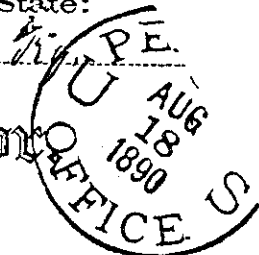


So. Div.
J. H. Ex'r.

[3-DS3.]

State:



Department of the Interior

BUREAU OF PENSIONS,

Washington, D. C., Aug 9, 1890.

Sir:

Please be so kind as to inform this Bureau, BY INDORSEMENT ON THE BACK OF THIS LETTER, as to the standing in the community, and the general reputation for truth, of Greenup Nicell

of your place, affiant in orig. inv. pension claim No. 701,578 of Wm. H. Gilbert of Co. "A", 54th Reg't Ky. Vol. Inf

Your early reply will be thankfully received as substantial assistance to this Bureau in arriving at the truth and justice of the case.

Very respectfully,

Geo B Raum

Commissioner.

Postmaster

Elliottsville

Rowan Co, Ky.

War Department,
Record and Pension Division,
Washington, D. C. 1890

Department of the Interior,

BUREAU OF PENSIONS,

Aug 8, 1890.

Respectfully requested of this ADJUTANT

GENERAL U. S. A. a report from the records of his

Office as to the presence or absence, on or about

November, 1864,

Greenup McKell,
Captain

Co. "A" 54th Regt. N.Y. Vol. Inf.

and the station, at that date, of the

Command
orig. inv.

Claim No. 701,578

William H. Gilbert
Bt. Co. "A" 54th Regt. N.Y. Vol. Inf.

Greenup McKell
Commissioner.

War Department,

Record and Pension Division,

Washington, D. C. 1890

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Greenup McKell,
Capt.

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

Return report given
present ~

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

New Castle, Ky.
Nov. 20. 64. Greenup McKell
Capt.

By AUTHORITY OF THE SECRETARY OF WAR:

W. H. Cresswell
Captain and Asst Surgeon, U. S. Army.



DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS.

WASHINGTON, D. C.,

No. 76 Div.
 76, Ex'r.
 Orig. Inw. No. 701,578
William H. Gilbert
 Co. A 54th Reg't N.Y. Vol. Inf.

Return this letter with your reply.

Aug 9, 1890.

Sir:

To aid this Bureau in the adjudication of the above cited claim, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relative to the incurrence of measles, fever and results to which you have testified. Please state the nature of the disabilities resulting from the measles and fever of which the Claimant was suffering.

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

Your immediate answer, indorsed upon the back of this letter, will be appreciated.

Very respectfully,

Commissioner.

Greenup Mitchell Esq
Elliottsville
Rowan Co., Ky.

GENERAL AFFIDAVIT.

STATE OF IOWA, JASPER COUNTY, SS:

IN THE MATTER OF

Original Ina Claim No 701.578

William H Gilbert vs A 54 H, Vol Eighty

Personally came before me, a *Deputy Clerk Dist Court* in and for aforesaid County and

State, *William H Gilbert - claimant herein*, aged *47* years,

a citizen of the town of *Paris City*, County of *Jasper*,

Postoffice Address.

State of *Iowa*, well known to me to be reputable and entitled to credit, and

who being duly sworn, declare in relation to aforesaid case, as follows: *in response to*

accompanying request from the Pension

dept. stating that the records from

Illinois and from Pension claim are

as follows: Heart and lung trouble.

Constipation Rheumatism & piles

3

William H Gilbert further declare that *no interest in said case, and*
not concerned in its prosecution.

1

2

SIGNATURE OF AFFIANTS

William H Gilbert

No 4,

History of Claimant's Disability.

State of Iowa, County of Jasper, ss:

In the matter of the original invalid pension claim No. 701578

ON THIS 27 day of June A. D. 1889, personally appeared before me, a
Deputy Clerk and Court in and for the aforesaid County, duly authorized to administer oaths,
William H. Gilbert aged 45 years, a resident of Prairie City
in the County of Jasper and State of Iowa
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case
as follows: My Post Office address is Prairie City, Jasper Co. Iowa
(Give present address in full.)

Since my discharge from said service on the First day of Sept 1865; I have resided in
in Carter County Ky a bout 3 years then
(Give the name of each place with date of any change of residence.)
I moved to my present home and
address

and that my occupation has been that of a Gardener

I further state that the disability for which a pension is claimed arises from X Measles
which was contracted at Henry Ky a bout Nov 1
(Here state the time, place and all the circumstances under which the disability for which pension is claimed originated.)

1864 Contracted Measles and from
Exposure and hard marching before
entirely over the Measles was prostrated
while in camp with intermittent
fever from which I have suffered in
since

From my said discharge to present time, I have received the following medical treatment for said disease:

(Give the name and

Treat by Dr Burroughs of Olive Hill Carter Co Ky
address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.)

Secured by Dr Miller of Prairie City Jasper
Co Iowa 3 by 2 doc in Des Moines Iowa
then named 4 by Dr Adams of Prairie City
Jasper Co Iowa 5 by Dr Kramer of
Prairie City Iowa I think Dr Burroughs
resides now in Dubuque Miller in Colfax
Iowa Adams in Des Moines Iowa
dates I have not given with out referring to
some old books

INABILITY AFFIDAVIT.

To be executed only by the Claimant.

