

Joseph Moser Pension Documents 1900-1904

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THIS APPLICATION.

State of Pennsylvania }
County of Schuylkill } ss.

On this 24th day of March A. D. one thousand nine hundred and ninety.

Personally appeared before me, a Justice of the Peace within and for the county and State aforesaid Joseph Moser aged 69 years, late a member of Co. H. 11. Regiment Pa. Vol. a resident of the Town of Coxe Dale County of Schuylkill Pa.

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 Phila. Pension Agency at the rate of \$8 dollars per month, by reason of partial inability to earn a support by manual labor, his pension certificate being numbered 894321

That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely Cataracts, ruptured rheumatism

Also on account of general disability I am totally disabled

incurred

That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and belief of a permanent character that he appoints

HENRY D. PHILLIPS, OF WASHINGTON, D. C.

his true and lawful attorney to prosecute his claim. That his Post Office address is Coxe Dale County of Schuylkill Pa.

Claimant's signature Joseph Moser made

Attest: Thomas H. Gresham Edward D. Kessly

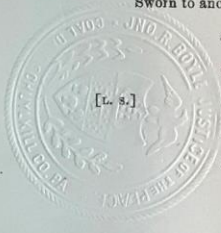
ATTY FILED



Also personally appeared Thomas Kressly residing at Lancaster, Pa
 and Edward S. Kressly residing at Lancaster, Pa
 persons, whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and
 saw Joseph Moser, the claimant, sign his name (or make his mark) to the foregoing declaration;
 that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the
 identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Thomas Kressly
Edward S. Kressly
 [Signatures of witnesses]

Sworn to and subscribed before me this 24th day of March 1901,
 A. D. 1891,



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

Jos. R. Boyle (Signature)
Justice of the Peace (Official character)
 Record Division
 J.S.B.

8-300
 13-902

A
Claim for Increase.
 ACT OF JUNE 27, 1890.

Applicant: Jos. Moser
 Right: Prop.
 Vol: Op.
 (Pension certificate not required.)
 Certificate No. 97120

FILED BY
HENRY D. PHILLIPS
 Attorney-at-Law and Solicitor
 470 Louisiana Avenue
 WASHINGTON, D. C.



THE POST-OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Bureau of Pensions or the agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

This declaration, and any testimony in support of the allegations made therein, may be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides.

894221

(3-1456)

Let. No. 894221

Act of June 27, 1890.

Phila.

INVALID PENSION.

Claimant, Joseph Moser

P. O., Levaldale Rank, Private

County, Schuylkill Company, F

State, Pennsylvania Regiment, 11th Pa. Vol. Inf.

Rate, \$ 8 per month, commencing August 3, 1898

Disabled by Rheumatism, disease of respiratory organs + right inguinal hernia

RECOGNIZED ATTORNEY:

Name, H. D. Phillips, Fee \$ 7 Agent to pay.

P. O., Washington & C Articles filed _____, 189__

Middle

APPROVALS:

Submitted for Adm. Rec. 9th, 1892 Examiner, Wiggins

Approved for Rheumatism, disease of respiratory organs, and right inguinal hernia, + 8

(Nas) tightness, shortness of breath & catarrh on August 3, 1898.

Alleged July 3, 1897. "Cold heart" No other disability affecting rate.

Alleged Jan. 27, 1898. Chills, del. Mar. 6 From eye infection & rheum to

46 to Med. Dep. Myanna July 13, 189, 1900 Medical Referee.

Jan. 5, 1900. R. D. Ryan Legal Reviewer. July 1st, 1862. Last paid

Enlisted Oct. 16th, 1862. Honorably discharged July 1st, 1862. Last paid

to _____ at \$ 6, for rheumatism and disease of

respiratory organs, from April 26th 1894.

_____ Pension under other laws at \$ _____, for

_____ ended _____

Original declaration, act June 27, 1890, filed Aug. 20th, 1892; alleged _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 3rd, 1897, alleges injury under act of March 6th 1896.

For sciatic rheumatism, rupture, shortness of breath, and catarrh

Declaration filed Jan. 27th 1895, alleges injury, rupture on right side head trouble,

shortness of breath, and rheumatism.

No M-C

Writes.

Act of March 6th, 1896.

Get good, reliable witnesses, who can write, if possible.

13-90 2
8-315

State of Pa
County of Schuylkill } ss.

In the matter of Jos Moser of Pa for Pension.

