

Daniel Himebaugh Pension File 1890-1899

DECLARATION FOR THE INCREASE OF AN INVALID PENSION, *and New Disability*

cut etc. will follow

STATE OF *Michigan*
County of *St Joseph* } ss.

On this *15* day of *April* A.D. one thousand eight hundred and ninety *one*
personally appeared before me, a *Nancy Dubbe* within
and for the County and State aforesaid, *Daniel A. Himebaugh*, aged *52* years,
a resident of *Township of Bronson*, County of *Branch*
State of *Michigan*, who being duly sworn according to law, declares that he is a pensioner
of the United States, enrolled at the *Detroit Mich.* Pension Agency, at the rate of *fourteen*
dollars per month, under Certificate No. *348-160*, by reason of disability from *Chronic*
(Here name the disability)

diarrhoea & resulting disease of rectum and
disease of heart & general debility
(or disabilities for which now pensioned.)

incurred in the *military* service of the United States, while serving as a *Private*
(Military or Naval.) (Here state rank, company)
Co. B, 1st Mich. Inf. Vols

That he believes himself to be entitled to an increase of pension on account of *Increase of*
disabilities for which pensioned. That
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated,
the rating he now receives is not
and the manner and extent of the progression of the disability described. If on account of diseases resulting from the disability for which pen-
commensurate with the degree of his
sioned, the names of the diseases should be stated.)
disability.

He further alleges that at or near
Culpepper Va. late in the summer of
1863 from exposure to rain & damps weather
he contracted rheumatism for which disease
& its results he claims additional pension.
Had no medical treatment for this disability
while in the service

He makes this application for the purpose of securing such increase pension.
He hereby appoints, with full power of substitution and revocation,

F. I. DARLING & CO., of Grand Rapids, Michigan,

his true and lawful Attorneys to prosecute his claim.
His Postoffice address is *Burr Oak, St Joseph Co. Mich.*

1 *George Belliman* *Daniel A. Himebaugh*
Edward A. Cross
2 (Two witnesses who write sign here.)

[OVER]

Also personally appeared Edward A. Cross residing at Burr Oak Michigan and Jerome Millman residing at Burr Oak Michigan 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 Natural A. Krimbaum, 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.

1 _____
 2 _____
2# (If either Affiant signs by mark, two persons who write sign here.) 2# (Signatures of Affiants)



SWORN to and subscribed before me this 15 day of April A. D. 1891, and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in this claim and am not concerned in its prosecution.

Jay J. Santori
(Official Signature)
Notary Public
(Official Character)

NOTE.—This application should be sworn to before a Clerk of Court, or before a Notary Public or Justice of the Peace who has a seal. If executed before a Notary or Justice who have no seal, a County Clerk's certificate as to the official character of such Notary or Justice must be added.



INVALID

Claim for Increase.
and Additional Pension

Natural A. Krimbaum

Cross Co. B 1 Regt.

Mich. Inf. Vols.

Pension Certificate No. _____

FILED BY

F. I. Darling & Co

ATTORNEYS,

GRAND RAPIDS, MICHIGAN.

Affidavit to Origin of Disability.

To be executed by an officer or enlisted man of the soldier's company and regiment having personal knowledge of the circumstances under which the disability was incurred on account of which pension is claimed.

Before filling in this Affidavit the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's or Orderly Sergeant's can be had.

State of Michigan)
County of Branch) SS:

In the matter of the Pension claim of Daniel Hinchman
Priv. Co. B 1 Reg't Mich. Inf. Vols., personally
came before me, a County Clerk in and for the aforesaid County and State.

John G. Stepper of Coldwater County of
Branch State of Michigan who, being duly sworn
declares in relation to the aforesaid claim that his age is 56 years; that he is the identical person who served
as a Captain in Co. B 1st Reg't
Mich. Infantry Vols., and knows the above soldier, who was a member of Co. B
1st Reg't Mich. Infantry; that on or about _____ day of
August 1863, while in the line of duty, and without fault or improper conduct on his part,
at or near Coldwater State of Tennessee

said soldier incurred Rheumatism from exposure lying
on the ground on the winter eve. He was
for some time unfit for duty and was
excused from doing duty on account
of his condition

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.
State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting?
If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.
State whether you saw him at the date of or immediately previous to his discharge; also, when, where, and whether the disability named then existed.
State your source of information, whether present at time and place, and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge.

