

Daniel A. Himebaugh Pension Documents 1920-1923

Bronson, Michigan December 9, 1921.

County of Branch ss
State of Michigan

Daniel A. Heimbaugh being duly sworn deposes and says that Wayne Himebaugh of Battle Creek, Michigan is his Grandson. That said Wayne Himebaugh served overseas during the late World War. That he has never applied to the War Risk Insurance Bureau for Compensation in connection with this service.

Daniel A. Heimbaugh
.....

Subscribed and sworn to before me
a Notary Public in and for the
County of Branch this 9th. day of
December A.D. 1921

Oliver Wendell Tolmes
.....
Notary Public.

My Commission expires Feb. 15, 1922.



Bronson, Michigan December 9, 1921.

County of Branch ss
State of Michigan

Myrta Graves, a married woman of Bronson, Branch County, Michigan, being duly sworn deposes and says that she has been attendant to Daniel A. Heimbauch of the same place for the past two years. That said Daniel A. Heimbauch has during that time been confined intermitently to the house. That he is very feeble and physically unable to care for himself. That she is his daughter. Further deponent sayeth not.

Myrta Graves
.....

Subscribed and sworn to before me
a Notary Public in and for the
said County this 9th. day of Dec.
A.D. 1921.

Olinus Wendell Holmes
.....
Notary Public

My Commission expires Feb. 15, 1922.



J. M. C. SMITH
3D DISTRICT MICHIGAN

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

December 12, 1921.

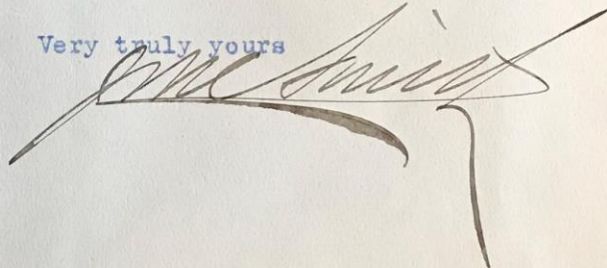
Hon. Washington Gardner,
Commissioner of Pensions.

My dear Mr. Gardner:

I am inclosing herewith application for increase of pension of Mr. Daniel A. Heimbauch, Bronson, Michigan, which was forwarded to me this date, with inclosures.

Your kind and early consideration of the matter will be esteemed a personal favor.

Very truly yours



DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Michigan, COUNTY OF Branch, ss:
 On this 8th day of December, A. D. 1921, personally appeared before me, a Notary Public, within and for the county and State aforesaid, Daniel A. Heimbauch who, being duly sworn according to law, declares that he is 82 years of age, and a resident of Bronson county of Branch, State of Michigan; and that he is the identical person who was ENROLLED at Burr Oak, Michigan, under the name of Daniel A. Heimbauch on the 20th day of January, 1862, as a Private in Company B First Regiment of Michigan Infantry (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 in Virginia, on the 28 day of January, 1865. That he also served None. (Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height, 5 feet 8 inches; complexion, Light color of eyes, Blue; color of hair, Light; that his occupation was Farming; that he was born June 1st, 1839, at Cockport, Niagara County New York

That he requires the regular personal aid and attendance of another person on account of the following disabilities:
 (State in this space the nature of any and all disabilities.)

Feeble Minded. Very forgetful. Lapse of memory. Deaf
troubled with rheumatoids

That since leaving the service he has resided at Bronson, Michigan

and his occupation has been Farming

That he has applied for pension under Original No. That he is 9 a pensioner under Certificate No. 345,865. 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.

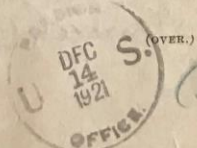
(Two attesting witnesses.)
 (1) O. S. Holmes
 (Signature of first witness.)
Bronson Mich
 (Address of first witness.)
 (2) M. E. Smith
 (Signature of second witness.)
Bronson Mich
 (Address of second witness.)

Daniel A. Heimbauch
 (Claimant's signature in full.)
Bronson, Michigan
 (Claimant's address in full.)

