

William Willis Military Records

Company Descriptive Book Form
W 9 Ind.

William Willis

[blank], Co K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Descriptive Book of the organization named above.

DESCRIPTION.

Age 21 years; height 5 feet 8 inches.

Complexion Lt

Eyes Blue; hair Blk

Where born Butler Co, Ohio

Occupation Cooper

ENLISTMENT.

When Aug 19, 1861.

Where Logansport

By whom Capt [sic] W.P. LaJoelle; term war y'rs. [sic]

Remarks: Dischg'd [sic] by reason of expiration of terms of service Aug 27/64

H King

Copyist.

Company Muster-out Roll Form September 1865
W 9 Ind.

William Willis

Pvt, Co K, 9 Reg't [sic] Indiana Infantry.

Age 21 years.

Appears on Co. Muster-out Roll, dated Cp Stanley Texas, Sept 28, 1865.

Muster-out to date [blank], 186[blank].

Last paid to Oct. 31, 1863.

Clothing account:

Last settled [blank], 186[blank]; drawn since \$ [blank]

Due soldier \$ [blank]; due U.S. \$ [blank]

Am't [sic] for cloth'g [sic] in kind or money adv'd [sic] \$ [blank]

Due U.S. for arms, equipments, [sic] etc., \$ [blank]

Bounty paid \$ [blank]; due \$ [blank]

Remarks: Dischd [sic] Aug. 24, 65 Expiration of term

[illegible name]

Copyist.

Company Muster-in Roll Form September 1861

W 9 Ind.

William Willis

Pvt, Capt. Lasselle's Co., 9 Reg't [sic] Ind. Inf. [see first footnote below]

Age 21 years.

Appears on Company Muster-in Roll of the organization named above. Roll dated LaPorte Ind Sept 5, 1861

Muster-in to date Sept 5, 1861.

Joined for duty and enrolled:

When Aug 27, 186[blank]. [see second footnote below]

Where LaPorte Ind [see second footnote below]

Period During the war years [see second footnote below]

Bounty paid \$ [blank]; due \$ [blank]

Remarks:

[first footnote: This organization subsequently became Co. K. 9 Reg't [sic] Ind. Inf.]

[second footnote: See enrollment on subsequent card or cards.]

Book mark:

Weaver

Copyist.

Card Numbers Form

Willis, William

Co. K, 9 Indiana Infantry

Private Private

CARD NUMBERS.

1 25519883

2 25519982

3 25520083

4 25520173

5 25520282

6 25520383

7 25520478

8 25520579

9 25520667

10 25498652

11 25520753

12 25498660

13 25520828

14 25520899

15 25520973

16 25521035

17 25521094

18 25521153

19 25521208

20 25521280

21 25521360

22 25521444

23 25521527

24 25521607

25 25522174

26 25499424

27 33281877

28 33170719

29 36044285

[numbers 30 through 50 are blank]

Number of personal papers herein 1.

Company Muster Roll Form for March and April 1862
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Mar and Apr, 1862.

Present or absent Present

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

Weaver

Copyist.

Company Muster Roll Form for January and February 1862
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry

Appears on Company Muster Roll for Jany [sic] and Feby, 1862.

Present or absent Present

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

Weaver

Copyist.

Company Muster Roll Form for December 1861

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Dated Dec 31, 1861.

Present or absent Not stated

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

Weaver

Copyist.

Company Muster Roll Form to October 1861

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana In[missing]

Appears on Company Muster Roll for To Oct 31, 1861.

Joined for duty and enrolled:

When Aug 19, 186[blank]. [see footnote below]

Where LaPorte Ind [see footnote below]

Period [blank] years. [see footnote below] During war

Present or absent Not stated

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

[footnote: See enrollment on card from muster-in roll.]

Book mark:

Weaver

Copyist.

Company Muster Roll Form for September and October 1862
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Sept and Oct, 1862.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Absent in Indiana on recruiting service

Book mark:

Weaver

Copyist.

Company Muster Roll Form for July and August 1862
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for July and Aug, 1862.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Absent in Ind on Recruiting service

Book mark:

Weaver

Copyist.

Special Muster Roll Form for August 1862

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Special Muster Roll for Aug 18, 1862.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Absent on Recruiting service in Ind

Book mark:

Weaver

Copyist.

Company Muster Roll Form for May and June 1862

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infa[missing]

Appears on Company Muster Roll for May and June, 1862.

Present or absent Present

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

Weaver

Copyist.

Company Muster Roll Form for January and February 1863
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Jany [sic] and Feby, 1863.

Present or absent Present

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

Weaver

Copyist.

Detachment Muster Roll Form for May 1862 through January 1863

W 9 Ind.

William Willis

Pvt, Co. [blank], 9 Reg't [sic] Indiana Inf.

Appears on a Detachment Muster Roll of the organization named above, for May 1, 62
to Jan 1, 1863.

Station Laporte Ind

Present or absent Not stated

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

[illegible signature]

Copyist.

Company Muster Roll Form for November and December 1862
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Nov and Dec, 1862.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Absent in Indiana on Recruiting Service

Book mark:

Weaver

Copyist.

Detachment Muster Roll Form for September and October 1862
W 9 Ind.

William Willis

Pvt, Co. [blank], 9 Reg't [sic] Indiana

Appears on a Detachment Muster Roll of the organization named above, for Sept and Oct., 1862.

Station Val[illegible] Ind

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Recruiting at Logansport Ind.

Book mark:

[illegible signature]

Copyist.

Company Muster Roll Form for July and August 1863

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for July and Aug., 1863.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Detailed Build'g [sic] Monument on Battle field - Stone [sic] River - by order of Gen. Hazen

Book mark:

Lachman

Copyist.

Company Muster Roll Form for May and June 1863

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for May and June, 1863.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Detailed build'g [sic] Monument – on Battlefield of Stone [sic] River by order of Brig. Gen. Hazen

Book mark:

Lachman

Copyist.

Company Muster Roll Form for March and April 1863
W 9 Ind.

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Mar and Apr, 1863.

Present or absent Present

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

Weaver

Copyist.

Special Muster Roll Form for April 1863
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Special Muster Roll for Apr 10, 1863.

Present or absent Present

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks:

Book mark:

Weaver

Copyist.

Company Muster Roll Form for March and April 1864
W 9 Ind.

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Mch [sic] and Apl, [sic] 1864.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Left in Hosp'l [sic] at Chattanooga – Tenn [sic]- Mch [sic] 3/64 – in consequence of wounds rec'd Nov. 20/63.

Book mark:

Lachman

Copyist.

Company Muster Roll Form for January and February 1864
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Jan and Feb, 1864.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Left sick at Chattanooga – Tenn [sic]- Mch [sic] 4/64.

Book mark:

Lachman

Copyist.

Company Muster Roll Form for November and December 1863
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Nov and Dec, 1863.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Wounded and sent to Hosp – Nov. 25/63

Book mark:

Lachman

Copyist.

Company Muster Roll Form for September and October 1863
W 9 Ind.

William Willas [sic]

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Sep and Oct, 1863.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Detailed – Build'g [sic] monument on the Battle field of Stone [sic] River – by order of Gen. Hazen

Book mark:

Lachman

Copyist.

Hospital Muster Roll Form for May and June 1864
W 9 Ind.

William Willis

Prvt, [sic] Co. K, [blank] Reg't [sic] Ind In

Appears on Hospital Muster Roll (Detached Soldiers.) of Cumberland U.S.A. General Hospital, at Nashville, Tenn., for May and June, 1864.

Attached to hospital:

When May 25, 1864.

How employed Patient

Last paid by Maj. [blank] to [blank], 186[blank].

Bounty paid \$ [blank]; due \$ [blank]

Present or absent Present

Remarks: Pay is due me for the months of May and June,

Book mark:

Rocer

Copyist.

Company Muster Roll Form for September and October 1864
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for Sept. and Oct, 1864.

Present or absent [blank]

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: Dischd. [sic] by reason of expiration of term of service.

Book mark:

Osborne

Copyist.

Company Muster Roll Form for July and August 1864
W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for July and Aug., 1864.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: In Hosp. Chattanooga Tenn [sic] Ma'ch [sic] 3/64 – on acc't [sic] of wounds rec'd in action.

Book mark:

Lachman

Copyist.

Company Muster Roll Form for May and June 1864

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Company Muster Roll for May and June, 1864.

Present or absent Absent

Stoppage \$ [blank] for [blank]

Due Gov't \$ [blank] for [blank]

Remarks: In Hosp'l [sic] Chattanooga – Tenn [sic] – MC. 3d/64 – on acc't [sic] of wound rec'd in action.

Book mark:

Lachman

Copyist.

Enclosures Form

Willis, William

P., Co. K, 9 Reg't [sic] Ind. Inf.

2 Enclosures.

Bed Cards

Burial records

Certs. of Dis. for Discharge

Descriptive Lists
Discharge Certificates
Enlistment Papers
Final Statements
Furloughs or L. of A.
Med. Certificates
Med. Des. Lists
Orders
Pris. of War Record
Resignations
Other papers relating to –
Admission to Hosp'l [sic]
Casualty sheet 2
Confinement
Contracts
Death or Effects
Desertion
Discharge from Hosp'l [sic]
Discharge from Service
Duty
Furlough or L. of A.
Med. Examination
Misc. Information
Pay or Clothing
Personal Reports
Rank
Transfer to Hosp'l [sic]
Transfer to V.R.C.

Transportation

Returns Form

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana Infantry.

Appears on Returns as follows:

Aug 1862: Absent in Ind. on rect'g [sic] service

Nov. 1862 to Jan. 1863: Absent on rect'g [sic] service at Logansport, Ind.

June to Oct 1863: Absent detailed to erect a monument on battle field stone [sic] river, order Gen. Hazen.

Nov. 1863 to Mrch [sic] 1864: Absent wounded in battle Lookout Mt. Nov. 24 – 63 – sent to Hosp. Chattanooga

Apr. to June 1864: Absent wounded in Hosp. (over)

Book mark

Grogan

Copyist.

Individual Muster-out Roll Form September 1864

W 9 Ind.

William Willis

Pvt, Co. K, 9 Reg't [sic] Indiana [missing]

Age 21 years.

Appears on an Individual Muster-out Roll of the organization named above. Roll dated Chattanooga Tenn., Sept 15, 1864.

Muster-out to date Sept 15, 1864.

Last paid to Oct 31, 1863.

Clothing account:

Last settled Aug 31, 1863; drawn since \$ [blank]

Due soldier \$ [blank]; due U.S. \$ [blank]

Am't [sic] for cloth'g [sic] in kind or money adv'd [sic] \$14.21

Due U.S. for arms, equipments [sic], etc., \$ [blank]

Bounty paid \$ [blank]; due \$100

Remarks: Subsistence and transportation furnished to Nashville Tenn. By reason of expiration of term of service.

Book mark:

Murphley

Copyist.