Affiant's Post Office address is as follows: Coldwater Branch Co Mich

Two persons who write their names MUST sign here as witness to affiant's signature, if he signs by mark.

John G. Stepper
(Affiant sign on this line.)

STATE OF Michigan, COUNTY OF St. Joseph, ss.

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

erased, and the words

added, and acquainted him with its contents before he executed the same. I further

certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person



Jay J. Dauter
(Official Signature.)
Notary Public
(Official Character.)

Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his

name to the foregoing declaration and affidavit was at the time of so doing _____

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

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

[L. S.] Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of Character hereon, unless such Justice or Notary has a certificate on file for general reference, or has a seal and uses it.



ADDITIONAL EVIDENCE.

CLAIM OF

—FOR—

No.

—FILED BY—

DARLING & CO.,

ATTORNEYS,

GRAND RAPIDS, MICH.

GENERAL AFFIDAVIT.

State of Michigan, County of St. Joseph, ss.

In the matter of the pension claim of Daniel Steinbauch
*343,863

ON THIS first day of June A.D. 1892, personally appeared before me A. W. Loring of the County in and for the aforesaid County, duly authorized to administer oaths Isaac H. Brooks aged 63 years, a resident of M. O. Bk in the County of Branch and State of Michigan well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

[NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.]

I have known the said applicant since he was small child & the most of the time have lived a near neighbor to him & have been intimately acquainted with him. Since he came out of the army in 1865 he has been suffering from the Rheumatism. I know this from his complaining of this & from his appearance & see him daily. For one or half of the time he has been incapacitated from performing ordinary manual labor. By reason of the Rheumatism & it has increased upon him to the present time. I know this from personal observation.

[Handwritten signature]



H. O. Post Office address is Burr Oak Mich
I further declare that I have no interest in said case and am not concerned in its prosecution.

Jay J. Taylor
Geo. Gantman
(Affiants sign by mark, two persons who can write sign here.)

Isaac H Brooks
notk
(Signature of Affiants.)

STATE OF Michigan, COUNTY OF St. Joseph, ss.

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

erased, and the words

added, and acquainted him with its contents before he executed the same. I further

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

affiant is personally known to me, and that he is a credible person



Jay J. Sawyer
(Official Signature)
Notary Public
(Official Character.)

_____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his

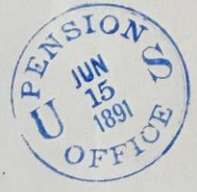
name to the foregoing declaration and affidavit was at the time of so doing _____

_____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

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

[L. S.] _____ Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of Character hereon, unless such Justice or Notary has a certificate on file for general reference, or has a seal and uses it.



| | | | | | |
|----------------------|--|-------|-----|---------------------------|--|
| ADDITIONAL EVIDENCE. | | | | | |
| CLAIM OF | | | | | |
| | | —FOR— | | | |
| | | | No. | | |
| | | | | —FILED BY— | |
| | | | | DARLING & CO., | |
| | | | | ATTORNEYS, | |
| | | | | GRAND RAPIDS, MICH. | |

GENERAL AFFIDAVIT.

State of Michigan, County of St. Joseph, SS.

In the matter of the pension claim of Daniel Strumbauch
343,565-

ON THIS Sixth day of June A.D. 1891, personally appeared before me Jerome B. Milliman in and for the aforesaid County, duly authorized to administer oaths, Jerome B. Milliman aged 55 years, a resident of Pearl Oak in the County of St. Joseph and State of Michigan well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

[NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.]

I am well acquainted with the said Daniel Strumbauch. Have known him ever since he was a small child. In fact we grew up together, lived for a large portion of the time on the same farm. It came out of the army I think some time in 1865. I was then 30 and has continued to be suffering from the Rheumatism. I know him from seeing him every day almost. Know him completely by his appearance. During this time and now he is not able to do ordinary manual labor one half of the time by reason of the Rheumatism.



H. S. Post Office address is Pearl Oak
he further declares that he has no interest in said case and is not concerned in its prosecution.

Jerome B. Milliman
(Signature of Affiants.)

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

STATE OF Michigan, COUNTY OF St. Joseph, ss.

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

erased, and the words

added, and acquainted him with its contents before he executed the same. I further

certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person



Jay J. Dauter
(Official Signature)
Notary Public
(Official Character.)