State of Iowa, County of Jasper, ss:

In the matter of William H. Gilbert Pension Claim No. 701,578
of Private Co. A - 54 Regt Ky. Inf'ty

ON THIS 23rd day of December A. D. 1889, personally appeared before me

Deeblet Dist Court in and for the aforesaid County, duly authorized to administer oaths,

William H. Gilbert a resident of Mound Prairie Township

in the County of Jasper and State of Iowa

whose Post Office address is Prairie City Iowa

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid

case as follows: That he is unable to comply with the requirements of the Pension Office as to The first
2 years 1866 and 1867 ^{for proof} Whilst in Service first
Rec'd of Genl. Department General Hospital
Georgetown Ky.

for reason that he was 8 or 9 miles from a Physician
left there by Parents not being able to leave
with them to Iowa. That he sent to Dr
Banfield then of Oliver Springs Tenn Ky and got
Medicine other wise doctored with roots and
herbs of home manufacture was left
at the home of E. H. Brimmer then a delta clerk
for said Georgetown Ky. Present P.O. address Dedham
Barrett Co Iowa

That he is unable to prove his condition from date of discharge up to the year _____ by medical testimony

for the reason that

as a fore said

He respectfully requests that the testimony

be accepted in lieu of

Said Claim

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

William H. Gilbert
(Signature of Affiant.)

103,

SURGEON'S CERTIFICATE.

Insert character
and number of
claim.Name of claim-
ant.Claimant's post-
office address.Cause of disa-
bility.

Pension Claim No.

Address
of
Board.

P. O.

State.

[Date of examination]

190

He receives a pension of 72 dollars per month.Here give the
claimant's
statement (as
briefly and as
compactly as
possible) in re-
gard to the date
of origin and
cause of his dis-
abilities 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: Disability was incurred in the army, near Lexington 1864.

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, Carter Co Ky; age, 58 years; height, 6-; weight, 160 pounds; complexion, Light; color of eyes, Gray; color of hair, Brown; occupation, Farmer; permanent marks and scars other than those described below, No scars

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

Pulse rate, 94 100 124; respiration, 28 25 30; temperature, 98.1;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]Here give a full
description of
the disabilities,
in accordance
with Book of
Instructions.Facts within the
knowledge of
the Board, or
any member
thereof, rela-
tive to the
cause of any
disability
found should
be stated.Whenever a disa-
bility 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.

During the period my muscular strength about at least 35 inches full inspiration 39 inches and forced expiration 37 1/2 inches. The forced expiration is less than chest and compression at upper margin of left lung. The chest is symmetric and has usually strong weight so that he is unable to be out of house. I know this (that is the secretary) because I have tried him many times. During warm weather he has purchased and worn in weight and strength. I have not seen him do much labor on account of this disability.

Heart. The first apex beat at 6 inches and 3/4 of an inch to left of sternum. It is dull and 3/4 of an inch to right of sternum 3/4 of an inch to 3/4 of an inch to right side of heart. Rhythm and force is regular and diminished. The second apical point at 6 inches. There is hypertrophy and dilatation. There is a small aneurysm. No disease.

When rates are
recommended
solely on sub-
jective evi-
dence the
strongest rea-
sons must be
given therefor.

R. H. Thompson, Pres. J. H. Thompson, Sec'y. J. H. Thompson, 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 3-156) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

No. Div.
276 Ex'r.

[3-083.]

State:

Ky.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., C., Aug 9., 1890.



Sir:

Please be so kind as to inform this Bureau, BY INDORSEMENT
ON THE BACK OF THIS LETTER, as to the standing in the community,
and the general reputation for truth, of J. W. Adams M.D.
please give professional standing
of your place, affiant in orig. inv.
pension claim No. 701,578, of William H Gilbert,
of Co. "A", 54th Reg't Ky. Vol. Inf.

Your early reply will be thankfully received as sub-
stantial assistance to this Bureau in arriving at the truth
and justice of the case.

Very respectfully,

Gerrit B. Raum

Commissioner.

Postmaster

Des Moines

Polk Co. Iowa

(F-75 M.)

G-072

over

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Iowa, County of Jarvis, ss.

In the matter of the application for pension of

No 701,578

ON THIS 25th day of January A. D. 1890, personally appeared before me, a

Notary Public

in and for the aforesaid County, duly authorized to administer oaths

Jacob Haldefor aged 50 years, a resident of Prairie City

In the County of Jarvis and State of Iowa

whose Post Office address is Prairie City Iowa and

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post Office address is _____

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with William H. Gilbert

for 21 years, and _____ years respectively, and that for 14 years I lived a

near neighbor to him, and frequently
exchanged work with him on the farm,
both of us being farmers, and was on in-
imate terms with said Gilbert and often
met him and conversed with him, and
know from personal knowledge and from
what he told me that during all this
time he was suffering from bronchial
difficulty and from constipation, and I
know that he coughed a good deal and
he frequently told me that this cough was
a result of measles while in the army,
and I know that at numerous times
he was not able to do any work
and in my opinion he was not on
the average able to do more than 3/4
of an able bodied man's work.
The 14 years that I lived near

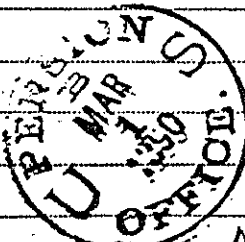
Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less, on account of his inability to labor, than were paid to others, physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.



No 13.

over

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Iowa County of Jasper, ss.

