#### Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

#### COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.



STHE NATIONAL ACCHIVES SOLDIER'S CERTIFICATE RUNNER NO. 2%

ESHI 31- PENSIONER DROPPED DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS JUN 22 1915 93820 Certificate No.

The Commissioner of Pensions.

Str:

I have the honor to report that the name of

the above-described pensioner who was last

GEORGE W. CLUTTER,

Very respectfully,

Chief, Finance Division.

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

6—2249

FINANCE RECEIVED JUN 22 1915 GROUP 1



JUL 12 1915

DIVISION

JUN 30 1915

#### VOLUNTEER SERVICE.

(Civil War or War with Spain.)

#### WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

Commissioner of Pensions.
a male to
George W. Clutter
co. 6,21 Reg't Phis Inf
age 28 , h <del>oight feet, inches</del> ,
complexion ,
eyes , hair ,
place of birth,
occupation;
vas enrolled Aug 29, 1861,
vas enrolled Aug 29, 1861, and discharge July 18, 1864. on Surg Certif of desability
on Surg Certif of desapility
From MO C 18 to MO 10
From MO J, 18, to MO, 18,
From MO J, 18, to MO, 18, to held the rank of Januarate, Carpearal
From MO J, 18, to MO, 18, no held the rank of Janirale, Carporal Hergian
From MO J, 18, to MO, 18, ne held the rank of Juvante, Cirporal Hergian
From Mo I, 18, to MO, 18, no he held the rank of favorate, Carpenal Y Sergeans
and the rolls on file for that period do not show him obsent except as follows:
and the rolls on file for that period do not show him
ind the rolls on file for that period do not show him absent except as follows:  Meh Yah 1863.
ind the rolls on file for that period do not show him absent except as follows:  Meh Yah 1863.
and the rolls on file for that period do not show him obsent except as follows:

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Josens. Jasten Juison
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bino/lamanga,
Prisoner of war Records
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as bhickamanga Ship
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lanvoga Jim Seps 28.
1860
Nov 63 to June 30 1864.
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Left 20. 1863 arbath
Chichamanga.
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OFFICE S.
Co-Audrew
Co-Audrew  The Adjutant General.
Per
Co-Audrew  The Adjutant General.  Per Fig. 12 1918.
Per

#### DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

NT - Town Town	
State of Neoraska	, County of Merrick, ss:
On this 23rd day of May	, A. D. one thousand nine hundred and twelve , personal
ppeared before me, a Notary Public	c within and for the county and State aforesai
George W.Clutter	who, being duly sworn according to law, declares that he is 83
ears of age, and a resident of Silver Cre	eek , county of Merrick
	that he is the identical person who was ENROLLED at Finley,
Hancock County, Ohio	under the name of George W.Clutter
nthe 29th derest August	, 186 I as a private in Co C 21st
Ohio Infantry	
(Here state rank, and con	ompany and regiment in the Army, or vessels if in the Navy.)
n the service of the United States, in the	Wivil (State name of war, Civil or Mexican.) war, and was honorably discharge
	on the 18th day of July , 18 64
That he also served	, on the contract of the contr
That he also served	(Here give a complete statement of all other services, if any.)
Next he mag not employed in the military or revel of	couring of the Trutal Chatter the mineral true and true a
	service of the United States otherwise than as stated above. That his person 6 feet ½ inches; complexion, dark; color
hazel dark	reet school inches; complexion, activation; color
yes, nazel; color of hair, dark	; that his occupation was farmer ; that
vas born OG GODEL II GII	, 18 29 at Licton County, Ohio
of Ohio after the war a	g the service have been as follows: <u>lived in the State</u> and then came to Nebraska is I888.  e date of each change, as nearly as possible.)
Mind have a second of the seco	
That he is a pensioner under certificate No	
- 93820	93820 That he hasapplied for pension under origin
That he makes this declaration for the purpose	of being placed on the pension roll of the United States under the provisions
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (	of being placed on the pension roll of the United States under the provisions
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (Nohmonka)	of being placed on the pension roll of the United States under the provisions  Creek, county of Merrick
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (tate of Nebraska	of being placed on the pension roll of the United States under the provisions  Creek, county of Merrick
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (tate of Nebraska	of being placed on the pension roll of the United States under the provisions  Creek, county of Merrick  Les
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (tate of Nebraska (test: (1)	of being placed on the pension roll of the United States under the provisions  Creek
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (tate of Nebraska (1) (2) Subscribed and sworn to before me to the state of Subscribed and sworn to be subscribed and sworn to be subscribed as the state of Subscribed and sworn to be subscribed as the state of Subscribed and sworn to be subscribed as the subscribed and sworn to subsc	of being placed on the pension roll of the United States under the provisions  Creek
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (state of Nebraska (1) (2) Subscribed and sworn to before me to certify that the contribution of the purpose of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the purpose of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the purpose of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the purpose of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the purpose of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the purpose of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the act of May 11, 1912.  Subscribed and sworn to before me to certify that the contribution of the act of May 12, 1912.	of being placed on the pension roll of the United States under the provisions  Creek
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (State of Nebraska (1) (2) Subscribed and sworn to before me to certify that the contapplicant before swern [L. S.] erased, and the world	of being placed on the pension roll of the United States under the provisions  Creek
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (State of Nebraska (1) (2) Subscribed and sworn to before me to certify that the contapplicant before swern [L. S.] erased, and the world	of being placed on the pension roll of the United States under the provisions  Creek
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That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (State of Nebraska (1) (2) Subscribed and sworn to before me to certify that the contapplicant before swern [L. S.] erased, and the world	of being placed on the pension roll of the United States under the provisions  Creek  Creek  Claimant's signature in full.)  (Claimant's signature in full.)  this 23rd day of May  tents of the above declaration were fully made known and explained to the earing, including the words  ds
That he makes this declaration for the purpose of the act of May 11, 1912.  That his post-office address is Silver (State of Nebraska Attest: (1)  Subscribed and sworn to before me to certify that the contapplicant before swern [L. s.]	of being placed on the pension roll of the United States under the provisions  Creek

A PENSIONER, DO NOT FAIL TO GIVE OERTIFICATE NUMBER.

L

3-014.

ACT OF MAY 11, 1912

#### CLAIM FOR PENSION

Name, Glorge It Clubler

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#### INSTRUCTIONS.

This form may be used for original pension or increase of pension.

of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or 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 certificate has been filed in the Bureau of Pensions for general reference.

# T APPROVED MAY 11, 1912.

irteen dollars and fifty cents per month; one year, fourteen dollar its per month; two years, fifteen dollars per month; two and a half ver, sixteen dollars per month. In case such person has reached t per month; six months, fifteen dollars and fifty cents per month; ars and served ninety onth; one and a half ye

hereof, or who from disease or other causes mountain.

hall be paid the maximum pension under this Act, to wit, thirty dollars per That any person who has served sixty days or more in the military or na

pensions shall commence from the date of filing of the applications is: Provided, That pensioners who are sixty-two years of age or over, claims are pending in the Bureau of Pensions, may, by application be, receive the benefits of this Act; and nothing herein contained

erein shall be pensionable under

No. 142.

#### Declaration for Pension

Under the Act of February 6, 1907

4
State of Mebracka, country of Murriek, 55:
On this
Seven, personally appeared before me Office
a Natary Suble within and for the County and State aforesaid
Slorge W Clutter a resident of the Villeage of Silverform Country of Merrick
State of
the identical Soldier who was enrolled on the 29
day of Caugust., 1861, in Company C 21 Refluence Ohio (Here state rank in company and regiment in Military Service, or vessel, if in Navy.)
Infantry Volunture. Sarphant in the service of the
United States in the
ABLY DISCHARGED at Columbus. O, on the 18 day of July, 18 &
That he has Mox been employed in the military or naval service otherwise than as stated
above
That he is
and asks for a pension of \$. 2.0 per month [62 years of age, \$12; 70 years, \$15; 75 years or over, \$20].
That he has applied for pension under application No That he
is a pensioner under Certificate No
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 February 6, 1907.
He hereby appoints, with full power of substitution and revocation,
Taber & Whitman Co. of Washington, D. C.
his true and lawful attorney to prosecute this claim. That his post-office ADDRESS is
County of Merren, State of Meby.
I. John Stula. George Religion Claimant's signature—FULL name).
2. Two witnesses who write sign here.)