Casualty Sheet Form for Chattanooga
CASUALTY SHEET.

Name, W. Willis

Rank, Pvt, Company K, Regiment 9

Arm, Inftry. [sic] State, Indiana

Place of casualty, Chattanooga

Nature of Casualty. Wounded – shoulder – severe

Date of casualty Nov. 24 and 25, 1863.

FROM WHAT SOURCE THIS INFORMATION WAS OBTAINED.

Report of Killed, Wounded and Missing of the [blank] Regiment, 3 Brigade, 1 Division, 4 Corps, dated [blank]

Book 10. B. 1863. page 6. Army of the Cumberland.

Jm. S. Bosworth

Clerk.

11.9 of 1876.

Nashville, Tenn.

Aug. 1864: Aug. 27 -64,

Chattanooga – Muster'd [sic] out of service – term expired.

Casualty Sheet Form for Lookout Mountain
CASUALTY SHEET.

Name. William Willis

Rank, Pvt, Company K, Regiment, 9th

Arm, Inf, State, Indiana

Place of casualty, Lookout Mountain

Nature of Casualty, Wounded

Date of Casualty, Nov 24th 1863

FROM WHAT SOURCE THIS INFORMATION WAS OBTAINED.

Report of Killed, Wounded and Missing of the [blank] Regiment, [blank] Brigade, [blank] Division, [blank] Corps, dated Book 9 – C Dept of Cumberland. Page 450.

John J Dickson

Clerk.

12.14.76.

Invalid Army Pension Form March 1870

DECLARATION FOR INVALID ARMY PENSION.

STATE OF Indiana

COUNTY OF Cass

SS:

On this Seventh day of March, A.D. one thousand eight hundred and sixty [crossed out] Seventy, personally appeared before me, Horace M Bliss, Clerk of the Circuit within and for the County and State aforesaid, William Willis aged 29 years, a resident of Logansport, in the County of Cass, in the State of Indiana, who, being duly sworn according to law, declares he is the identical William Willis, who enlisted in the service of the United States at Logansport, County of Cass, State of Indiana, on the 19th day of August, in the year 1861, as a Private in Company "K" commanded by Captain D.B. McConnell, in the Ninth Regiment of Indiana Infantry Vols., in the war of 1861 62, 63 and 64, and was honorably discharged on the 15th day of September, in the year 1864; that while in the service aforesaid, and in the line of his duty, at a place called Lookout Mountain, in the State of Gorgia [sic] on the 24th day of November, 1863, while engaged in battle with the Enemy, was wounded in the left arm and right sholder [sic] by gunshots from the Enemy's lines. A ball passing through the left forearm and on through the sholder [sic] left [crossed out] (Right) disabling him so that he never was able to do

duty with his regiment – again – That he is still disabled from the effects [sic] of said wounds and [crossed out] in both arms and sholder [sic]

Since leaving the service he has resided Logansport in the County of Cass, in the State of Indiana, and his occupation has been Cooper, and Rail Road Brakeman when enrolled he was a Cooper. And for the purpose of prosecuting his claim he hereby appoints Dyer B McConnell, of Cass County State of Indiana, his attorney in fact, with power of substitution, and with authority to receive his pension certificate. He requests that his pension be paid at Fort Wayne State of Indiana. His Post Office address is Logansport County of Cass, and State of Indiana

William Willis

Signature of Claimant.

Witnesses:

Jane Guthrie

James M Poutt

Receipt of Pension Form May 1870
Adjutant General's Office, Washington, D.C.,

May 25th, 1870

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 153.730, 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 William Willis was enrolled on the 24th [crossed out] 19th day of August, 1861, at La Porte in Co. K, 9th Regiment of Indiana Volunteers, to serve three years, or during the war, and mustered into service as a Private, on the 5th day of Sept 1861, at La Porte, in Co. K, 9th Regiment of Indiana Volunteers, to serve three years, or during the war. On the Muster Roll of Co. "K" of that Regiment, for the months of Nov and Dec 1863, he is reported "Wounded and sent to Hosp Nov 25"1863". On a detachment MO Roll dated Sept 15th 1864 he is mustered out and discharged.

I am, Sir, very respectfully,

Your obedient servant,

[illegible signature]

Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D.C.

Surgeon's Certificate Form June 1870
Examining Surgeon's certificate.

Logansport Ind June 29, 1870.

I hereby certify, That I have carefully examined William Willis, late a Private in Company "K" 9th Regt Indiana Volunteers No. 153.739 in the service of the United States, who was discharged at Chattanooga Tenn [sic], on the 19 day of September 1864, and is an applicant for an invalid pension, by reason of alleged disability resulting from Gun Shot wounds

In my opinion the said William Willis is [written in left margin: Degree of Disability.] one fourth (1/4) incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Judging from his present condition, and from the evidence before me, it is my belief that the said disability [written in left margin: Origin.] was received in the service aforesaid in the line of duty.

The disability is [written in left margin: Probable duration.] [blank]

A more particular description of the applicant's condition is subjoined:

[written in left margin: Particular description.] The applicants [sic] disability caused by musket ball passing through the lower and ulnar side of the fore arm (muscular portion), then through pectoral m, and lodging in posterior portion of the deltoid, beneath the skin. The disability consists of muscles of and limited rotation caused by the cicatrix.

A. [illegible]

Examining Surgeon.

Handwritten Attorney Form June 1870

State of Indiana

County of Cass

SS

On this 29th day June 1870 before me Horace M Bliss clerk of a court of record in and for said county and state personally came William Willis and being by me duly sworn declared and said that he is the identical William Willis who was late a private Co "K" 9th Reg. Ind. Inf. Vols. That he is the identical William Willis mentioned in the attached

circular letter from the Pension Office at Washington No 13, dated May 21st 1870. and that he has not been employed or paid in the Army navy or marine service of the United States since the 13th day of September 1864, the date of his discharge. He furthur [sic] says that for the wound on account of which he claims Pension he was treated in hospital at at [sic] Tulahoma [sic] Tennessee, about one month after he was wounded on the 24th day of Nov, 1863. then he rejoined his regiment and sometime in February 1864, was sent to hospital at Chattanooga Tenn., where he remained about a week, when he was sent back to Nashville Tennessee to the Cumberland hospital where he remained until the 8th day of Sept. 1864 when he went to Chattanooga Tennessee to be mustered out of service on acct of expiration of term.

William Willis

Subscribed and sworn to before me the day and year first above written and I certify that I am not concerned in the [illegible] of this claim for pension

Witnessing [illegible] and the [illegible] of said [illegible]

Horace M. Bliss

Clerk

Handwritten Attorney Form March 1871

[stamp: DEPARTMENT OF THE INTERIOR PENSION OFFICE. MAR 8, 1871.]

Invalid Pension

William Willis

Proof that claimant has not been in any service after discharge and a statement of Hospitals in which treated To wit: from Nov 24/63 to Jan 8th 1864, Hospital at Tulahoma [sic] Tennessee with Regt until February 1864, then in Hospital at Chattanooga Tennessee one week. After which he was sent to Cumberland hospital at Nashville Tennessee where he [illegible] until he was sent to Chattanooga for discharge by reason of expiration of Term of service

D B M Connell Aty [sic]

Drop Pensioner Form July 1922

[stamped over top of form: WILLIAM WILLIS INDIANAPOLIS IND 110960 ACT MAY [illegible] SCHOFIELD A[missing] DEAD INVALID]

DROP REPORT PENSIONER

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

INVALID Soldier Cert. No. 110960

Pensioner Willis, William

Soldier [blank]

Service [blank]

Class K 9 Ind. Inf. [illegible words typed under the previous words] Group 2

ACT OF MAY 1, 1920

LAW DIVISION

[blank], 192[blank]

In the above-described case a declaration filed in this Division indicates that said pensioner died [blank], 19[blank]

H.P. WILLEY,

Chief, Law Division

Per [blank]

DISBURSING DIVISION

JUL 12 1922, 192[blank]

Check No. [blank] \$[blank] dated [blank], Section [blank] returned by postmaster with information that the above-described pensioner died [blank] 19[blank], has been canceled.

Per M.S.G.

E.E. Miller, Disbursing Clerk.

[stamped over above section: NO CHECK TO BE CANCELED]

FINANCE DIVISION

JUL 13 1922, 192[blank]

The name of the above-described pensioner who was last paid at the rate of \$50 per month to MAY 4 1922, 19[blank], has this day been dropped from the roll because of death June 23, 1922

F [illegible] Randall

Chief, Finance Division.

Handwritten Attorney Note February 1871

State of Indiana

County of Cass

SS.

On this 28th day of February A.D. 1871 before me Horace M. Bliss clerk of a court of record in and for said county and state personally came Dyer B McConnell who having been first duly sworn according to law declares and says that he was late captain of Company "K" of the 9th Regiment of Indiana Infantry Volunteers That he was personally well acquainted with William Willis who was a Private in said company during his [illegible] military service. That said Willis was a good and faithful soldier during the [illegible] period of his service, That while in said service and in the line of this duty at the battle of "Lookout Mountain" near Chattanooga in the state of Tennessee, on or about the 25th day of November A.D. 1863, he incurred gunshot wounds through both of his arms two balls passing through the [crossed out] one of his arms and one through the other, That affiant at this moment is unable to say which of his arms incurred the two shots but is sure that one was in the lef [crossed out] fore arm near the wrist as he believes and that he knows the facts from having seen the soldier within a few minutes (may be seconds) after he was wounded and having sent him to the rear. And from having seen him frequently after he was so wounded until he was discharged and affiants [sic] recollection of the facts, is that Willis never was able to do duty after his said wound. That he [illegible] the regiment when it was [illegible] on what was known as "Veteran furlough" in the winter and spring of 1864. And returned with the regiment to the field but was soon sent to the rear on account of the [illegible] of his wound and never returned until he was discharged from the service of the United States.

Affiant further says that he makes this affidavit because he is the only commissioned officer of his company now living who has a personal knowledge of the facts to which he testifies and recollects them. That he is the attorney for the claimant, and [illegible] by law entitled to a [illegible] of this claim [illegible], but that if that position is incompatible [sic] with his disinterestedness in the matter, he is willing to have that and that the claim shall be treated as prosecuted without attorney and the entire pension be sent to the pensioner, And he further says on his oath that he has no other interest in said claim than that mentioned, And that he has no agreement or understanding with him about any [illegible] or [illegible] for procureing [sic] his pension and further saith not

Dyer B. M. Connell

Subscribed and sworn to before me and I certify that I have no interest either direct or indirect in the prosecution of said claim for pension

Witness my hand and the Seal of Said Court the [illegible] [illegible] [illegible] [illegible]

Horace M Bliss Clerk

Handwritten Attorney Note October 1873

State of Indiana

County of Cass

SS

On this 18th day of October A.D. 1873 before me Noah S. LaRosa clerk of a court of record in deed for said county and state, personally came William Willis aged 33 years who being by me first duly sworn according to law declares that he is a pensioner of the United States duly entered and enrolled at the Fort Wayne Ind Pension Agency at the rate of \$2, per month by reason of disability incurred in the military service of the United States, while serving as a Private in Company "K" of the 9th Regiment of Indiana Infantry vols. that his present physical condition is such that he believes him self entitled to sucure [sic] an increase pension and that he [illegible] his pension certificate herewith.

