thereof should authorized to purposes.

Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

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The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person; or, if the claimant is unable to procure such statement,

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

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No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: *Widower*

No. 2. When, where, and by whom were you married to your present wife? Answer: *Wife been dead many years.*

No. 3. What record of your marriage to her exists? Answer: _____

No. 4. Were you previously married? Answer: _____ If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer: _____

claimant D. A. Howard is not beneficiary of any allotment or compensation growing out of World War.

Swine Bringer
guardian and curator
of D. A. Howard

A TRUE COPY.

CERTIFICATE OF HONORABLE SERVICE.

TO ALL WHOM IT MAY CONCERN: Know ye, That whereas D. A. Howard of Minburn in the county of Dallas and State of Iowa, has applied for a

CERTIFICATE OF HONORABLE SERVICE

This is to certify, That the aforesaid D. A. Howard was enrolled on the 6th day of February, one thousand eight hundred and sixty-two, as a private in Company "F", 1st Regiment of New York Marine Artillery Volunteers, to serve 3 years, and was honorable discharged on the 17th day of January 1863, at Newberne, North Carolina, while holding the grade of private, and serving honorably in the military service of the United States.

This Certificate is given in case of discharged soldiers upon evidence that the original discharge has been lost or destroyed without the privity or procurement of the person entitled thereto, and in all cases upon the condition imposed by the Act of Congress approved March 3, 1873, that it "shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other allowance, or as evidence in any other case."

Given at the Adjutant General's Office, War Department,
Washington, D. C., this 23rd day of June, A. D., 1884.

(Signed. This
signature
appears to be
Geo. D. Hughes)

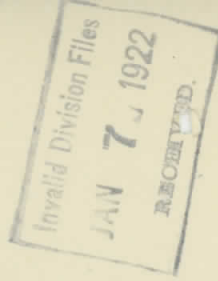
Geo. D. Hughes.
Assistant Adjutant General.

A TRUE COPY.

RECEIVED
DEC 5

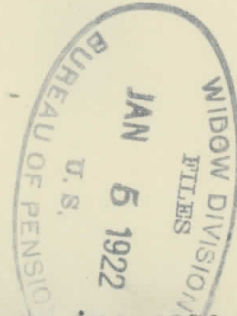
WILKERSON AND BARNETT
LAWYERS
SUITES 7 AND 8 KATIE BUILDING
SEDALIA, MISSOURI

CLAUDE WILKERSON
PAUL BARNETT
IRVIN BRINGES



December 29, 1921.

Commissioner of Pensions,
Washington, D.C.



Dear sir:

✓ Some time ago I made application for an increase in the pension of D. A. Howard, holder of pension certificate No. 714,771. I am the guardian of D. A. Howard, a person of unsound mind. To date I have not heard from your department concerning such increase.

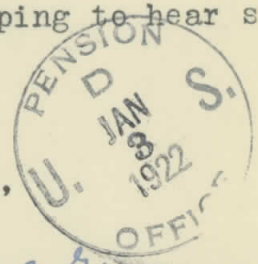
It will be necessary for me to file the required guardian's affidavit on or after January 4, 1922, for the next quarterly pension payment due Mr. Howard.

✓ Please advise what amount I should designate in such application for quarterly pension. Heretofore, Mr. Howard has been entitled to One Hundred Fifty Dollars quarterly, but his increase will be for Seventy-two Dollars per month total pension, or Two Hundred Six^{teen} Dollars quarterly. I have applied for the increase for Mr. Howard and believe I should claim that increase in the affidavit I file, form 3-1007.

Thanking you for your information and hoping to hear soon from the application for increase, I am,

Very truly yours,

Irvin Bringes
Irvin Bringes, Guardian
& Curator of D.A. Howard.



IB-b

WILKERSON AND BARNETT
LAWYERS
SUITES 7 AND 8 KATIE BUILDING
SEDALIA, MISSOURI

CLAUDE WILKERSON
PAUL BARNETT
IRVIN BRINGES

December 6, 1921.

Commissioner of Pensions,
Washington, D. C.

Dear sir:

I wish to take up with the Bureau of Pensions the matter of an increase in the pension of Daniel A. Howard, or D. A. Howard as his name appears in some places. I, the undersigned, am Irvin Bringes, guardian and curator of the person and estate of Mr. Howard, having been appointed as such by the Probate Court of Pettis County, Missouri. A certified copy of my appointment was forwarded to the pension bureau several months ago when I had Mr. Howard's present pension check changed so that it would be payable to my order.

Mr. Howard, as your records will show, is now drawing a pension of One Hundred Fifty (\$150.00) quarterly under pension certificate No. 714,771.

Declaration for Pension, Act of May 1, 1920, Form 3-026, enclosed herewith, was filled out and sworn to by the guardian and curator. Such form could not be filled out and sworn to by Mr. Howard because of the condition of his mind. Your records will also show that he was adjudged of unsound mind March 31, 1921. If the filling of this form by the guardian and curator is not regular or unsatisfactory, please return it to me with proper form and I will execute it immediately.

Please advise whether or not Mr. Howard's increase of

DEC 8 1921
S.

Commissioner of Pensions----page 2.

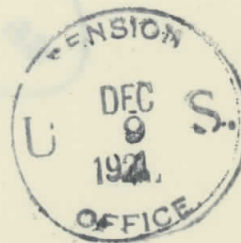
pension will be operative from the date of this application, or from the date that he would have been entitled to the increase under the Act of May 1, 1920.

I wish to thank you for your attention in this matter and for any advice you may give me, and beg to remain,

Very truly yours,

Suzanne Bringer

Guardian and curator of
D. A. Howard.



State of Missouri, (
County of Pettis, (: ss.

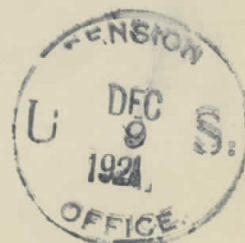
I, Charles A. McNeil, of lawful age, being
duly sworn, state that I am a legally licensed physician and that
I reside in the city of Sedalia, Pettis County, Missouri; That,
in my professional ^{capacity} I have been called to attend one D.A. Howard,
also, called Daniel A. Howard, a resident of Sedalia, Pettis
County, Missouri; that the said D.A. Howard requires regular
personal aid and attendance of another person on account of the
said D.A. Howard being *afflicted of chronic interstitial
nephritis, arterio-sclerosis, and, Senile dementia of a
mild type*

..... *Chas. A. McNeil M.D.*

Subscribed and sworn to before me this *6th*
day of *December*, 1921.

Edress Collins
.....
Notary Public of Pettis County, Missouri.

My commission expires *March 3, 1924*.



GROUP 1

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONSAug. 3rd, 1921

The COMMISSIONER OF PENSIONS.

SIR:

I have the honor to report in the case of Daniel A Howard

ACT OF MAY 1, 1920 INVALID

, Certificate No. 714771, that

Irvin Bringes

, Suits 7 & 8 Katie Bldg.
of Sedalia, Mo.

was on Mch 31", 1921, appointed as

Guardian

by the

Probate

Court

of Pettis County, State of Missouri

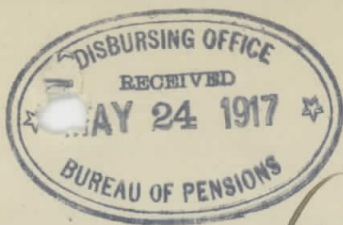
vice who has

pensioner having been adjudged of unsound mind.

Very respectfully,

J. N. Kreider
acting

Chief, Finance Division.



- 1917

Springfield Mo. May 21st -
To the Disbursing Clerk, Bureau
of Pensions Washington D. C.

Sir I was in the Civil War
Division, Co. F 1 Regt New York
Marine Artillery and my
Ct# No is 71477 and my
Name is Daniel A. Howard
and was Born April 24th 1842
and it makes me 75 years
of Old April 1917.