Clerk of the County Court in and for aforesaid County and State, do certify that

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

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

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

[L. S.] Clerk of the

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of Character hereon, unless such Justice or Notary has a certificate on file for general reference, or has a seal and uses it.



Filed U

ADDITIONAL EVIDENCE.
CLAIM OF
Samuel A. Rembrandt
C. B. 1 Mich. Ins.

FOR—
Increase, New
Disability
No. 345865

FILED BY—
F. I. DARLING & CO.,
ATTORNEYS,
GRAND RAPIDS, MICH.

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. Increase of addl Pension Claim No. 345865
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Daniel A. Heinboeche, Rank, Priv

Company D. 1 Reg't Mich. Inf. | Coldwater Mich. State,
[Post-office address of the Board.]

Claimant's post-office address. Burr Oak Mich. | September 20, 1897.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Chronic diarrhoea, disease of rectum, disease of heart + general debility - also rheumatism + results and that he receives a pension of fourteen dollars per month.

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

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

He makes the following statement upon which he bases his claim for increase of addl
[Original, increase, restoration, &c.]
The disability from chronic diarrhoea has increased. Disease of heart remains about the same. Has had rheumatism ever since 1864.

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

Upon examination we find the following objective conditions: Pulse rate, 84, 90-108 respiration, 26; temperature, 98 1/2; height, 5 feet 7 inches; weight, 148 pounds; age, 22 years. General nutrition fair. Muscles soft. Skin normal. Tongue broad and glabrous. Palms soft. Ex. of abdominal organs. Hepatic dullness 6th rib - Liver tender. Stomach tympanitic and tender. Spleen normal. Splenic flexure tympanitic and tender. Bowels flat and tender. Anus. There are three external hemorrhoids on margin, one half inch in diameter. Rectum galled with internal hemorrhoids. Pendency to hemorrhage on introduction of speculum. No ulcers or fissures. Diagnosis: Chronic diarrhoea and hemorrhoids.
Ex. Joints - No joints affected. The left sciatic nerve is tender from notch to knee.
Ex. Heart - apex beat 5th interspace 1/4 inch to right of mid-fate line - plain to inspection. Area of impulse one inch. Cardiac dullness two and three quarter inches. Rhythm irregular. Action strong. No murmur heard. No dyspnoea, oedema or cyanosis. Diagnosis: irritable and slightly hypertrophied heart.

1899

No other disabilities found to exist

He is, in our opinion, entitled to a 4/10 rating for the disability caused by Chronic diarrhoea, 4/10 for that caused by disease of rectum, and 4/10 for that caused by disease of heart and 9/10 for general debility, 9/10 for rheumatism and 4/10 for sciatic

A. Wood, Pres. G. J. Woodhull Sec'y. W. Mowry, Treas.



SURGEON'S CERTIFICATE

IN CASE OF

Daniel J. Heimbauch

Co. D, 1 Reg't Steel Buss

Applicant for Increase of Allow

No. 345 865

DATE OF EXAMINATION:

September 30, 1891

W. C. Wood

G. W. Hooboes, Sec'y,

W. Murray, Treas.,

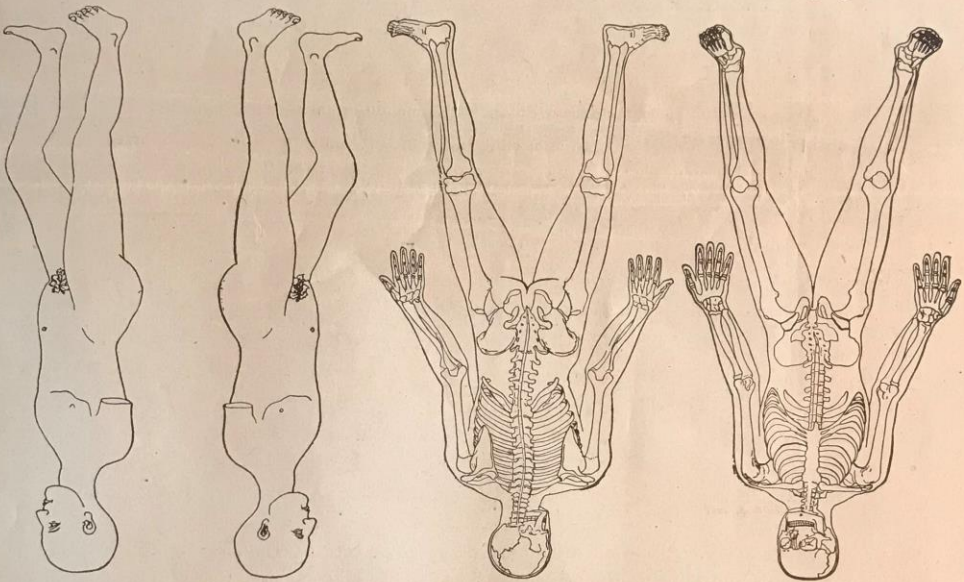
BOARD.