being by me duly sworm, say that they were present and saw	Also personally appeared	Thus I	Kul	a)		, residing at
being by me duly sworn, say that they were present and saw	Silvertreen, mill	and S	112	Jac	Ru	ans
being by me duly aworn, say that they were present and saw	Silver of and					
we from the appearance of said claimant and their acquaintance with him of \( \frac{V}{V} \) years and the foreign of the appearance of said claimant and their acquaintance with him of \( \frac{V}{V} \) years, respectively, that he is the identical person he represents himself to be; and that have no interest in the prosecution of this claim.    A	iding at the persons		$\sim$	_	entitled	to credit, and
years and the appearance of said claimant and their acquaintance with him of V years and V years, respectively, that he is the identical person he represents himself to be; and that have no interest in the prosecution of this claim.  And the state of the appearance of said claimant and their acquaintance with him of V years and V years, respectively, that he is the identical person he represents himself to be; and that have no interest in the prosecution of this claim.  Sworn to and subscribed before me this. A gay of Warch. A. D. 1907, and hereby certify timt the contents of the above declaration, etc., were fully made known and explained as applicant and witnesses before swearing, including the words  Example of the said of the respectively.  Walidity accepted S. A. Cuddy.  Chief, Law Division.  10 TW 3 28 07  To be executed before a Court of Record or some officer thereof having custody of its seal, and the properties of the seal one, his signature and official character shall be certified by a Clark of a Court of a Court of Courty Clerk, unless such certificate is aiready on file in Pension Office, where fact should be stated.  NOULLY STORE TO STORE THE STORE OF THE	o being by me duly sworn, say that they were	present and saw	Si	Name o	f Claimant.	Ludes
years, respectively, that he is the identical person he represents himself to be; and that have no interest in the prosecution of this claim.    A	mant, sign his name (or make his mark) to t	he foregoing dec	laration;	that they	have ev	very reason to
have no interest in the prosecution of this claim.    Color   Color   Color	leve from the appearance of said claimant and	d their acquainta	ince with	him of	7	years and
Sworm to and subscribed before me this 2 day of March., we refully made known and explained a and that I have no interest, direct or indirect, in the prosecution of this claim.  Validity accepted S. A. Cuddy, Chief, Law Division.  101 To 3 28 07  To be executed before a Court of Record or some officer thereof having custedy of its seal, and or of softy or County Clerk, unless such certificate is already on file in Pension Office, where should be stated.	years, respectively, that he is	the identical per	rson he re	presents h	imself to	be; and that
Sworn to and subscribed before me this 2 day of March , A. D. 1907, and hereby certify that the contents of the above declaration, etc., were fully made known and explained applicant and witnesses before swearing, including the words    Content	ey have no interest in the prosecution of this o	claim.		Ω		
Sworn to and subscribed before me this 2 day of March , A. D. 1907, and hereby certify that the contents of the above declaration, etc., were fully made known and explained applicant and witnesses before swearing, including the words    Content	DI ROLL		Low	/n //	Lel	TE .
Sworn to and subscribed before me this 2 day of March , A. D. 1907, and hereby certify that the contents of the above declaration, etc., were fully made known and explained applicant and witnesses before swearing, including the words    Content	PALIC	U	09	V Ou	M	man
hereby certify that the contents of the above declaration, etc., were fully made known and explained to applicant and witnesses before swearing, including the words    Content   Content	f affiants sign by mark, two persons who write sign here.)			(Signature	of Affiants.)	) .
d; and that I have no interest, direct or indirect, in the prosecution of this claim.  Validity accepted S. A. Cuddy, Chief, Law Division. Par TN 3 28 07  Sto be executed before a Court of Record or some officer thereof having custody of its seal, and see he has none, his signature and official signature shall be verified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court of a City or County Clerk, unless such certificate is already on file in Pension Office, when fact should be stated.	Sworn to and subscribed before me this	$\mathcal{V}$ day of $I$	war	ch	, A.	D. 1907, and
d; and that I have no interest, direct or indirect, in the prosecution of this claim.  Validity accepted S. A. Cuddy, Chief, Law Division. Of The 3 28 07  To be executed before a Court of Record or some officer thereof having custody of its seal, are try Public, or Justice of the Peace, whose official signature shall be certified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court of rod or a city or County Clerk, unless such certificate is already on file in Pension Office, when fact should be stated.	lo hereby certify that the contents of the above	ve declaration, et	c., were f	ully made	known	and explained
Walldity accepted S. A. Cuddy, Chief, Law Division. Well of the Peace, whose official signature shall be verified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court of act should be stated.  S. A. Cuddy, Chief, Law Division. Well of the Peace, whose official signature shall be verified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court or or a city or County Clerk, unless such certificate is already on file in Pension Office, when fact should be stated.	the applicant and witnesses before swearing,	including the w	ords	Slor	JC.	W Clu
d; and that I have no interest direct or indirect, in the prosecution of this claim.  Validity accepted S. A. Cuddy, Chief, Law Division. Of TN 3 28 07  To be executed before a Court of Record or some officer thereof having enstedy of its seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court of a or a City or County Clerk, unless such certificate is already on file in Pension Office, where facer should be stated.	and grant was granted by the second				/ erased,	and the words
Validity accepted S. A. Cuddy, Chief, Law Division. Per TM 3 28 07  To be executed before a Court of Record or some officer thereof having custody of its seal, are republic, or Justice of the Peace, whose official signature shall be verified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court or order or a Court of the resonance of the Peace, when fact should be stated.  Naturation  Naturat	John John	Kula			-	
Validity accepted S. A. Cuddy, Chief, Law Division. Per TM 3 28 07  To be executed before a Court of Record or some officer thereof having custody of its seal, are republic, or Justice of the Peace, whose official signature shall be verified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court or order or a Court of the resonance of the Peace, when fact should be stated.  Naturation  Naturat	led; and that I have no interest, direct or inc	direct, in the pros	secution o	f this clai	m.	
Chief, Law Division.  OFT N 3 28 07  To be executed before a Court of Record or some officer thereof having custedy of its seal, are see has none, his signature and official character shall be certified by a Cierk of a Court of or a City or County Clerk, unless such certificate is already on file in Pension Office, where fact should be stated.			PA	M		
Chief, Law Division.  Off TN 3 28 07  To be executed before a Court of Record or some efficer thereof having custedy of its seal, are public, or Justice of the Peace, whose official signature shall be verified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court or or a City or County Clerk, unless such certificate is already on file in Pension Office, when fact should be stated.	Cude			(Official Sig	nature.)	^
To be executed before a Court of Record or some officer thereof having custedy of its seal, and see he has none, his signature and official character shall be verified by his official seal, and see he has none, his signature and official character shall be certified by a Clerk of a Court of or a City or County Clerk, unless such certificate is already on file in Pension Office, when fact should be stated.	Chief. Law D	livision.	The	plan	ay /	Lull
To be executed before a Court of Record or some officer thereof having custedy of its seal, and see he has none, his signature and official seal and see he has none, his signature and official character shall be certified by a Clerk of a Court of or of thy or County Clerk, unless such certificate is already on file in Pension Office, when fact should be stated.    Record or a City or County Clerk, unless such certificate is already on file in Pension Office, when fact should be stated.				(Official C	haracter	
R'S APPLICATION  Molutty  Service:  Service:  Addy-ess.  Addy-ess.  & Whitman Co., Islon Attorneys,  Washington, D. C.  by John P. Sheiry, Claim Phagus, Printer, Washington, D. C.						
R'S APPLICATION  Molutty  Service:  Service:  Addy-ess.  Addy-ess.  & Whitman Co., Islon Attorneys,  Washington, D. C.  by John P. Sheiry, Claim Phagus, Printer, Washington, D. C.		4		eretti otokki		
R'S APPLICATION  Molutty  Service:  Service:  Addy-ess.  Addy-ess.  & Whitman Co., Islon Attorneys,  Washington, D. C.  by John P. Sheiry, Claim Phagus, Printer, Washington, D. C.						
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	R'S A  Wan  Serv			i &	⊆ ≥	by W

# Claim of Officer or Soldier for Invalid Pension.

On this day of Suplember, A. D., 1868, per-
sonally appeared before (1) folia Kulaus Probate bulge,
a Court of Record within and for said county, Leaning by Collier
aged years, a resident of the country of
Putacian, and State of This, who, being first duly sworn ac-
cording to law, declares that he is the identical George W. Lecuter,
who enlisted in the service of the United States, at This dies of the United States, at the States, at the States, at the States, at the States of the United States
in the County of Harris and State of Zin,
on the 29 day of Confust, in the year 1866, as a
in Company Commanded by Captain
McMahan, in the 21 Regiment of UN
, commanded by , , , , , , , , , , , , , , , , , ,
in the war of 1861, and was honorably discharged on the
A. D. 1864as will appear by his certificate of discharge herewith
presented. (2)
-
······································
That while in the service aforesaid, and in the line of his duty, (3)
The 20th lef 1863 at chuck anaqua, he
hus con and by a missest back
in the left leg first below the 15mm
ing the upper or Tibula" bone of the
has and lotally des trong the same
That The same is more a running live
Muss of public flash - + punishes of
The said bone loudantly protucing
from the account there of depriving
him to a quest is lend from the one
from the same there de priving him to a quest the to from the rice of free for for fore for fore for a series of a
Jucaninghis sisual trade takento
That since leaving the service he has resided at Lung en in the
State of and his occupation has been decided
He makes this declaration for the purpose of being placed on the Invalid Pension Roll of
the United States, on account of the disability above stated.
George It Colletter
Also, on the same day, personally appeared Aracu Faylor and
David M. Teurely, residents of said County of Later and delay
persons whom I certify to be respectable and entitled to credit, and who, being by me duly

sworn, say that they were present and saw George W lessign his name
to the foregoing declaration: and they further
swear that they have every reason to believe, from the appearance of the applicant, and their
acquaintance with him; that he is the identical person he represents himself to be, and who
served as stated in his declaration; that his habits since he left the service have been good, and
his occupation has been that of Later ; and that they have no
interest in the prosecution of this claim.
Straul day Gr
David Mc Carely
Sworn to and subscribed before me, this 19th day of Superinten
A. D. 184 Sand I handry gentify that I I
A. D. 18 Le, and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim.
Witness my signature and the seal of said Court, at
Olland, the day and year aforesaid.
Man Harlins Probest Lewy
18
It is hereby certified, thatin Com-
pany, in the
rendered incapable of performing the duties of a soldier, by reason of (5)
while he was actually in the service of the United States, as
aforesaid, and in the line of his duty, viz: By satisfactory evidence and accurate examina-
ation, it appears that (6)
and he is thereby not only incapacitated for military duty, but in the opinion of the under-
signed is (7) disabled from obtaining his subsistence by manual labor.
J. one couldness successione by manual tabor.
Surycon.
· Control of the cont
Surgeon.
Sworn to and subscribed before me this
A. D. 18; and I hereby certify that I know the said.
A. D. 18; and I hereby certify that I know the said
A. D. 18; and I hereby certify that I know the said
A. D. 18; and I hereby certify that I know the said
A. D. 18; and I hereby certify that I know the said
A. D. 18; and I hereby certify that I know the said

Anuu au Jue	n on mese	Ut	esents	That	I. Gee	11-
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Peter com	and State	of	0		_	da herebu
constitute and appoint		Lo	from		022.24	train and lands
Agentand Attorney	for me and i	92 02221	nama to m	mananta	, my	irue ana aarojui
for an invalid pension	, ana i ao nereo.	y aune	rize my so	ua Attoi	rneyto e	xamine the pa-
pers, documents and rea	corus retuiing to 1	ny saw	t claim, w	hich maj	y be found	in any Depart-
ment or Office of the G	covernment; to ap	opoint • -	one or mo	re perso	ens to ass	ist him in the
business aforesaid; to	file addi <del>tio</del> nal evi	idence e	or argume	nts when	necessary	; to receive the
certificate which may is	sue in my name u	pon sa	rid claim;	and to c	lo any and	d all lawful acts
necessary in effecting the	e object of Arcis.	said a	ppointmen	t.		
	In Cestimor	ny wh	ereof, I j	ereto` set	my hand	d and seal, this
	190	day	ofLe	ple	wher	A.D. 186.8
Executed in pres	ence of					
Davie St	Coursely	z ĉ	Gen	11 9	11 do	le the
coff. of	7/8	•••••	Samuel Lang	bet		L. S.
MINI DU	)					
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foregoing Power of At	torner for the new	g-conce	acknowed Tomoro	yeu, the s	igning an	d sealing of the
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	day and year	aforese	aid.			
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			<b>y</b>		KOZ	un junga
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The State of		, U	ounty	01	······	,55.
	T					
	I,the	• • • • • • • • • • • • • • • • • • • •	••••			, Clerk of
•	earl County Jo				Court	within and for
	said County, do	certify	that			······,
	Esq., before who	om the	foregoing	(10)	1	
t to the second	made, ı	vas, at	the time o	f taking	the same,	and still is, an
acting						
commissioned and swor	or and that the si	ionatur	e mirnort	ina to be	his. to sa	vid (11)
In Testimony w						
			, t	his		day of
822444444 2224444024 422222222 4424442224 42242224 42244222	, A.D. 1	8				

APPLICANT'S ADDRESS.

George W Clutter Allana Petrano Co.

ATTORNEY'S ADDRESS.

ROBERT CLARKE & CO., LAW PUBLISHERS, BOOKSELLERS AND STATION,

55 WEST FOURTH STREET,
CINCIN NATI, O.
[Copyrighted.]

	The State of Obio, Franklin County, ss.
Tenge 6h	certify, That I this day solemnized the Marriage of
	Witness my Hand, this
	A. D. 1853 J. Smith M.S.
THE STATE OF OHIO FRANKLIN COUNTY, ss.	PROBATE COURT.
$I$ , Samuel L. Black, $Judge\ of\ the$	e Probate Court, within and for the County of Franklin
and State of Ohio, do hereby certi,	fy that the foregoing is a full and correct copy of the
Certificate of Marriage of the parties to	herein named, as the same appears of record and on
$file\ in\ said\ court, to ext{-wit}:$	
Marriage Record, No	Page 3 6
In Testi	mony Whereof, I have hereunto set my hand and the seal
	of said Court, at Columbus, Ohio, this 8  day of Angust A. D. 1907  Samuel S Probate Judge

Deputy Clerk

#### DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., January 2, 1915.

Sir: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

GEORGE W.CLUTTER,
SILVER CREEK NEBR
93820

Mar Commissioner.