In the matter of the application for pension of William H. Gilbert

No. 706,578

ON THIS 25 day of January A. D. 1888, personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths

J. L. Underwood aged 49 years, a resident of Prairie City

In the County of Jasper and State of Iowa

whose Post Office address is Prairie City Iowa

aged 49 years, a resident of

In the County of Jasper and State of Iowa

whose Post Office address is

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with William H. Gilbert

for 35 years, and 49 years respectively; and that I know him when

he enlisted and went with him to the

place where he was sworn in, and

I know that he was a strong, able-bodied

man at that time; that I saw him

after he returned from the army

in 1865; and lived about 6 or 7 miles

from him until he moved to Iowa in

1868, and during that time I saw him

often for we did our trading at the

same place; that in 1877 I moved to

Iowa and moved into the same part of

Jasper County that said Gilbert lived in,

and during all the time since 1877 I

have lived all the way from a few

roads to not more than 6 miles and have

saw him quite often and talked

with him frequently, and have ex-

changed work with him, both of us

being farmers, and I know from personal

knowledge that he has during the time

since his discharge suffered from

bronchial trouble and constipation

that he coughs a good deal and he

has often said that this cough was a

result of Measles which he had in

the army service. That in my opinion

he has not been able to do more

than 2/3 of an able-bodied man's work

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

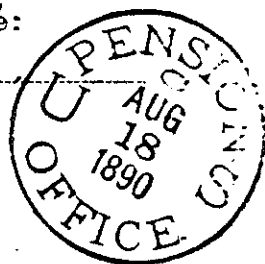
2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{2}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

No. Div.
276, Ex'r.

[3-083.]

State:



Department of the Interior,
BUREAU OF PENSIONS,

Washington, D., C., Aug 9, 1890.

Sir:

Please be so kind as to inform this Bureau, BY INDORSEMENT
ON THE BACK OF THIS LETTER, as to the standing in the community,
and the general reputation for truth, of D. C. Underwood
and Jacob Holdefer
of your place, affiants in orig. ins.
pension claim No. 701,578, of Wm H Gilbert
of Co. "A", 54th Reg't Try. Vol. Inf.

Your early reply will be thankfully received as sub-
stantial assistance to this Bureau in arriving at the truth
and justice of the case.

Very respectfully,

Geo B Raum

Commissioner.

Postmaster

Prairie City

Jasper Co, Iowa.

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.

Name and rank of claimant.

Claimant's post-office address.

Original

(State above whether for original, increase, or restoration.)

Pension Claim No. 701.57

Rank, 1st

Company A, 54 Reg't Ky. Vol. Inf. Newton Iowa

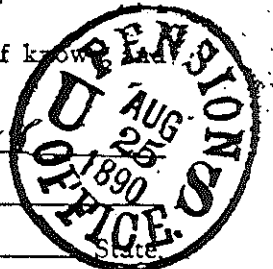
(Post-office address of the Board.)

Prarie City Mo

August 20

(Date of examination.)

1890



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

Cause of disability.

in the service, viz: Measels Intermittent Fever and their results

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

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original

(Original, increase, restoration, &c.)

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

I have had trouble with throat & lungs and
fever since had measles.
The measles was followed by Intermittent
fever and then a gathering in my head

Upon examination we find the following objective conditions: Pulse rate, 120, 120, 136
respiration, 25; temperature, 98.6; height, 6 feet _____ inches; weight, 165
pounds; age, 47 years.

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

Fairly well nourished Capillaries
congestion especially face, Muscles soft.
Chargers and fingers red and follicles Inflamed
Tongue coated, Voice indicates Laryngitis. There
is cough upon effort at forcible expiration or inspiration
Chest measure 37 at full expiration and 38 1/2 full inspiration
Respiratory murmur below normal in central portion
of both lungs. Murmur also heard at many points
of both lungs, dyspnoea on a cough.
Has no fever now, or disease of liver or spleen

Apex beat normal in position but rapid irregular &
intermittent first sound so short that prolonged that
it obscures interval of silence a blowing murmur
heard over mitral and tricuspid valves Area of
Cardiac dullness increased. Heart sounds
transmitted to all parts of both lungs.

2nd Grade

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 2nd Grade
rating for the disability caused by Disease of Heart & Lungs result of measles for that caused
by _____, and _____ 18/18 for that caused by _____

Disease of Heart & Lungs 18/18 by disease of Lungs

P. J. Correll, Sec'y. W. W. Hark, Treas.

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

PHYSICIAN'S AFFIDAVIT.

State of Iowa, County of Polk, ss:

In the Pension Claim No. 7015-78

of William H. Gilbert late of
Comp A. 54 Kentucky Mts. Inf.
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Chas. A. Smith in and for the aforesaid
County and State Iowa, a citizen of Darwin
whose Post Office address is Des Moines Ia

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 21 years, and that

I was his family physician from about 1871 to about 1881, and during said time treated him frequently for Bronchitis and Constipation. His health is broken down and was at, and during time I treated him. I also treated him for malarial fever. The said soldier was not at any time able to perform manual labor or the time or more than that amount. I always thought his trouble was produced from exposure while in the army, as it seems to date from that time. I have not the dates of treatment as my books are not here and he always paid, as he sent his prescriptions.

J. V. Adams M.D.

PHYSICIAN'S AFFIDAVIT.