Post office, Coldwater

County, Grundick

State, Mich

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



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

Continue re- cord of examinee- tion here.

and rode with him in the wagons.
He was troubled with that disease
at the time he was discharged.

4. I have seen him frequently since
he was discharged, & have often
talked with him about his
piles, and have invariably been
told by him that he was still
seriously troubled with them.

I am not interested in the
prosecution of this claim &
my P.O. address is Leeward
Mich.

John G. Stepper

Sworn to and subscribed before me this 20 day of
Dec. A.D. 1879, and I hereby certify that the
contents of the above Affidavit were fully made
known & explained to witness before swearing
and that I have no interest in the prosecu-
tion of this claim.

Hayden E. Bellamy
Notary Public.

Cert. on file

Inu. Pen. Claim of

Daniel Heinbauch

Capt -
In + Amos

Aff. of John G. Stepper
late Capt. 40.

Filed By
a. j. McGowan
Caluwater
Mich.

State of Michigan }
County of St Joseph SS

In Pension Claim no 343'865 of
Daniel A. Heimbach Late of Co
B., 1st Michigan Infantry

Personally appeared before me a
notary Public in and for said
County and State Daniel A Heimb-
auch of the Township of Bronson,
County of Bronch and State of Michigan
whose Postoffice address is Burr
Oak St Joseph County State of Mich
who being duly sworn deposes and
says that since his return from
the army he has never been
doctored by any physician for
Rheumatism but has always
treated himself for said disease
by using such medicines as
was claimed to be a good remedy
for said disease and he is therefore
unable to furnish the testimony of
a Physician in relation to said
disease and further saith not

Daniel A Heimbach
Subscribed and sworn to before me this
30th day of January A.D. 1892 and I certify
that affiant is to me well known and
entitled to credit & that I have no

interest in the Prosecution of this
claim

M. M. Moham
Notary Public

Claim of
Samuel A. Steinberg
Co. B. 1. 1st Lt. by
for
Increase, \$100.
cut # 340,865

Filed by
Harcing Co
Grand Rapids
Mich.





AFFIDAVIT TO ORIGIN OF DISABILITY.

To be executed by an officer or enlisted man of the soldier's company and regiment having personal knowledge of the circumstances under which the disability was incurred on account of which pension is claimed.

Before Filing in this Affidavit the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's or Orderly Sergeant's can be had.

State of Michigan }
County of St Joseph } SS.

In the matter of the Pension claim of Daniel A. Clumbaugh
Private, Co. I, 1st Reg't Mich Inf Vols., personally
came before me, Notary Public in and for the aforesaid County and State,
Charles W. Patchin, of St Joseph, County of
St Joseph, State of Mich, who, being duly sworn,
declares in relation to the aforesaid claim that his age is 53 years; that he is the identical person who served
as a Private in Co. B, 1st Reg't
Mich Inf Vols., and knows the above soldier, who was a member of Co. B,
1st Reg't Mich. Inf.; that on or about _____ day of
August, 1863, while in the line of duty, and without fault or improper conduct on his part,
at or near Culppeper, State of Va.

said soldier incurred rheumatism from exposure lying on the
ground when wet and other incidents of a
soldiers service and he was much disabled
by same at times during remainder of
service, have lived near home ever since left
the service & I know that he has been
afflicted with Rheumatism to a greater
or less degree ever since

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.

State what caused the disability upon which particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting?

If the injury was a rupture, be particular to state its location, and whether you saw it at the time or immediately after its occurrence, or at any time while in the service.

State whether you saw him at the date of or immediately previous to the discharge, and whether the disability named there existed.