He further declares that he is disabled in the following manner to wit, He is disabled in the left arm above the rist [sic]. and the wound has som [crossed out] much effactice [sic], the tendens [sic] the joint and the hand as to impair the motion of the hand, and render useless two of the fingers. That his residence is Logansport Cass County Indiana and his Post Office is also Logansport Cass County, Indiana, and that he hereby constitutes and appoints Dyar B.McConnell of Logansport Ind. his true and lawful attorney to prosicute [sic] this claim for pension increases

attest,

John Banta

Eugene C. Taylor

William Willis

Also personally appeared John Banta and Eugene C. Taylor residing in Logansport Cass County Indiana, persons whom I certify to be respectable and entitled to credit and who being by me duly sworn, say they ware [sic] prasunt [sic] and saw William Willis the claimant sign his name to the foregoing declaration, that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be and that they have no interest in the prosecution of this claim

John Banta

Eugene C. Taylor

Sworn to and subscribed before me and [crossed out] this 18th day of October 1873.
and I hereby certify that the contents of the above declaration etc. was duly [sic] made
known and explained to the applicant [last 5 words are illegible]

Increase of Invalid Army Pension Form June 1875
Declaration for Increase of Invalid Army Pension.

STATE OF Indiana

COUNTY OF Marion

SS:

On this 5 day of June 1875, personally appeared before me, Austin H Brown, Clerk of
the Circuit Court within and for the County and State aforesaid, William W Willis aged
35 years, a resident of Indianapolis in the County of Marion in the State of Indiana and
whose post office address is the Same who, being duly sworn according to law,
declares that he is a Pensioner of the United States, duly enrolled at the Indianapolis
agency, at the rate of \$2.00 per month, by reason of disability incurred in the service of
the United States, as a private in Company K commanded by Captain [blank] in the 9th
Regiment of Ind in the war of 1861, Certificate No 110.960 and his present physical
condition is such that he believes himself entitled to receive an increased [pension in
the is crossed out] to full pension grade [crossed out] provided for in the first section of
the Supplementary Pension Act, approved June 6th, 1866. He further declares that he
is disabled in the following manner, to wit: He now draws his \$2.00 for a gunshot wound
of the right shoulder and a gunshot wound of the left wrist. The wrist is weak and
painfull [sic]. The wound in right shoulder causes the whole shoulder to be weak

And for the purpose of prosecuting his said claim, he hereby appoints P.H. Fitzgerald, of
Indianapolis, State of Indiana, his attorney in fact, with power of substitution, and with
authority to receive his pension certificate, or other order issued by reason hereof.

William Willis

Signature of Claimant.

Two witnesses when signed by mark [blank]

Also, personally appeared before me, at the time and place aforesaid John W Kise a
resident of Marion County, State of Indiana and Henry C Hallingsworth a resident of
Marion County, State of Indiana whom I certify to be credible persons, who being duly
sworn according to law, declare, each for himself, that they well know William W Willis
who signed the foregoing declaration and power of attorney in their presence; and that
he is the identical person he represents [rest is missing]

Examining Surgeon's Certificate July 1875

Examining Surgeon's Certificate

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate 110.960

State: Indiana County: Marion

Post Office Indianapolis, July 7th, 1875

It is hereby certified that William Willis, formerly a private of Captain McConnell's "K" Company, in the 9th Regiment of Indianapolis, in the war of 1861 who is now paid at Fort Wayne, Indiana Agency at the rate of 2 dollars per month, on account, as he states, of gun shot wound of left arm while in the line of duty in the military service of the United States on or about the [blank] day of [blank], 1863, at a place called Lookout Mt , in the State or territory of Tenn. is still suffering in consequence of said [written in left margin: Here specify the particular disease or injury is] wound.

The disability originates from the injury or disease on account of which he was originally pensioned, as follows:

[written in left margin: Here state fully and accurately the character of the pensioner's disability, and how he is at present affected thereby; also state whether the disability is permanent in its present degree and whether it is has been in any degree caused or protracted by vicious habits.] Ball passed through middle of [illegible] track through flexor minimi digiti longus, leaving cicatrix adherent to periosteum with partial contraction of ring and little finger. Has very good use of his hand. We think he is judiciously pensioned

We find his disability, as described above, to be equal to, and entitling him to: one fourth (1/4) 2.00 per month.

Geo W Mean Prest [sic]

[illegible signature]

Examining Surgeon.

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

[illegible signature]

Increase of Invalid Army Pension Declaration July 1877

Declaration for Increase of Army Pension.

State of Indiana

County or Marion

SS:

On this 24th day of July, 1877, personally appeared before me, Austin H Brown, Clerk of the Circuit Court within and for the County and State aforesaid, William Willis, aged 36 years, a resident of Indianapolis, in the County of Marion in the State of Indiana, and whose post office address is 65 Smith Street Indianapolis, Ind, who having been duly sworn according to law, declares that he is a Pensioner of the United States, duly enrolled at the Indianapolis, Ind. agency, at the rate of \$2.00 per month, by reason of disability incurred in the service of the United States as a Private in Company K commanded by Captain D.B. McConnell in the 9th Regiment of Ind. Vols. in the war of 1861. and his present physical condition is such, that he believes himself entitled to receive an increased pension of the \$6.00 grade provided for in the first section of the supplementary pension act, approved June 6th, 1866, as amended June 8th, 1872. He further declares that he is disabled in the following manner, to-wit:

I am wounded in my left wrist and right shoulder. The wounds were received at the battle of Lookout Mountain, Ga, Nov. 24th 1863. The ball passed through my wrist and entered my wright [sic] shoulder Just below the collar bone and came out back under my arm. The wound of my shoulder pains me more or less all the time, especially in damp or cloudy weather, therefore greatly preventing me from performing manual labor.

And for the purpose of prosecuting his said claim, he hereby appoints S S [illegible] of Indianapolis State of Indiana, his attorney in fact, with power of substitution, and with authority to receive his pension certificate, or other order issued by reason hereof.

William Willis

Signature of Claimant.

Two Witnessed when signed by mark [blank]

Also, personally appeared before me, at the time and place aforesaid. David H Kellogg a resident of Marion County, State of Indiana, and Harry Rihl a resident of Marion County, State of Indiana whom I certify to be credible persons, who being duly sworn according to law, declare, each for himself, that they well know William Willis who signed the foregoing declaration and power of attorney in their presence; and that he is the identical [rest is missing]

Duplicate Surgeon's Certificate September 1875

[stamp: HIRAMIDDINGS FORT WAYNE, IND. PENSION AGENT. SEP 23 1875]

DUPLICATE.

SURGEON'S CERTIFICATE of

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

State: Indiana County: Marion

Post Office: Indianapolis, Sept. 6, 1875.

We hereby certify, That we have carefully examined William Willis, who was a [written in left margin: Pensioner's service.] Prvt. [sic] Co "K" 9th Ind. Vols. in the war 1861 and was granted an Invalid Pension under [written in left margin: Be particular to give Certificate No.] Certificate No. 110960, to be paid now at the Agency in [written in left margin: Agency where to be paid.] Ft. Wayne, Indiana, by reason of alleged disability resulting from G.S.W. Left wrist which he states to have been received in the line of duty while he was in the military service of the United States.

In our opinion the said Pensioner's disability, from the cause aforesaid, continues at [written in left margin: State whether disability continues; and, if so, its present degree.] $\frac{1}{2}$ (one half) 2

A more particular description of the Pensioner's condition is subjoined:

[written in left margin: Particular description.] Height 5.8; weight, 150; complexion, fair; age, 35; respiration, 18; pulse, 70.

Ball entered one inch above carpal end of ulna posterior aspect passing through that bone making its exit on palmar aspect at middle lower third of ulna leaving the bone very small at point of wound, but not shortened. Anterior cicatrix adherent to tendon of minimi digiti interfering with use of hand in working. Some atrophy and a cold sweating condition of palm of hand

Geo. W. Means, Prest. [sic]

Examining Surgeon's Certificate September 1877

Examining Surgeon's Certificate

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. of Certificate 110.960

State: Indiana County: Marion

Post Office: Indianapolis, Sep. 5th, 1877.

It is hereby certified That William Willis formerly a private of Captain McConnell's K Company, in the 9th Regiment of Indiana Infy [sic] in the war of 1861 who is now paid at 2 dollars per month, on account, as he states, of gun shot wound of left wrist and right shoulder while in the line of duty in the military service of the United States, on or about the [blank] day of [blank], 1864, at a place called [blank], in the State or territory of

Lookout Mt Tenn [sic] is still suffering in consequence of said [written in left margin: Here specify the particular disease or injury.] wounds

The disability originates entirely from the injury or disease on account of which he was originally pensioned, as follows:

Height, 5.8; weight, 140; complexion, fair; age 36; respiration, 18; pulse, 78

[written in left margin: Here state fully and accurately the character of the pensioner's disability, and how he is at present affected thereby; also state whether the disability is permanent in its present degree and whether it is has been in any degree caused or protracted by vicious habits.] Ball entered one inch above styloid [illegible] of left ulna passing directly through and making exit inside of flexor carp. Wd. deeply adherent at point of entrance to bone and to the tendon at point of exit. Disability one half (1/2) Ball entered three inches below outer edge of right scapula in fold of [illegible] Maj. passing posteriorly and made exit behind insertion of [illegible] Maj. Disables arm in raising it [illegible] and forwards. Disability one fourth (1/4) Not judiciously rated at first

We find his disability, as described above, to be equal to, and entitling him to: three fourths (3/4) 6.00 per month

Geo W Means Prest [sic]

[illegible signature]

Examining Surgeon.

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.

JK [illegible]

Increase of Invalid Army Pension Declaration June 1884

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 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. Return to BENJAMIN C. WRIGHT. Indianapolis, Ind.

STATE OF Indiana

COUNTY OF Marion

SS:

On this 4th day of June A.D. one thousand eight hundred and eighty four personally appeared before me a Clerk of the Circuit Court within and for the County and State aforesaid William Willis aged 42 years, a resident of Indianapolis, County of Marion, State of Indiana who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency, at the rate of \$6.00 dollars per month, certificate No. 110.960, by reason of disability from Gun shot wound of left arm and right shoulder Incurred in the Military service of the United States while a private in Co. K 9 Ind Inf. [sic] Vols.