SUBSCRIBED and sworn to before me this 8th day of December, 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 _____, added; [L. S.] _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Oliver Wendell Holmes
 (Signature)
Notary Public
 (Official character.)
Bronson, Mich
 (Post-office address of officer.)

Declaration accepted as a claim under Sec. 2, act of May 1, 1920. Chief, Law Div. Per WBS



(See seal on next sheet)

CONGRESSIONAL

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 10 1921
DIVISION

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:

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: *Sam 9*

Widower. Wife died two years ago

No. 2. When, where, and by whom were you married to your present wife? Answer: _____

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

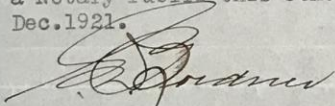
No. 4. Were you previously married? Answer: *No* If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer: _____

Daniel A. Lambauch
(Signature of Claimant)

CONGRESSIONAL

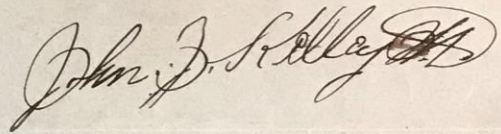
J.J.Kelley a Practicing Physician of Burr Oak, St. Joseph County, Michigan being duly sworn deposes and says that he has been the Family Physician of Mr. Daniel A. Himebaugh for the last 15 years and that the said Daniel A. Himebaugh has the appearance of being about 82 years of age. That he cannot hear ordinary conversations, has External Haemorrhoids, severe, Mitral Stenosis with consequence Dilitation and with some compensation. Pulse 120 after slight exercise, Arterial Schlerosis and General Debility all of which causes Total Disability.

Subscribed and sworn to before me
a Notary Public this 8th. day of
Dec. 1921.



Notary Public.

My Commission expires July 28, 1925.



Heimbaugh

CONGRESSIONAL

3-1647.

Act. of May 1, 1920

Cert. 345865

Name, Daniel P. Heimbaugh

Application filed Dec 14, 1921

Service, B-1 Mich Inf.

Jan 23, 1922. HOME Exam Bd. Coldwater, Mich. MMH ⁶

Hon. Jmc Smith notified

Idell

Hon. J. W. C. Smith

Notified Dec 17, 1921

J. S. M.

Files
DEC 19 1921
D.

CERTIFICATE OF MEDICAL EXAMINATION.

Insert character and number of claim. Increase Pension Claim No. Ctf 345865
 Name of claimant. Daniel A. Heimbauch. Address of Board. Coldwater, P. O. Mich. State.
 Company. B. I. Reg't Mich. Inf. Claimant's post-office address. Bronson Michigan Feb. 2nd 1922. 19
 [Date of examination.]

Names of disabilities. Piles, since army service. Disease of heart. Rheumatism. Paralysis agitans. He receives a pension of 50 dollars per month.

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 makes the following statement in regard to the origin of his disabilities and date when first discovered by him: States that he has had piles since his army service. Heart trouble for the past six years and rheumatism in the right hip, leg and knee (right) several years.

Birthplace, Niagara Co. N.Y.; age, 82 years; height, 5 ft 7; weight, 125 pounds; complexion, sallow; color of eyes, blue; color of hair, gray; occupation, none; permanent marks and scars other than those described below, none

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

Pulse rate, 78; respiration, 19; temperature, normal
 [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.

Condition:

His condition is poor, skin sallow, eyes lacking in brightness, muscles flabby, hands uncallosed.

Disease of heart:

Apex beat is not evident to inspection. Located in # 6th, interspace, 4in. to left of median line. Area of impulse 1 inch. The rythm is irregular and intermittent. Area of superficial cardiac dullness is 4 1/2 in. A distinct murmur is perceptible with the 2nd., heart sound. Valvular insufficiency. Odema of both ankles due to weak heart action. Marked despnocoe on slight exercise.

Act June 6-20, Survivors Spanish War: Estimate incapacity from all causes not due to vicious habits at one-fourth, one-half, three-fourths, or total.