State your source of information, whether present at time and place, and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.



Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge

Affiant's Post Office address is as follows: St Joseph Mich

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.
Charles W Patchin
(Affiant sign on this line.)

SWORN TO AND SUBSCRIBED before me this 1st day of May 1898
and I hereby certify that the contents of the foregoing affidavit were fully made known and explained by me to the
affiant before swearing thereto, including the words _____

(If any words have been erased in this affidavit, enter them here.)
erased, and the words _____
(If any words have been added in place of any erased, enter them here.)

_____ added;
that the affiant is to me well known and entitled to credit; and I further certify that I have no interest, direct or
indirect, in the prosecution of this claim.

Henry S. Anthony
(Name of officer before whom executed.)
Notary Public
(State whether Justice, Notary, Clerk or Deputy Clerk.)



DIVISION _____
AFFIDAVIT of Commissioned Officer or Comrade.

Additional Evidence

cf. NO. 345, 665

Daniel Humboldt

*Late Pri Co. B,
1st Regt, Mich Vols.*

Chas. F. R. Benson
Solicitor of Pensions,
NO. 24
Houseman Block +
HARRIS NICH
The E. Arthur See Co., Order by Mail.
Kalamazoo, Mich.

J. J. Middle 902167 1893 CALL No. 10.
Middle Division.

Department of the Interior,
BUREAU OF PENSIONS.

September 21st, 1893.

Respectfully requested of the Officer in charge of the Record and Pension Office, War Department, a report from the records of his Office as to the presence or absence, on or about August, 1863,

of John L. Stepper,
Captain;
of Charles H. Patchin,
Priv.

of Co. B, 1st Mich. Vol. Inf.
and the station, at that date, of the
Company.

Claim No. 345,865
Daniel S. Koimbanick
Co. B, 1st Mich. Inf.

Wm Lockson
Commissioner.

6-222

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

Record and Pension Office,

WAR DEPARTMENT,
Washington, SEP 23 1893, 189

Respectfully returned to the
Commissioner of Pensions.

The files show that
John - Stepper
Charles H. Patchin
John L. Stepper not found

mentioned in the preceding endorsement was present during the period named in that endorsement except as follows:



During the period named the station of the company and regiment was as follows:

Aug 21/63. Near Bever
lies Ford Va

BY AUTHORITY OF THE SECRETARY OF WAR:

H. C. ...
Colonel, U. S. Army, Chief of Office.

(320)

Meinder Div.
J. J. E. Ex'r.
Ref No. *345.865*,
David A. Beintaub
Co. *B. 1st* Reg. *Mich Inf*

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



Return this letter with your reply.

September 21, 1893.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Jerome P. Milliman
Burr Oak,
St Joseph Co. Mich

Wm Loehron
Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: _____

Of what disability did he complain, and how was he affected?

Answer: _____

How frequently have you seen him since your first acquaintance?

Answer: _____

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: _____

My means of knowing the facts of the case are these: _____

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

Brason Oct 1-93

Commissoner Pension

Washington D.C.

Kind Sir will say J. B. Milliman
has been dead 18 months.

I. Being Guardian for his minor children
is the way I came to get this
Letter, Resp. W. D. Milliman

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.

Additional Army Pension Claim No. 345,865
Name and rank of claimant: James W. Newbich, Rank, Private
Company B, 1 Reg't Mich V.C., Three Rivers Mich State,
Claimant's post-office address: Burr Oak, Mich [Post-office address of the Board.]
Oct 4, 1892 [Date of examination.]

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

Cause of disability: Chronic diarrhoea disease of rectum & sigmoid of heart (Russon) also general debility & rheumatism & neuritis
and that he receives a pension of Fourteen dollars per month.