State of Iowa, County of Jasper, ss:

of William H. Gilbert In the Pension Claim No. _____ late of
Private Co "A" 54 Kentucky Mounted Vol Infy
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Dr. Williams in and for the aforesaid
County and State M. Kramer M.D. a citizen of Prairie City Iowa
whose Post Office address is Prairie City Jasper County Iowa
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case
as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about Eight years, and that
During that time I have been his family
Physician and have prescribed for him a
great many times for Torpid Liver, Habitual
Constipation, Malarial Fever. But principally
for Chronic Bronchitis from which he is a
constant sufferer so much so that together
with his other troubles it incapacitates
him from performing actual Manual
Labor to the extent of $\frac{1}{3}$ I cannot give dates
for the above prescribing as I was generally
paid for my services at the time they
were made and no charges made on my
Books

No 10.

over

PHYSICIAN'S AFFIDAVIT.

State of Iowa, County of Jasper, ss:

In the Pension Claim No. 701578

of William H. Gilbert late of
Private Co A 54 Reg Vt Inf. Vol
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid
 County and State S.F. Miller a citizen of Iowa
 whose Post Office address is Ira, Jasper County, Iowa

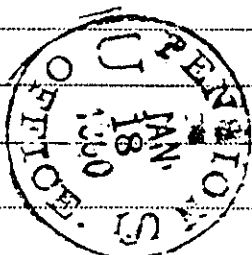
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about _____ years, and that

I certify that I am acquainted with William H Gilbert and have been for 21 years - Since 1868 I have treated him several times from 1868 to 1878 for Sickness first for torpid Liver and afterward for Bilious Pneumonia and malarial trouble - all of which I thought was the Sequel of Measles and exposure contracted, or which he always claimed was contracted in the Service of his country as a Soldier in Co A 54th Regt Vt Inf. Vols

I have not the dates as the Soldier paid as he got treatment and my books are not here but I believe as far as I remember he always paid as he is a very careful and honest man but a Broken down Soldier as I have always thought

S.F. Miller M.D.



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

Pension Claim No. 508 810

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

Name and rank of claimant.

William H. Gilbert

Rank, Pvt

Company A, 57 Reg't Ky Vol Inf Newton Iowa State,

[Post-office address of the Board.]

Claimant's post-office address.

Prairie City Iowa

April 29

[Date of examination.]

189/.

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

Cause of disability.

in the service, viz: Disease of Lungs result of measles
disease of heart, Stomach and nervous prostration

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

and that he receives a pension of Eight (8) dollars per month.

He makes the following statement upon which he bases his claim for Increase

[Original, increase, restoration, &c.]

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

Am rated too low for my disability and
am growing worse

Upon examination we find the following objective conditions: Pulse rate, 80, 90, 120 respiration, 20-24, temperature, 98°; height, 6 feet — inches; weight, 171 pounds; age, 47 years.

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

System fairly well nourished.
Full inspiration 40 Full Expiration 38 1/2 Trachea
congested & covered with tenacious mucus, Voice
hoarse, and cough easily excited.
Respiratory murmur below normal over both
lungs, dullness on percussion over a large portion
of right lung & heart sounds transmitted to same
area. There are mixed mucus & crepitant
rales throughout right lung and some portions of left
lung on expiration
Heart normal in position but all sounds below
normal and irregular in rhythm. The disease
of heart is functional and probably depends
upon the abnormal condition of lung.

The other disease found except as above named
& nervous prostration is due to condition of
lungs & heart

No other disability found to exist

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 7/10 rating for the disability caused by Dis of Lungs 7/10 for that caused by Dis of heart and — for that caused by —

Gibbrell, Pres. Ray M. Fisher, Sec'y. W.W. Hawk, Treas.

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

ORIGINAL INVALID CLAIM.

508815
 Soldier, *Wm.*
 P. O., *Prairie City,* Rank, *Private*
 County, *Jasper* Company, *A*
 State, *Iowa.* Regiment, *54th Reg. Vol. Inf.*
 Rates, \$ *per month, commencing April 29, 1889*

Pensioned for

Disease of lungs res. of measles
 RECOGNIZED ATTORNEY.

Name, *Avuli & Co.* Fee, \$ *25*, Agent, _____ to pay.
 P. O., *Washington D.C.* Articles filed *July 11,* 1889

APPROVALS.

Approved for *Measles and results*
 Submitted *for admission Nov 7, 1890;* *John F. Caslow*, Examiner.

Approved for

Measles
Alleged resulting disease
of lungs shown since discharge
and disease of heart on examination

Approved for

Disease of lungs result
of measles 9, 18

Rheumatism and disease
of heart not accepted as results
as alleged (see page 4)

Prm
Nov 11, 1890 *Down*, Legal Reviewer.
 , 189 , , Re-Reviewer.

Nov 18, 1890, *Will*, Med. Reviewer,
Med. Referee.

IMPORTANT DATES.

Enlisted, *Sept. 3,* , 18 *64* service from _____
 Mustered *Sept 30,* , 18 *64* 18 , to _____ , 18 , in _____
 Discharged *Sept 1,* , 18 *65*
 Declaration filed *April 29,* , 18 *89* Not in service since *Sept 1,* , 18 *65*
See declaration

Allegation Declaration filed April 29, 1889 BASIS OF CLAIM.