No. 1. Date and place of birth? Answer	October 11th, 1829. Lincoln County, Ohiol
	you served? Answer. 21st Ohio Volunteer Infrantry.
	ent? Answer. Ottawa, THE Putnam Co. Ohio.
No. 3. State your wife's full name and her r No. 4. When, where, and by whom were yo	naiden name. Answer. Mary Amanda Clutter, Mary Aman <b>da</b> Kimbal. u married? Answer. August 15th, 1852, Columbus, Ohio.
By a Presbyterian Wing	fister.
No. 5. Is there any official or church record	of your marriage? None that I know of.
· If so, where? Answer.	
No. 6. Were you previously married? If so	, state the name of your former wife, the date of the marriage, and the date and place of her
<b>44</b>	re than one previous marriage, let your answer include all former wives. Answer.
· · · · · · · · · · · · · · · · · · ·	
and the date and place of his dea	efore her marriage to you, state the name of her former husband, the date of such marriage, th or divorce, and state whether he ever rendered any miltary or naval service, and, if so, which he served. If she was married more than once before her marriage to you, let your
answer include all former husbar	nds. Answer. Never married before.
	·
	·
No. 8. Are you now living with your wife, o	or has there been a separation? Answer. Wife died Aug. 15th, 19/02.
	······································
No. 9. State the names and dates of birth of	fall your children, living or dead. Answer.
Imogne Powell	Year 1853.
Helen Albright	" 1855.
Mary Shimp	<b>2</b> 1858.
··-	" 1869.
	" 1871 <b>.</b>
	(in and) In
Date March 19th, 1915	(signature) If I bellette



3-402

Certificate No./00 Department of the Interior,
Name, Alral Melutter BUREAU OF PENSIONS,
Washington, D. C., January 15, 1898. SIR:
In forwarding to the pension agent the executed voucher for your next
quarterly payment please favor me by returning this circular to him with
replies to the questions enumerated below.
Very respectfully,
J. D. Leighey, Mohay Frank
U. S. Pension Agent, Commissioner.
Indianapolis, In
First. Are you married? If so, please state your wife's full name and her maiden name.  Answer. J. W. Wary G. M. Simble, www. Clutter  Second. When, where, and by whom were you married?  Answer. Grynd 1854, Colombar Office, by a Prix, sunnify  Third. What record of marriage exists?  Answer. Mane  Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.  Answer. M.  Fifth. Have you any children living? If so, please state their names and the dates of their birth.  Answer. Myil blutte, 1869, Muella blutte.
Date of reply,

NITED STATES RATIOF CERTIFICATE FOR DISCHARGE. .... Regiment of the United States was enlisted by ...... on the 29" day of Wingrish , 186 /, to serve / in the State of feet //2 inches high, Waste complexion, Ha months said soldier has been unfit for duty days.\* List Ill assu ded at the Bottle of Chickamanga la Sept-20/63 I CERTIFY, that I have carefully examined the said " enge Company, and find him incapable of performing the duties of a The Soldier desires to be addressed at Town Ottawa County Textmann State

[DUPLICATES.]

[A. G. O. No. 100 & 191-First.]

#### Note 1.

The company commander will here add a statement of all the facts known to him concerning the disease or wound, or cause of disability of the soldier; the time, place, manner, and all the circumstances under which the injury occurred, or disease originated or appeared; the duty, or service, or situation of the soldier at the time the injury was received or disease contracted, stating particulty whether the injury was received or the disease contracted, the disease contracted, stating particulty whether the injury was received or the disease contracted, a judgment as to the cause, immediate or remote, of the disability, and the circumstances attending it.

When the facts are not known to the company commander, the certificate of any officer, or affidavit of other person having such knowledge, will be appended—as the surgeon in charge of a hospital, the officer commanding a detachment of recruits, &c., &c.

#### Note 2.

When a probable case for pension, special care must be taken to state the degree of disability—as \( \frac{1}{2}, \frac{1}

Medical officers, in giving certificates of disability, are to take particular care in all cases that have not been under their charge; and especially in epilepsy, convulsions, chronic rheumatism, derangement of the urinary organs, ophthalmia, ulcers, or any obscure disease liable to be feigned or purposely produced; and in no case shall such certificate be given until after sufficient time and examination to detect any attempt at deception.

#### DIRECTIONS.

This certificate will be made out in duplicate by the soldier's company commander, or other officer commanding the separate detachment to which he belongs, and sent by him to the surgeon who has charge of the hospital where the soldier is sick. The surgeon will then fill out and sign the surgeon's certificate, and forward these papers to the regimental, detachment, or post commander, who, will forward them, with his action endorsed thereon, through the proper channel, to his division commander; or, if the troops are not attached to a division, to his corps, department, or other commander or officer whom the authority to discharge enlisted men may be specially delegated.

These certificates, after having received the action of the highest nuthority to which they are required to be sent, will be returned through the same channel to the regimental, post, or datachment commander, who will, if the discharge is authorized by the endorsement of the preper authority, sign the soldier's discharge, and the certificate on this paper; see that the soldier is furnished with

certificate on this paper; see that the soldier is nurnished with proper final statements in duplicate, and forward BoTH of these certificates direct to the Adjutant General United States Army, at Washington, D. C.; they will not, under any circumstances, be given into the hands of the soldier.

486.223 WBept 18kg

CERTIFICATE OF DISABILITY FOR DISCHARGE

a Sligh Co. Co. Co. Reg't of Ohiolol Juft

Do Leavelanged

Aglormand of

May Ges Aciongstones

CHI Potter

Adjutant General's Office, in plicate for the Treek

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Received (A. G. Office)

11.7

#### DUPLICATE.



Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

	State: of Indiana County: of DESCull
	State: Of Indiana County: of DESCull Post Office: Attired Sept 25, 1875.
Pensioner's	Mereby certify, That see have carefully examined
ervice.	Sevry H. Clutter, who was a seret Co, C,
	21' Regt Ohio Cols in the war of 180145 and was
Be particular give Certifi- ate No.	granted an Invalid Pensjon under Certificate No. 53 820, to be paid now
Agency where be paid.	at the Agency in Cincinnath Oniv , by reason of alleged
	disability resulting from
	which he states to have been received in the line of duty while he was in the military
	service of the United States.
State whether isability con- inues; and, if o, its present	In popinion the said Pensioner's disability, from the cause aforesaid, continues at
logiou.	A more particular description of the Pensioner's condition is subjoined:
Particular des- ription.	Height, of fr; weight, 170 le; complexion, Locale; age, 44, ;
	respiration, 17 feer; pulse, 70 per one.
	In This pensioner case the ball crushed the bones of Tibia and Fibula
	in upper third which was
	followed by Resories of bones from
	Juliala Smill Shiender al borne
	Part to diale
	Continues to elisaburge, relices bostion of
	Les, elischunges a Three resid four
	The leg below line foint is swollen
	The Bruscles above frist are atrophical
	This sure tuting is anjustly
	Low, his hubits are good
*	
	A Stough
	Manus of the Mercur

#### PERIODICAL EXAMINATION

IN CASE OF

Scorye W Clutter
Co.C., 2/ Reg't, Ohis Wols

DATE OF EXAMINATION,

#### 4

#### SURGEON'S CERTIFICATE

Kiennial, Innual, or Semi-annual Examination, on which the Pensioner draws his Pension.

	State: of Indiana County: of Descult
	State: of Indiance County: of DeScull Post Office: Platerton Sept-22, 1873.
*	Is hereby certify, That we have carefully examined
Pensioner's ser-C	George Al Clutter, who was a sent Co Co,
Be particular to	21. Legs Osio Orls in the war of 180145 and was granted an Invalid Pension under Certificate No. 93.820
Agency where to be paid.	to be paid now at the Agency in Concernati' Olio
	by reason of alleged disability resulting from Sun Snot
	line of duty while he was in the military service of the United States.
State whether disability contin- nes: and, if so, its	In Oss opinion the said Pensioner's disability, from the cause
nes; and. if so, its present degree.	aforesaid, continues at TAULHS, vo A more particular description of the Pensioner's condition is
	suljoined:
Particular description.	Height, 6 f1=; weight, 165; complexion, Lesse;
	age, 42, respiration, 19, per on, pulse, 78 per on This pensione was rounded in
	upper third of Fibula and Tibial bones
	the bones were greatly Shottesed
	Diesosis of both bones followed
	news the ansile three fistulous
	apenings from which discharge
	athin and feeted brother; the limb is best outwood and
	the limb is best outwood and
	busserved at intervals he is
	Compeled to use contehes
	In habits one good
	p Q
	In meren et

#### 4 SURGEON'S CERTIFICATE 4

OF

#### PERIODICAL EXAMINATION

IN CASE OF

Co. Co., 2/ Reg't, Phin pool

No. 93.820

DATE OF EXAMINATION,

Sept 22 18/3

Mough Mercer et Examining Surgeon

#### SURGEON'S EXAMINATION FOR INCREASE OF PENSION,

UNDER ACT JULY 14, 1862.

The Surgeon will forward this Certificate direct to the Pension Office, whether there is increased disability or not. The Surgeon's fee to be collected of the person examined, except when the examination is required by an official order, specifying the Surgeon by name.

The Surgeon should suitably describe in what manner the original disability has been increased, and whether entirely or partially caused by vicious habits.

	· · · · · · · · · · · · · · · · · · ·
STATE Chie	COUNTY delizare
	Town Ottawel
	23° May ,18)0.
at in haraba cartifica	6. M. Clutter We The hases "He Company,
gt is hereby territien, That	11 to 7 to a last
formerly a of Captain of Captain	Company,
	chaff, in the war of 1861
who, it appears by his pension certificate, was original	lly inscribed on the rolls of the Agency in Consumnte
, and since paid at	General Agency at the rate
of dollars per month, on account, as he	states, of War and
MV Cher Cher Certil	
while in the line of duty in the military service of the	United States, on or about the 2011
day of Jela Paris by 1863 at a place	called bicamarga, in the State or
Territory of Is a cree	, is not only still disabled in consequence of said injury, but,
in my opinion, his disability to obtain his subsistence	by manual labor has increased since his pension was allowed,
so that it amounts to Lotal	disability.
	the injury or disease on account of which he was originally
pensioned as follows:	
6 710 601	
the flat the land in	aceard a Jusisher houndoin
the left lags the ball street	Escraved a June her wound in Eing the link a bout two inches acturing the Tibial bour and
below the terrer jourt; for	acturing the Tibial bour and
producing eleration	I this Saft busto with all
and necesis of the bon	of the saft purts with sloughing
interior of the	oft parts is more Estensive than
Then first spars ingo	probably from using in to to
I spore mein m	in a farmer he is Combilled
are well and	co very on the limber to
through His day load a Verrel,	ment bess har better
Mr is lending the L'	my to keep up the isritation
Me is len prats in his	navies
	L. WMor
	Examining Surgeon
c. 5 (/ 4 . f)	Hxamina Nuragon

Ų.	O SURGEO	N'S CER	TIFICAT	E.	<b></b>
Insert character and number of claim.	Dureas	Pension Cla	$_{\rm im~No.}$	3820	
Name of claim-	o W Cluther		Address	olumbies	P. O.
Compa	ny e v / Reg't Ohio	Luf	of Board.	nevasta	State.
Claimant's post- office address.	floor trick			[ate of examination.]	_, 190 🐓
Cause of disa-	what wo	rud of	extleg		
	•	He receives a p	pension of /4	dollars per	r month.
craimant's	kes the following statement	t in regard to the	e origin of his d	isabilities and date w	hen first
briefly and as discove compactly as possible) in re-	ered by him:				1
gardto thedate of origin and cause of his dis-	court Suchas	Lucuefar	Rickare	uga 1863	
abilities and the manner in which they affect him.	•	· .			Notes to the second
The outlines of the	e human skeleton and figure upon	the back of this cer	rtificate should be u	sed to indicate precisely th	ne location
of a disease or injury,	, the entrance and exit of a missi	le, on amputation, e	tc.		4
	rthplace, Wnesty Ol		_; age, <b>7</b> •	_years; height,6_	;
	pounds; co		; col	or of eyes,	;
	of hair, ; or ther than those described l	ccupation,	rs.	; permanent ma	arks and
	e hereby certify that upon e	•	and the following	g objective conditions	:
$\gamma^{\mathrm{Pr}}$	alse rate, 7882 9	O; respiration	, 16 19 1	9; temperature,	98/2
Here give a full description of the disabilities,	rua Vyzeneler.	numer	my therew	Low lyng an	za,
		Charles Ext	·	His lown b	mler
Court	111 5	ag, 1020	us hone	vovalbrum	maul
Ey6	ruel Restace of		es below	Kue let. E	vis
Facts within the knowledge of the Board, or any member	curfule of ley	on a line	with Eu	Arause Frac	Luxung
thereof, relative to the	tibia, Icar at	- Ecotrace	0 1 X 1/2 cu	ch with about	1/2
disability found should be stated.	depression &	nue lesso	guesus	and boney	structu
Whenever a disability is shown or is believed	pauful ou pre	sur. Of	Leula d	rour has fre	a neraus
to be due to or aggravated by vicious habits	ond, in at leas	a throng	land a	cass below	howour
the opinion of the board must be stated. When not due	n ther bow was z	y troubel	Theore	son on gr	r and
to such habits this fact must be stated.	2"to water	fore we	to low.	thruguedel o	remai
3."	V/r wales blow	v 3/4 wich	Cory. I	homis also a	seen
belo	when on au	Lynn 2	entare	leg two we	is in
dia	weter pris, o	The leg is	Bampi	faul evol	ew.
i du	region of wone	and paul	ful on p	resur, Cot	emforan
99/2	Quality aires	Moderal	N Less	la urband	Muleer
Was	Rough aut of	Paris Wo	Alr desas	Cem Land	14 augni
1 fie	murayer	water by	bearing to	abels, R	stron
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When rates are recommended solvly on sub-	i de la compania del compania de la compania del compania de la compania del la compania de la c				
jective evi- dence the strongest rea-		9			
sons must be given therefor.					
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91-			· · · · · · · · · · · · · · · · · · ·		
No 19	Marshi	( DEm	AL Coo'r	BH M.	√₽ <sub>nco</sub>
W C	1 res.		- , pec y(	y V V JAA	_; reas.