Personally came before me, a Justice of the Peace in and for
aforesaid County and State William Widlack and Henry
Reinhart
(Names of witnesses, two or more.)

who, being duly sworn, declares each in relation to aforesaid case as follows:

that we have known
Joseph Moser for at least 21 years, that
when we met him first he was working at
light labor, that he was suffering from
rheumatism; that he is at present unable
to perform any labor whatever; that we
have gained a knowledge of the above facts
by seeing the said Joseph Moser almost
daily since we met him first

TAKE NOTICE.

This affidavit should be from employer, neighbor, or fellow-workman. It should state in clear and positive terms what your physical condition was when you first applied for pension, how you were then affected, what with, how often you were sick and the frequency and duration of such sickness. It should show whether you were then able to earn a support by manual labor, and if not, the particular reasons why you were unable to. All these facts should be stated with regard to the time when you first applied. Then your condition should be stated with the same degree of particularity each year to the time when your pension was started from under the act of June 27, 1890.

[Faint handwritten notes and signatures]

83

G

CASE OF

John M. Mearns
vs
John H. Pa.

Vol. 1942
SEP 11 1900
RECEIVED
MIDDLE DIV.

For Pension Under Act of March 6, 1896.

AFFIDAVIT OF

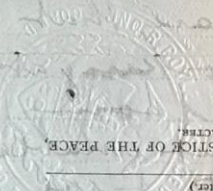
FILED BY

HENRY D. PHILLIPS,

Attorney-at-Law and Solicitor.

LANDS. PATENTS. PENSIONS.

FILED TO COVER DATE



*Relatives may be witnesses if no others possess. But that party and their relatives must be stated in the affidavit with seal. If such Magistrate has no seal, then CLERK OF COUNTY COURT, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE. NOTE - This should be sworn to before a

P. O. Address

Gene Dale, Pa.

Sign here

Gene Dale, Pa.

Witness my hand and official seal this

Sept 11 1900

Sworn to and subscribed before me this day; said affidavit was read to affiant before execution; have no interest herein; and said affiant known to be credible persons. *known to me and are credible persons*

P. O. Address *Danford, Pa.*

age *51* years

P. O. Address *Gene Dale, Pa.*

age *73* years

the applicant further declares, each, that he has no interest in said case, is not concerned in its prosecution, and is not related to



SURGEON'S CERTIFICATE.

Insert character and number of claim.

Incuran

Pension Claim No. *994221*

Name of claimant.

Joseph Moser

Address of Board. *Pottsville P. O.*

Company

Wm. J. Caldwell Schuyler Co Pa

State. *Penna*

Claimant's post-office address.

Caldwell Schuyler Co Pa

Date of examination. *Sept. 26, 1900*

Cause of disability.

Rheumatism chronic of respiratory organs and right inguinal hernia, Catarrh of joints, ability totally disabled for manual labor Sciatica &c

He receives a pension of *8* dollars per month.

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

He makes the following statement upon which he bases his claim for *me* (Original, increase, restoration, etc.)
Has had Rheumatism & disease of respiratory organs 12 years Right inguinal hernia 10 years, Catarrh 10 years, Sciatica 12 years Shortness of breath heart trouble 10, Strain in back 25 years

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

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

Pulse rate, *104 104 108*, respiration, *22 25 18*, temperature, *98 1/2*,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, *5* feet *7* inches; actual weight, *170* pounds; age, *50* years.

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

Rheumatism and disease of heart: - has deposits in fingers of both hands, hand grasp weak with 3/4 power, hump joints in the right hand joints due to rheumatism, enlargement of right knee 1 1/2 in, left knee same place 1 3/4 in, fingers are stiff from rheumatism, has tenderness in the shoulder joints and in the lumbar region, difficulty in stooping & assuming the erect posture, steps claimant walks stiff and choppy on account of the rheumatism in his right knee, except as above stated all other joints and tendons are normal. Urine acid, specific gravity 1.019. no sugar or albumen. Heart action rapid, weak, intermittently has hypsystoles and epistoles of extraneous, as hypertrophy or disease of respiratory organs. Chest measurement 38 + 4 1/2 in, respiratory murmur heard over both lungs, has slight mucous rales, there is slight cough with expectoration the disease of respiratory organs and disease of heart.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Right inguinal hernia: - has right inguinal hernia complete, bowel passes through both rings and is lodged in the scrotum, tumor 3 X 4 in. is reducible with trouble, not easily fitted with a truss and does not wear a truss, external ring admits 2 fingers.