That in the line of duty in Heavy Co. Reg. about Nov 1, 1864 he contracted measles
and went to field hospital, stayed five days. Was then ordered to leave with Regiment
and had to march 22 miles during a rain while the measles were out on me getting
wet and being obliged to lay out the next night with my wet clothes on. Was then
put in a box car and shipped 150 miles being in the car 23 hours, from the car
was taken to General hospital where I remained 15 days, was then sent to
Camp and stayed eight days and was then prostrated with intermission
fever and was taken back to General hospital where I staid

For an Increase of Invalid Pension.

STATE OF Iowa }
COUNTY OF Jasper } SS:
On this 30 day of December A. D., 1890, personally appeared
before me a Notary Public within and for the County and
State aforesaid. William H. Gilbert
(Claimant's name should be written here.)
aged 48 years, a resident of the County of Jasper State of Iowa
who being duly sworn, according to law, deposes as follows, to-wit:

I am a pensioner of the United States, duly enrolled at the Des Moines pension
agency, at the rate of Eight dollars per month, by reason of disability incurred in the military
service of the United States, while a member of Company A of the 54 Regiment of Kentucky
Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of
pension. I am pensioned for Disease of Lungs result of Measels

[State here the disability or disabilities for which you are pensioned, just as they are written in your Pension Certificate.]

That my disability has resulted in marriage in Disease of Lungs, result
of measles and resulting in disease of
Heart, disease of Stomach & Nervous prostration
causing total inability to perform manual
labor

[If your disability has resulted in any other disability, please write the same here.]

That since I last applied for an increase of my pension my disability has greatly
increased since I was allowed my
Original Pension

[If your disability or disabilities have increased since you last applied for increase, state that fact on the line after the word "disability"]

It is with full power of substitution that I hereby appoint Isaac C. Balthis
of Cooper, Iowa my true and lawful Attorney, to prosecute
my claim. My Postoffice address is Prairie City County of Jasper
State of Iowa and the number of my Certificate is 508815

Attest
two
witnesses.

A. P. Joy
H. Keeler

William H. Gilbert
[Claimant's Signature.]

Also personally appeared H. Keeler residing at Cooper 2 persons whom
I certify to be respectable and entitled to credit, and who being duly sworn say that they were present and
saw William H. Gilbert the claimant sign his name (or make his mark) to the foregoing
declaration, and that they have every reason to believe from the appearance of said claimant, and from their
acquaintance with him, that he is the identical person he represents himself to be, and they have no interest,
direct or indirect, in the prosecution of this claim.

Signature of Witnesses.

A. P. Joy
H. Keeler

Sworn to and subscribed before me this 30 day of December A. D., 1890,
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.

Isaac C. Balthis
(Signature.)
Notary Public
(Official Character.)

Isaac C. Balthis,
U. S. Pension and Claim Agent,
COLEFAX, - IOWA.

5-15
 508815
 Om
 Ldw
 Increase INVALID PENSION.

Claimant, William H. Gilbert

P.O., Prin City

County, Gasper

State, Ill

Rank, Private

Company, A

Regiment, 54 Ky Vol Inf

Rate, \$ 12 per month, commencing

April 29, 1891

Disabled by

Dis of lungs res of measles

RECOGNIZED ATTORNEY:

Name, Maac C Baethis

Fee \$ 10, Agent — to pay.

P.O., Calfax Ill

Articles filed —, 18

APPROVALS:

Submitted for June 10, 1891

Approved for

Dis lungs res of
measles

Approved for

Disease of lungs, re-
sult of measles
48 from Apr 29, 1891

No special results.

JM

June 27, 1891, MESH Legal Reviewer.

Foster
Sept 3, 1891, Medical Referee.

Discharged Sept 1, 1891. Last paid to —, at \$ 8

Pensioned from Apr 29, 1889, at \$ 8, for Disease of
lungs res of measles

Original declaration filed Apr 29, 1889; alleged dis of lungs

Arrears allowed from —, 18 —, to —, 18 —, at \$ —

PRESENT CLAIM.

Declaration filed Jan 2, 1891. Original

written

PENSIONER DROPPED.

United States Pension Agency,
Des Moines, Iowa

NOV 27 1903

190

Certificate No. 508815
Class INVALID
Pensioner William H Gilbert
Soldier
Service A 5-y Ky Inf

The Commissioner of Pensions.

SIR: I have the honor to report that the

above-named pensioner who was last paid
at \$ 14, to Oct 4, 1903
has been dropped because of death
date unknown
No other claim

Very respectfully
R. F. Clarkson

United States Pension Agency

NOTE.—Every name dropped to be thus reported at and when cause of dropping is death, state date when known.

Bureau of Pensions,

BOARD OF REVIEW.

Chief of the Certificate Division:

After issue of the certificate in this case please return the papers to Adjudicating Division for action upon the other disabilities, under ruling of May 1, 1885.

Doan
Reviewer.

Mr. C., 1890

No. Orig 701.578

Name Gilbert

Service

Standing of
M. Kramer M.D.
Prussia City Iowa
P.M. says good

Standing of
S. F. Miller M.D.
Ira Jaster Co, Iowa.
P.M. says very good

B

RE-RATING & INCREASE OF PENSION.