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 3.5.155111.6.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6-552

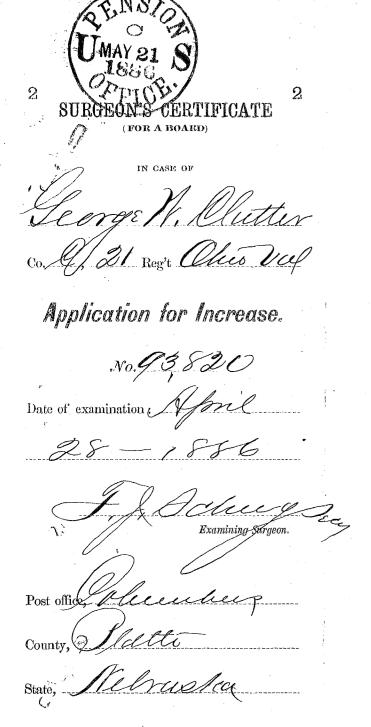
Strangers Strangers	
:	An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.
	"I hereby certify that Dr. Many, Dr. and and and signed by the secretary when the full board is present.)
	Dr. , were personally present and actually participated in the
	examination of Leo W Clubban, the claimant in this case, on day
	of
,	(Satmature.)
-	(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)
	"I,, the applicant for (increase or original) pension referred
	to in this medical certificate, hereby consent to be examined by Drand
	Dr, the examining surgeons here present (waiving examination by
<del></del>	full board), on thisday of, 190 ."
•	Witnesses (Signature of Applicant.)
	Applicant.)
	A Company of the Control of Contr
	CERTIFICATE  CERTIFICATE  CONTROLL
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	CERTIFICATION CONTROL OF CENTRAL
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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 foot of the 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 physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

# SE OF PENSION. No. 2. (FOR A BOARD.) INCREASE

		Claim No.	93820		
Name of c	laimant,	rge V.	Eletter		******
Rank.	Sergh)		Post office	lui en le	
Company,	DITO		County Slat		
Regiment,	2400	his Vol	State, State	shor	
Post-office	address, Ollvin	nell, kel	Date of examination,	April 28	, 188 6
	WE HEREBY CEI	RTIFY that in compliance	with the requirements of the	he law * we have carefu	lly exam-
Degree now paid and for what disability.		ho states that he is now	paid 1200	dollars per month on	account
Reason for claiming in crease and	and that he claims and	increased fating for the f	-P)	rused dis	estility
degree claim- ed.	and that he is now and	10 5	degree for earning his sub his respiration 20		
			ches; he weighs	, <u> </u>	,
	is <i>54</i> year	•	,	y pottato, and no state	o enas no
	Touching his dis	sability and his reasons f	or asking an increase of p	ension, he makes the	following
Here give the		0 ~ 0.`			)
statement of his reasons for claiming an increased	July 200	red Olsa	helity as	age adva	uee,
rating as ful- lyandascom- pactly as pos-				-(-)	su
sible.					HALLOHERDS
		· · · · · · · · · · · · · · · · · · ·			IWAS
					SYMPTOMS
		· · · · · · · · · · · · · · · · · · ·			
	Upon examining	this applicant we find the	following objective condit	ions which, in our judg	ment, do
Here give a	entitle him	to an increased rating:	Ball lutered.	lest leg Bui	ches
full descrip- tion of the conditionsby	Islan the head	of tibia on	outer side of	leg passing	Unnigh
which the claimant is now disabled, and compare	The auterior	Gortion of Tu	bia Making e	xil 3 inches	- pour
his present condition with that			v lide of ly	eadrices on	leuder
which exist- ed when the present ra-	Talibrul V Zon	agging their		ny amilian	in organi
fing was allowed.	round fre STE	in faulen's	- /		ven main
/	Jackle of V	ct 1	leves of freoid	1	s Llegenera
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Q		, around light		. Wyhr calf!	Y cuclu,
92	un on gross	un I Moliny	Wotion cuepas	req / deeg	10 8 8
	From the existing	cendition and the histor	y of this claimant, as state	d by himself it is in o	ur indo-
	_	•	was incurred in the ser	• , ,	• 0
Rate for each cause of disa-	has not been prolonged	/	habits, He/js, iz/our op	77. 1	
bility, and state the ag- gregate.	rating for the disability	y caused by	T GOT UY	, for the	it caused
	by	and	caused by		<del>-</del> 9
	the sum of which aggr	regates / Company	10 000		,
		-l.	XV. V. IM	artyn Pres.	
		Ų.	A 1/		
			It Tal	cup Sec'u.	BOARD.
			Tol Tol	cup, Sec'y,	Board.



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



IN THE CASE OF AN APPLICANT FOR RENEWAL OR RESTORATION.

NO. OF CERTIFICATE,

	State: Fortions, Country: De Malb
	Post Office: auburn March 15 -, 1882
	We hereby certify that we have carefully examined
Applicant's ser- ice.	Go C , 21 St Preg't, Chio rate
	in the service of the United States, who is an APPLICANT for the
•• •	of an invalid pension by reason of alleged disability
Dagrae of dise	resulting from
Degree of disa- vility.	Inopinion the said
	by manual labor from the cause above stated.
Origin.	Judging from his present condition, and from the evidence before,
	it is belief that the said disability did criginate in the
	service aforesaid in the line of duty.
Probable. dura- ion.	The disability is
Particular de- cription.	A more particular description of the applicant's condition is subjoined:  Height, bff, weight, 175—; complexion,
	age, 51 ; pulse, ; respiration,
to fix rough make	Yunshot would Through this left leg just below the Knee.
rgeon is , &e., th and to this Offi	There are keek depressions indicating the loss of time.
the Sur %, total d cents, ord to t	Whole front of but below to ankle expensations. The
duty of as ¼, lars an will aff	himb below the Knee is somewhat swelled. The is
hat the dulsability at to dollar discontinuous will and action a min action a cottle	quite lane. The would be stated breaks out about we a
mind the second dispersion of description opinion	The and his charges for two or three or even others lacely
arne in ate degr <i>bout am</i> tioular elligent	The disability is quite grave but most certainly not
st be bo portion des, <i>wil</i> full par for inte	equivalent to the loss of the leg a liberal rating would be \$1200
It muthe protein such a such a griound	130took
	Soft to the less of the leg a liberal rating would be \$1200 to the State of the leg and the leg and liberal rating would be \$1200 to the state of th

Co. C. 21- Reg't, Olio valo

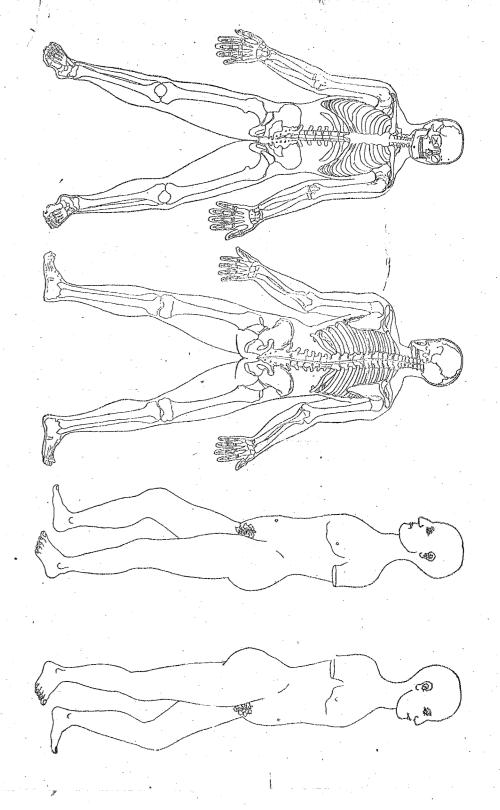
APPLICATION

#### RENEWAL OR RESTORATION.

Examining Surgeons

P. S.-Write your Post Office address plain and in full.

Reduce to \$1200 april 2082 Wiltone Medke



# EXAMINING SURGEON'S CERTIFICATE IN THE CASE OF AN ADDITIONAL FROM INCOME OF PROPERTY.

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

	No. of Gertificate, 93820
	State: Derdioner Country: DEKOJ 6
	Post Office: Waterloo Jany 8, 1881.
	Ht is trerefun certified That HEASTE IN Co Cultur
	formerly a Sergh of Capitain MC MM Company, in the 2! Regiment of Own 151; in the war of 1861 to
,	who is now haid at moderato polis genory at the rate
	of \$12 dollars per month, on account, as he states, of 4.5 M. of left leg Ed rewills Received
	while in the line of duty in the military service of the United States, on or about the
	20 day of September, 1863, at a place called Oliveruagu
Here specify the particular disease or injury.	is still suffering in consequence of said I.S.M.
	The disability originates entirely from the injury or disease on account of which he
	was originally pensioned, as follows:
	Height, 6. fh.; weight, 190; complexion, 2000, age, 50; respiration, 20; pulse,
Here state fully and accurately the character of the pensioner's	The ball Entered the ley below the
lisability, and now he is at present affected thereby; also, state whether	Very Smuch desormed by being bent backward and outwards lange and
permanent in its present degree, and whether it has been in any degree caused or	unsumly cicatripes are left on the leg
protracted by vicious habits.	
	and lived here at intervals indictent
	solvers form on the ley, the much of
	disability to perform Invited labor is Equiportent to loss of hand or foot
	in Third alegace
	find his disability, as described above, to be equal to, and entitling him to
	\$ 18,00 per mont-
	Examinthg Surgeon.

IN CASE OF

Garge It Clutter a le, 21 Regt, Chis Vol

Application for Increase.