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

Catarrh: - Cystocele tubes open, has drop discharges in the throat, has reddened mucosa. Sciatica and strain in back: - has spasms, has pain radiating down both sciatic nerves and is lame in the right leg. General Physical Condition: - Claimant is 74 years old, is not able to do any manual labor and we find that the aggregate permanent disability for earning of support by manual labor is due to rheumatism, disease of heart, inguinal hernia and old age and is due to vicious habits and warrants a rate of \$8.00 per month. No other disabilities exist. No evidence of vicious habits exist.

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

A. B. Shuman M.D. Pres. *W. M. Stewart*, Secy. *Ed. E. Guice M.D.* Pres.

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

PENSION
 U. S. OFFICE.
 OCT 4 1900
 Postoffice

SURGEON'S CERTIFICATE

IN CASE OF
Joseph Moser
 Co. 7 11 Reg't Ind Inf

APPLICANT FOR leave

No. 894221

DATE OF EXAMINATION:
Sept 26, 1900

AB Sherman M.D. Pres.,
M. M. Blair M.D. Sec'y.,
Wm. E. Luce M.D. Treas., } BOARD.

Post office, Pittsville

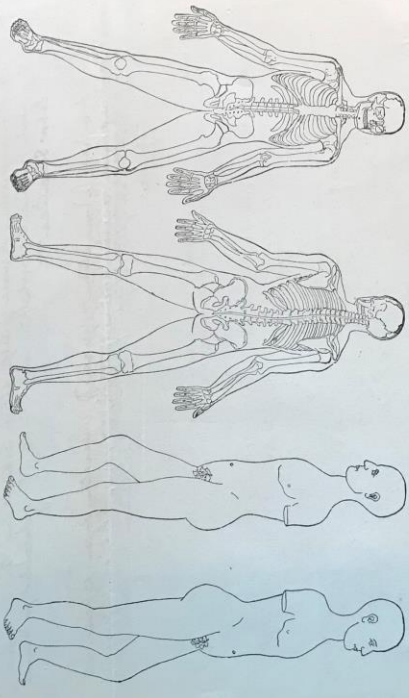
County, Schuyler

State, Penn

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

MIDDLE DIV.
 OCT 15 1900
 RECEIVED

"This certificate to be filled in and signed by the secretary when a full board is present."
 I, Joseph Moser, hereby certify that Dr. A. B. Sherman, Dr. M. M. Blair, and
 Dr. Wm. E. Luce were personally present and actually participated in the
 examination of Joseph Moser, the claimant in this case, on 26 day
 of Sept, 1900.
 (Signature) M. M. Blair M.D.
 This certificate to be filled in by the number 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 (waiting examination by
 full board), on this _____ day of _____, 1900.
 (Signature)



"Single surgeons will use this blank, changing 'we' to read 'I'." They will erase the words
 "Pres.", "Sec'y.", "Treas.", and "Board", where the words appear, and sign at the bottom of the
 certificate. "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." [Editor from Sec-
 tion 4, Act of Congress approved July 27, 1882.]

894221
Phila.

357.
101 No. 3-164

Cert. No. 894221

ACT JUNE 27, 1890.

Increase INVALID PENSION.

✓ Claimant, Joseph Maser
✓ P. O. Coaldale
✓ County Schuylkill
State Pennsylvania
Rate, \$ 10.- per month, commencing September 26, 1900.
Rank Private
Company H.
Regiment 11 Pennsylvania Vol Inf

8
19

Pensioned for partial inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Indible

Name H. S. Phillips Fee, \$ 2
P. O. Washington Del. Agent to pay.

APPROVALS

Submitted for Feb 25, 1901, J. H. Bostick, Examiner.

Approved for rheumatism, disease of respiratory organs and right inguinal hernia (old) and Catarrh and general debility (new), alleged May 7, 1890 - also disease of heart formerly alleged

Approved for rheumatism - disease of respiratory organs and heart and right inguinal hernia and debility

Aggregate of disabilities shown, permanent in character: \$ 10 from September 26 - 1900

McK, 1901, J. S. Roy Legal Reviewer, W. B. Bell Medical Examiner, W. H. Ham Medical Reviewer, March 14, 1901, J. B. Pant Medical Referee.