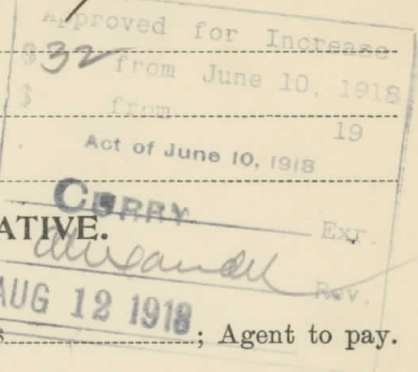
I was requested in a letter
from the Bureau of Pensions
Feb 20th 1914 Requesting me
to Notify them, I have just
sent my Card to the Disbursing
Clerk for my Pension.

And I hope this letter will
meet the Requirements with
Best Wishes Daniel A. Howard,
617 Cherry Street, Springfield,
Mo.

ACT OF MAY 11, 1912.

Cert. No. 714,771

ACT OF MARCH 4, 1913.

Claimant, Daniel A. HowardP. O., 619 Perry Street
SpringfieldCounty, GlebeState, MissouriRank, PrivateService, Co 5, 1 New York
Marine ArtilleryRate, \$ 22.50 per month, commencing April 27, 1917

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, Stone

Fee, \$ _____; Agent to pay.

P. O., _____

Articles filed _____, 19

APPROVAL.

Submitted for Adm Aug 16, 1917, J B Algate, Examiner.Approved for Increased, Rate \$ 22.50 per month; age 75 years.Length of pensionable service: 0 years, 11 months, 12 days.

Deductions in service from any cause: _____ years, _____ months, _____ days,

on account of _____

Aug 23, 1917, J H Zaff, Legal Reviewer. August 28, 1917, J K Holt, Re-Reviewer.Enlisted February 6, 1862; honorably discharged January 17, 1865Enlisted only service, 18 _____; honorably discharged _____, 18 _____

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Length of pensionable service: 0 years, 11 months, 12 days.Pensioned at \$ 19.00 per month, under ACT OF MAY 11, 1912

Civil War.

✓ P. O., Springfield Rank, Private
✓ County, Gleedre Service, Co 5 1 New York
✓ State, Missouri Marine Artillery
Rate, \$ 22⁵⁰ per month, commencing April 27. 1917

Approved for Increase
\$32 from June 10, 1918
Act of June 10, 1918
CARRY
AUG 12 1918

ATTORNEY OR STATE REPRESENTATIVE.
(Order April 25, 1907.)

✓ Name, Stone Fee, \$ _____; Agent to pay.
P. O., _____ Articles filed _____, 19

APPROVAL.

Submitted for Adm Aug 16, 1917, J B Algate, Examiner. ✓
Approved for Increased Rate \$ 22⁵⁰ per month; age 75 years. ✓

Length of pensionable service: 0 years, 11 months, 12 days.

No Deductions in service from any cause: _____ years, _____ months, _____ days,
on account of _____

Aug 23, 1917, J H Laft August 28, 1917, J K Holt
Legal Reviewer. Re-Reviewer.

✓ Enlisted February 6, 1862; honorably discharged January 17, 1863
✓ Enlisted only summer, 18 _____; honorably discharged _____, 18 _____
Enlisted _____, 18 _____; honorably discharged _____, 18 _____

✓ Length of pensionable service: 0 years, 11 months, 12 days.

✓ Pensioned at \$ 19⁰⁰ per month, under ACT OF MAY 11, 1918

PRESENT CLAIM, ACT OF MAY 11, 1912.

83A Letter July 14, 1917
8.16.17 Declaration filed 75 years; date of birth alleged April 27, 1842 8.16.17
✓ Age shown by evidence
✓ Claimant does _____ write.
No M. C. ✓



Springfield, Mo.

July 11th 1917.

To the Department of
The Interior, Bureau of Pensions
at Washington D. C.

From Daniel A. Howard, Co
F 1st Regiment N York Marine
Artillery. Pension number
714771.

I made Application for a little
Pension under the Disability
Clause Namely. Any Veteran
unfit for manual labor
because of Wounds or disease
shall receive 30 Dollars Per Month
The Maximum under the bill.

In Answer one Paragraph of
letter Dated Feb 20 1914

a report from the records of
the War Department failed
to show that I received.

Treatment for any disability
while in the service.

again it says that I
will not be entitled to only
19 dollars a month until
April 27th 1917. When I will
reach the age of 75 years.
at which I should notify
the Bureau of my Post Office
Address. When a certificate
would be issued granting
the Amount of Pension.

I made application when I
applied for my last Pension.
I got my 19 dollars a month
the same as before.
and nothing said about
the rest.

I was at Hot Springs to get
in the Army and Navy Hospital
and could not get in on account
of it being filled up with the
young Border boys.

could write some more but
will wait until the next
time. And may not need
it then as one side of me
is dead all ready.

Truly Yours

Samuel A. Howard

617 Cherry Street,
Springfield, Mo.

PRESENT CLAIM, ACT OF MAY 11, 1912.

May 22, 1912

(Order April 25, 1907.)

APPROVAL.

Reissue from Act June 27, 1890.

DECLARATION FOR PENSION.

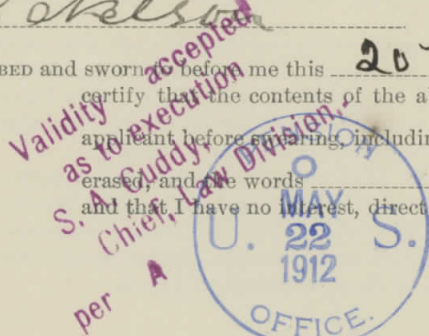
THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Missouri, County of Greene, ss:On this 20th day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, David A. Howard who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Earville, county of La Salle,State of Illinois; and that he is the identical person who was ENROLLED at Chicago Illinois, under the name of D. A. Howard on the 6th day of February, 1862 as a Private, in Co. F 1st Regt. of N.Y. Marine Artillery Vols
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Newberne N.C., on the 17th day of January, 1863.
(State name of war, Civil or Mexican.)That he also served in Co. G 7th Congressional Regt Ills Vol Inf from 13th May 1861 to 12th May 1861
(Here give a complete statement of all other services, if any.)That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, _____ feet _____ inches; complexion, _____; color of eyes, _____; color of hair, _____; that his occupation was _____; that he was born April 27th, 1842 at Ogle County Illinois.That his several places of residence since leaving the service have been as follows: _____
St. Louis, Iowa and Illinois
(State date of each change, as nearly as possible.)That he is a pensioner under certificate No. 714-771. That he has _____ applied for pension under original No. 714-771.

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 May 11, 1912.

That his post-office address is R.R. 40 Earville, county of La Salle, State of Illinois.Attest: (1) H. H. McMaster (2) R. B. Nelson Daniel A. Howard
(Claimant's signature in full.)SUBSCRIBED and SWORN before me this 20th day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before signing, including the words _____, added;

[L. S.]



J. C. Opatzke
(Signature.)
Notary Public
(Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

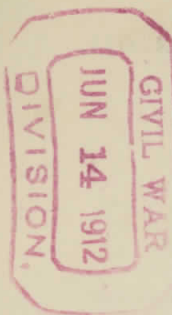
Certificate No. 714,771.

Name, David H. Howard

Service,

INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or a justice of the peace authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

J&W
714771
Chicago

3-357.

No. 714771.

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Daniel A Howard

P. O. Oregon

County Ogle

State Illinois

Rank Private.

Company G

Regiment 1st Marine Vol art

Rate, \$ 12. per month, commencing August 1 1906

Pensioned for Total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name None

Fee, \$ —

P. O. —

Agent to pay.

APPROVALS.

Submitted for admission Aug 29, 1906, OTY Hallam, Examiner.

Approved for Affection of Nervous System, old, Rheumatism, Throat, Allergic Jan 21 1893, Disease of Stomach order 71

Approved for Affection of nervous system, Rheumatism, and disease of stomach.