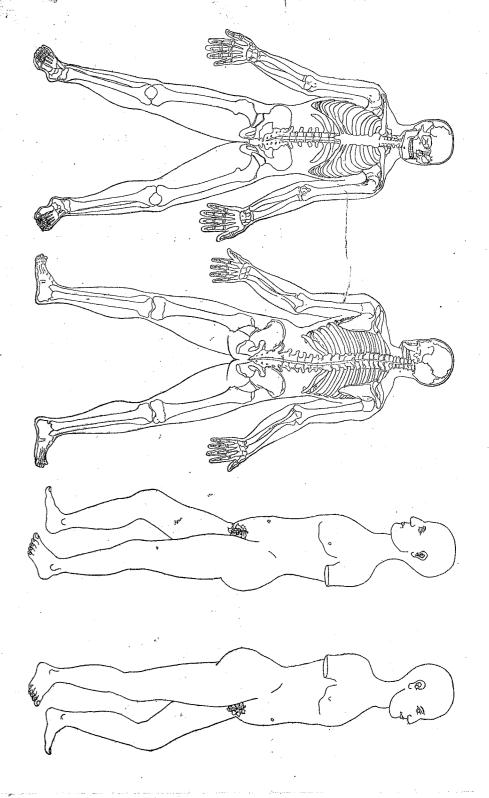
No. 92820

Date of Examination: January

Post Office, Haterlos
County, DENOSTO
Stave, Indiana

P. S.-Write your Post Office address plain and in full.

JAN 121881



### EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate, 93, 520
State: of Indiana County: of LOSEall
Post Office: Waterloo June 10', 1879.
It is hereby certified That Suzse M. Cuttes
Fost Office: Waterloo June 10', 1878.  It is hereby certified That Sever II. Cutter  formerly a Slags of Captain Company.  in the 21' Regiment of This Ools, in the war of 186145
who is now haid at Industry Testings . Agency at the rate
of \$ 8.00 dollars per month, on account, as he states, of Gun Shot wousel
while in the line of duty in the military service of the United States, on or about the
, in the State of Sections of the
s is still suffering in consequence of said Sun Grot Wound
The disability originates entirely from the injury or disease on account of which he was
Sought, S. St.; weight, 175; complexion, 2008.
110 respiration 21, per gris pulse, 18 free line
The ball Entered by at third pufsed
The ball Entered by at third proped through the limb fauchining both bones. The ley below wound is Swolling and
is of a dust will have, the ly is delivered
by being bent outward and bacward, the
silver is healed over at present, yet the disability has increased by the great
Smelling below Ence and alsophy of
Suncles asound Ence fourt, The wound
Opens at intervals and somall spicula of bone use discharged by Claims to suffer constant
here in the les and buch the veries.
a first ruting would be twelve
Sollars per south
Ind his disability, as described above, to be equal to, and entitling him to

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

IN CASE OF

Se of W. Clutter

100. C., 21 Reg't, Osio Ools

#### APPLICATION FOR INCREASE.

No. 93820

June 10. 1879

Lexamining Surgeon.

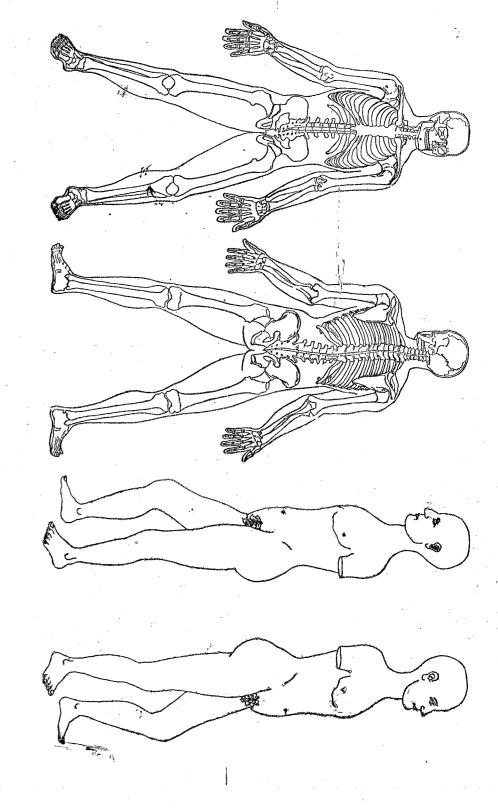
Post Office, Waterloo

County, LOE/Kull

State, Indiana

P. S.-Write your Post Office address plain and in full





## Surgeon's Certificate

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

	State: Del sauv , County: DE Kalt
•	Post Office: Materloo Seft 24, 1877.
Pensioners ser- vice.	Increby certify That have carefully examined
	Lungi It Stuffe who was a Sings of or 2/ Reg Ohio Vol in the war 166/13 and was
Be particular to give Certificate	
NO.	at the Agency in Infrague bolis Indianaby reason of alleged
	disability resulting from IS If of left leg
	which he states to have been received in the line of duty while he was in the military service of the United States.
State whether isability contin- ies; and, if so, is present de-	In The opinion the said Pensioner's disability, from the cause aforesaid, continues at Island 8
ree.	A more particular description of the Pensioner's condition is subjoined:
Particular de- cription.	Height, left; weight, 65; complexion, Dank; age, 46;
	respiration. 20; pulse, 78. This proserver has an obstinate like located
	ow left leg. If upper to third of Fibula End
	The Ween due tunger a very backward is ratural
	claims they some was fractured of by shultered by
	June shot Ed at intervals to dischurge struck
	dork lived colour.
maganilari (1984 - ) — — — — — — — — — — — — — — — — — —	
. *	
	Examining Surgeon.

SURGEON'S CERTIFICATE

(8 DOT 29 1877)

#### Periodical Examination

IN CASE OF

George W Shutter
Co. C. 21 Reg't. This Vol

No. 95820

DATE OF EXAMINATION:

Sept 24 1877

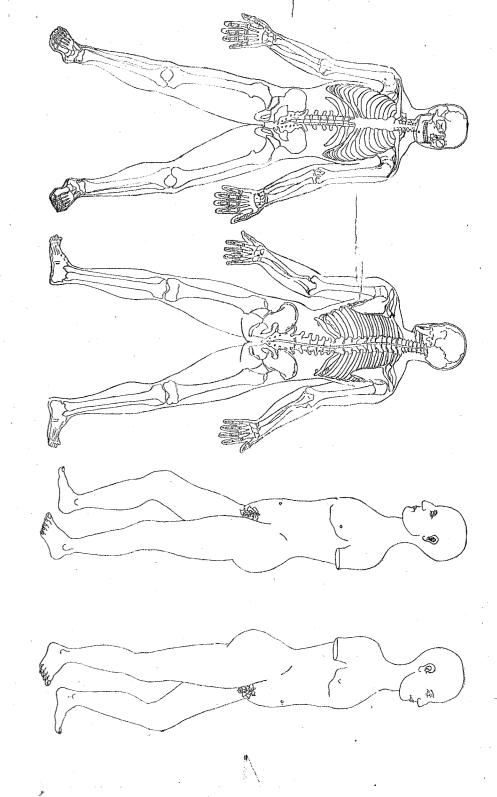
S. Stouff Examining Surgeon.

Post Office, Jalerton

County, DEKalb

State, Inclinate

P. S.-Write Post Office address plain and in full.



25.

# Gramining Surgeon's Certificate.

1	
	Ottowe vo Oct, 1868.
	Jeorge W Clertier, That I have carefully examined  Jeorge W Clertier, late a Verfour in Co, 'C,  N/ Reg Ohio voe On facting
	george Wolletter, late a Derfou en 600 6,
Applicant's service.	11 the 10s of Ohio Val On faiting
	in the service of the United States, who was discharged at
	Ochembres Ohig on the 18th day of puly,
	1864, and is an applicant for an invalid pension, by reason of
	alleged disability resulting from a Mount
	In my opinion the said Seer o M. Clutter
Degree of disability.	is One half incapacitated for obtaining his subsistence by
	manual labor from the cause above stated.
	Judging from his present condition, and from the evidence before
Origin.	me, it is my belief that the said disability Weed DEER overly
	in the service aforesaid in the line of duty.
Probable duration.	The disability is not Fermonento of think
	A more particular description of the applicant's condition is
	suljoined:
Particular	George W. Clutter received a fundhot wounds
description.	in the left leg, the ball paping through and fraction
	the tibical born about two inches below to had fracture
	Constant where ation of the soft parts and weakingfor
	The limb
	L. m. moy

Cf0/35:868. /Swayze/

OGT 25 100

12.0

Adjutant General's Office, Washington, D. C.,

Ocholar 12, 1869.
Gir.
I have the honor to acknowledge the receipt from your Office
of application for Sension No. 1. 1, and to return it
herewith, with such information as is furnished by the files of this
Office.
It appears from the Rolls on file in this Office, that
day of Sugust, 1861, at Derrysland Chiw in Co. "6",
Oxtoearment ato
serve J years, or during the war, and mustered into
service as a Swt. on the I day of Selfenders
serve years, or during the war, and mustered into service as a we on the day of Jumber 1861, at Small his, in Co. "  Regiment of Downteen to serve 3
Regiment of Volunteers, to serve3
years, or during the war. On the Muster Roll of Co. ""
of that Regiment, for the months of Man & Monil
20-63 and sent to Gerfall Narhardle Jenn"
Delpt. 20-63 and sent to Warfall Markarille Jenn."
Wall for Duly & Suy-Oh report him "Discharged at Columbus Ohio Duly 18-1864 dry redwar of Grunsh of wound life tilia"
July 18-1964 dry reduce of Grunsh of wound left tilea"
S am, Sir, very respectfully,
Your obedient servant,
Frech.
The Commissioner of Pensions, Assistant Adjutant General.
Washington, D. C.
Cin= 203=1868
(23)

AN BE

<u> </u>	
state of Orchania	
Country of Discussion	Ø 1 ++ \ \ 88:
In the claim of Y. W.	6 luller
n this 3 3 day o	of February 1874, personally appeared
efore me, a Mary our	Ole in and for the County and State aforesaid
	)., in the County of Selection
	who, being duly sworn according to law,
on oath declare—as follows:	,
——————————————————————————————————————	t, Vols., and ranked as
	and that said
<del>s member of said organization</del>	
is a soldier, at or near a pla	state of
are well and intimatel	is acquainted with the Webutter
	Of les "6" 21" This vole and know
	lutter who is making an application
_ / //	
for a new pension certifi	
_ 1 1 11 11	the above company and regiment
is one and the sa	me person
and They further say that	knowledge of the above facts is
obtained from the following so	Cliffe herain been a recently of a
and that They have no interes	st hor concern in this matter.
of the person making the affidavit signs by mare two witnesses sign here.	$\boldsymbol{\sigma}$
	Henry Willin
	2 J. H. Cliffpa
	Subscribed and sworn to before me this day of
	, 1879 and I certify that the part
	whose name appear signed to the foregoing affidavit of the person the representation to be, and are good and
	credible witness, and that the contents of the foregoing affidavia
	I fivere duly read and fully made known to affiant before making
xfroof of	off oath to the same, and that I have no interest in the matter.
though all	Status Official Signature ( ) Jourselman
	LD BE EXECUTED BEFORE CLERK OF COURT; but if before a Justice of

20.98.820\_ Geo 20 Clutter

ADJUTANT GENERAL'S OFFICE

3196929 5

WAR DEPARTMENT

-3364 KEMOVAL DIVISION

DEPARTMENT OF THE INTERIOR

Washington, D. C., Feb 10, 1913

HCW

Respectfully returned to the Adjutant General War Department for a full Military history of the

Soldier

WH

1 anclosure

let ho 93820 Jeorge W. Cotuller Bo G 21 Ohis hay

> At. Davenfort, Commissioner



SEE FOOT NOTE. Personally appeared Le XV. Clutter state of analara, who, being duly sworn, upon his oath declares as follows: That he is a pensioner of the United States and is enrolled on the FN Wagne low agency at the rate of Englither mouth on Certificate Nº, 93.820 and that the said Certificate was given; to one Frank Sprigg of Waterlow, DEkalo, Eo, Indiana who informed affiant that he was going to mail it to P. A. Fitzgeral & Peo Q Indianapole Indiana Jon the purpose of obtaining an increase of pension, This was in May 1878. Shortly after Frank Sprigg left for parts unknown to affiant. Affiant is unable to accertain the whereabouts of his Pension Certificate, nor does he know of its existence. This application is made for a new Certificate, Afrianh was a memev of Co "6" 21" Ohis volunteers gom for yeo A Cluber Late of E"l" &1" This volo Subscribed and sworn to before me this... whose name appears signed to the foregoing affidavit the person he represents him afto be, and a good and credible witness and that the contents of the foregoing affidavit were duly read and fully made known to affiant before making to the same, and that I have no interest in this matter. fficial Signature. The It is always preferable that this SHOULD BE EXECUTED BEFORE CLERK OF COURT; but if before Justice of the Peace or Notary Public, HAVE CLERK OF COURT ATTACH SERTIFICATE OF OFFICIAL CAPACITY of such J. P. or N. P. in all cases. When complete return to P. H. FITZGERMLD & O. Indianapolis, Ind.