Enlisted Oct. 15, 1861; honorably discharged July 1, 1865

Enlisted _____, 186____; honorably discharged _____, 186____

Pensioned at \$ 8 per month. Last paid rheumatism, disease of respiratory organs and right inguinal hernia, from Aug. 3, 1898.

Pensioned at \$ 6 from April 26, 1894.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 7, 1900, alleges the rheumatism, disease of respiratory organs and right inguinal hernia, also Catarrh and general debility

Claimant does not write. Certificate not filed. no M. C.

HISTORY OF CLAIM.

Pensioner, Joseph Moser, Certificate No. 894221
 1st service, 7th Illth Pa. Vol. Inf.; enlisted, Oct 15th, 1861; discharged, July 1st, 1865
 2nd service, _____; enlisted, _____, 18____; discharged, _____, 18____

Pensioned from April 26th, 1894, at \$6. per month for Arthritis and disease of respiratory organs, Act June 27th 1890
 Original declaration Act June 27th 1890, rejected Feb. 2nd 1892
June to \$8 from Aug 3, 1898 for Arthritis, disease of respiratory organs and right inguinal hernia

Original declaration, Act of June 27th, 1890, filed Aug. 20th 1890
 alleged Kidney disease, shortness of breath, injury of body and heart disease, Declaration filed April 26th 1894
 Alleges Arthritis in legs, strain in back, and shortness of breath.

Decla filed July 3/97 June + Rinses under act March 6, 1896
 " " for sciatic neuritis, rupture, shortness of breath + catarrh
 " " Jan 27/98 June + rupture of right side, heart disease + shortness of breath

INVALID. (Series *Set of June 27, 1890,*)

Cert. No. **894221**

Name, *Joseph Moser*

Rank, *Pvt.*, Service, *Co. H-11-Pa. V.*

Original Roll, *Philadelphia*

Agency, Transf'd, 18, to

" " 18, to

Issued, *August 22*, 18*95*

Mailed, "*29*", 18*95*

Rate and Period, \$ *6*, from *Apr 26, 1894*

Fee, \$ *10*

Class, *10*

Issue, *10*

Disability, *Partial inability to earn a support by manual labor.*

Issued, *Jan 23*, 19*00*

Mailed, "*29*", 19*00*

Rate and Period, \$ *8*, from *Aug 3, 1898*

Fee, \$ *2*

Class, *2*

Issue, *2*

Disability, *Partial inability to earn a support by manual labor.*

Entered, *10*

Issued, *Dec 19*, 19*01*

Mailed, "*25*", 19*01*

Rate and Period, *10*, from *Apr 26, 1900*

Fee, \$ *10*

Class, *10*

Issue, *10*

Disability, *Partial inability to earn a support by manual labor.*

Entered, *3*

Issued, _____, 18

Mailed, _____, 18

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

Fee, \$ _____

Class, _____

Issue, _____

Disability, _____

Entered, _____

INDORSEMENTS.

Aug. 16/99. Mar. Cir. 173/100

Feb. 16/100. Cont. + etc.

Adv. 4 res. 1/100. Ben. 1/100

MAY 8 - 1902. Rjt to cert. in

city. Phillips. N. H. 1/100

W.H.

13-902

Act of June 27, 1890,

AS AMENDED BY ACT OF MAY 9, 1900 DECLARATION FOR INVALID PENSION.

STATE OF Pa }
COUNTY OF Schuylkill } ss.

On this 27th day of April A. D. one thousand nine hundred and one personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Joseph Moser, aged 70 years, a resident of Coal Dale, county of Schuylkill, State of Pennsylvania, who, being duly sworn according to law, declares that he is the identical person who was ENROLLED at Summit Hill under the name of Joseph Moser on the 18th day of October 1861, as a Private in C. St. 11 Reg. Pa. Inf.
(Here state rank, and company and regiment in the Army, or vessel, if in the Navy.)

in the service of the United States, in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Harrisburg, Pa. on the 14th day of July, 1865.
That he also served.....
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service prior to Oct. 1861, 1861.
That he has not been employed in the military or naval service since July 4, 1865, 1865.
That his personal description at enlistment was as follows: Age, 31 years; height, 5 feet 7 3/4 inches; complexion, light; hair, sandy; eyes, gray; That he is wholly (Wholly or in part.) incapacitated for earning a support by manual labor by reason of rheumatism, rupture and general disability.
(Here name the disease or injuries by which disabled.)