Aggregate of disabilities shown, permanent in character: \$ 12
from August 1, 1906

Aug 31, 1906, Whinn, Legal Reviewer.
East, Re-Reviewer.

Sept 5, 1906, Camp, Medical Examiner.
Sept 5, 1906, Co. F. Maloney, Medical Referee.

Enlisted February 6, 1862; honorably discharged January 17, 1863

Enlisted —, 186—; honorably discharged —, 186—

Pensioned at \$ 6. per month. Last paid to —

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed January 21, 1893, alleges pensioned cause and

EASTERN

County Illinois State Illinois Company 1st Marine Vol art
Rate, \$ 12. per month, commencing August 1 1906

Pensioned for Total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name None Fee, \$ —
P. O. — Agent to pay.

APPROVALS.

Submitted for admission Aug 29, 1906, Ortallan, Examiner.

Approved for Affection of nervous system, old, Rheumatism, then, allged Jan 21 1893
Disorder of Stomach order 71

Approved for Affection of nervous system, Rheumatism, and disease of stomach.

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East Dir Re-Reviewer.

Sept 5, 1906, Camp Medical Examiner.
Whinn Medical Referee.

Enlisted February 6, 1862; honorably discharged January 17, 1863

Enlisted —, 186—; honorably discharged —, 186—

Pensioned at \$ 6. per month. Last paid to —

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed January 21, 1893, alleges pensioned cause and muscular rheumatism

Declaration filed June 13, 1906 alleges pensioned cause and rheumatism.

Claimant does — write.
Certificate not filed.

R.R. Hitt M. C.
C. Dir.

Act of June 27, 1890.

Declaration for the Increase of an Invalid Pension.

State of Iowa, County of Guthrie, ss:

On this 16 day of January, A. D. one thousand eight hundred and ninety-three, personally appeared before me, a Notary Public within and for the County and State aforesaid, Daniel A. Howard, aged 50 years, a resident of the City of Osaka County of Guthrie, State of Iowa who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Chicago Pension Agency at the rate of 6 dollars per month, under Certificate No. 714, 771, issued under Act of June 27, 1890, by reason of disability from Affection of Nervous System
[Here name the disability or disabilities for which now pensioned, copying statement of same from pension certificate.]

having been in the Military service of the United States as a Private
[Military or Naval.] [Here state rank, company, and
Co. F. 1st U.S. Marine Art. 7th Congressional Regt. Ill. Col.
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 not being rated proportionately to the degree of his disability for manual labor arising from the above-named causes. Increase of disability
[Here state any other 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 progression of the disability described.]

* Application is also hereby made for pension under the provisions of the Act of June 27, 1890, on account of the following-named

NEW OR ADDITIONAL DISABILITIES,

namely: Muscular rheumatism.
[Here state name or nature of each and every existing disability, not due to vicious habits, for which pension has not been granted, including, in cases of wound or injury, a statement of the time, place, and circumstances of the origin or inurrence of the same.]

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

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

JOHN WEDDERBURN, OF WASHINGTON, D. C.,

his true and lawful attorney, to prosecute his claim, the fee (if pension is granted for or on account of any one or more of the above-named new or additional disabilities), to be TEN DOLLARS, payable as prescribed by law.

That his POST-OFFICE ADDRESS is Osaka, County of

ninety-*same*, personally appeared before me, a *Notary Public* within and for the County and State aforesaid, *Daniel R. Howard*, aged *50* years, a resident of the *same* of *Panora* County of *Guthrie* State of *Iowa* who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the *Chicago* Pension Agency at the rate of *6* dollars per month, under Certificate No. *714, 771*, issued under Act of June 27, 1890, by reason of disability from *Affection of Nervous System*
[Here name the disability or disabilities for which now pensioned, copying statement of same from pension certificate.]

having been in the *Militiam* service of the United States as a *Private*
[Here state rank, company, and regiment, if in the Army; or rating and name of vessel, if in the Navy.] *Co. L 1st U. S. Marine Art. 7th Congressional Regt. Ill. Col.*
That he believes himself to be entitled to an increase of pension on account of not being rated proportionately to the degree of his disability for manual labor arising from the above-named causes. *Increase of disability*
[Here state any other 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 progression of the disability described.]

* Application is also hereby made for pension under the provisions of the Act of June 27, 1890, on account of the following-named

NEW OR ADDITIONAL DISABILITIES,
namely: *Muscular rheumatism.*
[Here state name or nature of each and every existing disability, not due to vicious habits, for which pension has not been granted, including, in cases of wound or injury, a statement of the time, place, and circumstances of the origin or incurrence of the same.]

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

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

JOHN WEDDERBURN, OF WASHINGTON, D. C.,

his true and lawful attorney, to prosecute his claim, the fee (if pension is granted for or on account of any one or more of the above-named new or additional disabilities), to be TEN DOLLARS, payable as prescribed by law.

That his POST-OFFICE ADDRESS is *Panora*, County of *Guthrie*, State of *Iowa*.

1. *Silas Harpue* *Daniel R. Howard*
(Claimant's signature.)

2. *G. B. King*
(Two witnesses who can write, sign here.)

*If suffering from any disease, wound or injury not named in the present pension certificate, fill out this portion of the application otherwise leave it blank.

Fill in spaces marked ✓

Also personally appeared Silas Harper & G.B. King, residing at Panna Ia

and _____, residing at _____

_____ persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, depose and say that they were present and saw Daniel Howard

the claimant sign his name 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; that they have no interest in this claim, and are not concerned in its prosecution.

Silas Harper
G.B. King

[If either affiant signs by mark, two persons who can write, sign here.]

[Signatures of Affiants]

Sworn to and subscribed before me this 16 day of Jan, A. D. 1898

and I hereby certify that the contents of the foregoing declaration were fully made known

and explained to the applicant and witnesses before they made oath to the same, including the words _____, erased,

and the words _____, added;

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

[L. S.]

John Jackley
[Official Signature.]
Notary Public
[Official Character.]

NOTICE.—This application may be sworn to before a NOTARY PUBLIC, Clerk of Court or JUSTICE OF THE PEACE. If the officer has no seal, he should state whether he has a certificate of his official character filed for general reference in the Pension Office.



, 1890.

D.

CREASE.

ward

Vols.

71

RBURN,

orthwest,

C.

AMINER BUREAU OF

C.

represents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

Silas Harper
G. B. King
[Signatures of Affiants]

[If either affiant signs by mark, two persons who can write, sign here.]

Sworn to and subscribed before me this 16 day of Jan, A. D. 1893;

and I hereby certify that the contents of the foregoing declaration were fully made known
and explained to the applicant and witnesses before they made oath to the same, includ-
ing the words....., erased,
and the words....., added;
and that I have no interest, direct or indirect, in this claim, and am not concerned in
its prosecution.

[L. S.]

John Jackley
[Official Signature.]
Notary Public
[Official Character.]

NOTICE.—This application may be sworn to before a NOTARY PUBLIC, Clerk of Court or JUSTICE OF THE PEACE. If the officer has no seal, he should state whether he has a certificate of his official character filed for general reference in the Pension Office.



Act of June 27, 1890.

INVALID.

CLAIM FOR INCREASE.

David A. Howard

Co. *F* Reg't

U. S. Marine Vols.

Pension Certificate No. 714 771

FILED BY

JOHN WEDDERBURN,

No. 618 F Street, Northwest,

WASHINGTON, D. C.

Printed for the exclusive use of the EXAMINER BUREAU OF CLAIMS, Washington, D. C.