Haemorrhoids:

Piles in an aggravated form, bleeding when at stool.

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.

Paralysis Agitans:

claimant's hands are so unsteady that he is unable to feed himself. At times he is unable to hold anything - having no grip. Is very nervous and fretful. Has lived alone until six months ago, when his daughters famely moved in with him to care for him.

Rheumatism:

During the past four years claimant has had rheumatism particularly in the right hip articulation, but much of the time in the right knee and leg also.

By reason of the above disabilities this claimant is so disabled as to require the aid and attention of another person in his daily needs and in my opinion is entitled to \$72.00 per month.

There are no evidence of vicious habits.

Pres. J. W. Stewart, Sec'y.

Treas.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(SECRETARY'S CERTIFICATION.—To be filled and signed when the examination is made by the full board of three surgeons.)

"I hereby certify that Dr. _____, Dr. _____ and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on the _____ day of _____, 19____." (Signature.)

(CLAIMANT'S WAIVER, to be filled by the member acting as secretary, and signed by the applicant, when the examination is made by two members of the board.)

"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 _____, 19____."

Witnesses to mark. _____ (Signature of Applicant.)

HOME ACT OF MAY 1, 1920

Jan 23, 1922

CERTIFICATE OF MEDICAL EXAMINATION

IN CASE OF

Daniel A. Heimbach

Co. B, 1 Reg't Mich Inf

APPLICANT FOR PENSION

Cof. No. 345865

DATE OF EXAMINATION:

Feb, 2nd, 1922

Pres., Sec'y, Treas. J. H. Stewart



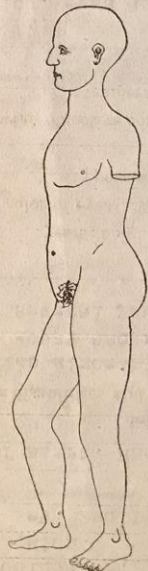
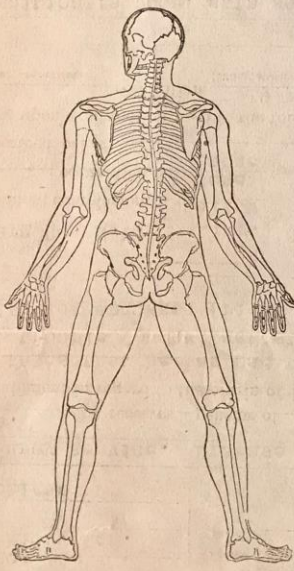
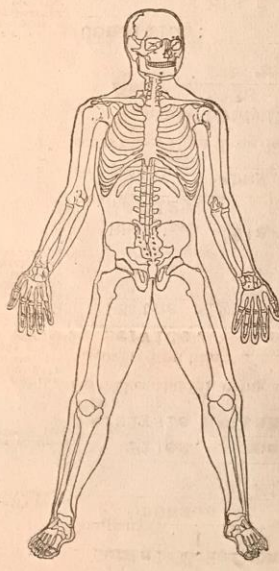
Post office, Calhoun

County, Branch

State, Michigan

Do not use books of certificates for any purpose other than indicated by printed matter thereon. C-32a

E. J. ...



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.

(Fasten continuation sheet, if used, here.)

Comptroller of Treasury
Jan. 14, 1921

Ctf 345865

B 1 Mich Inf

APPLICANT'S NOTICE-BOARD-HOME, 3-168c

ADMCK/CSB/mah/scr

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

Jan 23, 1922

Mr. Daniel A. Heimbauch
Bronson, Michigan



SIR:

You are informed that a member of the board of United States examining surgeons below named has been directed to examine you at your home with reference to your claim for pension.

The doctor should fill in the spaces below, and you will then return this notice to the Bureau, using the inclosed official envelope, which requires no postage.

Very respectfully,

Washington Gardner
Commissioner.

The applicant above named was examined by me

Feb 2, 19*22*

Dr. Stewart

Examining Surgeon.