STATE OF Iowa COUNTY OF Polk SS:

On this 23 day of Feb. 1901 A. D., personally appeared before

me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid
William H. Gilbert aged 57 years, a resident of the County and State
The Claimant's name here.

aforesaid, who, being duly sworn according to law, declares that he is a pensioner of the United States
duly enrolled at the rate of 12 dollars per month, under Pension Certificate No. 508815
by reason of disability from disease of lungs the
results of measles Here state the Disability for which
your Pension was allowed

incurred in the service
of the United States while a Private in Co., A of the 54th Regiment of
Ky Inf. Vols. That he believes himself to be entitled to an increase of pension on the account
of his rate being unjustly low and disproportionate to his degree of disability.

He claims that during the time from his discharge to this date his rate has not been in accordance
with his disability, nor in proportion to the rate allowed to others for similar and equivalent disabilities
and therefore he asks that his rating be corrected and he be re-rated from his discharge to date in
accordance with law.

That he appoints John J. Gaston of Des Moines Iowa, his true and lawful attorney, to
prosecute his claim; that his Postoffice is 2117 Forest Ave. Polk
Des Moines, County of Polk
State of Iowa

Claimant sign here William H. Gilbert

Also personally appeared Raleigh Gilbert residing at Des Moines Ia and
E. Nelson, residing at Des Moines Ia, persons whom

I certify to be respectable and entitled to credit, and who being duly sworn, say they were present and
saw Wm H. Gilbert Claimant's name here., the claimant sign his name (or make his mark) to

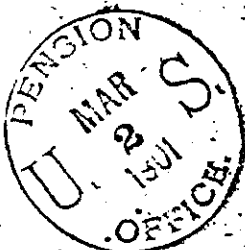
the foregoing declaration; that they have every reason to believe, from the appearance of said claimant,
and their acquaintance with him, that he is the identical person he represents himself to be, and that
they have no interest in the prosecution of this claim.

Raleigh Gilbert
E. Nelson
Two witnesses sign here.

Sworn to and subscribed before me on the day first above written; and I
hereby certify that the contents of the above declaration, etc., were
fully made known and explained to applicant and witnesses before
swearing, and that I have no interest, direct or indirect, in the prose-
cution of this claim.

(L. S.)

John J. Gaston
Signature
Notary Public
Official character.



State of Iowa,) SS.
Jasper County,)

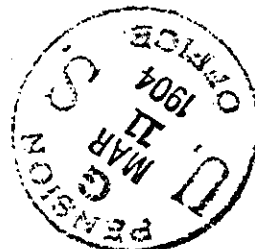
I, Elzaphan Cline, being first duly sworn on oath depose and say that I am personally acquainted with Lucy M. Gilbert, widow of W.H. Gilbert, deceased; That I have known Lucy M. Gilbert ever since she became of marriagable age, and that I know that she was never married to any other than W.H. Gilbert, deceased.

Elzaphan Cline

Subscribed and sworn to and in my presence by Elzaphan Cline, before me, A.A. Arnold, a Notary

Public - , in and for the county of Jasper and state of Iowa, this 10 day of February, 1904.

A.A. Arnold
Notary Public ~~or Justice of the Peace~~



State of Iowa,)
Jasper County,) SS.

I, D.C. Underwood, being first duly sworn on oath depose and say that I was personally acquainted with W.H. Gilbert, deceased from the time he became of marriagable age until the day of his death; And that I know that he was never married to any other than Lucy M. Gilbert.

Witness to mark

C.B.M. Cleary

L. C. Underwood
mark

Subscribed and sworn to and in my presence by D.C. Underwood, before me, *A.A. Arnold*, a *Notary*
Public, in and for the county of Jasper and state of Iowa, this 20th day of February, 1904.

A.A. Arnold
Notary Public or Justice of the Peace.



State of Iowa,)
Jasper County,) SS.

RECORDED
MAR 12 1904
JASPER COUNTY
IOWA

I, James Gilbert, being first duly sworn on oath depose and say that I have known Lucy M. Gilbert a great many years; And know she is the widow of W.H. Gilbert, deceased pensioner; And that I know personally that the said Lucy M. Gilbert lived with her said husband until the time of the said husband's death, which occurred on the 11th. day of November, 1903; And that I also know that they were never divorced nor had either of them been previously married.

Witness to Mark-
C. B. McCoy

James Gilbert
Mark

Subscribed and sworn to and in my presence by James Gilbert, before me, A. A. Arnold, a Notary
Public, in and for the county of Jasper and state of Iowa, this 20th day of February, 1904.

A. A. Arnold
Notary Public or Justice of the Peace.



RECEIVED
MAY 13 1904
SOLICITOR GENERAL
U.S. DEPT. OF JUSTICE

State of Iowa,)
Jasper County,) SS.

I, D.C. Underwood, being first duly sworn on oath depose and say that I am personally acquainted with Lucy M. Gilbert, widow of W.H. Gilbert, deceased; That I have known Lucy M. Gilbert ever since she became of marriagable age, and that I know that she was never married to any other than W.H. Gilbert, deceased.

Witness to mark

C.B. McLeary

This
H. C. x Underwood
mark

Subscribed and sworn to and in my presence by D.C. Underwood, before me, A. Arnold, a Notary
Public, in and for Jasper County, state of Iowa,
this 20 day of February, 1904.

A. Arnold
Notary Public ~~or Justice of the Peace~~

RECEIVED
MAR 11 1904
OFFICE

HISTORY OF CLAIM.