That said disability is not due to his vicious habits, and is to the best of his knowledge and belief of a permanent character.
That he is a pensioner and his present rate of pension is \$ 1.00 a month. That he has heretofore applied for pension. cf 894 221
(If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.)

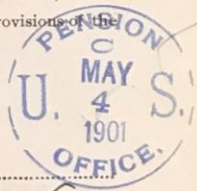
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900.

That he hereby appoints **HENRY D. PHILLIPS, OF WASHINGTON, D. C.,** his true and lawful attorney to prosecute his claim. Attorney fee to be \$10.

That his POST-OFFICE ADDRESS is Coal Dale, county of Schuylkill, State of Pennsylvania.

Attest: (1) William Millett
(2) John Lewis
Joseph Moser
(Claimant's signature.)

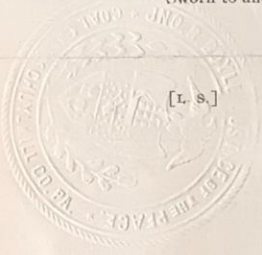
FILED



Also personally appeared William Wanklack, residing at Coal Dale
 and John Lewis, residing at Coal Dale, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Joseph Moser, 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
22 years and 40 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.

William Wanklack
John Lewis
 (Signatures of witnesses.)

Sworn to and subscribed before me this 27th day of April A. D. 1904
 and I hereby certify that the contents of the above declaration, etc., were fully made
 known and explained to the applicant and witnesses before swearing, including the
 words....., erased, and the
 words....., added; and that
 I have no interest, direct or indirect, in the prosecution of this claim.



Geo R. Boyle
 (Signature.)
Justice of the Peace
 (Official character.)

*Certificate of the Justice of the Peace to cover this
 pending claim.*

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.

5-305-
 13-902 ✓

Act of June 27, 1890,
AS AMENDED BY ACT OF MAY 9, 1900.

Claim for Pension.

INVALID.

Name Joseph Moser
 Service P. H. - 11 P. A. Inf.

Serial # 894221



FILED BY
HENRY D. PHILLIPS,
 470 LOUISIANA AVENUE,
 WASHINGTON, D. C.

LANDS. PENSIONS. PATENTS.
 RECEIVED
 MAY 6 1904
 PATENT DIVISION

774
 45

This affidavit should, if possible, be in the handwriting of the Physician. Marginal instructions should be carefully read before beginning it.

The physician should end his testimony with the following statement, namely; "and the above testimony is in my handwriting and that in giving the same I was not aided nor prompted by any other person, nor by any printed or written recital."

PHYSICIAN'S AFFIDAVIT.

State of Pennsylvania, County of Carbon, ss.:

In the matter of Jos. Moser Pa 74-11" Pa. Vol. for Pension.

Personally appeared before me, a Justice of the Peace in and for aforesaid County and

State G.M. Kestler who, being duly sworn, declares, in relation to aforesaid case, as

(Name of Physician.) follows: That his residence and P. O. Address are as follows: Lancaster, Pa.

.....that he has been a practicing Physician for 12 years, and has

been acquainted with said soldier for about Seven years; that he has this day examined said soldier

for the purpose of ascertaining his exact present physical condition, and that he finds the same to be as follows, to wit:.....

(See marginal note.)

The claimant has a hernia and muscular thrombosis
and that his legs are very weak from
an old strain; and that he is unable
to earn a living by manual labor; and
the above testimony is in my handwriting and
that in giving the same I was not aided nor
prompted by any other person, nor by any
printed or written recital



READ.
The physician should carefully examine the claimant, and state in medical terms all the diseases that he is now suffering from; the precise nature of each, and the extent the same would prevent a man from doing regular manual labor.
If the physician has ever treated claimant, he should give a brief statement of what his condition was during such treatment.

13-902

P

CASE OF

John Moore
vs. A. L. Pa.

Vol. 894 221
No.

FOR

PENSION.

AFFIDAVIT OF

FILED BY

HENRY D. PHILLIPS,

Attorney-at-Law and Solicitor.

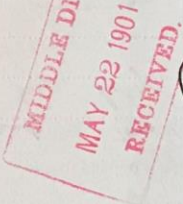
H. D. P.

LANDS. PATENTS. PENSIONS.

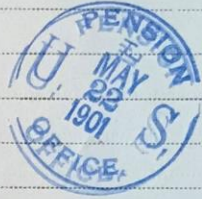
And he further declares that he has no interest, either directly or indirectly, in the prosecution of this claim.