That he believes himself to be entitled to an increase of pension on account of By reason of gun shot wound of left arm said arm is very weak painful Cant [sic] lift or handle anything of any weight Arm gives out easily By reason of the wound in the right shoulder suffers almost constant pain especially in changes of weather shoulder is weak

He is disabled by reason of said wounds to such an extent that he believes he is entitled to a very much higher rate of pension than he is now drawing and for the purpose of prosecuting his claim to a final issue he hereby appoints with full power of substitution and revocation, BENJAMIN C. WRIGHT, OF INDIANAPOLIS, INDIANA, his true and lawful attorney.

His Post-office address is No. 18 Wright St., Indianapolis Marion County Indiana

William, Morrall

Woodbord Wells

(Two witnesses who can write sign here.)

William Willis

(Signature of Claimant.)

Examining Surgeon's Certificate July 1884

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. 110960

Name of claimant, William Willis

Rank, Private

Company, "K"

Regiment, 9th

State, Ind Vols

EXAMINING SURGEON'S ADDRESS:

Post office, Indianapolis

County, Marion

State, Indiana

Date of examination, July 23, 1884

The applicant states that he is now paid at the agency for a [written in left margin: Present rating.] three fourths disability, on account of G.S.W. left arm and that he applies for increase on the ground that [written in left margin: That the present rating is unjustly low, or that there has been actual increase of the disability.] Increase Disability

[written in left margin: Particular description.] He states that he is 42 years of age, that he weighs 155 pounds, and that he is 5 feet 10 inches in height.

His pulse-rate per minute is 78, his respiration 24, and his temperature normal.

The examination reveals the following conditions: [written in left margin: The surgeon should not recommend increase excepting for one of two reasons – that the present rating is unjustly low, or that the disability has really increased. In either case the reasons for changing the present rating should be clearly set forth and should include a full statement of the physical and rational signs.] The ball entered one inch above styloid process of left ulna passing directly through the arm making its exit at inner side of flexor carpi ulnaris – The cicatrix is deeply adhered to bone at point of entrance, and also to tendons of muscles, interfering with motions of hand in flexion

(It is one half ½)

Another ball entered about 3 inches below the outer edge of right scapula [crossed out] clavicle just in front of right axilla passing posteriorly was cut out just below lower margin of right scapular near posterior wall of right axilla. The cicatrices are deep and dragging. Interferes with upward and forward motions of arm.

(Dis ½)

Judging from the condition and history of the claimant, it is our opinion the disability was incurred in the service as claimed, and that is not aggravated or protracted by vicious habits.

We find the disability as above described to entitle him to a Total 4/4 rating.

[illegible signature]

[illegible signature]

Examining surgeon.

Henry [illegible]

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.

Bottom Half of Surgeon's Certificate February 1886

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

The absence of a member from a session of a board and the reason thereof, if known, and the name of the absentee, must be indorsed upon each certificate.

[written in left margin: Insert character [see first footnote below] and number of claim.]
Increase Pension Claim No. 110960

[written in left margin: Name and rank of claimant.] Wm Willis, Rank, Private Company K, 9 Reg't [sic] Ind [written in left margin: Claimant's post office address.] Indianapolis Ind

(Post Office address of the Board) Indianapolis Ind, State, (Date of examination) Feby 10, 1886.

We hereby certify that in compliance with the requirements of the law [see second footnote below] we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: [written in left margin: Cause of disability.] Gunshot wound left forearm right shoulder resulting rheumatism and tate he receives a pension of [written in left margin: If a pensioner, fill in the amount; if not, erase the whole line.] ten dollars per month. Pulse rate per minute, 69; respiration, 19; temperature, 98 $\frac{3}{5}$; height, 5 feet 9 inches; weight, 152 pounds; age, 44 years.

He makes the following statement upon which he bases his claim for [see second footnote below] [written in left margin: Here give the claimant's statement as briefly and as compactly as possible.] increase left arm is painful and "goes to sleep"

Upon examination we find the following objective conditions: [written in left margin: Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, ie. $\frac{1}{4}$, $\frac{1}{2}$, total, etc, through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford this Office the ground for intelligent opinion and action in rating.] Ball entered one inch above styloid process left ulna passing through flexor [illegible] [illegible] [illegible] two inches above wrist, ulnar aspect; cicatrix of entrance adherent and dragging, of exit depressed and dragging, each cicatrix being one [crossed out] one half inch in diameter, third and fourth fingers permanently flexed one half, same ball reentered pectoralis major muscle right side one

inch and a half above anterior angle of axilla passing through axilla and finding exit one inch above posterior angle of right axilla passing through [illegible] [illegible] – cicatrices normal; motion of shoulder joint impaired one fourth; crepitus, stiffness and partial ankylosis of right shoulder joint; probably suffers neuralgia pains and [illegible] from injury to right axillary and left ulna nerves; heart action and condition normal, no enlargement or impaired motion of any joints or any atrophy of muscles in any part of body. motion of left wrist not impaired

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, [blank] probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a [written in left margin: Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.] ¼ rating for the disability caused by gunshot wound left forearm, total for that caused by gunshot wound right shoulder, and nothing caused by rheumatism

[first footnote: see back]

[second footnote: Here state whether for original, increase, restoration, or renewal, or for a re-rating.]

[illegible signature] Pres. R.F. Stone, Sec'y. C E Wright, Treas.

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

Increase of Invalid Army Pension Declaration February 1887

Declaration for Increase of an Invalid Pension.

(OLD AND NEW DISABILITY.)

State of Indiana, County of Marion, SS.

On this 25 day of February, A.D. one thousand eight hundred and eighty 7 personally appeared before me, John E Sullivan a Clerk of the Circuit Court within and for the County and State aforesaid, William Willis, aged Forty five years, a resident of Indianapolis, County of Marion, State of Indiana, who. being duly sworn to law, declares that he is a pensioner of the United States, by Certificate number 110960, and duly enrolled at the Indianapolis Indiana Pension Agency, at the rate of (10.00) Ten dollars per month, by reason of disability incurred in the (State whether military or naval.) Military [sic] service of the United States while serving as (Give rank, company, and regiment or other organization, if in the Army; and rank and vessel if in the Navy.) Private in company, K, 9th Regiment Indiana Volunteers that his present physical condition is such that he believes himself entitled to receive an increased pension.

He further declares that he is disabled in the following manner, to wit: Gun Shot of left fore arm and right shoulder

[This is all crossed out: Application is also hereby made for increase of pension on account of a new disability, to wit: at [blank], in the State of [blank], on or about the [blank], 186[blank], Here name the new disability for which pension is claimed, state when, where, and how contracted, and if treated in hospital give names of hospitals and dates of treatment.]

That his left arm is very much worse and that it is only with great agony that he can use it at all. That the Pains in the right shoulder continually [sic] grows worse. That his arms are nearly useless that he hereby appoints, with full power of substitution and revocation, M H Daniels of Indianapolis Ind his true and lawful attorney, to prosecute his claim

His post-office address is 41 Minerva St Indianapolis Indiana

William Willis

(Signature of Claimant)

Eramus Wolfe

William S. Biller

Bottom Half of Surgeon's certificate Form April 1887

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

The absence of a member from a session of a board and the reason thereof, if known, and the name of the absentee, must be indorsed upon each certificate.

[written in left margin: Insert character [see second footnote below] and number of claim.] Inc Pension Claim No. 110960

[written in left margin: Name and rank of claimant.] William Willis, Rank, Pri [sic] Company K, 9 Reg't [sic] Ind Vols

[written in left margin: Claimant's post office address.] Indianapolis Ind

(Post office address of the Board.) Danville Ind State,

(Date of examination.) Wed April 6, 1887.

We hereby certify that in compliance with the requirements of the law [see second footnote below] we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: [written in left margin: Cause of disability.] Gun shot wound left fore arm and right shoulder [written in left margin: If a pensioner, fill in the amount; if not, erase the whole line.] and that he receives a pension of 10 dollars per month.

Pulse rate per minute, 84; respiration, 17; temperature, 98.5; height, 5 feet 8 inches; weight 149 pounds; age, 45 years.

He makes the following statement upon which he bases his claim for [see second footnote below] Inc [written in left margin: Here give the claimant's statement as briefly and as compactly as possible.] Is gradually losing use of left arm

Upon examination we find the following objective conditions: [written in left margin: Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, ie. ¼, ½, total, etc, through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford this Office the ground for intelligent opinion and action in rating.] Cic ¾ inch diameter dep dragging and adherent ulnar side back of left fore arm 1 inch above wrist cicatrices [illegible] reaches up 3 inches and is adherent to bone. Cic ¾ inch diameter from left fore arm 3 inches above wrist dep and dragging. Partial loss of bone substance lower half of ulna. Cic 1 by ½ inch [illegible] [illegible] [illegible] dep. front of right shoulder 1 ¾ inch obliquely upward and inward [illegible] axilla and cic, posterior aspect right shoulder ½ inch diameter, non-dep non-ad one inch obliquely upward and inward from axilla Aesthesiometric tests show resistance normal in thumb and first finger and up inner side left fore arm and ¾ loss of sensation 2nd, 3rd and 4th fingers and in ulnar side of arm. Those fingers are so paralyzed that he has but little use of them. Size of fore arm same as right but muscles are soft and flabby. There is a loss of strength and uncorresponding [sic] to loss of sensation. Right shoulder joint motion unimpaired but painful. Sensation normal rt arm Disability exists equivalent to 14/18 loss of hand or foot from G.S. wd left fore arm and rt shoulder and [illegible]

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, [blank] probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a [written in left margin: Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.] 14/18 3rd grade rating for the disability caused by G.S. wd left fore arm and rt shoulder for that caused by [blank], and [blank] caused by [blank]

[first footnote: See the back.]

[second footnote: Here state whether for original, increase, restoration, or renewal, for a rating.

O B Johnson, Pres. T.W. Johnson, Sec'y. I A [illegible], Treas.

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

Increase of Invalid Army Pension Declaration July 1887

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana

County of Marion

SS:

[note: Each line of this form is numbered in the left margin from 1-25.]

On this 2 day of July, A.D. one thousand eight hundred and eighty seven personally appeared before me, a Notary Public within and for the County and State aforesaid William Willis aged 45 years, a resident of the City of Indianapolis county of Marion, State of Indiana, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency at the rate of Twelve dollars per month, by reason of disability from (Here name the disability for which pension was granted.) Gun shot wound of left fore-arm and right shoulder incurred in the Military service of the United States while (Here state rank, company and regiment, if in the Army – vessel if in the Navy.) Private Co K 9th Reg. Ind Vols

That he believes himself to be entitled to an increase of pension on account of (Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease and the place, and circumstance of its origin, and the names of hospitals where treated in the service should be fully stated. The dates of treatment should be given as nearly as possible.) too low rating for gun shot wound of left fore arm and right shoulder

New Disability (1)

(1) Contracted measles at Fedeman [sic] W. Va. Feby 1862 under the following circumstances. Exposure to measles. The above disability, Measles, has resulted in disease of lungs and throat and partial loss of hearing of left ear

that he appoints KNEFLER and LOPP, OF INDIANAPOLIS, COUNTY OF MARION, STATE OF INDIANA, his true and lawful attorneys, to prosecute this claim. That his Post-office address is 41 Minerva St Indianapolis County of Marion State of Indiana

Claimant's signature: William Willis

Attest: James B Cain

Henry [illegible]

(Two witnesses to Claimant's Signature.)