Coldwater

(P. O. address of examining surgeon.)

Mich

BOARD OF U. S. EXAMINING SURGEONS,

Dr. F. W. Stewart, Sec.,
28 Chicago Street
Coldwater, Michigan

0-349

Cert. No. 345865 ✓

ACT OF MAY 1, 1920
INCREASE

✓ Claimant Daniel A. Heimbauch ✓
 P. O. _____ Rank Private ✓
 County _____ Service B, 1 Mich. Inf. ✓
 State _____
 Rate, \$ 72 per month, commencing December 14 1921

STATE REPRESENTATIVE. - None.

APPROVAL

Submitted for Adm. Jan. 5, 1922, L. B. Hemmingway, Examiner.
 Re Med. Dis. Mar. 20, " " " " " "

Approved for _____ Approved for \$ 72.00

INCREASE, SECTION 2
ACT OF MAY 1, 1920

~~NO MEDICAL EXAMINATION~~

L. B. H. - 3 30/22.

July 6, 1921, H. W. ...
 Reviewer.
 _____, 1921, _____
 Rereviewer.

L. M. ...
 Medical Examiner.
Apr. 2, 1922, C. F. ...
 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. 14, 1921.

Claimant does _____ write.

Don. J. M. L. Smith, M. C.

INVALID.

Cert. No. 345-865

Name: Daniel A. Weinbauch

Rank: ; Service: E. B. 1. Mich

Agency or Group No. Original Roll: Group 3

Transf'd: 1 to 1 to

Issued: ~~DEAD~~ Apr 8, 1922

Rate, \$ 12 from Dec 14, 1921

Deductions:

Disability: ACT OF MAY 1, 1926

Issued

Rate, \$, from

Deductions:

Disability:

Issued

Rate, \$, from

Class

Issue

Deductions:

Disability:

Issued

Rate, \$, from

Class

Issue

Deductions:

Disability:

INDORSEMENTS.

DANIEL A. HEIMBAUCH,
BRONSON, MICH⁰⁸¹
345865

DROP REPORT—PENSIONER

Invalid Cert. No. _____
Pensioner _____
Soldier _____
Service _____
Class *Act MAY 1 - 1920* Group *3*

LAW DIVISION

_____, 192
In the above-described case a declaration filed
in this Division indicates that said pensioner died
_____, 19_____

Per _____ **H. P. WILLEY,**
Chief, Law Division.

DISBURSING DIVISION

_____, 192
MAY 9 1923
Check No. *8965373* \$ *72*
dated *MAY 4 1923*, Section *7*
returned by postmaster with information that the
above-described pensioner died *Apr. 15,*
19*23*, has been canceled.

Per *[Signature]* _____ **E. E. MILLER,**
Disbursing Clerk.

FINANCE DIVISION

_____, 192
MAY 16 1923
The name of the above-described pensioner who
was last paid at the rate of \$ *72* per month
to *APR 4 1923*, 19_____, has this day
been dropped from the roll because of *Death*

April 15 1923

G. J. RANDALL
Chief, Finance Division.

3-1661
**DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
OFFICE OF THE DISBURSING CLERK,
WASHINGTON, D. C.
RETURN IF NOT DELIVERED IN TEN DAYS.**

*Died April
15th 1923*

TO THE POSTMASTER:
The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or being a widow, is believed to have remarried; and postal regulations prohibit its delivery if the pensioner has reenlisted in the military or naval service of the United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if on account of death, remarriage or reenlistment, the date thereof if known.

Check
ADMITTED FILES
MAY 17 1923

8965-373

TOW D C
MAY 2 9
PM
23

REGIST
GR
INSU
VALUABLE
OFFICIAL BUSINESS
FOR PRIVATE USE

ON
MAY 4
-AM
MICHIGAN



No. 328,302

NAME OF CLAIMANT,

Daniel Keimbaum,

NAME OF SOLDIER,

1st Lt.

Co. 1, Regt. 4th U.S. Arty,

(447-55,000)

Coldwater Mich 1/7/11
10/8