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Illinois }
County of Ogle } ss:

On this 11th day of June, A. D. one thousand nine hundred and six
personally appeared before me, a Black & Decker Court within and for the county
and State aforesaid, Daniel A. Howard, aged 64 years,
late a member of Co. F, 1st Regiment, New York Maine Volunteer Artillery
a resident of Rockvale Township, County of Ogle
State of Illinois, who being duly sworn according to law, declares that he is a
pensioner of the United States under the act of June 27, 1890, enrolled at the Chicago
Pension Agency at the rate of Six dollars per month, by reason of partial inability to
earn a support by manual labor, his pension certificate being numbered 714771

That he believes himself to be entitled to an increase of pension on account of the following-named disabilities,

to wit: Rheumatism and increase of disability due to
(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)
affection of nervous system

42

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 was not employed in the military or naval service prior to May 13, 1861

That he has not been employed in the military or naval service since January 17, 1863

He enlisted in Co. F. above named Feb. 6, 1862
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That his post-office address is Oregon,

County of Ogle, State of Illinois

State of Illinois } ss:
County of Ogle

On this 11th day of June, A. D. one thousand nine hundred and six
personally appeared before me, a Black 7th Circuit Court within and for the county

and State aforesaid, Daniel A. Howard, aged 64 years,

late a member of Co. F, 1st Regiment, New York Maine Volunteer Artillery

a resident of Rockvale Township, County of Ogle

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

pensioner of the United States under the act of June 27, 1890, enrolled at the Chicago

Pension Agency at the rate of Six dollars per month, by reason of partial inability to

earn a support by manual labor, his pension certificate being numbered 714771

That he believes himself to be entitled to an increase of pension on account of the following-named disabilities,

to wit: Rheumatism and increase of disability due to
(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)

affection of nervous system

42

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 was not employed in the military or naval service prior to May 13, 1861

That he has not been employed in the military or naval service since January 17, 1863

He enlisted in Co. F. above named Feb. 6, 1862
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That his post-office address is Oregon,

County of Ogle, State of Illinois

Daniel A. Howard
(Claimant's signature.)

Attest: (1) Lynnan C. Wilson

(2) Hiram Boyce



Also personally appeared Lyman C. Wilson, residing at Oregon,
and Hiram Boyce, residing at Oregon, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Daniel A. Howard, 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 of Five years and Five 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.

Lyman C. Wilson
Hiram Boyce
(Signatures of witnesses)

SWORN to and subscribed before me this 11th day of June, A. D. 1906

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

[L. S.]

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

Jerome F. Cox
(Signature.)
Clairmont Clerk Ogle County Ill.
(Official character.)

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of
the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by
law to have and use a seal, his official character, signature, and term of office must be certified by the proper State,
county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for
general reference.

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

Validity accepted
S. A. Cuddy
Chief, Law Division
per L. L. 8-14-06

5
REASE.

Howard
D. A.



with him of Five years and Five 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.

Lyman C. Wilson
Hiram Boyce
(Signatures of witnesses)

SWORN to and subscribed before me this 11th day of June, A. D. 1906

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

[L. S.]

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

Jerome F. Cox
(Signature.)
Leicuit Celuk Ogle County Ill.
(Official character.)

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

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

Validly accepted
S. A. Cuddy
Chief, Law Division
per L. E. 8-14-06

ACT MAY 9, 1900.

3-004.
(Old No. 3-011a.)

CLAIM FOR INCREASE.

Act of June 27, 1890.

Name:

Daniel A. Howard

Service:

Marine Art.

FILED BY



U-2

6/15

ACT OF JUNE 27, 1890.

INVALID PENSION.

714791
Chie,

✓ Claimant, *Daniel A Howard*
 ✓ P. O., *Long Point*
 ✓ County, *Livingston*
 State, *Ill*
 Rank, *Private*
 Company, *A*
 Regiment, *1st U.S. Marine Corps*
 Rate, \$ *6.00*, per month, commencing *Aug 15 1890*

Disabled by

Affection of nervous system

RECOGNIZED ATTORNEY.

✓ Name, *George F. Relford*
 ✓ P. O., *Strickton Ill*
 Fee, \$ *10* Agent to pay.
 Articles filed, _____, 189____

APPROVALS.

Submitted for *ad Pension \$*, 189*2*, *Mo R Campbell* Examiner.

Approved for *admission*

Approved for *Affection of nervous system*

\$6.00

No other disabilities

Wright
Legal Reviewer.

Elthus
Medical Referee.

Jan 21, 1892

Jan 29, 1892

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

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

SERVICE SHOWN BY RECORD.

✓ Enlisted *July 6*, 18*62*, honorably discharged *May 14*, 18*63* ✓

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

Claimant, *Long Point*
P. O., *Livingston*
County, *Ill*
State, *Ill*

Rank, *Private*
Company, *F*
Regiment, *1st U.S. Marine Corps*
Augt 15 1890

Rate, \$ *6.00*, per month, commencing

Disabled by

Affection of nervous system

RECOGNIZED ATTORNEY.

Name, *George F. Belford*
P. O., *Streator Ill*

Fee, \$ *10* Agent to pay.

Articles filed, _____, 189

APPROVALS.

Submitted for *ad Pensions*, 1892, *Pro R Campese* Examiner.

Approved for *admission*

Approved for *Affection of nervous system*

\$6.00

No other disabilities

Wright
Legal Reviewer.

Elthus
Medical Referee.

Jan 21, 1892

Jan 29, 1892

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

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

SERVICE SHOWN BY RECORD.

Enlisted *July 6*, 18*62*, honorably discharged *May 17*, 18*63*

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

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

from *General debility, Rheumatism, Partial Paralysis.*

Claimant's Writer,

No M.C.

ACT OF JUNE 27, 1890.

Declaration for Invalid Pension.

This may be Executed before a Justice of the Peace, a Notary Public or a Court of Record.

State of Illinois, County of Livingston, ss:

ON THIS 11th day of August A. D., one thousand eight hundred and ninety-
personally appeared before me, a Notary Public
Official title of officer executing this application.

within and for the County and State aforesaid Daniel A. Howard aged 48 years,
Name of Claimant.

a resident of Long Point, County of Livingston, State of Illinois

who, being duly sworn according to law, declares that he is the identical Daniel A. Howard
Name under which he served.

who was ENROLLED as a private on the 6th day of Feb, 1862
in Company F of the 1st Regiment of N.Y. Marine Art. Vols.,
Company and regiment, or vessel, if in the navy.

in the War of the rebellion and served at least ninety days, and was honorably DISCHARGED at Newborn
North Carolina on the 17th day of Jan, 1863

That he is partially unable to earn a support by reason of General Debility
Partially or wholly. Here name any diseases or injuries from which disabled.
Rheumatism, partial paralysis.
Your disability need not have been contracted in the U. S. service.

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

That he has not applied for pension under application No. _____. That he is a pensioner
If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.

under Certificate No. _____

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

Geo. F. Belford ANDREW J. BAKER, STREATOR, ILL,
his true and lawful attorney to prosecute his claim. That he hereby agrees to allow his said attorney a fee of \$10

when the claim is allowed. That his Post Office address is Long Point
County of Livingston, State of Illinois

Daniel A. Howard
Signature of Claimant.

If claimant signs by mark, two witnesses MUST sign here.

Also personally appeared A. J. McDowell, residing at Long Point
Name of first witness.
 County of Livingston, State of Iles, and J. W. McDowell
Name of second witness.
 residing at Long Point, County of Livingston, State of Iles
 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 Daniel A. Howard, the claimant, sign his name (or make
Name of claimant.
 his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant
 and their acquaintance with him that he is the identical person he represents himself to be; and that they have no
 interest in the prosecution of this claim.

1

1

2

2

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

A J McDowell
John W McDowell
 (Signatures of witnesses.)

Sworn to and subscribed before me this 11th day of August, A. D., 1890,
 and I hereby certify that the contents of the above declaration, &c., were fully made known and
 explained to the applicant and witnesses before swearing, including the words Andrew J
Baker erased, and the words W. J. Best
Belford added; and that I have no interest, direct or
 indirect in the prosecution of this claim.



W. S. Ramsay
 (Official Signature.)
Notary Public
 (Official Signature.)

APPLICATION FOR PENSION.

ORIGINAL.

Daniel A. Howard Applicant.