Sent blutter, Proc. C. 21 - ohove app fu new cert Filet of Willis ally wolentor Ju

no. # 93,820

### DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

 $\mathbf{B}$ 

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Melrane	
	,
County of Mance	
On this 26" day of Jensh, A. D. one thousand eight	
On this 26" day of Centher, A. D. one thousand eight	hundred and eighty/
11-10111-1	-10 -1
personally appeared before me, a Mu Otesh of Un Washe	M Com
within and for the county and State aforesaid, Lings II. Chille	2, aged years,
a resident of the Village of Silver Creek, county of	// Caree
Six of Manager and the second of the second	
State of / who, being duly sworn according to la	
of the United States, enrolled at the Sullicum afrolis Con-	
of the United States, enrolled at the Mucun aproles care	Pension Agency at the rate
ofdollars per month, by reason of disability from	hot mound
	(Here name the disability for which
and alf	incurred
pension was granted.]/	
in the Zueldang service of the United States while Lengths	166.
(Military or Naval.)	(Here state rank, company, and
2/20 Ohio sufantin	
regiment, if in the Army—vessel, if in the Navy.)	
Togathoris it in one string — respect in the site strange,	
That he believes himself to be entitled to an increase of pension on account of	
	Here state the reasons for applying for increase.
	( Total of Fry Tot
Paralusian I lette for believe	10
If on account of increase in the disability for which already persioned, that should be described. If on account of disability	knee
If on account of increase in the disability for which already pensioned, that should be described. If on account of disabil	knee
ansur from grow that	ity for which not pensioned, the location of the
If on account of increase in the disability for which already personned, that should be described. If on account of disability wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospital	ity for which not pensioned, the location of the
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wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospital stated. The dates of treatment should be given as nearly as possible.)  that he appoints leading the should be given as nearly as possible.)  county of	tity for which not pensioned, the location of the  where treated in the service, should be fully  his true and

Also personally appeared ZE La occson, residing at Fullation Reb

and M. R. Surry (, residing at Huttulow Walson, persons whom I

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 pension 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.

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.

If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

# Claim of Soldier for Increase of Pension.

The supplementary pension act approved June 6, 1866, provides increased rates of pension over those granted by the act of July 14, 1862, in the following cases, viz-

1ST. GRADE.—\$25 per month to all those invalids entitled, under the act of July 14, 1862, to a lower rate of pension, on account of service rendered since March 4, 1861, "Who shall have lost the sight of both eyes, or who shall have lost both hands, or been permanently and totally disabled in the same, or otherwise so permanently and totally disabled as to render them utterly helpless, or so nearly so as to require the constant personal aid and attendance of another person."

2D. GRADE.—\$20 per month to those invalids who, being entitled under like conditions to a lower rate of pension, "shall have lost both feet, or one hand and one foot, or been totally and permanently disabled in the same, or otherwise so disabled as to be incapacitated for performing any manual labor, but not so much so as to require constant personal aid and attention."

for performing any manual labor, but not so much so as to require constant personal aid and attention."

3D. GRADE.—\$15 per month to those invalids who, under like conditions, "shall have lost one hand and one foot, or been totally and permanently disabled in the same, or otherwise so disabled as to render their inability to perform manual labor equivalent to the loss of a hand or a foot."

[This declaration is to be signed and acknowledged by the applicant and two witnesses before a clerk of the court. No surgical examination and additional evidence is required, except specially ordered by the department. The application, with original certificate, to be forwarded to commissioner of pensions.]

The State of This , Country of Putter, 88:
On this 25 day of March A. D. 1870 personally
appeared before me, (1) a Probate Lucia, of sice Courte
Grage W. Clutter, late of leo. b. 21st Reg, out
aged 37 years, a resident of Ottown in the county of
Pulueuu and State of Oliv who, being duly sworn according to
law, declares that he is a pensioner of the United States, duly enrolled at the laine
pension agency, at the rate of dollars per month, by reason
of disability incurred in the (2) Williamy service of the United States (3)
loo. b. of The 21st Right, ohis Vol. Suffry,
and that his present physical condition is such that he believes himself entitled to receive
an increased pension of the (4) grade provided for in the first section of
the supplementary pension act, approved June 6, 1866. He further declares that he is
disabled in the following manner, to-wit: (5) Just at the buttery
Chiesanagua an The 23d day of Safet, 1863, La
her were in the left leg, by a must
ball structing lime on the shintone about
5 inches believe the three shatting the bown-
Med The bullet foured though his leg- That since
that have the said would has not healed That the
pieces of the bone how tree tosser away - That his leg is weall, as
and hereby appoints bf Swam. Ottawa Putuan bo. Ohis true and lawful
attorney, and authorizes him to present and procure this claim, and to receive and receipt
for any orders or certificates that may be issued in satisfaction thereof.
Lane, W. F. L. H.

Also, personally appeared before me, at the time and place aforesaid dance
R. Lin of allewa
and Janus Mouros of Ollans
whom I certify to be credible persons, who, being duly sworn according to law, declare
each for himself that they well know Long W. Cleaten, who
signed the foregoing declaration in their presence; and that he is the identical person
he represents himself to be, and that he is disabled substantially in the manner alleged
in said declaration. They further swear, that they or either of them have no interest
in this claim, either present or prospective, and that they are not concerned, directly or
indirectly, in its prosecution.
Lames D. Time
(Agreed Marie 1997)
James Monrol) (Signatures of witnesses.)
Sworn to and subscribed before me, this 25 day of March
A. D. 1870; and I hereby certify that I have no interest, direct or indirect, in the
measecution of this claim

(Official signature.)

APPLICANT'S ADDRESS.

MATTORNEY'S ADDRESS.

ATTORNEY CLARKE & CO.,

LAW PUBLISHERS, BOOKSHILERS AND STATIONERS,

CINCINNA'II, O.

[Copperghed.]

#### INSTRUCTIONS.

NOTE 1.-Describing the official character of the person administering the oath.

2.—Military or naval.

3.-Here state the company and regiment if in the army, or the vessel and rank if in the navy.

4.-First, Second or Third.

5.—Here the declarant will particularly set forth the nature of his disability, and the extent to which he is incapacitated for manual labor, or dependant upon the personal aid and attendance of others.

of Company" "O", 21" Regiment Ohio Noly POST OFFICE ADDRESS OF APPLICANT: Enlisted 29" August-, 1861, Discharged 18" July CLAIM FOR AN INVALID PENSION. AG Reports Enrolled August 29/61 Hounded in left tobox by Gun shot at the battle of Chickanawa Sept 20/62 Sent to Wospt at Nashville Ferre & discharged July 18/64, Vertific of disability shows, IsM, fracture of upper thered. Doct Mod Reports Oct 22/18, IS It in left legistraction tibial bone below its head, producing constant ilceration of soft parts, + weakness of limb, Disability 1/2/ , 186 %, to a Pension of \$ // 0-0 per month, commencing Optawa May Examining Clerk. Name and Residence of Agent.

## FOR INCREASE OF INVALID PENSION,

STATE OF
COUNTY OF.
On this
before me
agedyears, a resident of the County of
who being duly sworn, according to law, deposes as follows, to wit:
I am a pensioner of the United States, duly enrolled at the
Agency, at the rate of
service of the United States while a member of Company
Vols., and my present physical condition is such that I believe I am entitled to receive an increase
pension. I am now disabled in the following manner, to wit:
wound of left leg
***************************************
•••••••
IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY, APPOINT J. B. CRALLE,
OF WASHINGTON, D. C., my frue and lawful Attorney to prosecute my claim. My Post Office ad-
dress is MMU. Olle County of MINULE State of Mel.
and the number of my certificate is.
Attest two witnesses. [Claimant's Signature.]
Also personally appeared. O. E. Mason residing at Clarke Mebr.
and
I certiff to be respectable and entitled to credit, and who being duly sworn say they were present and saw. It is saw that 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 ( ) Masor /

Sworn to and su	bscribed before me th				A. D.	_	
[seal.]	known and explaine	ed to the applic	ant and witnesse	s before swea	ring, includ	ling the	
			added; and t				
	indirect, in the pro	secution of this	claim.	(lew St	nuest.		
Certification	v filo)		Totany (2)	[Signature.]  Shee, Micial Characte	Memel.	(Co. T	lebr,
		ort.			17	o'	
13 S		applicant	Volunteers	To represent the contract of t		Iey, JN, D.	
	ASE		7	A A		Olaimant's Attorney WASHINGTON,	
(C) ESOS	RH		6		R	ant's A WASH	
	INCRE		ute No.	Ę.	Ó	laime	
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L certify th	at	7		before wh	om this de	claration	1 I I I I I I I I I I I I I I I I I I I
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	the time of administ						
I am not intere	sted in this claim.			· · · · · · · · · · · · · · · · · · ·			
		*	[C	lerk's Signatu	re.]		
		. •	)]	Official Capaci	ty.]		
			•				

## DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the
TAKE NOTICE.—If this declaration is executed before a Justice of the Feace of a Rotaly 1 think the attached. Neglect CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.
STATE OF TURLBURG
$\mathfrak{D}_{\bullet}$ $\{ \mathcal{C}_{\bullet} \setminus \mathcal{C}_{\bullet} \}$ ss.
COUNTY OF DEPLACE.
On this day of SE
@ 10:
personally appeared before me, a ATTAMY Tuble within and for the County and State
Serve and Olutter and 5D years a resident of
aforesaid,
Watertoo , County of DEN al State of
, who, being duly sworn according to law, declares that he is a pensioner of the
by all a supplied to the supplied of 2
United States, enrolled at the Dullaucholes Pension Agency at the rate of
dollars per month, certificate No. 23-82, by reason of disability from the disability for which pension was granted.)
of left leg
South in Co. Co.
incorred in the Medical structure of the United States while
(Military or Naval.)  (Here state ranks company, and regiment, if in the Army, vessel,
21- logh Gues Voca
if in the Navy.)
That he believes himself to be entitled to an increase of pension on account of
A come for explying for increase. If on account of increase in the disability for which already pensioned, that should be get
There state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be de-
Was a stability for which got pensioned the location of the yound or injury, the name of the disease, and the time, place,
ble and exertion
and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment should
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be given as rearly as possible.)
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affects whole les including hip and
foot and Sometimes as was the case
Art. 1.00 senells up and breaks
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Tocomotion is difficult. and hufate
affaut Enterely for the performance
If a color at time
The reaction of the second
The is low up Enterely with it-
that he hereby appoints with full power of substitution and revocation
Frank W. Willis of Walarloo Red.
1
A second to the state of the st
his true and lawful attorney, to prosecute his claim.
Oscarland De 1
his true and lawful attorney, to prosecute his chain.  His Post Office address is
Oscarland De 1
Oscarland De 1
Oscarland De 1

Also perso	nally appeared Deh	Mr. Pate	Son	, residing at	
Mari	oo hudu	uu, and A	Lucy J.	1	, residing at
Wither	hid	persons who	m I certify to be resp	ectable and entitled to o	redit, and who
eing by me duly	sworn, say that they were		11 11 11 11 11 11 11 11 11 11 11 11 11	01.17	4.44 (A)
	and the second of the second			•	e claimant sign
	e his mark) to the foregoin		,		
	r acquaintance with him,	that he is the identical	person he represents	himself to be; and tha	t they have no
terest in the pro	osecution of this claim.				
		·····	N/W//	Vallers	w.
Mark .	and the second s	C	AT	In The	<del>/</del>
witnesses sign b	y mark two persons who can	write sign here]	1 Isig	natures of Witnesses.]	
	* * * * * * * * * * * * * * * * * * *	mark and a			
	•		<b>7</b>		i. N
\$ SWC	rm to and subscribed before	re me this	$\frac{1}{2}$ day of $\frac{2}{2}$	cembr	.A. D. 188
₹€	and I hereby certify that	the contents of the abo	ve declaration &c w		
		*	· E.		1/A 7
. : "%	to the applicant and with	. 4 <u>0</u>		· .	
4. 2.1	<u> </u>	· ·		<i>(</i> , , , , , , , , , , , , , , , , , , ,	
			, added; and tha	t I bave no interest, di	reet or indirect.
	n the prosecution of this cla	aim.			
N. Committee			A shi		. 1
E. Tier			Jour 2	[Signature.]	
و الاير رابعي المعود الدار				Mas	Pull
The Marie State		300 W 7 14	7 7 7 7	[Official Character]	o o o o o a c
	£ . C		Same State of the	er e	•
		· ·			
Testimony in standard delay certified;	e address (naming street a accompany every applicat ting with the Pension Offic apport of allegations made and who shall disclaim an	in a declaration may y interest, direct or inc	be taken before any irect, in the prosecutio	officer whose authority n of the claim.	and signature
	•				$\mathbf{v}_{i}^{\prime}$
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f	S W S	Pens	Thompson and the second	0	rinte
		· ### #2	. 1	•	: 11 124