[written in left margin: He requests to be ordered before Columbus Ind. Ex. Bd.]

Bottom Half of Surgeon's Examination Certificate September 1887

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

The absence of a member from a session of a board and the reason thereof, if known, and the name of the absentee, must be indorsed upon each certificate.

[written in left margin: Insert character [see second footnote below] and number of claim.] Inc Pension Claim No 110960

[written in left margin: Name and rank of claimant.] Wm Willis, Rank, Pt Company K, 9 Reg't [sic] Ind [written in left margin: Claimant's post office address.] Indianapolis Ind 41 Minerva St

(Post office address of the Board.) [blank] (Date of examination.) Franklin, Ind Sept 7, 1887.

We hereby certify that in compliance with the requirements of the law [see first footnote below] we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: [written in left margin: Cause of disability.] GSW left forearm and right shoulder. Measles ms dis of lungs and throat and partial deafness left ear and that he receives a pension of [written in left margin: If a pensioner, fill in the amount; if not, erase the whole line.] Twelve dollars per month.

Pulse rate per minute, 80; respiration, 28; temperature, 99; height, 5 feet 10 inches; weight, 147 pounds; age, 46 years.

He makes the following statement upon which he bases his claim for Inc [see second footnote below] [written in left margin: Here give the claimant's statement as briefly and compactly as possible.] Too low rating for Gsw of left fore arm and right shoulder New disability – Measles resulting in dis of lungs [illegible] and partial loss of hearing left ear

Upon examination we find the following objective conditions: [written in left margin: Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, ie. ¼, ½, total, etc, through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford this Office the ground for intelligent opinion and action in rating.] GSW of left fore arm – ulnar lateral side – 1 inch above wrist joint size ½ by ½ inch adherent and drag [illegible] ulnar – (palmar surface) ¾ in above exit wd [illegible] but not adhere or drag Size 1/2 by ½ - GSW – rt shoulder – re-exit wd point midway [illegible] clavicle axillar fold ant size 1 by ¾ in – not adher. [illegible] or drag. Exit wd 1 in above axillar fold – past size ¼ by ¾ not adher [illegible] or drag [illegible] of motion of left fore arm – unst ¼ - [illegible] ¼ - Rt shoulder [illegible] ¼: Muscles of left arm soft and flabby – [illegible] meas – [illegible] rt arm one in larger than left at elbow and ½ inch as biceps

Lungs – 34 ½ - 36 – 2 ½ Expans [sic] slight [illegible] at right apex with irregular wavy vascular murmur. Left normal not suffice to rate Throat, severe chr Phrngts [sic]

Deafness – Left C – Right 7/40 – Left [illegible] gray and bulging stenosis of Eustachian tube

Nutrition not good – 135 Lbs [illegible] average weight – appearance feeble – cheeks sunken – Eyes surrounded by dark rings

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, [blank] probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a [written in left margin: Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.] 9/18 rating for the disability caused by GSW'ond, [sic] 1/18 Throat for that caused by ¼ left ear, and [blank] caused by [blank] [first footnote: See the back.]

[second footnote: Here state whether for original, increase, restoration, or renewal, or for a re-rating/]

W C Hall, Pres. F.C. Dimell, Sec'y. R.D. Wellan, Treas.

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

Increase of Invalid Army Pension Declaration November 1887

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana

County of Marion

SS:

[note: Each line on this form is numbered in the left margin from 1-25.]

On this 14th day of Nov, A.D. one thousand eight hundred and eighty seven personally appeared before me a Clk. Cir. Court within and for the County and State aforesaid, William Willis aged 45 years, a resident of the City of Indianapolis county of Marion, State of Indiana who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Ind Pension Agency at the rate of Twelve dollars per month, by reason of disability from (Here name the disability for which pension was granted.) Gun shot wound of left fore arm and right shoulder incurred in the (Military or Naval.) Military service of the United States while (Here state rank, company and regiment, if in the Army – vessel, if in the Navy.) Private Co K 9th Reg. Ind. Vols That he believes himself to be entitled to an increase of pension on account of (Here state the reasons for applying for increase. If on account of increase in

the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.) too low rating for gun shot wound of left fore arm and right shoulder – New Disability – (1) That while a member of the above organization in the service and line of duty at or near Federman [sic] W. Va [sic] about Feby 1861 Contracted Measles under the following circumstances Exposed to Measles The above disability Measles has resulted in Disease of lungs and Throat and partial loss of hearing of left ear He prefer the Columbus Ex Bd Surg

that he appoints KNEFLER and LOPP, OF INDIANAPOLIS, COUNTY OF MARION, STATE OF INDIANA, his true and lawful attorneys, to prosecute his claim. That his Post-office address is 41 Minerva St Indianapolis County of Marion State of Indiana

Claimant's signature: William Willis

Attest: John S Wright

Arthur Rice

(Two Witnesses to Claimant's Signature.)

General Affidavit February 1888

GENERAL AFFIDAVIT.

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

[note: Each line of this form is numbered in the left margin from 1-37 with lines 30 through 37 blank.]

State of Indiana, County of Cass, SS:

IN THE MATTER OF the original invalid Pension, Claim No. 110960 of William Willis Priv Company, K 9th Regiment, Indiana Volunteers.

ON THIS Sixth day of February A.D. 1888 personally appeared before me, a Clerk of the Circuit Court in and for the aforesaid County, duly authorized to administer oaths John Bauta aged 50 years, a resident of Jefferson Township in the County of Cass and State of Indiana whose Post Office address is Logansport Cass County Indiana well known to me to be respectable [sic] and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

[written in left margin: Instructions – read carefully. The witness must state:

1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

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

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

That he is well and personally acquainted with William Willis and has been personally acquainted with said William Willis about 26 years, and that Affiant was late a member of Co "K" in the 9th Regt. of Indiana Infantry Volunteers war of the rebellion that William Willis was a private in the same company, that in the month of February 1862, Said company "K" was stationed for a short time at Felterman [sic] in West Virginia. That the said William Willis while the company was so stationed then was sick with Measles, that at this distance of time affiant cannot remember the extent or affect of his illness. He knows that several of the men were sick then with measles and in several instances the disease terminated fatally Willis was one of those who was there and then sick with measles. Affiant has only seen the said Willis a few times since the war [end of text]

Proof of Disability Form February 1888

[note: The lines on this form are numbered 1 through 32 in the left margin.]

PROOF OF DISABILITY.

NOTE. – This Affidavit must be executed by commissioned officers of Claimant's Company; but if such evidence cannot be procured, two enlisted men of Claimant's Company should testify in separate affidavits.

State of Indiana, County of Cass, SS.

IN THE MATTER of the original Invalid Pension Claim No. 110960 of William Willis Priv Co., K. 9th Reg't. [sic] Inda [sic] Vols.

THIS Sixth day of February A.D. 1888, personally appeared before me, a Clerk of the Circuit Court in and for the aforesaid County, duly authorized to administer oaths, Dyar B. McConnell aged 53 years, a resident of Logansport, in the County of Cass and State of Indiana and who being duly sworn according to law, states that he is acquainted with William Willis applicant for Invalid Pension, and knows the said William Willis to be the identical person of that name who enlisted or volunteered as a private in Company "K" 9th Regiment of Indiana Infantry Vols., and who was discharged at [blank] on or about the 27th day of August 1864, by reason of (Here insert the reason of the soldier's discharge, if known; if not known so state.) [blank]

That the said William Willis while in the line of his duty, at [or near is crossed out] Fatterman [sic] in the State of West Virginia did, on or about the [blank] day of February [sic] 1862, become disabled in the following manner, viz:

(Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it affected him.) He contracted and suffered from Measles was there and then so sick as to be sent to a regimental hospital, That facts stated are personally known to the affiant by reason of (Here state whether affiant was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.) his presence there at the time. Affiant became 2nd Lieutenant of the company while then at Fatterman [sic], and gave personal attention to the sick of the company But he cannot say any thing about the illness of Willis then except that he was ill with Measles, the effect of his sickness or its duration he can not now remember

General Affidavit February 1888

GENERAL AFFIDAVIT.

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

[note: Each line of this form is numbered in the left margin from 1-37 with lines 28 through 37 blank.]

State of Indiana, County of Cass, SS:

IN THE MATTER OF the original invalid Pension, Claim No. 110960 of William Willis Priv Company, K. 9th Regiment, Indiana Volunteers.

ON THIS Sixth day of February A.D. 1888 personally appeared before me, a Clerk of the Cass Cir. Ct. Ind in and for the aforesaid County, duly authorized to administer oaths John M Schlay aged 42 years, a resident of Boon Township in the County of Cass and State of Indiana whose Post Office address is Royal Center, Cass County Indiana well known to me to be respectable [sic] and entitled to credit, and who, by being duly sworn, declares in relation to aforesaid case as follows:

[written in left margin: Instructions – read carefully. The witness must state:

1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

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

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

That he is well and personally acquainted with William Willis and has been personally acquainted with said William Willis about 26 years, and that Affiant was an enlisted man in Co "K" of the Ninth Regt. of Indiana Volunteer Infantry and there became acquainted with the same Willis who was a member of the same company that the Reg. to which affiant belonged, was sometime during the months of January and February 1862,

stationed at Fatterman [sic] in Western Virginia, and that while there a number of the members of Co "K" aforesaid were attacked with Measles, and the said William Willis was on of these who was sick in the regimental hospital at Fatterman [sic] with Measles as I was then informed and believed and still believe. That since he left the service he has never seen the said Willis.

General Affidavit February 1888

GENERAL AFFIDAVIT.

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

[note: Each line of this form is numbered in the left margin from 1-46.]

State of Indiana, County of Cass, SS:

IN THE MATTER OF the original invalid Pension Claim No. 110.960 of William Willis Company, K 9th Regiment, Indiana Volunteers.

ON THIS Fourteenth day of February A.D. 1888 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths William B Kerns aged 54 years, a resident of Englewood in the County of Cook and State of Illinois whose Post Office address is Englewood Illinois well known to me to be repectable [sic] and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

[written in left margin: Instructions – read carefully. The witness must state:

1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

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

3d. If he employed or worked with him since his return from the army he should state where it was and at what business or if he had known him as a neighbor only, he should state about what distance from him he lived; how frequently on an average, each week month or year, he saw him and conversed with him, and how intimate he was with him during this time, and from what disease or disability he has suffered during all the time he employed or worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor, because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted,

and how severe they were. In this connection, if the witness has been his employer, or has worked with or for him, he should state about what proportion of a sound, able-bodied man's work he was able to do – whether $\frac{1}{4}$, $\frac{1}{3}$, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound and doing the same kind of work. He should also state how he is able to say what his disabilities have been and are now, and he should describe fully and clearly the symptoms as they appear to him in this case; in fact, describe his physical condition fully during each year of his acquaintance with him.]