7 Co. 1st Reg't.

W. J. Martin Vols.

Enlisted Feb 6, 1862

Discharged Jan 17, 1863

War of Rebellion

GEO. F. BELFORD,
 ATTORNEY AT LAW,
 STREATOR, ILLS.

Filed by

No claim is
 above

362 293

3333

State of Illinois } ss.
 COUNTY OF Lee

In the Matter of Invalid Pension Claim of Daniel A
Howard No 956,606

Personally came before me, a Notary Public in and for aforesaid County
 and State, Daniel A Howard, aged 49 years
 and _____, aged _____ years

citizen, of the Lower of Long Point, County of Livingston
 State of Illinois, well known to me to be reputable and entitled to credit, and who

being duly sworn, on oath declare, in relation to aforesaid case, as follows:

Who says he is claiming out herein,
that he has not been in the military
or naval service since January 13
1863. — He belonged to Co. A, N.Y.
Marine Artillery, and to 7th Co. 1st Regt.
Ry. Dep. 3 mos. Nov.
was in the Quartermasters service
after after Jan 13, 1863, until
close of war but was
not enrolled as a soldier

and State, _____, aged _____ years
and _____, aged _____ years
citizen, of the Town of Long Point, County of Livingston
Post Office Address
State of Illinois, well known to me to be reputable and entitled to credit, and who

being duly sworn, on oath declare, in relation to aforesaid case, as follows:

42
Who says he claims and herein
that he has not been in the military
or naval service since January 13
1863. — He belonged to Co. A 114
Marine Artillery, and to 7th Co. 114th
Regt. Ill. Inf., 3 mos. Nov.
I was in the Quartermasters service
after Jan 13, 1863, until
close of war but was
not enrolled as a soldier

further declare, that _____ no interest in said case, and _____ not concerned in its
prosecution, and _____ not related to the applicant.

Attest—when any affiant signs BY MARK, (2 persons.)

Signature
of
Affiants.

D. A. Howard

Sworn to and subscribed before me this day by the above named affiant____; and I certify that I read said affidavit to said affiant____, and acquainted____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; that____, he is a creditable person____, and so reputed in the community in which____he reside.

Witness my hand and official seal this 11th day of August 1891.

Sign here

ADD SEAL HERE.

W. S. Ramsey
Notary Public

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

STATE OF _____ COUNTY OF _____, ss.

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

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

Clerk of the _____



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

Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be used in one case.

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

DAVIT.

wend

636

Sign here W. S. Ramsey
Notary Public

ADD SEAL HERE.

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

STATE OF _____ COUNTY OF _____, ss.

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

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

Clerk of the _____



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

Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be used in one case.

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

Quinn to call Mr. B.

GENERAL AFFIDAVIT.	CASE OF	FOR	AFFIDAVIT OF	FILED BY
<i>David Apperson</i>		<i>Mr. Apperson</i>	<i>Claimant</i>	<i>Geo. F. Belford,</i> <i>ATTORNEY AT LAW,</i> <i>STREATOR, ILL.</i>
		<i>vs</i>		
		<i>W. S. B. 636</i>		

A.B.C. Sec 2
8-094.

DEPARTMENT OF THE INTERIOR.
BUREAU OF PENSIONS.

Washington, D. C., Aug 11/1917

Respectfully referred to
The Adjutant General,
War Department,

requesting a report of any additional military and medical history of the soldier, such as the records may now afford, including all absences without authority, arrests and confinements, with dates of beginning and ending of each; if court-martialed, the findings, sentence and date of promulgation, and when restored to duty, personal description and all ages not shown in reports herewith returned. If soldier had other service, the same information relative thereto is desired.

Ctf. No. 714, 771
Name: *Samuel L. Howard*
Service: *31 May 1891 to 1 Oct 1916*

Enclosures *4*
Received A.G.O. AUG 14 1917
Commissioner.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON,
AUG 14 1917

Respectfully returned to the
Commissioner of Pensions,

with the information that in the case of
Samuel A. Howard
Co. Z, 1 Regt. N. M. Cavalry.

in addition to the statement or statements herewith returned, the military records show the following:

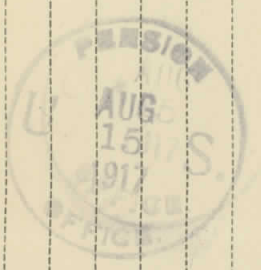
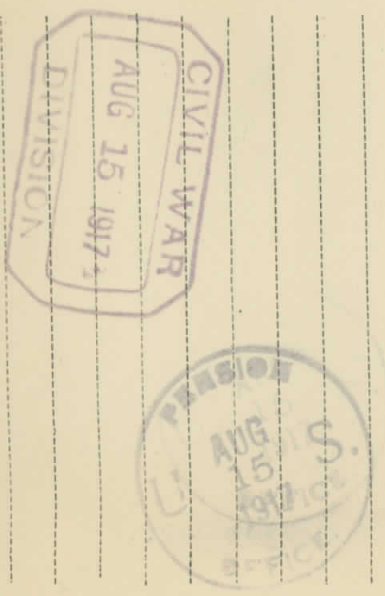
Age *20*, height _____ feet, _____ inches,
complexion *dark brown*, hair _____,
eyes _____,
place of birth _____,
occupation _____
No other age and no unauthorized absences, arrest, confinement or further mil. record found.

The medical records show him treated as follows:
No medical record found

Form No. 75-1-A.G.O.
Ed. Jan. 5-17-5,000.

Per _____
The Adjutant General.

H. P. McCain



421216

MILITARY SERVICE.

NAME OF SOLDIER:

Write nothing above this line.

Daniel A. Howard

East Div. Bureau of Pensions,
Fort Ex't.

No. *906636* July 22, 1891.

51 My Name Day.

SIR:

It is alleged that the above-named man enlisted *Feb*
6, 1862, and served as a *priv*
in Co. *1*, Reg't *My Name Day*,
also as a *in Co.* Reg't

and was discharged at

Greenwood
on *July 17, 1863*

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,

Richard H. Anderson
Acting Commissioner.

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

0-4

War Department,

Record and Pension Division,

JUL 23 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

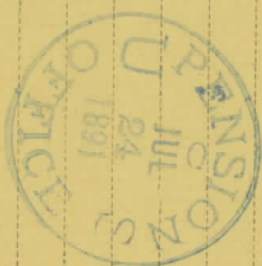
The rolls show that *Daniel A*
Howard,

mentioned in the preceding indorsement, was enrolled

Feb, 1862, and *Book's* *6*

July 17, 1863

on *Official Statement by name*
of authority from the War
Department.



BY AUTHORITY OF THE SECRETARY OF WAR:

Richard H. Anderson
Captain and Asst Surgeon, U. S. Army.
Major

(3-464-a.)

Mar DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. May 31, 1894

Respectfully returned to the officer in charge
of the Record and Pension Office, War Depart-
ment, requesting a full military and medical
history

(Descriptive
list.)
of the soldier.

Please examine all records likely to afford
any information as to diseases, wounds, or inju-
ries incurred by him while in the service.

City
Claim No. *714, 774*

Name *Samuel A. Howard*

Co. F / *Regt. N. Y. Machine Art.*

John *Samuel Johnson*
Commissioner.

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Samuel A. Howard

Co. F, 1 Regt. N. Y. Machine Art.
was enrolled Feb 6, 1862,
and discharged Jan. 17, 1863,
by authority from war rolls

From Enl., 186, to Discharge, 186,
he held the rank of Private

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

The medical records show him treated as follows
No record found.

ADJUTANT GENERAL'S OFFICE
NOV 22 1912
3145907
WAR DEPARTMENT

3084
CIVIL WAR DIVISION, N. E. B.
DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., Nov. 19-1912

Respectfully referred to the
Adjutant General
War Dept.

for full medical and
military record together
with personal description
age at enlistment - and
any other age of record
as of Co. G. 7 Congressional
Regt. Ill. Inf.
Buchanans 3
Capt. No. 914991
Daniel A. Howard
Private Co. D.
1st U. S. Marine Artillery
Bismarck Ave

NOV 23 1912
DIA 7149

Address: "The Adjutant General,
War Department, Washington, D. C."
WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, Nov. 22, 1912.