D. M. Smith
(Physician's Signature.)

Sworn to and subscribed before me this 17 day of May A. D. 1901 and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above affidavit, &c., were fully made known to him before he executed the same; and that I have no interest, direct or indirect, in the prosecution of this claim.



John B. Lewis
(Signature.)
Justice of the Peace,
(Official Character.)



SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 894-221
 Name of claimant. Joseph Mosser Address of Board. Mauch Chunk P. O. Pennsylvania
 Company. H. H. Reg't Pa Inft State. Pennsylvania
 Coal Dale Pa Date of examination. October 7, 1901
 Cause of disability. Rheumatism, disease of respiratory organs and heart, right inguinal hernia and senility and general debility and Catarrh, shortness of breath, strain in back
 He receives a pension of 10-ten dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism 17, disease of respiratory organs 10 1/2 and heart 10 1/2, right inguinal hernia 4, Senility 4, general debility - catarrh 1860, Shortness of breath 12 1/2, strain in back 25 years -

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.
 Birthplace, High County Pa, age, 71 years; height, 5-7 1/4; weight, 170 pounds; complexion, light; color of eyes, blue; color of hair, Sandy; occupation, none; permanent marks and scars other than those described below, J. M. M. letters on left arm

We hereby certify that upon examination we find the following objective conditions:
 Pulse rate 84-96-120; respiration, 14-20-24; temperature, 98 1/2
(Sitting, standing, after exercise.)

Claimant feeble in age - will nourished tracks quite lame, very slowly, smile arc beginning internal strygium, right eye, extending 2 lines over cornea - Rheumatism - marked crepitus, right shoulder also some in left, thickening of distal joints of fingers, slight crepitus both knees - no swelling of larger joints - Some pain in shoulder and left knee - Muscular atrophy of left leg - Right knee 16 left 18; Right calf 14, left 13 inches - Enlarged lumbar region in stooping or rising - Heart not enlarged or dilated, heart sounds weak, no valvular lesion apex in man. line - Area of dullness normal, no hypertrophy, no dilatation - No oedema, no cyanosis, hyp. nora after exertion - Respiratory organs and Catarrh - Chest 34 1/2 - 4 1/2 - No rales. Muscular murmurs diminished some rhinitis, granular pharyngitis + Hernia - 1 1/2 in. inguinal's external and internal 2 inches diam - No fluid tumor 3 in diam - reducible passing through external ring - Sack not full, reducible - wears no truss, an efficient retaining truss - Evidently difficult of application - No fluid lipoma - right side, a few lines, near lower edge of ribs - 2 1/2 inches in diam - Sprain of back - not present, he received a blow on head some years ago -

Urine 1020, Alkali Acid, no albumen, mucus, pus or sugar. S. S. V = 1.05, U = 1 corrected - No other disabilities found. We find the aggregate permanent disability for earning support by manual labor is due to, Rheumatism, disease of respiratory organs, hernia, senility, general debility and warrants a rate of 12 twelve dollars per month. No evidence of vicious habits -

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

J. P. Weede M.D. Pres. A. S. Dainger M.D. R. B. Ewin M.D. Treas.

N. B. - Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-111) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Joseph Moser
 P. O. Coaldale Rank Private
 County Schuylkill Company H
 State Pennsylvania Regiment 11th Pa Inf
 Rate, \$ _____ per month, commencing _____

Pensioned for _____ inability to earn a support by manual labor

RECOGNIZED ATTORNEY. **REJECTED.**

Name Henry D. Phillips MAY 2 - 1902 Fee, \$ 2
 P. O. Washington D.C. Agent to pay.

MIDDLE.

APPROVALS.

Submitted for As. April 14th 1902 E. G. Lutshell Examiner.

Approved for Rheumatism, disease of respiratory organs, right inguinal hernia, and Semblity (old) General debility (new) alleged May 4, 1901.

Approved for Rheumatism, disease of respiratory organs right inguinal hernia and simile debility

Aggregate of disabilities shown, permanent in character: \$ 10⁰⁰
No increase.

April 19, 1902 Wm. Cotton Legal Reviewer.
 _____, 190____, _____ Re-Reviewer.

Wmell Medical Examiner. Wete Medical Reviewer.
April 22, 1902 _____ Medical Referee.