That he is well and personally acquainted with William Willis and has been personally acquainted with said William Willis about 28 years, and that at the time the said William Willis enlisted in the service of the United States, ie, in the Company K of the 9th Regiment of Indiana Volunteers he was sound and free from disease, and that he saw the said Willis about the time, or very soon after his return from the army, in the fall of 1864, that he then looked like a man suffering from disease, that he informed affiant that he had had an attack of the measles while a soldier, and that he was still suffering from its effects, That he lived in the same town as this affiant from the time of his discharge in 1864 until he Willis removed from affiant's locality in 1874, That affiant was on intimate terms with the said Willis, seeing him as often as two or three times a week during the entire time, and that the claimant was unable to do an able bodied mans [sic] work during that time and that the reason for his inability to work was the effects of measles and that such was his condition a greater or less portion of each year, have known times when he was totally disabled for work. Claimant always said that he could not work on account of the measles. This affiant further states that claimant was treated for the disease and result [illegible], for several years by Doctors Thorpe and Buchanan of Logansport Indiana. He also states that at the time of claimants [sic] enlistment in the Army he weighed about 180 lbs [sic] and that his weight at this time is only about 145 lbs. and that he is a large boned man

Affiant further declares that he has no interest in said case and that he is not concerned in its prosecution.

William B Kerns

(Signature of Affiant.)

L. Brandell

F.C. Nehmeyer

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

NOTE. – The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

State of Illinois, County of Cook, SS:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words [blank] on line [blank] erased, and the words [blank] on line [blank] added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

Chandler S Redfield

(Official Signature.)

Notary Public

(Official Character.)

Henry Wulff, Clerk of the Circuit Court in and for aforesaid County and State, do certify that Chandler S. Redfield Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing a Notary Public in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

WITNESS my hand and the seal of office, this 17th day of February 1888

Henry Wulff

Clerk of the County Circuit Court.

NOTE. – This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

[three illegible stamps placed over writing at bottom of form]

Additional Evidence Cover Sheet

ADDITIONAL EVIDENCE.

No. 110.960

CLAIM OF

William Willis

Private Co. K, 9th Reg't [sic], Indiana Vols.

FOR ORIGINAL INVALID PENSION.

AFFIDAVIT OF William B. Kerns

P.O. Englewood, Illinois

4

FILED BY KNEFLER and LOPP, ATTORNEYS FOR CLAIMANT, INDIANAPOLIS,
INDIANA.

History of Claimant's Disability Form February 1888

HISTORY OF CLAIMANT'S DISABILITY,

MADE BY CLAIMANT HIMSELF.

[note: Each line of this form is numbered in the left margin from 1 to 32.]

State of Indiana, County of Marion, SS.

IN THE MATTER of the original pension claim No. 110960 William Willis Priv., Co, K 9th
Reg't [sic] Inda [sic] Vols.

ON THIS 27 day of Feby A.D. 1888, personally appeared before me, a Notary Public in
and for the aforesaid County, duly authorized to administer oaths, William Willis aged 45
years, a resident of Indianapolis, in the County of Marion and State of Indiana, well
known to me to be reputable and entitled to credit, and who, being duly sworn, declares
in relation to aforesaid case as follows: My Post-office address is (Give present address
in full.) No. 41 Minerva St. Indianapolis Indiana

Since my discharge from said service, on the 24th day of Aug, 1864 I have resided in
(Give the name of each place, with date of any change of residence.) Logansport Ind
from discharge in 1864 until the month of March 1874 since which time I have resided in
Indianapolis Indiana and that my occupation has been that of a Cooper and Railroader

I further state that the disability for which a pension is claimed arises from Disease of
Lungs and Throat and partial [which was contracted is crossed out] (Here state the time,
place and all the circumstances under which the disability for which pension is claimed
originated.) deafness the result of measles which was contracted at or near Fetterman
Va [sic] on or about Feby 1862 by reason of Exposure to Measles which were prevalent
in Camp at that time

From my said discharge to present time I have received the following medical treatment
for said disease. (Give the name and address of each physician employed, and the date
when each commenced and ceased to treat you.) By Dr Thorpe of Logansport Ind who
treated me for above complaints from my discharge in 1864 until about the year 1867 or
1868 and Dr Buchanan of Logansport Ind treated for said complaints from 1868 until
1870. These Doctors are now dead Since 1870 I have had no medical treatment but
have used different kinds of cough remedies [rest is illegible]

General Affidavit February 1888

GENERAL AFFIDAVIT.

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

[note: Each line of this form is numbered in the left margin from 1-37.]

State of Indiana, County of Cass, SS:

IN THE MATTER OF the original invalid Pension, Claim No. 110.960 of William Willis Company, K. 9th Regiment, Indiana Volunteers.

ON THIS 27 day of February A.D. 1888 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths Josiah C. Willits aged 55 years, a resident of Indianapolis in the County of Marion and State of Indiana whose Post Office address is 92 Patterson St well known to me to be respectable [sic] and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

[written in left margin: Instructions – read carefully. The witness must state:

1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

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

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

and clearly the symptoms as they appear to him in this case; in fact, describe his physical condition fully during each year of his acquaintance with him.]

That he is well and personally acquainted with William Willis and has been personally acquainted with said William Willis [crossed out on form: about, years, and that] Since the Spring of 1874 and then in the fall of 1874 claimant worked for me and continued in my employ for 5 or 6 years consecutively, during which time I knew him well and intimately and since have seen him every few weeks up to the present time. Upon my first acquaintance with claimant he seemed to be afflicted with and complained of trouble of his throat and lungs and I noticed that he was hard of hearing. these infirmities he informed me were the result of a severe attack of measles which he had in the Army, and on this account he could not do a full days [sic] work. His business is that of a Cooper He worked by the piece and was unable to earn as much wagger as an able bodied man who worked beside him on the saw work. These troubles have continued and have grown worse each year since my first acquaintance with him to the present time. In my opinion he is disabled one half for manual labor.

Inability Affidavit Form February 1888

INABILITY AFFIDAVIT.

TO BE EXECUTED BY THE CLAIMANT.

[note: Each line of this form is numbered in the left margin from 1-32.]

State of Indiana, County of Marion, SS.

IN THE MATTER of the original Invalid Pension Claim No. 110960 William Willis Pri [sic] Co, K. 9th Reg't. [sic] Inda [sic] Vols.

THIS 27th day of Feby A.D. 1888, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, William Willis a resident of Indianapolis, in the County of Marion and State of Indiana, whose Post Office address is Number 41 Minerva St well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: That he is unable to comply with the requirements of the Pension Office as to proof of Medical Treatment for Measles while in the service for reason that Dr. Sherman of LaPorte Ind the Seurgen [sic] of the 9th Ind Vols who prescribed for and treated me in the Regimental Hospital for Measles is dead. That he is unable to prove his condition from date of discharge up to the year 1888 by medical testimony for the reason that That [sic] Drs Thorpe and Buchanan of Logansport Ind who gave me prescriptions and treatment from my discharge up to the year 1870 or 1871 are both dead. Since that time [illegible] 1870 or 1871 I have used remedies for throat and lungs which I have bought from drug stores (Patent or Proprietary remedies)

General Affidavit Form February 1888

GENERAL AFFIDAVIT.

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

[note: Each line of this form is numbered in the left margin from 1-37.]

State of Ind, County of Cass, SS:

IN THE MATTER OF the original invalid Pension, Claim No. 110960 of William Willis Company, K. 9 Regiment, Ind. Volunteers.

ON THIS 28th day of February A.D. 1888 personally appeared before me, a [blank] in and for the aforesaid County, duly authorized to administer oaths James Kerns aged 52 years, a resident of Indianapolis in the County of Marion and State of Indiana whose Post Office address is 414 West 2d St well known to me to be repectable [sic] and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

[written in left margin: Instructions – read carefully. The witness must state:

1st. Age and occupation; the length of time he has known the soldier and in what year or years of the said period he had employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

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

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

and clearly the symptoms as they appear to him in this case; in fact, describe his physical condition fully during each year of his acquaintance with him.]

That he is well and personally acquainted with William Willis [following is crossed out on form: and has been personally acquainted with said, about, years], and that he first became acquainted with Wm. Willis sometime in the spring of 1866, at Logansport, Ind. by living a near neighbor to him, having known his wife before her marriage to Willis, and by this means became intimately acquainted with him, which acquaintance and intimacy continued until 1874 when claimant removed to Indianapolis; claimant visited my house at Logansport several times after his leaving Logansport, and in 1877 I removed to Indianapolis and have continued, on intimate, and [crossed out] personal and social terms with claimant. During this entire time claimant has been troubled with a throat and lung difficulty and has been hard of hearing, all of which are easily observed by his coughing and clearing his throat. Claimant has told him many times that these troubles were caused by the measles which he had in the army. These troubles were noticeable upon my first acquaintance with him, and they have continued each year since to the present date, growing more troublesome and severe each year. Would say that he cannot do as much as ½ of a sound and healthy man's labor, on account, of these troubles. I also know that claimant doctored with Drs. Thorpe and Buch[rest is missing]

Handwritten Declaration of Josiah Willits 1889
Indianapolis 16th, 1889

in answer to this I will say that the clamant [sic] William Willis commenst [sic] working fore [sic] in the Fal [sic] of 1874 and continued to work for me for 5 or 6 years doreing [sic] whitch [sic] time I was with him every day and since that time I have saw him every few days and am well acquainte [sic] with him up to the Present time When I first became aquanted [sic] with Clament [sic] he complained of his head and lungs hearting [sic] him when he took alittle [sic] cold he told me he had bein [sic] affacted [sic] in that way ever since he had the measles in the army and he was hard of hearing from the same cause and I notice as he gets older he gets worse Each yeare [sic] he is a Cooper and in my opinion he is fully one half Disabled

Josiah C Willits

Handwritten Declaration of John Banta September 1889
Logansport Sept 17th 89

To Hon. James Tanner Commissioner

I have no recollection of making an affidavit for Wm Willis know that he was in my Co and had measels [sic]. he went away from here about ten years ago. have not seen or heard from him since. Think he is in Indianapolis. [illegible] Respt [sic] John Banta

Handwritten Declaration of James Kerns September 1889
Indianapolis Ind Sep 23 1889

well you wanted me to state when I first saw William Willis I saw him at Logansport in the falol [sic] of 1865 after he came out of the Service and we was hard of hering [sic] then and continues to get an [crossed out] no beter [sic] fore [sic] I have lived nabers [sic] to him every [sic] since his [crossed out] he came out of the army [illegible word crossed out]

James Kerns

Handwritten declaration of William Kerns September 1889
Englewood [sic] Ill Sep 27-89

Mr [sic] James Tanner

Dear Sir

have Recived [sic] your letter of Sep 9 in regard to William Willis.