Pensioner, William H Gilbert, Certificate No. 508. 815
1st service, Q 54 Reg Vol Inf; enlisted, Sept 5, 1864; discharged, Sept 14, 1865
2nd service, _____; enlisted, _____, 18____; discharged, _____, 18____

Pensioned from April 29, 1889, at \$8 per month for disease of lungs
result of measles increased to \$ 12 from April 29. 1891
for disease of lungs result of measles

Original declaration, Act of July 14, 1862, filed April 29. 1889
alleged contracted measles and fever. Admitted for disease of
lungs result of measles \$ 8. Declaration filed January 2. 1891 for
increase alleged pensioned. Cause Admitted for disease of
lungs result of measles \$ 12.

508815

3-355.
(Old No. 3-145.)

Certificate No. 508.815
No. 42

INVALID PENSION.

Dec M. Shores
Claimant, William H Gilbert

P. O. 2117 Forest Ave Des Moines
County, Polk
State, Iowa

Rank, Private
Company, A
Regiment, 54 Reg Vol Inf

Age, \$ 14. - per month, commencing August 7 1901

Pensioned for Disease of lungs result of measles.

RECOGNIZED ATTORNEY.

Name, John F. Gaston
P. O. Des Moines, Iowa

Fee, \$ 2; Agent to pay.
Articles filed, 1

APPROVALS.

Submitted for Mar 5, 1902

Approved for disease of lungs
result of measles.

J. D. Buckley, Examiner.

Approved for disease of lungs
result of measles
14/18 from August 7,
1901

Mich 15, 1902 J. Morrison,
Legal Reviewer.

W. H. H. H.
Medical Examiner
Mar 19, 1902
Medical Referee.

Enlisted September 5, 1864 Discharged September 1, 1865 Last paid to, 1
Pensioned at \$ 12 per month for disease of lungs result of measles
from April 29, 1891

PRESENT CLAIM.

Declaration filed March 2, 1901, alleges increase on presumed cause
viz disease of lungs result of measles

Claimant does write.

W. H. M. C.

2 8/5
3-438.
(Old No. 3-452.)

ACCRUED PENSION.

Act of March 2, 1895.

Southern Division.

Certificate No. *508815* Last issue *March 24, 1902*
Pensioner, *William H. Gilbert* *acts July 14, 62* *Em 3.23*
Date of death, *November 11, 1903*

Claimant, *Lucy M. Gilbert Widow*
2117 Forest Avenue
Des Moines
Polk County Iowa

Certificate *not* filed

Submitted for *Adm March 24, 1904*
W. D. Haughey Examiner.

BOARD OF REVIEW.

Approved for *admission*
Pay widow as above
W. M. Kinney Reviewer, *Apr. 4, 1904*
W. A. St. Glauder Rereviewer, *April 5, 1904*

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued *April 9, 1904*
Mailed *" 12, 1904*
Payable to *Wid.*
Original certificate and voucher
No M. C. Claimant *writes.*

State of Colorado,

County of Lincoln,

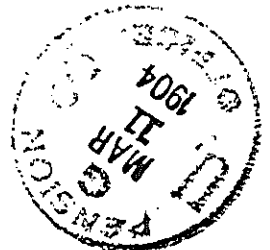
) SS.
)

I, Lucinda Weaver, being first duly sworn on oath depose and say that I am a resident of the county of Lincoln, and state of Colorado; That I have known Mrs. Lucy M. Gilbert, widow of W.H. Gilbert, deceased, for a great many years, and that I was present at their marriage, which occurred at Olive Hill, in Carter County, Kentucky, on the 27th day of July, 1855; And that I know the said Lucy M. Gilbert to be the person whom she represents herself to be.

Lucinda Weaver

Subscribed and sworn to and in my presence by Lucinda Weaver, before me, John W. Tarver a Notary in and for the county of Lincoln, and state of Colorado, this 5 day of February, 1904.

John W. Tarver J.P.
Notary Public or Justice of the Peace.



State of Iowa,)
County of Folk,) SS.

I, Robert A. Tripp, being first duly sworn on oath depose and say that I am a physician duly authorized to practice medicine by the Board of Medical Examiners of the State of Iowa; That I was the attending physician during the last illness of W.H. Gilbert, now deceased;

That I was called to the bedside of W.H. Gilbert, deceased, on the 20th. day of October, 1903, at his residence No. 2117 Forest Ave., Des Moines, Iowa; That said W.H. Gilbert complained of severe pains in his stomach, and of having a more or less distressing cough; That examination of the patient at different times revealed weakness of the lungs, rattling in bronchial tubes, expectoration of a more or less muco-purulent character, and enlargement of the duodenum; That the immediate cause of patient's death was broncho-pneumonia complicated by gastritis.

Broncho-pneumonia being the result of an old standing bronchitis.

Robert A. Tripp M.D.

Subscribed and sworn to in my presence by Robert A. Tripp, M.D. before me, W.T. Maxey, a notary public within and for the county of Polk and state of Iowa, this 29th. day of February, 1904.

W.T. Maxey
Notary Public within and for said county and state.



INVALID. (Series

Cert. No. 508815

Name,

William M. C. C. C.

Rank,

Private; Service, 1894-1901

Discharge
Nov 27 1893
March 1894

Agency, Trans'd

1894-1895

Issued

Mailed

Rate and Period, \$ 1, from April 29, 1894

Issue.

Class.

Entered

Deductions:

Disability: "Discharge of Service"

Result of discharge

Issued

Mailed

Rate and Period, \$ 12.00, from April 29, 1894

Deductions:

Disability: "Discharge of Service"

Issue.