Respectfully returned to the
Commissioners of
Pensions

It does not appear from the records of this office
that such an organization as Co. G,
7 Congressional Regt.
Ill. Inf.

was mustered into the service of the United States.
The name Daniel
A. Howard, or
similar name, has
not been found
on the rolls of
Co. G, 7 Ill. Inf.

NOV 23 1912
OFFICE

Ted Andrews
Per E
The Adjutant General.

ADJUTANT GENERAL'S OFFICE
3121113
WAR DEPARTMENT

Rec'd
AN. E. B.
DIVISION
OCT 21 1912

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., Oct 11-1912

Respectfully ordered to
the Adjutant-General
from W. J. H. for
order's age at date
of enlistment and
any other age of
record
Enlistment 2
114 111
Daniel A Howard
Private Co-D
1-H. G. War. City

Commissioner

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

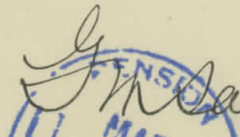
WASHINGTON, OCT 19 1912

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of
Daniel A. Howard
not born as Howard
Co. D. 1 114 Maine Inf.
the records show his age
at enlistment 20 years.
No other age found.

Very respectfully,


 G. M. Saezger
 Commissioner.

The name of organizations in which you served? *1st Regt The New York Marine Artillery*

No. 3. State your wife's full name and her maiden name. Answer. Emeline F. Haight, (Howard)

No. 4. When, where, and by whom were you married? Answer. 27th day of August-1867. by

B. Crooker, Justice of Peace at Mendota, LaSalle Co Illinois

No. 5. Is there any official or church record of your marriage? Yes

If so, where? Answer. At Ottawa, La Salle Co. Illinois

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her

death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer: None*

My first wife Caroline E. Howard died June 22nd

1879. [♂]Aged 36 years 2 mo & 16 days, at Near Paw Paw Ill.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage.

and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your

answer include all former husbands. Answer: None Name of 2nd Wife

Helinda L. McDowell. Married to Dr. A. Howard, June 14

1880 at Ottawa La Salle Co Illinois. And was Divorced

In the January term of Court - A.D. 1900. at Oregon

Dale County, Illinois. C. M. Gale, Clerk. Case 08131.

No. 8. Are you now living with your wife, or has there been a separation? *Answer* Have no wife now

and have had only the two.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer* Grand-Wife's Children

Almira F. Howard, Born April 22nd 1868. at Meriden, Ills

Samuel Miller Howard. " December 3rd 1892 in Davis Co Kansas

Now Grady Co. Therethia Myrtle Howard, was Bonn Co.

5th 1847. Near Paw Paw Lee Co Illinois. and Died Febua

8th 1884. " " " " " " Land Wives Children B.

~~Clinton~~ Elsie May Howard. Oct 17th 18'81 - Near Paw Paw Ill

U. S. MAR 16 1915 OFFICE.

No. 1. Date and place of birth? *Answer.*

The name of organizations in which you served?

1st Regt The New York Marine Artillery

And was Recruited by Capt. Hyslop in Chicago, Near Rush Str.

No. 2. What was your post office at enlistment?

Answer: Byron, Ore Co Illinois ^{a part of} Oregon, Ill

No. 3. State your wife's full name and her maiden name.

Answer. Emeline F. Haight; - Howard

No. 4. When, where, and by whom were you married?

Answer. 27th day of August-1867. by

L. B. Crooker, Justice of Peace at Mendota, La Salle Co Illinois

No. 5. Is there any official or church record of your marriage?

Yes

If so, where?

Answer. At Ottawa LaSalle P. Illinois

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her

death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. None

My first wife Caroline E. Howard died June 22nd

1879. ^LAged 36 years 2 mo & 16 days, at Near Paw Paw Ills

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your

answer include all former husbands. Answer. None — Name of 2nd Wife

None — Name of 2nd Wife

Celinda L. McDowell, Married to Dr. Howard, June 14th
 1880 at Ottawa La Salle Co Illinois. And was Divorced
 in the January term of Court A. D. 1900. at Oregon
 Ogle County, Illinois, C. M. Galt, Clerk. Case 8131.

No. 8. Are you now living with your wife, or has there been a separation?

Answer. Have no wife Now

No. 9. State the names and dates of birth of all your children, living or dead.

Answer. Forat-Wifes Children

Almira F. Howard, Born April 22nd 1868. At Meriden, Ills
Samuel Miller Howard, " December 3rd 1892 in Davis Co. Kansas
Now Geary Co. Therethia Myrtle Howard, was Born June
15th 1877. Near Paw Paw Lee Co Illinois, and Died February
18th 1884. " " " " " " Land Wifes Children, Born
~~Retina~~ Elsie May Howard, Oct 17th 1881 - Near Paw Paw, Ills.
Ely Bounette Howard, Born December 22nd 1887. Near
Panora Guthrie County State of Iowa. If you want me to
Identify myself any more, Please let me hear from you

Date March 13th 1915.

(Signature)

Daniel A. Howard

at Springfield, State of Missouri.

act mch. 4 - E. Mar. Feb. 17 - 17

RETURN TO



J. MERRIAM,

U. S. Pension Agent,

CHICAGO, ILL.

3-402.

Certificate No.

714 771

Department of the Interior,

Name,

Daniel A. Howard

BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

H. C. Evans

Commissioner of Pensions.

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

Answer. Yes, Celinda L. Howard. Celinda L. McDowell

Second. When, where, and by whom were you married? June 14, 1880.

Answer. By Aaron B. Smith J. P. Ottawa Ills

Third. What record of marriage exists?

Answer. At Ottawa it is recorded I presume

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

Answer. Yes, Emeline F. Died June 22nd 1879

Fifth. Have you any children living? If so, please state their names and the dates of their birth. Yes 4

Answer. Almira F. Howard April 20 1869. Samuel M. Howard, Dec 3, 1872. Elsie May Howard Oct 17-1881
Cly. B. Howard, December 22-1887.

Date of reply, July 13th, 1898

Daniel A. Howard

(Signature.)

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.

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

Pension Claim No. *756.636*

Name and rank of claimant.

Samuel A. Howard

, Rank, *Private*

Company *F, 1*

Reg't *44th Mar. Art-*

Emuka, Ill.
[Post-office address of the Board.]

State,

Claimant's post-office address.

Long Point, Ill.

Aug. 12th
[Date of examination.]

, 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

Cause of disability.

in the service, viz: *General debility, rheumatism and partial paralysis.*

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*
[Original, increase, restoration, &c.]

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

Has had pains in the joint for seven or eight years. Often has pain in the left chest and a fluttering sensation about the heart. Has had a weakness and loss of power of left hand and arm for six years, the hand and arm are often cold and numb. In hot weather is unable to stand manual labor.

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *20*; temperature, *99*; height, *5* feet *8 1/2* inches; weight, *145* pounds; age, *47* years. *No evidence found at present of rheumatism. There is tenderness and pain along course of intercostal nerves of left side. There is also tenderness and pain at roots of cervical nerves of left side and along the course of Brachial plexus and nerves of left arm. No evidence of partial paralysis or general debility. Physical condition fairly good. Except as above described all organs in a normal condition.*

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

Claimant's post-office address.

Long Point, Ill.

[Post-office address of the Board.]

Aug. 12th
[Date of examination.]

, 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

Cause of disability.

in the service, viz: General debility, rheumatism and partial paralysis.

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
[Original, increase, restoration, &c.]

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

42
Has had pains in the joints for seven or eight years. Often has pain in the left chest and a fluttering sensation about the heart. Has had a weakness and loss of power of left hand and arm for six years, the hand and arm are often cold and numb. In hot weather is unable to perform manual labor.