I first saw Mr [sic] Willis at Logansport Ind in Dec 1864 the first night after getting Home from the Arme[y] [sic] my self. he had been home for som [sic] time and was still very poorly. his sickness comenced [sic] while in the Arme[y] [sic]. he was shot in the rist [sic] and in the sholder [sic] from wich [sic] he has nearly lost the use of his arm he was wounded at the Battle of Stone [sic] River he also had the mesels [sic] while in the army which left in very much broken in health. he has not been able to work more than two or three days a week since in fact I have known him to be laid up for three weeks at a time with his arm. in fact he is not fit for manual labor or has not ben [sic] for som [sic] time the above was ritten [sic] for Mr [sic] Kerns as he is Crippled in the Hand.

Yours Respectfully

William B Kerns

ad 6739 La Fayette ave [sic]

Handwritten Declaration of John Selay October 1889
Logansport Indiana Oct 18th 1889

Respectfully Returned

Willis had measles at Feltiman [sic] W. Va. in Jan or February of 1862 Exact date I cannot give. I know that he had the measles then with many of the other boys, some of whom died. Willis was in the same mess with me when he was taken sick, and he was sent to the hospital there, but the extent of his sickness and its affect [sic] upon him I cannot now state. It seems to me that after that he was much away from the company after that [crossed out] and as I remember it was absent sick.

John M Selay

General Affidavit Form February 1892

GENERAL AFFIDAVIT.

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

The witness should prepare the affidavit in his own hand-writing: if he can not do so, have it done by the officer before whom he executes the same.

[note: Each line of this form is numbered in the left margin from 1-35. Lines 24 through 35 are blank.]

State of Ind, County of Marion, SS:

IN THE MATTER OF the original invalid Pension, Claim No. 110.960 of William Willis Company, K 9 Regiment, Indiana Vols.

ON THIS 20 day of April A.D. 1892 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths James [illegible] aged 54 years, a resident of Indianapolis 414 W. Second St County Marion State of Indiana well known to me to be respectable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

[written in left margin: Instructions – Read carefully. The witness must state whether he was the employer or was employed by claimant, or is a fellow workman, or neighbor of claimant showing what was his physical condition from disability, for which pension is claimed, NAMING THE DISABILITY at the date of his first acquaintance with claimant, or at the date of his discharge from the service, and what is has been EACH YEAR SINCE to the present time, and to what extent he has been incapacitated from earning a living by manual labor, and the extent of such inability, whether one-fourth, one-third, one-half, or three-fourths.]

That the occupation of affiant is Carpenter and that he is will and personally acquainted with the claimant William Willis and has been personally acquainted with him about 27 years, and that I knew him to complain from the time he came home from the Army to the year 1874, more or less with lung trouble and throat trouble and he also was hard of

hearing in his left ear. And said troubles disabled him fully ½ from doing manual labor and said troubles have been continuous since that time.

I state these facts from personal knowledge, hearing him complain and from observation.

[written down right margin: This Blank is prepared by FRED KNEFLER, Indianapolis, Ind., and is to be used exclusively for his business.]

Bottom part of Surgeon's Certificate Form April 1892

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

The absence of a member from a session of a board and the reason thereof, if known, and the name of the absentee, must be indorsed upon each certificate.

[written in left margin: Insert character and number of claim.] (State above whether for original, increase, or restoration.) Increase Pension Claim No. 110960

[written in left margin: Name and rank of claimant.] Wm Willis, Rank, Pr [sic] Company K, 9 Reg't [sic] Ind Infy [sic]

[written in left margin: Claimant's post-office address.] Indianapolis Ind

[Post-office address of the Board.] Indianapolis Ind State, [Date of examination.] April 20, 1892

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant who states that he is suffering from the following disability, incurred in the service, viz: [written in left margin: Cause of disability.] GSW left fore arm and right shoulder, dis of lungs, throat and deafness of left ear. and that he receives a pension of [written in left margin: If pensioner, fill in the amount; if not, erase the whole line.] Twelve dollars per month.

He makes the following statement upon which he bases his claim for [written in left margin: Here give the claimant's statement as briefly and as compactly as possible.] [Original, increase, restoration, etc.] Increase GSW was received at Lookout Mountain [illegible] 1863 in November, Disease of lungs and throat was contracted in West Virginia in 1862 and the deafness has come on since he came out of the service.

Upon examination we find the following objective conditions: Pulse rate, 73; respiration 18; temperature 98 ½; height, 5 feet 9 inches; weight, 156 pounds; age, 50 years. [written in left margin: Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, etc. of Book of Instructions for 1889] Ciatrix and to the point of entrance of ball, axilla aspect of left fore arm, in area ½ with [illegible] 2 inches above

wrist joint adherent, dragging and [illegible] evident injury to ulna and [illegible] of bone said to have been removed, there is considerable roughness of bony structure. Extending up the fore arm two inches from entrance of ball, [illegible] of [illegible] minimi aspect same arm situated almost immediately opposite entrance of ball, Area ½ inch adherent but not tender or adherent, [illegible] and pronation unimpaired flexion and extension unimpaired but the middle and ring finger cannot be closed into palm of hand on account of contraction of the tendons from his injury to wrist [illegible] shows 30 left hand, 40 right hand, rating for GSW of left fore arm and is Eight/Eighteenths

Scar from same ball situated right wrist 2 inches above the [illegible] border] of axilla, slightly tender not adherent or dragging, said to be point of Entrance], scar point of exit ½ inch in area, situated 1 inch above the pesterior [sic] tendon of the right axilla slightly tender adherent and tender, no signs of [illegible] of the humerous, no [illegible] in joint no impairment of motion no atrophy of muscles, important blood vessels and nerves (over). He is, in our opinion, entitles to a [written in left margin: Rate for EACH cause of disability.] 8/18 rating for the disability caused by G.S.W. of left fore arm and [illegible] 4/18 for that caused by GSW of left shoulder [illegible], and [blank] for that caused by [blank]

S H Mapes, Pres. J.J. Garver, Sec'y. [illegible] Treas[rest is cut off]

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

[written in left margin: Continue record of examination here.] [illegible] to [illegible] [illegible] injury, rating for GSW of shoulder, Four/Eighteenths

No [illegible] in throat disability. Chest Symmetrical measment [sic] 25 X 38, no dullness, [illegible] or elsewhere, no rales or other abnormal symptoms of lungs no rating for lungs or throat External [illegible] membrane [illegible] normal [illegible] [illegible] presumably Claimant hear ordinary line of voice 6 feet and one [illegible] from either ear, they being experienced separately, No disability no rating for deafness, Except as above sound and healthy Hearts active and position of valve sounds normal in all aspects

Surgeon's Certificate Form Cover April 1892
[stamp: U S PENSION OFFICE. MAY 2 1892]

SURGEON'S CERTIFICATE

IN CASE OF

Wm Willis

Co K, 9 Reg't [sic] Ind Inf

Applicant for Increase

No. 110.960

DATE OF EXAMINATION:

April 20, 1892.

S.H. Mapes, Pres.,

J.J. Garvin, Sec'y.,

[illegible], Treas.,

BOARD

Post office Indianapolis

County, Marion

State, Indiana

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

[image: 2 skeletons with notations where wounds were – 1 – site of entrance, 2 site of exits of ball, 3 point of entrance, 4 point of exit of ball; 2 armless figures]

Caption under the image: Single surgeons will use this blank, changing “we” to read “I”, and “our” to read “my”. They will erase the words “Pres.,” “Sec’y.,” “Treas.,” and “Board” where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

General Affidavit Form May 1892

GENERAL AFFIDAVIT.

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

The witness should prepare the affidavit in his own hand-writing: if he can not do so, have it done by the officer before whom he executes the same.

[note: Each line of this form is numbered in the left margin from 1-35. Lines 19 through 35 are blank.]

State of Illinois, County of Cook, SS:

IN THE MATTER OF the original invalid Pension Claim No. 110960 of William Willis Company, K 9 Regiment, Indiana Vols.

ON THIS 11th day of May A.D. 1892 personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths Wm B Kearns [B F McManus is crossed out] aged 59 [46 is crossed out] years, whose Post Office address is, 6547 State St Chicago Ill County of Cook State of Illinois well known to me to be respectable and entitled to credit, and who, by being duly sworn, declares in relation to aforesaid case as follows: That the occupation of affiant is cooper and that he is well and personally acquainted with the claimant William Willis and has been personally acquainted with him about 31 years, and that [written in left margin: Instructions – Read carefully. The witness must state whether he was the employer or was employed by claimant, or is a fellow workman, or neighbor of claimant showing what was his physical condition from disability, for which pension is claimed, NAMING THE DISABILITY at the date of his first acquaintance with claimant, or at the date of his discharge from the service, and what is has been EACH YEAR SINCE to the present time, and to what extent he has been incapacitated from earning a living by manual labor, and the extent of such inability, whether one-fourth, one-third, one-half, or three-fourths.] he was Trubled [sic] with Throat and Lunge [sic] Trubles [sic] and Deafness ever since he came home from the army I know that he came home sick with the measels [sic] and that he has and is not able to do more than ¼ of a mans [sic] work at manuel [sic] Labor I know these facts because I have been a neighbor of his most of the time

[written down right margin: This Blank is prepared by FRED KNEFLER, Indianapolis, Ind., and is to be used exclusively for his business.]

Letter Regarding Willis' Claim November 1892
Div. West

Ex'r. P.

William Willis,

Co. K 9th Regt Indiana Vols.

Cert. No. 110, 960.

Indianapolis, Ind., November, 30th 1892.

Sir:-

In above cited claim for increase and New Disability pension, I have respectfully to state that the claimant's declaration in said claim was forwarded to the Pension office on July 6th 1887.

That claimant was examined before the Board of Medical Examiners at Franklin, Indiana on September 8th 1887.

That testimony supporting said claim was forwarded to the Pension Office on March 24th 1888 and additional testimony was forwarded to said office on July, 21st 1888, which testimony complied with all the requirements of the Pension Office.

The claim was placed upon the "Completed files" on May 27th 1890.

By some error in the Pension Office this claim was confused with a William Willis of Co. E, 42nd Regt, Indiana No. 87,982, who died on December, 20th 1884 and by reason of said error and confusion this claimant was caused annoyance and expense and his claim delayed.

That on April, 20th 1892 the claimant was re-examined before the Board of Medical Examiners at Indianapolis, Indiana.

That on July, 2nd 1892 the affidavits of James Kerne and W.B. [rest is missing]

Department of the Interior Form August 1893

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D.D.C., August 25, 1893.

Appeal in the claim of William Willis, Co. K 9th Ind. Inf., Ctf. No, 110,960.

D.D. 16, 271.