If pensioner, fill in the amount; if not, erase the whole line.
He makes the following statement upon which he bases his claim for Additional [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.
In 1863 at Chesapeake I was attacked by diarrhoea &
in part of Petersburg was sent to Fort Don since at
which time I was laid with it I have growing tumors
in rectum that grow ruptured blood tubes for a time feel
burn My health & strength & sit tumors cannot get my
breast & contracted rheumatism at Chesapeake
in my hips, knees & shoulders & am lame Can do no manual
labor

Upon examination we find the following objective conditions: Pulse rate, 92;
respiration, 20; temperature, 98.4; height, 5 feet 6 inches; weight, 133
pounds; age, 53 years. This soldier looks fair Mark's quite
fair favoring left hip hands rough & indicate
considerable manual labor. Tongue slightly fissured
slightly coated, mucous sponge & cracked & cut
for the skin normal, and abdominal appearance
normal. Liver dullness nipple line under 6th rib
ax line under 8th. Stools not border of ribs & one inch
below and uniform. Part over the lower border he is
very tender. I marked over Epigastrium & lower
normal. There are three external piles tumors, one
each in decussation line, inclined to ulcerate.
No ulcers in rectum the mucous membrane
pat. Hemorrhoidal veins not enlarged. Day
colored feces in rectum. Intuition, digestion
& assimilation fair.

Here give a full description of the disabilities, in accordance with Book of Instructions.
1540
St. Chest symmetrical Pulse standing 96 after
exercise. 108 to 120. Regular. Dyspnea slight. The
heart apex is one inch below the nipple line
1st. Cardiac dullness slightly increased. No
galloping murmur but marked friction with
systole and venous muscular tremor. This man
suffers from former pericarditis. No fluid excep
ted in both chambers. He is, in our opinion, entitled to a
rating for the disability caused by _____ for that caused
by _____, and _____ for that caused by _____

H. H. Phillips, Pres. H. M. Steley, Sec'y. Resigned, Treas.

Post-office address:

Coldwater Miss.

October 23^d, 1893

SIR:

In reply to your request I have to state that Daniel A. Weinsbaude was taken with Rheumatism in August 1869 while at Culpepper Va. so as to enable him for duty for some time but was afflicted with it more or less after.

I have no claim what ever in his claim.

Very respectfully,

Johnly Stepper

COMMISSIONER OF PENSIONS,

Washington, D. C.

(3-489.)



Stouffer Div.

J.E. Ex'r.

Def. No. *345,865*

Department of the Interior,

Daniel A. Krumbaugh
Co. *B*, 1st Reg't *Mich Inf*

BUREAU OF PENSIONS,

Washington, D. C., *Sept. 21st*, 189*3*

Return this letter with your reply.

SIR:

To aid this Bureau in the adjudication of the claim of *Daniel A. Krumbaugh*, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of *any disability* by said soldier during his term of *service*.

In your reply please be as specific as possible in respect to dates, and describe as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse side of this letter will be appreciated.

Very respectfully,

Wm Lockman

Commissioner.

John G. Stepper
Coldwater
Mich

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

[OVER.]

Mid Dto.
F. A. R. Ex'r.
C. T. No. 345865
Daniel D. Keimbauch
Co. B 1 Reg't Mich. Inf.

Eaton
Department of the Interior
BUREAU OF PENSIONS.



Address your reply to the COMMISSIONER OF PENSIONS with return of this letter.

Washington, D.C. February 3, 1894

Sir,

The above entitled claim for additional pension, requires the testimony of the surgeon, or assistant surgeon, of claimant's regiment showing that claimant was treated for rheumatism while in the service.

If the above designated testimony can not be furnished, claimant should state the reason why under oath.

Very respectfully,
Wm. Lockman
Commissioner.

Charles K. Gibson
Grand Rapids,
Mich.

GRAND RAPIDS, MICH.

FEB 7 1894

In his declaration for additional pension filed Apr 8/91
claimant testified under oath that he ^{had} no medical
treatment for rheumatism while in the service + a
cursorry examination, even, would have shown you
this -

Respy. C. K. Gibson
atly.

July

(3-217.)

INCREASE.

Claim to J.M.O.

No. 245,865
Daniel A. Weinbauch
P. O. Burr Oak
County, St. Joseph
State, Mich.

Application filed April 20, 1891

State Service Pr. B. 1 "Mich. Inf."

Sep. 8/91 Ex. by board at
Coldwater Mich.

Sep. 21/93 Pr. Three Rivers Mich.

At. Gen. Appo & Paton Letters
to J. & P. Milliner, P. M.

Clut thro Hon. W. F. Thomas

Clam waits rep. of Board Ex Aug 20
July 3, 1894

also to be used for a report.
Atty for testimony of Surgeon Genl. (229)

Disability July - add.

of A. K. Gibson
Attorney, J. J. Darling Co.
P. O., Grand Rapids
County, Mich, state, Mich

(9-441.-aa.)