Declaration for Increase of Invalid Army Pensions.
STATE OF Maleura
County of Cellen SS:
On this 9 day of Assel 1879, personally appeared before me'
Martin U. B. Office Clerk of the Circuit Court within and for the
County and State aforesaid, Sengel of Column aged 45
years, a resident of Munship in the County of Wolfe
in the State of Chellen and whose post office address is Material
who, being duly sworn according to law, declares that he is
a Pensioner of the United States, duly enrolled at the Mellewafish States
agency, at the rate of \$ per month, by reason of disability incurred in the service of the
United States, as a legent in Company commanded by Captain
in the 27 Regiment of
In the war of 1861 2. S. 4 and 5
and his present physical condition is such that he believes himself entitled to receive an increased pen-
sion in the first section of the Supplementary Pension
Act, approved June 6, 1866, He further declares that he is disabled in the following manner, to wit:
rekile in the line I die in the Watter lake home and
a million of the little of the war of the bealth the Bell.
When the reservice line- wheel to the the down to the
ilefille obout one inclubeler his Breefound plassing insur
diagonaly buchwords & come and overy this amode tames
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fark numball thetime, offerenof which perget of guy for tra
de has withouterny for the almost been according
And to the purpose of prosecuting his said claim, he hereby appoints
of Males
State of All his attorney in fact, with power of substitution, and with
authority to receive his pension certificate, or other order issued by reason hereof.
Signature of Claimant. 410 11 Colubber
Two witnesses when signed by mark,
Also, personally appeared before me, at the time and place aforesaid
a resident of Children County,
State of Indian and Illian (Ighter)
a resident of County, State of Callena
whom I certify to be credible persons, who being duly sworn according to law, declare, each for himself,
that they well know the signed the foregoing who signed the foregoing
declaration and power of attorney in their presence, and that he is the identical person he represents

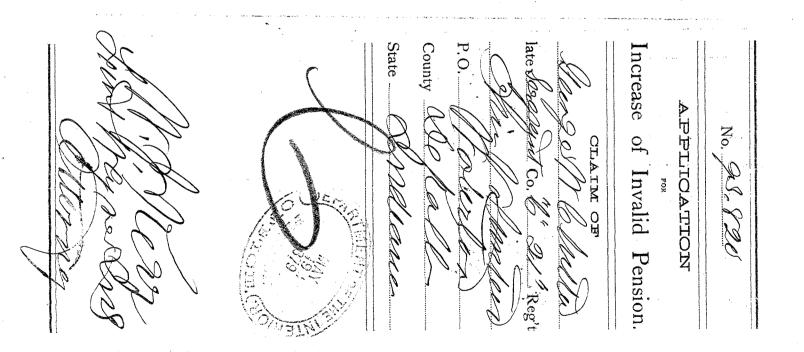
himself to be; and that he is disabled substantially in the manner alleged in said declaration. They further swear that they, or either of them, have no interest in this claim, either present or prospective; and that they are not concerned, directly or indirectly, in its prosecution.

<b></b>	,	Signatures of identifying witnesses.	{ Conf William	res Clutte a Winter	2
When signed by					
mark, two persons must sign as witnesses to mark.				•	

Sworn to, acknowledged and subscribed before me, this gay of gay of gay of gay and I hereby certify that the contents of the foregoing declarations of claimant and affidavits of witnesses were made known to each of them before administering the oath; and that I have no interest, direct or indirect, in the prosecution of this claim.

Official Signature.

Martin VB Spencer Cleye Allen best out Court



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WAR OF 1861. ACT JULY 14, 1862. Drief in the case of ... Regiment, ....Discharged .... nercuse\_ Application filed Merch 28, 1870 CLAIM FOR AN INVALID PENSION. DECLARATION AND IDENTIFICATION IN DUE FORM. PROOF EXHIBITED. Tensioned Stor 14, 2, 1868, gines the ball ring the Tibial bone at Dr. More May 23/70 gives him lotal Des

Von G. M. left leg, the ball pluking tho limit
about two inches lelow the home fount freduing
the Tibial bone and producing Allendren
The post parts with Playering and
necrosis, of the bone

Extensive than when first grammed probably
from using if los much being a province
with a family heir temporal as carrie
sustain them and being on the limb Constantly
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Middle Divitation of the Series lemphade

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Admitted June	14, 1876	to a Pension of \$	per month,
	23,1870		1
Disability:		Disabled by	J. Oftleg
		AV J	Land I
			Frankning Clerk.
Name and residence of Agent:	0, 9,	wan	
		ana	······································
	·	Whio,	•

Indimaholi Duorease INVALID PENSION.

Claimant, Geroze W. Clitter. (Rank, Dergeaut P. O. Waterloo County, De Kall Company, L. State, Indiana Regiment, 21 Ohio Nols. Attorney, Migher Fort Wayne Allen co 2nd Fee, \$
Rate, \$ 12 per month, commencing June 10, 1879 Disabled by S. S. M. Cefr leg Submitted June 27 ~, 1879, by 63. F. Hawkes, Examiner. Approved for Stalefleg. Approved for grands have to leftles 12/18 from June 10-79 Homen Reviewer. Lune 28, 1879, Jun 28, 1875. UN De Lamela Ih Discharged July 180 , 1864. Certificate surrendered June 14, 1879 Original application filed Den 25, 1868. Last paid at \$ 8.00, to Increase application filed May 197, 1879. Min on duction.

Pensioned Nov 14", 1868; from July 18 , 1864; at \$ 4.00 per month for G. S. M. left leag,

Surenased July 5. 1870 to \$6.00 from May 23" 1870

Delage. Certificate resued in lieu of one dated July 5.1870 glate Mich 19.79

Claims G. S. Mr. left Legy,

Manapolis Increase INVALID PENSIO My Mayna) Leorge W. Clutters Claimant, P. 0., Rank, De Kalb County, Company, Willies Waterloo on per month, commencing Regiment, 21, Ohio Nots. State, Attorney, or Ind Jan. 17 , 1881, by Le. D. Lamparter , Examiner. G. S. H. left leg left grant that \$18 for Jungs 81 eld Wasamatis Wid Jan. 21, 1881, MK Kinsley Reviewer. of any 28, 1881, Med. R<del>eferee. -</del> July 18, 1864 Certificate surrendered DischargedOriginal application filed Seph. 25, 1868. Last paid at \$ /2.00, to , 18 Dec. Increase application filed , 1864; at \$ 4,000 per month for g. D. w. of left leg Inc. No 98. Janu May 23. 1870 bertificate issued in lieu of one dated July 5:1870 of date luch 19/19 Increased to \$12.00 from June 10. 1879. Claims by S. W. of left leg & results.

State, Attorney, per month, commencing Rate, \$ 1882by Approved for reclication to 12/18 Approved for Reifan to reduce rat for from Short round fuel, Stephenson Aug. 1, 1882. Revièwer. Aug 4, 1882

Original application filed SEM-25, 1868

, 18 Certificate surrendered

, 18

Last paid at \$ / , to

Increase application filed

for 9 8 w 1)

Pensioned

; from July 18 , 18. 4 at \$ 4

One to & S. gr May, 23,70 - On e. to \$ 12, gr June

Claims

Privace INVALID PENSION Claimant, George W. Clutter P.O. Filver Edreck County, Merrick Regiment, 214 Chis vols. State, Nebraska -Attorney, J. R. Challe, Present Fee, \$10. agt-pay per month, commencing Mirib 28. 1886. Disabled by G. S. W. of left-leg
Submitted June 7, 1886 by Newton , Examiner. Approved for G.S. No fleft leg Approved for G.L.W. I left leg. EUB 14/18 from April 28, 1886 Jane 8, 1886, AND ran Reviewer. Jule 10, 1886, Acting Med. Referee. Discharged July 18 , 1864 Certificate surrendered , 18

Increase application filed Morch 17, 1886

Original application filed Sept. 25, 1868 Last paid at \$ 12, , to

per month

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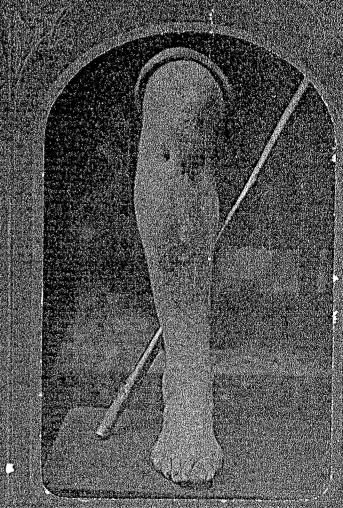
, 18 ; from July 18 , 184; at \$ 4 for G. S. W. of left leg

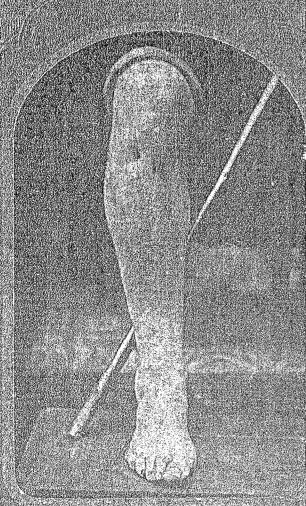
ne. to \$8. from May 23/90 to \$12. from June 10/99
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Claims G. S. W. of left-leg -

1	INVALID Q3 P1 1	Issued
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と 大学 の できる	Name, Longe Welutter	Rate and period, 8, from
	Rank, Delej; Service, O. Q. 1" Olis	Fee, Fee, Fee, Fee, Fee, Fee, Fee, Fee,
	Oxlong.	55
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The second	Disability:	
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#### THE SILVER GREEK STATE BANK SILVER GREEK, NEBRASKA

P.H.BELL, CASHIER.

July 13th 1907.

Mr V. Warner,

Washington, D.C.

Sir,

Re George W. Clutter cert #93820. Co C Ohio Inf.

I herewith hand you an affidavit made by this man in regard to his birth etc. If this is not sufficient please advise us and we will do what we can.

Very truly yours,

Cashier.