Class.

Entered

Deduct

Accrued Pension Certificate and Order issued (Feb 19, 1904)

Payable to (see herewith)

Discharge Mailed (Nov 18, 1904)

Issued

Mailed

Rate and Period, \$ 1, from , 18

Issue.

Class.

Entered

Deductions:

Disability: "Discharge of Service"

Issued, March 24, 1903

Mailed, " 29, 1902

Rate and Period, \$ 14, from Aug 1, 1901

INDORSEMENTS.

Dec 30 1903 Cash & Com. paid to W. M. C. C. C. by W. M. C. C. C. for 508815

See recd. Oct. 5 1904 452

WIDOW'S PENSION.

Claimant, Luz M. Gilbert
P.O., 2167 Forest Avenue
County, Polk
State, Iowa
Soldier, William A. Gilbert
Rank, Private
Company, A
Regiment, 54 Ky Vol Inf
Rate, \$ 12 per month, commencing November 12, 1903, and

and such other child, as follows.

By former marriage.	Born, _____	Sixteen, _____	Commencing _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____
	Born, _____	Sixteen, _____	" _____

By last marriage.

Entitled to \$20 per month,
Commencing Sept. 8, 1918,
Under act of Sept. 8, 1918.
Wife During Civil War service.

NOV - 9 1918

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate _____, 1 _____, date of _____

UNRECOGNIZED ATTORNEY.

Name _____ Fee, \$ _____ Agent _____ to pay.
P.O. _____ Articles filed _____, 1 _____

APPROVALS.

Submitted for Adm March 24, 1904, Wm D. Slaughter, Examiner.Approved for admission; origin and
continuance of disease of lungs, result
of measles acceptedApproved for admission; death resulted
from disease of lungs
due to cause

April 4, 1904, M. W. Kinsley,
Legal Reviewer.
April 5, 1904, W. A. Alexander,
Re-Reviewer.

April 6, 1904, J. M. Taylor,
Medical Examiner.
April 6, 1904, J. M. Taylor,
Medical Referee.

IMPORTANT DATES.

Enlisted <u>September 5, 1864</u>	Former marriage of soldier - <u>none</u> , 1 _____
Mustered _____, 1 _____	Death of former wife - _____, 1 _____
Discharged <u>September 1, 1865</u>	Former marriage of claimant - <u>none</u> , 1 _____
Died <u>November 11, 1903</u>	Death of former husband - _____, 1 _____
Declaration filed <u>December 31, 1903</u>	Claimant's marriage to soldier <u>July 27, 1865</u>
Invalid appl'n filed <u>April 24, 1889</u>	Claimant remarried - <u>no divorce</u>
Invalid last paid to <u>October 4, 1903</u>	

Claimant does _____ write.

No M. C.

[3-218.]

Slaughter Ex'r.

4/252

No.

797082

Acts of July 14, 1862, and March 3, 1872.

MD.

VA.

W. VA.

not Jan 704 SN

TRANS. DIV. NOTIFIED OF DEATH

A & N. S.

Lucy M. Gilbert.
2117 Forest Ave.
Des Moines, Ia.

Wid.

William H. Gilbert.

A 54 Reg. Inf.

Died at Des Moines, Ia.

Nov. 11, 1903.

other claim.

Prov. Off. 508. 815.0

Jan 8, 18¹⁹⁰⁴ Nlk

Clerk.

N. C. Feb 2. 04. Claimant
for evidence as to
death and immediate
FLA. at cancelled
GA. history marriage
ALA. since and non dev.
MISS. Mrs. S.
LA.
TEX.
KY.
TENN.
Mo.
ARK.

Application filed: Dec. 31, 1903.

Attorney: Claimant.

P. O.

D. C.

U.S.C.T.

No.

JAN 25 1904

(10697-5,000.)

Acts of July 14, 1862, and March 3, 1873.

Rec'd May. 24. 89

William H. Gilbert
P. O. Prairie City
Jasper Co., Iowa
Service: Pub. A, 54th Ky. Inf.

Enlisted: Sept. 5, 1864

Discharged: Sept. 1, 1865

Application filed: Apr. 29, 1889.

Alleges: Breast interfered

Re-enlisted: _____

4/252

Aug 8. 1890 Examination and report
N. Ashbrook, M.D. — To Claimant then
Hon J. F. Hacey that Claimant awaits Certificate
of Medical Examination and requires
a statement under oath giving the name and
FL name of disease for which person is
Claimant — To A. G. for report of Hospital
Government and for presence of Capt.
Nichols — To Capt. Nichols for state-
ment. To P.M. for disability of Capt.
Nichols, Soldiers, Undersecretary, No. 10
I. 176.

TEX.

Ky.

TENN.

Mo.

ARK.

D. C.

U.S.C.T.

Attorney: Donaldson & Co.

P. O.

Recognized.

Contract.

Cert. of Dis. Searched for _____, 18 _____

(13512-12,000)

No.

3-732

No. 570,452

A. W. S.

Lucy M. Gilbert

DEAD

Widow of
William H. Gilbert

Rank Private

Company A

Regiment 54th Ky. Vol. Inf.

Rate per Month \$ 12-

Commencing Nov 12-1903

Ending

DEAD

Des Moines Agency

Issued April 9, 1904

Mailed 12, 1904

By none

(383-25,000)