Mid. DIVISION.
F. & R.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Feb 3, 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

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.

6th
Claim No. 345,865

Name Daniel A. Heimbach

Co. B, 1 Regt Mich. Vol. Inf.

J. M. Lockman

Commissioner.

12088-100,000.

6-843

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

Record and Pension Office,

WAR DEPARTMENT,
FEB 6 1894
Washington, _____, 189

Respectfully returned to the Com-
missioner of Pensions
with the information that in the case
of Daniel A. Heimbach,
- Not borne as Daniel
Heimbach 1 Co. B.
1 Regt. Mich. Inf., the
Mil records furnish
the following in ad-
dition to previous re-
ports herewith: -
Roll for Oct 31/62 reports
him as Present. Extra
duty R. Q. M. Dept. 1 Co
borne to June 30/64,
except on Spcl. Muster
roll for Apr 10/63 which
shows him "absent
with leave." - and roll

for Feb 29/64, which
shows him "absent
in the field." -

Roll for Aug 31/64 re-
port him Present with
out remark. - Oct 31/64
Pres. or Abs. "not stated."
no remark. Dec 31/64
Present, "Daily duty dis-
p. d. Ins."

The name Daniel A.
Heimbach has not
been found on rolls
of Co. B. 1 Mich. Inf.
The medical records show
him treated as follows: As
Cav. Heimbach, rank Co. B.
1 Mich. Inf. Aug. 21/64, Dysentery.
Nothing additional found.

BY AUTHORITY OF THE SECRETARY OF WAR:

J. Cairnworth
Colonel, U. S. Army, Chief of Office.
Per

(323a)



RECORD & PENSION OFFICE
9 977868 99
WAR DEPARTMENT 1894

M INVALID PENSION

Off # 545.865

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, *Daniel A. Heimbach*
 P. O., *Burr Oak,* Rank, *Pvt.*
 County, *St. Joseph* Company, *B*
 State, *Mich.* Regiment, *1 Mich. Vol. Inf.*
 Rate, \$ _____ per month, commencing _____

REJECTED.

Pensioned for _____

RECOGNIZED ATTORNEY.

Name, *Charles K. Gibson* Fee, \$ *25.00*; Agent _____ to pay.
 P. O., *Grand Rapids, Mich.* Articles filed *May 3*, 18*93*.

APPROVALS.

Approved for *increase and rheumatism*
 Submitted *January 16*, 18*94*
 Approved for *Chronic diarrhoea & piles and resulting disease of rectum and heart - Result rheumatism, no heart & heart's declared inability to furnish medical testimony as to his true in the matter on final discharge.*
Re *F. A. Peard*, Examiner.
H. W. Eaton Approved for *Chronic diarrhoea and piles, + resulting disease of rectum and heart 14/18*
no increase.

May 29 94, Legal Reviewer. *Barrington* Atty. *Idemo*, Med. Reviewer.
 _____, 18 _____, Re-Reviewer. *Mar 16*, 18*94*, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted *January 20*, 18*62* Last paid to _____, at \$ *14.00*
 Discharged *January 28*, 18*65*
 Pensioned from *January 29*, 18*65*, at \$ *2.00*, *and \$4.00 from Aug. 8, 1884*
and \$8.00 from June 9, 1886, for chronic diarrhoea & resulting piles & disease of rectum. Increased to \$10.00 from June 8, 1887, for same and resulting disease of heart.
Increased to \$14.00 from Sept. 4, 1889.
 Original declaration filed *Dec. 26*, 18*79*, alleged *Ch diarrhoea & resulting piles.*

Declaration filed *May 6*, 18*87*; alleged *increase*
 " " *Nov. 10*, 18*87*; " " *res. dis. of rectum & heart.*
 " " *Dec 14*, 18*88*; " *increase and debilitating*
 Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Declaration filed *April 20*, 18*91*, alleged *increase also rheumatism and results.*

(3-489.)



Stouffer Div.

J.E. Ex'r.

Def. No. *345,865*

Department of the Interior,

Daniel A. Krumbaugh
Co. *B*, 1st Reg't *Mich Inf*

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Washington, D. C., *Sept. 21st*, 189*3*

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Wm Lockman

Commissioner.

John G. Stepper
Coldwater
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[OVER.]