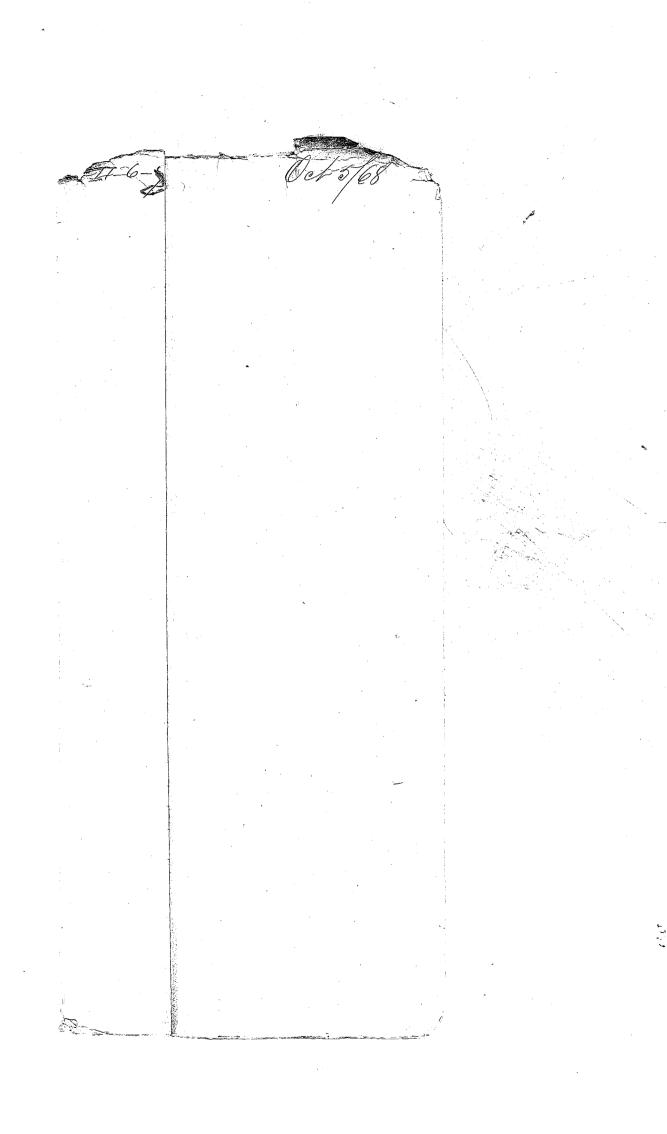
r.

No. 93, 820 Company. Regiment 21 Cincinnaté Agency. Rate per month, \$ = Commencing July Certificate dated 6 and sent to ... Act of 14 July, 1862 Not 13 Dage 20 Book G.



ACT OF JULY 14, 1862.
WAR OF 1861.

Vol. 3, page
Geo. W. Clutter
Ottawa
Putnoun Co. Ohio
Sergt-C 21 Ohin Vols
Discharged July 18 0: 1864.
7 chrestannye Lep 20/12
3,4,5
Joseph de Barrett  Commissioner.
Commissioner.
Beceibed, Sept 25 == 1868.  C. J. Swan  Ottown
C. J. Swan
otterwee
n!
Attorney.



DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

Act July 14, 1862.

State of Stebraska ; Secountry of Merrick second
County of Merrick 88:
On this 26 day of March A. D. one thousand nine hundred
and personally appeared before me fred C. Causard nine nundred
a ged within and for the County and State aforesaid  years, a resident of
Teluer Irel County of Merrick State of
, who, being duly sworn according to law, declares that he
is a pensioner of the United States, duly enrolled at the States Mouse Pension  Agency at the rate of duly lunch dollars per month, by certificate
No. J. J. , for disability due to Junshor Stored of Eyel (State the disability just as it is written in your pension bertificate.)
incurred in the service of the United States while serving as a
if in the army; and rank and vessel, if in the Navy.) and he believes himself entitled to an increase of pension upon the ground that his present rating is
incommensurate with the degree of incapacity resultant from the disabilities named in his Pension Certificate, and that there has been a material increase of disability since his last medical examination by
U. S. Examining Surgeons
/RE JOS
(II MAR C)
(U. 29 3.)
He hereby appoints with full power of substitution and revocation,
Mahan 9- TTT bit O-
Taber & Whitman Co.,
of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.
That his Postoffice address is (Give Town, County and State.)
(Give fown, County and state.)  (Signature of claimant.)
(Signature of claimant.)
Also personally appeared X. S. Ley Free , residing at Silver Creek HEb., and M. Marry, residing at Silver Creek MEb., persons whom I certify to be respectable and entitled to credit,
Siever Creek HEb, and M. J. Marry, residing at
Seever Greok NE6 persons whom I certify to be respectable and entitled to credit,
and who, being by me duly sworn, say they were present and saw Ila Cully
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.
On I de
(Signatures of witnesses to identity of Applicant.)
Two attesting witnesses to signatures by X mark:
(1)

SWORN	TO AND SUBSCRIBED before this 26 day of Mcuel
	A. D. 190 4, and I hereby certify that the contents of the above declaration, &c.,
	were fully made known and explained to the applicant and witnesses, before
•	swearing, including the words
	(If any words have been erased in the application, enter
[L. S.	them here.) , erased and the words
	(If any words have been added in place of any crased, enter them here,)
	, added;
	and that I have no interest, direct dendirect, in the prosecution of this claim.
	COMMISSION EXPIRES APR. 18, 1805. M. C.
	(Official character.)

Applications for *Increased* pension may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes.

Taber & Whitn

### INCREAS INVALID PENSION.

Ailwer Creek	Rank, Jergeanh
nty, Wennick	
e, Yelnaska	Regiment, 2 Phis Ulls
te, \$per month, commencing	ıg
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sioned for	REJECTED JOHN
· · · · · · · · · · · · · · · · · · ·	NIZED ATTORNEY.
ne Jake Whitin	Fee, \$; Agent to pay.
	APPROVALS 0
	3, 1904 CW Johnston, Examin
proved for gun shot wand	Approved for gunshot wound of left leg 14/18 Us mcrease
	left leg
·	14/18 W mcrease
1	
ft7,1904, momson	Reviewer. Medical Examiner. Medical Reviewer
`	Olyt 8 100 V - May O Struction
, 190,	-Reviewer. Medical Refere
isted at \$ 1861 Discharged per month for	d July 8, 1864 Last paid to 1
sioned at \$per month for	p.m. cop xex reg
<u></u>	
gq	RESENT CLAIM.
	90,4 One pen cause
, 1	
Claimant doeswrite.	<b>K</b>

Real Estate, Farm Loads. SILVER CREEK, NEB. Dept. 7, 1907. Hon. V. Warner, Comming Demington, S.J. Henrich antified copy Jong mariage showing that that is all the read obtainable. I have no insurance policy. Internation four letter beweith. If their me what will be necessary. I was 23 pars of age at the time of my marriage and am 77 years Jage now. Keeperly grown, george Volletter George W. Clutter

D. F. DAVIS, ATTORNEY AT LAW,

J. 1907 S.

PROBATE COURT, FRANKLIN COUNTY, COLUMBUS, OHIO.
SAMUEL L. E.ZACK, JUDGE.

September 3rd, 1907

Mr. D.F. Davis,

Attorney at Law,

Silver Creek, Neb.

Dear Sir:-

We are in receipt of your letter of the 28th of August, returning certified copy of the marriage record of George Clutter with Mary A. Kimble.

In reply, beg leave to say, that we have sent you just what the record shows and can do no more. In 1853 the records kept in this office were very brief and indefinite, and it does not show any more than what we have sent you. If you desire to use it in a pension matter we cannot see where there would be any difficulty, as this is what we certify to in such cases. At any rate this is all we can do.

Very truly yours,

Deputy Clerk.

J. SEP S. O. 1907 S.

DATE OF CERTIFICATE, AND TO WHOM SENT. uly 3 1879 Sent to 12 Act 14th July, 1862. Bk. G., Vol. <u>13</u>, Page <u>20</u> Registering Clerk: 25— 33  $R_{egistering}$  Clerk: Disabilily. #8:-12

ě.

apr.24/82 bo days notice to Pen

5/4

**3-1647.** 

## Act of Feb. 6, 1907.

Name, George W. Colutter.

Application filed Mar 8, 1907
Service, 6 21 oh Juf

June 24 og. age letter tocher. G.C.

July 31/07. To dont for copy of congrete, 4.C.

a.o

1. 5

3-364. Original No. Certificate No. 93. 82 ACT OF FEBRUARY 6, 1907. Rank, Company, per month, commencing Marc STATE REPRESENTATIVE. (Order April 25, 1907.) Name, P. O., APPROVAL. C. Borne, Examiner.  $\frac{7}{7}$ , 190  $\frac{7}{7}$ Rer Mom souder general 21, 1907, J. R. Wille 29, 1867; honorably discharged \_\_, 18 6 4 Enlisted \_\_\_\_\_ ; honorably discharged ; honorably discharged Timera per month, under ... RRESENT CLAIM, ACT OF FEBRUARY 6, 1907. Declaration filed Date of birth alleged, ... Age shown by evidence

s — write.

Claimant does \_\_\_\_ write

6—810

#### THE SUVER CREEK STATE BANK SILVER GREEK, NEBRASKA

P.H.BELL, CASHIER.

June 14th 1907.

Bureau of Pensions,

Washington, D.C.

Gentlemen,

Re pensionser # 93820 George W. Clutter.

This man is anxious to know what disposition, if any, was made of his application for increased pension under the new act of Feb 6th 1907.

Very truly yours,

Cashier.

NEWTON W. PRESTON

DAN V. STEPHENS 3RD.DIST. NEB.

COMMITTEES
[NDIAN AFFAIRS
ACCOUNTS

## House of Representatives U.S. Washington, D.C.

Commissioner of Pensions

Washington, D. C.

Dear Sir:

Inclosed please find Claim for Pension under the Act of May 11, 1912 in favor of the person named below. Will you kindly acknowledge receipt of the same to me and also notify me if any evidence is needed in support of this claim.

I will also greatly appreciate it if you will notify me of the final action of this claim.

Very respectfully,

Sau V. Stephens

June 1, 1912.

Name of soldier George W. Clutter, Silver Creek, Neb.

Co. C, 21st Ohio Vol. Inf. 2 years, 10 months.

Service

Certificate number 93820.

Age 83, born Oct. 11th, 1829



Claimant, George W. Colutter

ACT OF MAY 11, 1912. Cert. No. 938

-as animaled by art march 4.19.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Enlisted August 29 , 1861; honorably discharged July 18 , 1864

Declaration filed	Jame 3 V, 1912	
	NA W	

Enlisted \_\_\_\_\_\_, 18

Enlisted \_\_\_\_\_\_, 18

Age shown by evidence 82 years; date of birth alleged Octob

Length of pensionable service: 2<sup>t</sup> years, 10<sup>t</sup>

Pensioned at \$ 20 per month, under act of February 6,1907

; honorably discharged \_\_\_\_\_\_, 18

; honorably discharged ....., 18

\_\_\_\_ months, 20 4 days.

M C

Claimant does \_\_\_\_ write.

6—3317

3-1647.

# Act of May 11, 1912.

Cert. 93820

Name, George W. Clutter Silver Creek Merrico & Mel

Application filed Jame 3, 1912— Service, Go 6 21 Ohis Ing. February Old July Mit his

### U.S.POSTOFFICE, SILVER CREEK NEBR.

JUNE 14 . 19 15

FINANCE DIVISION JUN 17 1915
BUREAU OF PENSIONS

Department of the interior,

U.S. Pension Agency,

Washington D.C.

Mr George W. Clutter, ( Pensioner) died June 13. 1915, # of Pension certificate 93820.

W.S. Gray Postmaster

1318

Rate and Period, \$ ....., from.

THE SUVER GREEK STATE BANK SILVER GREEK, NEBRASKA

P.H.BELL CASHIER.

State of Nehraska, County of Merrick.ss.

George W. Clutter, first being duly sworm does depose and say that he was born on the IIth day of October 1829 in Licking County, Chio and that so far as he is able to discover that there is no Public record of either his Birth or Baptism. He further swears that there was at one time a copy of the Bible that had been in the family for a great number of years and which has a record of all the Births, Deaths and Marriages and that some time during the year 1870, Nancy Clutter, a sister to the affiant, did destroy and so mutilate said Bible that it was and is now so mutilated that it cannot be read. The only reason that can be given for the act is that the said Nancy Clutter was very jealous of her age and did not want anyone to know how old she was.

George I Clutte

Sworn to and subscribed in my presence this I2th day of July 1907.

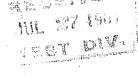
YN Jackma Notary Public.

We, the undersigned, residents of the Village of Silver Creek,
Merrick County, Nebr, do hereby certify that we consider George
W Clutter to be truthful and a creditable witness.

PENOLON OFFICE

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