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, 72; respiration, 20; temperature, 99; height, 5 feet 8 1/2 inches; weight, 145 pounds; age, 47 years. No evidence found at present of rheumatism. There is tenderness and pain along course of intercostal nerves of left side. There is also tenderness and pain at roots of cervical nerves of left side and along the course of Brachial plexus and nerves of left arm. No evidence of partial paralysis or general debility. Physical condition fairly good. Except as above described all organs in a normal condition.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by Intercostal & Cervico-brachial neuralgia 7/10 for that caused by _____, and _____ for that caused by _____

E. Wilcox, Pres. C. A. Baute, Sec'y A. Stufflehead, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Samuel D. Howard
Co. *F*, 1st Reg't *114* *Mass.* *Inf.*

Applicant for Original

No. *266,636*

DATE OF EXAMINATION:
Aug. 12th, 189*1*.

E. M. Walcott, Pres.,
W. A. Swett, Sec'y,
W. A. Swett, Treas.,
BOARD.

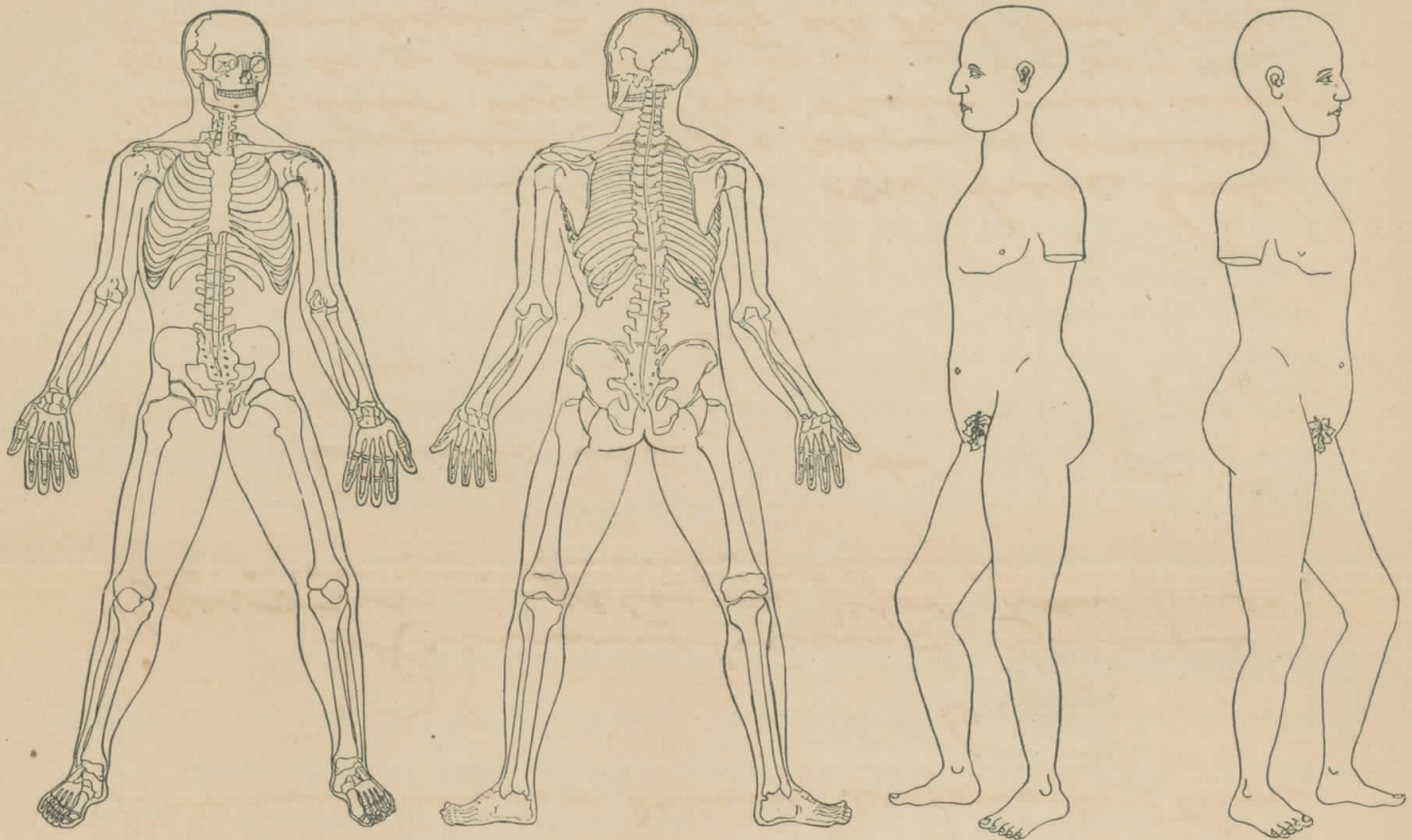
Post office, *Chicago*

County, *Woodford*

State, *Illinois*

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

713



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.]

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.

Pension Claim No.

Address of Board.

P. O.

State.

1906

[Date of examination.]

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

Increase
 Daniel A. Howard
 Company # 1 Reg't N Y M Art
 Oregon Ogilvie & Co. Inc.
 Rheumatism & disease venous system

He receives a pension of 6. dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him.

Rheumatism & disease
 Nervous system report heart lungs
 Kidneys & all minute changes

Birthplace, Ogle Co Ill; age, 64 years; height, 5-8;
 weight, 134 pounds; complexion, fair; color of eyes, Gray;
 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, 100 120 140; respiration, 20 28 36, temperature, 100.
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

General Conditions = very fierce hands
 soft muscles soft - show no evidence
 of recent labor teeth bad shape haven't been
 kept to do a day's work in a day for 20 yrs

Rheumatism = affects all the joints of body
 more especially the shoulders & the
 muscles of the arms are atrophied fully (1/2)
 can't stoop over & touch floor with hands
 can't raise arms to right angles with body
 motion limited fully (1/3) joints
 are tender & inflamed section broken
 at times Rheumatism of sensitive nature

Disease nervous system = patient is
 very nervous & irritable can't sleep in
 fact he is a neurotic

General disease = no evidences of disease
 Heart = apex 2 1/2 inches below & 1/2 inch to right
 of left nipple action very fast & irregular
 no organic trouble but function appears
 to be symptomatic from stomach trouble the
 stomach trouble is the greatest trouble of the
 gut has to be very careful with his diet

Liver = dull area from 3 to 6 inches below right nipple
 sensibility = well marked Stomach = very ten-
 der on pressure walls thickened & irritated
 with gas tongue very red & fissured throat & nose

= in catarrhal condition signs of indigestion in
 flamed & congested Urine = Gravelly 10 44 70 albumen
 No sugar reaction acid Rate = We find that the
 as a rule have no doubt as to the

Marginal entries must never be made.

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.

He receives a pension of 6 dollars per month.
He makes the following statement in regard to the origin of his disabilities and date when first discovered by him. Rheumatism Disease Nervous system Hurt heart lungs Kidneys & all minute changes

Birthplace Oyle Co Ore; age, 64 years; height, 5-8; weight, 134 pounds; complexion, fair; color of eyes, gray; 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, 100 120 140; respiration, 20 28 36; temperature, 100.
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

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

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

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

General Conditions = very fierce hands soft muscles soft show no evidence of recent labor teeth bad shape haven't been able to do a day's work in a day for 20 yrs
Rheumatism = affects all the joints of body more especially the shoulders & the muscles of the arms are atrophied fully (1/2) can't stoop over & touch floor with hands can't raise arms to right angles with body motion limited fully (1/3) joints are tender & inflamed section broken at times Rheumatism of entire nature
Disease nervous system = patient is very nervous & irritable can't sleep in fact he is a neurotic
General disease = no evidences of general disease
Heart = apex 2 1/2 below & 1/2 inch to right of left nipple action very fast & irregular no organic trouble but function appears to be symptomatic from stomach trouble the stomach trouble is the greatest trouble of the patient has to be very careful with his diet
Liver = dull area from 3 to 6 inches below right nipple
Sensibility = well marked Stomach = very tender on pressure walls thickened & irritated with gas tongue very red & fissured throat & nose = in catarrhal condition slight feeling of constriction in flamed & congested
Urine = Gravelly 10 uet no albumen no sugar reaction acid
Rate = We find that the appropriate permanent disabilities for earning one point by manual labor are due to Rheumatism Disease Nervous system & they warrant a rate from 10 to 12 per month no other disabilities found & no evidences of permanent disabilities

Marginal entries must never be made.