Enlisted Oct 15th, 1861; honorably discharged July 1, 1865
 Enlisted _____, 186____; honorably discharged _____, 186____

Pensioned at \$ 10 per month. Last paid to _____
for rheumatism, disease of respiratory organs and heart, r. inguinal hernia and Semblity.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 4th 1901 alleges increase of disability from pensioned causes, rheumatism disease of respiratory organs & heart, right inguinal hernia, Semblity - general disability. Plans benefit of act of May 9 - 1900.

Claimant does not write. _____, M. C.
 Certificate not filed.

13-90
8-300

H

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890, As Amended by Act of May 2, 1906

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THIS APPLICATION.

State of Pennsylvania
County of Carbon } ss.

On this 8th day of May A. D. one thousand eight hundred and ninety 1902
Personally appeared before me, a Justice of the Peace
within and for the county and State aforesaid Joseph Moser aged 71 years,
late a member of Co. H. Regiment 11th Vol. Pennsylvania
a resident of the Township of Phau County of Schuylkill
State Pennsylvania 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 Phila. Pension Agency at the rate
of Five dollars per month, by reason of partial inability to earn a support by manual labor, his pension
certificate being numbered 894,221

That he believes himself to be entitled to an increase of pension on
account of the disabilities heretofore alleged, namely unable to use limbs
(Here insert the disabilities alleged in original and subsequent declarations.)
and Catarrh of Head. also general disability
not being able to work at any manual labor
of any kind whatsoever.
Also on account of _____
(Here insert the disabilities not previously alleged.)

_____ incurred _____
(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)



That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and belief of a permanent character.

ATTY FILED

Coal date is
in Schuylkill
County and not in
Carbon

WASHINGTON, D. C.
address is Coal Dale
Pennsylvania
Joseph Moser

The Post office Address (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Bureau of Pensions or the agents, should be stated.

Pensioners are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

This declaration, and any testimony in support of the allegations made therein, may be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides.

Claim for Increase.

Act of June 27, 1890.

Joseph Shoresen Applicant.
 of *H-11*

Gov. Rd Tols.

(Pension certificate not required.)

Certificate No. *894 221*

[Handwritten signature]

FILED BY
HENRY D. PHILLIPS
Attorney-at-Law and Solicitor
 470 Louisiana Avenue
 WASHINGTON, D. C.

LANDS. PATENTS. PENSIONS.

4N
 RECORDS
 MAY 1902

Sworn to and subscribed before me this *12th* day of *May* A. D. 18*92*

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

John T. Moore
 Record Division,
 Certificate on file covering *May 18 92*



Also personally appeared *Henry M. Henry* residing at *Gene Road*
Henry Rd
 and *Henry Rd* residing at.....
 persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw *Joseph Moore*, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

George M. Adams
Henry M. Henry
 [Signatures of witnesses]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant, Increase Joseph Moser

Pension Claim No. 894221

Address of Board, Pittsville Pa P. O. Pa State.

Company 7th Reg't Pa Vol I
Coal Oak Schuyler Co Pa

Date of examination Sept 24, 1902

Cause of disability, Rheumatism disease of respiratory organs right inguinal hernia & severe debility of claimant catarrh of head case in limbs for debility. He receives a pension of 10 dollars per month.

Here give the claimant's statement (as briefly and as completely 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: Has Rheumatism 12 years disease of respiratory organs 10 years right inguinal hernia 5 years Catarrh of head & general debility 5 years

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

Birthplace, High Co Pa; age, 72 years; height, 5-7 ; weight, 170 pounds; complexion, light; color of eyes, blue; color of hair, gray; occupation, laborer; permanent marks and scars other than those described below, _____

We hereby certify that upon examination we find the following objective conditions:
Pulse rate, 108 118 120; respiration, 24 26 30; temperature, 98.5;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Rheumatism and weak heart:
Have grasp weak loss of power 2. Sp. very marked crepitation in both shoulders joints and in the right knee joint.
Walks stiff and slow.

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

Urine acid specific gravity, 1.020. No sugar or albumen.
Heart action, is very rapid and weak. Apex not in the 5th inter space not evident to palpation or inspection. Has dyspnoea and by anoxia after exercise no murmurs or oedema. M. diff. suffly.

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.

Prognosis of respiratory organs:
Chest measurement 37 1/2 inches, respiratory murmur clear and distinct over both lungs. Means shortness of breath due to the rapid action of the heart.
Right inguinal hernia complete:
 tumor is 4 1/2 inches in size passes through both rings and is lodged in the scrotum. Is not reducible, and frequently he does not wear a truss and alleges a truss hurts him. The external ring does not admit a finger, being filled with bowel and omentum.