J. F. Van Voorhis, Pres. J. O. Rice, Sec'y. W. W. Haines, Treas.

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

"I hereby certify that Dr. F Van Vorst, Dr. W H Hume, and Dr. J B Rre were personally present and actually participated in the examination of Daniel A Howard, the claimant in this case, on 1st day of August, 1906"

(Signature.)

J B Rre

(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 _____, 1906."

Witnesses to mark.

(Signature of Applicant.)

SURGEON'S CERTIFICATE

IN CASE OF

Daniel A Howard

H 1 Reg't N Y M A
Co.

APPLICANT FOR Lawrence

No. 714771

DATE OF EXAMINATION:

Aug 1, 1906

BOARD.

J. F. Van Vorst Pres.,

J B Rre Sec'y,

M. W. Kales Treas.,

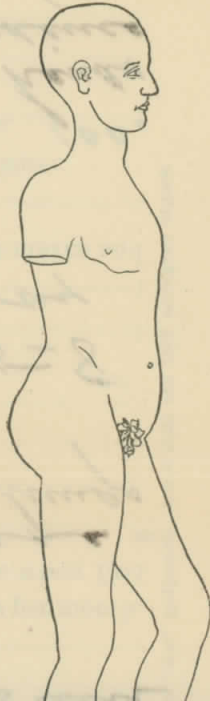
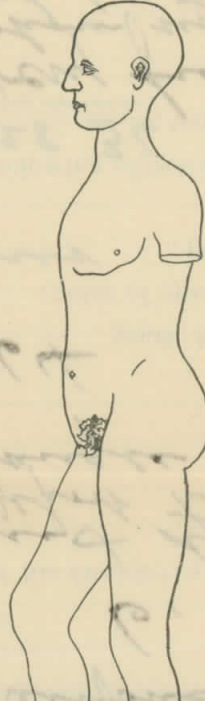
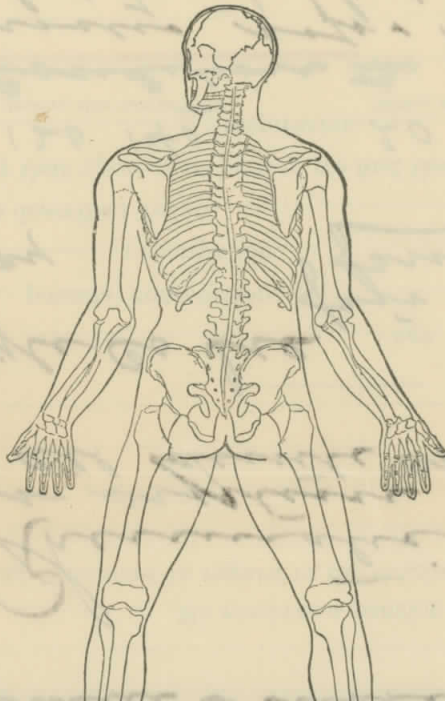
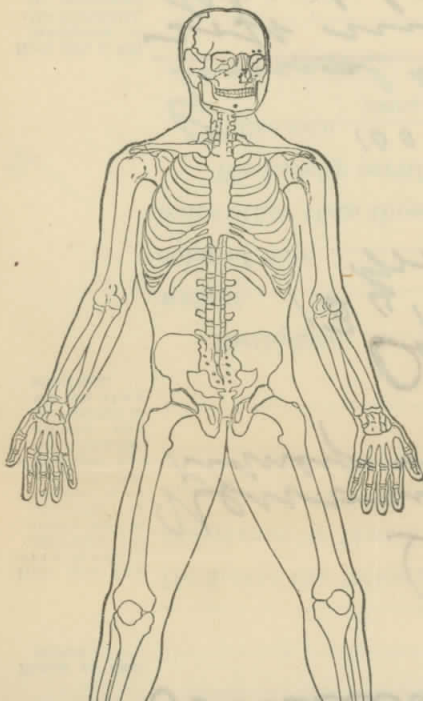
Post office, Cary

County, Cary

State, Illinois

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

Mean



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 _____, 190 ____.

Witnesses
to mark.

(Signature of
Applicant.)

SURGEON'S CERTIFICATE

IN CASE OF

Samuel A. Howard

1 Reg't _____
Co. _____

APPLICANT FOR *License*

No. *714771*

DATE OF EXAMINATION:

Aug 1, 190 *6*

J. F. Van Vorst Pres.,
J. B. Rite Sec'y,
W. N. Kaler Treas.,
BOARD.

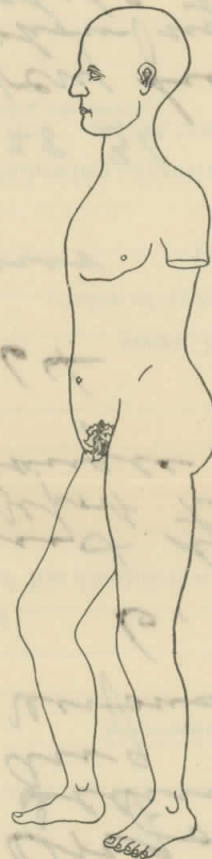
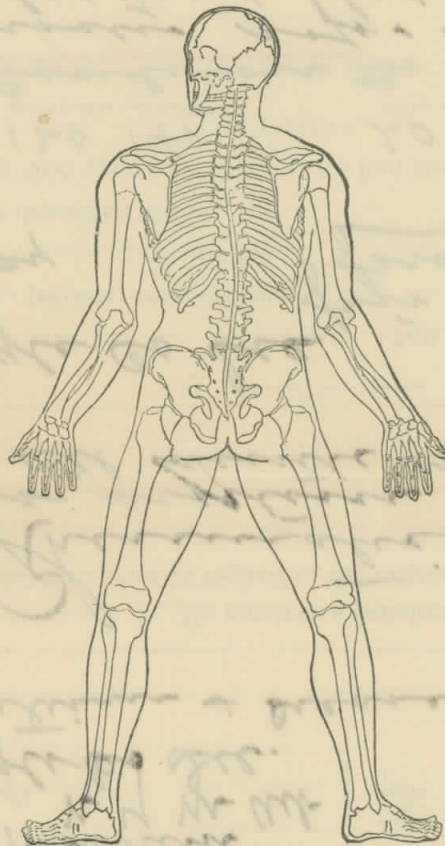
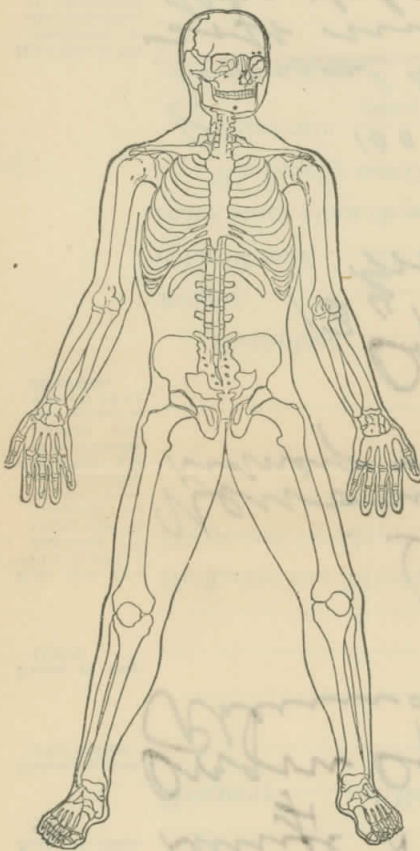
Post office, *Carquinn*

County, *Cayce*

State, *Illinois*

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

M. H.



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.