Catarrh:
Has post nasal catarrh, reddened fauces, droppings in the throat, eustachian tubes open.

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

Impaired locomotion and general debility:
claimant walks stiff, slow and lags, uses a cane and cannot stand long. Has loss of all teeth, is bald, weak, 71 years old, unable to perform manual labor.

Rating:
found that the aggregate permanent disability for earning a support by manual labor is due to rheumatism, weak heart, right inguinal hernia complete, general debility and old age, and due to vicious habits, and warrants a rate of \$12 - a month.
No other disabilities exist. No evidence vicious habits exist.

Abraham M. D. Pres. L. L. Lusk Sec'y M. M. D. M. D. Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (on 3-156, 3-111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

PENSION OFFICE
U. S.
OCT 4 1902

MIDDLE DIV.
OCT 15 1902
RECEIVED.

SURGEON'S CERTIFICATE

IN CASE OF

Joseph Moser
Co. *H. 111* Reg't *Pa. Vol. Inf.*

APPLICANT FOR *Increase.*

No. *894221.*

DATE OF EXAMINATION:
September 24, 190*2.*

A. B. Sherman M. Pres.,
B. Leuten Sec'y.,
M. N. Steu Treas., } BOARD.

Post office, *Pottsville,*

County, *Schuylkill,*

State, *Pa.*

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

An examination shall not be made by any member of a board except upon a written order of the Commissioner of Pensions.

This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant when it 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 (waiting examination by full board) on this _____ day of _____ 190*2.*

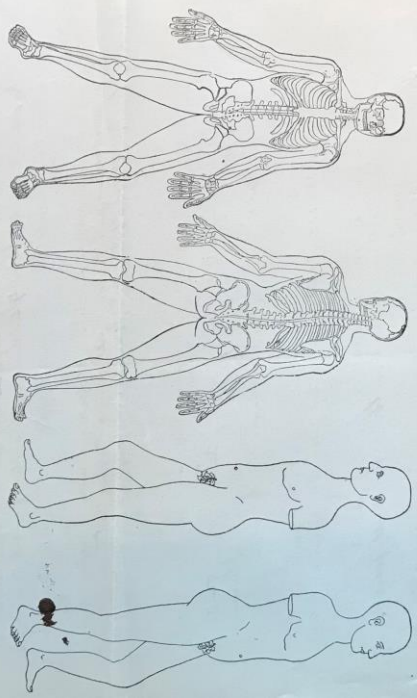
(Signature of applicant)

B. Leuten

(Signature of Secretary)

A. B. Sherman M. Pres.,
B. Leuten Sec'y.,
M. N. Steu Treas., } BOARD.

Dr. _____ were personally present and actually participated in the examination of *Joseph Moser* the claimant in this case, on *24* day of *September*, 190*2.*



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

All examinations shall be thorough and searching, and the certificate contain a full description of the condition of the applicant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Excerpt from Section 4, Act of Congress approved July 25, 1892.]

ACT JUNE 27, 1890.

894221
Phila

Increase

INVALID PENSION.

Claimant Joseph Moser.
 P. O. Waldale Rank Private
 County Schuylkill Company N.
 State Pennsylvania Regiment 11. Pa Vol Inf
 Rate, \$ 12 per month, commencing September 24, 1902.

Pensioned for Total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name H. D. Phillips Fee, \$ 2
 P. O. City Agent to pay.

APPROVALS.

Submitted for Jan 8, 1903, C. Scott, Examiner.

Approved for Inflammation of respiratory organs, right inguinal hernia & Semis debility (old) Dis. of limbs, Catarrh of general debility (new) alleged May 24, 1902

Approved for Rheumatism, disease of respiratory organs, right inguinal hernia and Semis debility

Aggregate of disabilities shown, permanent in character: \$ 12 from September 24, 1902

Jan 23, 1903, F. C. Auer Legal Reviewer.
 _____, 190____, _____ Re-Reviewer.

Park Medical Examiner.
Jan 24, 1903, Tom Houston Medical Referee.

Enlisted Oct 15, 1861; honorably discharged July 1, 1865
 Enlisted _____, 186____; honorably discharged _____, 186____
 Pensioned at \$ 10 per month. Last paid to _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 24, 1902, alleges unable to use limbs and Catarrh of head also general debility

Claimant does _____ write.
 Certificate not filed.

No

M. C.