26-66.

Sir:

In response to Departmental call of December 5, 1892, for a report on appeal in the claim cited above, I have the honor to submit the following statement:

This soldier was in receipt of a pension of \$12 per month on account of gunshot wound of left forearm and right shoulder, when, December 22, 1887, a claim for increase was filed on account of pensioned disabilities and new disabilities of disease of throat and lungs, and deafness of left ear. September 2, 1892, so much of the [rest is missing]

[new page] ant; [sic] that in justice to claimant the decision should be reversed.

Upon a medical examination, made April 20, 1892 in this claim, an 8/18 rating for gunshot wound of left forearm and results, and 4/18 for gunshot wound of left shoulder and results, was recommended.

The appeal and papers in the claim are herewith transmitted for your consideration.

Very respectfully,
[illegible signature]
Commissioner.

The Honorable Secretary of the Interior.

General Affidavit March 1894
GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some other officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the Clerk of Court must attach his Certificate, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Return to BENJAMIN C. WRIGHT AND CO., Indianapolis, Ind.

State of Indiana County of Marion SS:

In the matter of Increase and New Disability Pension Claim Cft. [sic] No. 110960 of William Willis late of Co K. 9th Regiment, Ind. Inft. [sic] Volunteers.

On this 2 day of March, 1894, before me a Notary Public within and for the County and State aforesaid, personally appeared John D Smith, aged 39 years, whose post-office address is Indianapolis, County of Marion, State of Indiana and [crossed out] No. 108 [illegible] street, aged [blank] years, whose post-office address is [blank], County of [blank], State of [blank] well known to me to be reputable and entitled to credit, and who, being duly sworn according to law, upon their [crossed out] his oath [s is crossed off] declares that I have been intimately acquainted with said Wm Willis for the last seventeen years. I first made his acquaintance when we were employed by Danl. Burton in the Coopering business some 17 years ago and I have known him well and intimately ever since that time. And all this time he has been troubled with a bad cough and seemed show some kind of throat or lung trouble and judged from the cough he had that his throat or lungs were affected in some way and all this time his hearing has been bad in one ear I dont [sic] remember which ear and often during this time I have known him to have to quit work for (some time) weeks at a time on account of said troubles. I am confident that on an average each year since I have known him he has not been able to do over or more than two thirds the labor of an able bodied man on account of said disabilities. All this time he has been a man of good moral and temperate habits. These disabilities have grown more serious in the last seven or eight years. The above statement was written in my presence and from one statement made by one to the writer this 2 day of March 1894. and in making same I was not aided or prompted by any written, printed or other statement or recital and they have no interest or concern in this matter.

John D. Smith

Affiant's Signature

[blank]

Affiant's signature

[Two witnesses required when mark is made.]

Attest by two witnesses who can write. [both lines blank]

Subscribed and sworn to before me, this 2 day of March, 1894, and I certify that the contents of the foregoing affidavit were duly read and fully made known to affiants before making oath to the same, and that I have no interest in this matter.

Official Signature

Horace McKay

N.P.

General Affidavit March 1894

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some other officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the Clerk of Court must attach his Certificate, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Return to BENJAMIN C. WRIGHT AND CO., Indianapolis, Ind.

State of Indiana County of Marion SS:

In the matter of Increase and New Disability Pension Claim Cr. [sic] No. 110.960 of William Willis late of Co K. 9th Regiment, Ind. Inft [sic] Volunteers.

On this 2 day of March, 1894, before me a Notary Public within and for the County and State aforesaid, personally appeared Francis M. Ravencraft, aged 62 years, whose post-office address is Indianapolis, County of Marion, State of Indiana and [crossed out] No. 351 North California St., aged [blank] years, whose post-office address is [blank], County of [blank], State of [blank] well known to me to be reputable and entitled to credit, and who, being duly sworn according to law, upon their [crossed out] his oath [s is crossed out] declares that I have been well and intimately acquainted with said Wm Willis for the last seventeen years and all this time he has been a sufferer from some throat or lung disease with bad cough. For several years we were employed in the same shop and have lived within a few squares of each other all the time and for several years on the same street and opposite each other That on an average each

year during this period he has in my opinion been fully one third disabled for ordinary manual labor by reason of said disabilities. And in addition to the above he has been partially deaf which could severely interfere with or be a detriment in [illegible word crossed out] many occupations. His habits all the time I have known him have been [illegible] moral and temperate. The above statement was written for me in my presence and from oral statements made by me to the writer this Mch [sic] 2/94 and in making the same I was not prompted or aided by any written or printed statement or recital and they have no interest or concern in this matter.

Francis M. Ravencraft

Affiant's Signature.

[blank]

Affiant's Signature.

[Two witnesses required when mark is made.]

Attest by two witnesses who can write. [both lines blank]

Subscribed and sworn to before me, this 2 day of March, 1894, and I certify that the contents of the foregoing affidavit were duly read and fully made known to affiants before making oath to the same, and that I have no interest in this matter.

Official Signature

Horace McKay

N.P.

General Affidavit Form March 1894

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some other officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the Clerk of Court must attach his Certificate, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Return to BENJAMIN C. WRIGHT AND CO., Indianapolis, Ind.

State of Indiana County of Marion SS:

In the matter of Increase and New Disability Pension Claim Ctf [sic] No. 110.960 of William Willis late of Co K. 9th Regiment, Ind. Inf. [sic] Volunteers.

On this 2 day of March, 1894, before me a Notary Public within and for the County and State aforesaid, personally appeared David J. Taylor, aged 48 years, whose post-office address is No. 239 North California, aged [blank] years, whose post-office address is

[blank], County of [blank], State of [blank] well known to me to be reputable and entitled to credit, and who, being duly sworn according to law, upon their [crossed out] his oath [s is crossed out] declares that I have been well and intimately acquainted with said Wm Willis for the past ten years. most of this time have worked with him as a cooper when he was able to work. All this time he has been troubled with a bad cough with some throat or lung trouble at times better then again worse but never free from it. His hearing has been imperfect - the left ear- all this time. I think he is compelled to lay off from work on account of said troubles this occurs frequently. In my opinion he has been fully one third disabled for ordinary work on an average each year since I have known him on account of said troubles. He has a family to support and is compelled to work whether able bodied so or not He has been a man of of [sic] good habits ever since I have known him. The above statement was written for me in my presence and from one statement made today [illegible] by me this Mch. [sic] 2, 1894. and in making the same I was not aided or prompted by an printed or written statement or pictures and they have no interest or concern in this matter.

David J Taylor

Affiant's Signature

[blank]

Affiant's Signature.

[Two witnesses required when mark is made.] Attest by two witnesses wo can write.
[both lines blank]

Medical Testimony Form March 1894

MEDICAL TESTIMONY.

NOTICE. – This affidavit should, if possible, be in the handwriting of the physician. All the facts in the possession of the affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

Return to BENJAMIN C. WRIGHT AND CO., Indianapolis, Indiana.

STATE OF Indiana, COUNTY OF Marion, SS;

Personally appeared Dr [sic] John B Long M.D., whose postoffice [sic] address is Indianapolis County of Marion State of Indiana who, being duly sworn, upon his oath declares as follows: That he is a practicing physician of 12 years standing, and that [NAME OF SOLDIER.] William Willis he is informed, was a [RANK.] Private in Co. K., 9th Regiment, [STATE.] Ind. Inf. [sic] Volunteers; and that Left ear is almost unable to hear anything at times; then again hear fairly well. Has chronic [illegible] trouble of

posterior [illegible] and the larynx. Am inclined to believe this the cause of aggravation of the hearing.

Chronic Bronchitis of both lungs. In forced respiration is only able to expand 1 ½ in. More or less constant pleuritic pain under scapular says he is constantly expectorating at night.

Not able to work more than half to two thirds of time.

The [illegible] condition is affecting the stomach producing indigestion.

This evidence [two illegible words crossed out] of Dr [sic] Long was on file when rejected-

Affiant has no interest in this matter.

J B Long, M.D.

Subscribed to and sworn before me this 5 day March, 1894, and I certify that the person whose name appears signed to the foregoing affidavit is the person he represents himself to be, a practicing physician, reputable in his profession, and a good and credible witness, and that I have no interest in this matter.

Official Signature: John R Nelson Clerk Union Circuit Court

The physician making this statement is requested to fill up a full diagnosis of the case, so that a medical man could readily understand the nature of the disability.

NOTE. – This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some other officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

MEDICAL TESTIMONY November 1894

MEDICAL TESTIMONY.

Take Notice. – This affidavit should, if possible, be in the handwriting of the physician. All the facts in the possession of the affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician that fact should be stated.

Return to BENJAMIN C. WRIGHT, Indianapolis, Indiana.

STATE OF Indiana

COUNTY OF Marion

SS:

Personally appeared John S. Parsons, M.D., whose Postoffice [sic] address Indianapolis, County of Marion and State of Indiana, who, being duly sworn, upon his oath declares as follows: That he is a practising [sic] physician of 34 years standing, and that Wm Willis he is informed, was a [Rank] Private in Co K. 9 Regiment [State] Ind. Inft. [sic] Volunteers; and that I have just carefully examined the above Pension claimant and I find the following conditions to exist He has two verry [sic] prominent scars of a gun shot wound one is situate just in front of the right shoulder and just above the front opening to the axillary space and the other is situated to the back of the shoulder just above the axillary There is a depression of these scars and from the direction that this ball must have went It passed through the muscles and arteries of the region. He also has a crippled wrist of left hand which is as follows. There is a deep and sacatized [sic] scar just above the head of the ulna where it articulates with the wrist. This shows on examination that a considerable portion of this bone has been carried away or sluffed out as the result of the wound as the surface of the bone is both depressed and rough on its surface for as much as three inches or more causing this wounded portion of the bone to lay too near the radius and causing great sensitiveness [sic] upon pressure on this region and as a [illegible] this wound the muscles of this arm have [illegible]ophied and more [illegible] than the ones on the opposit [sic] side. This intire [sic] arm and hand is of little use to him. He has tenderness upon pressure over both shoulders, tenderness over the spine just below the axis also over the 9th and 10th vertebra and over the lumber [sic] region. He is wearing a plaster over the last named locality. His pulse is vibratory being expansive and contractile alternately. On examination of the lungs the left lung throughout its upper half gives forth that peculiar snouring [sic] sound on respiration with a sore spot over the left bronchi upon slight pressure. Thare [sic] is some sound to be hird [sic] in the right lung just above the right bronchi. The examination of his throat and its appendages shows a red and irritable and a patulous appearance with here and thare [sic] small particles of a white pussa [sic] matter. He is so nearly deaf in the left ear that to close the right one he can faintly hear a person speak in a loud voice near the head. He is about what we would call three fourths deaf in the left ear and one fourth deaf in the right. In my judgment the lung and throat trouble is the result of measles which he had in the army and that the deafness is the result of the throat trouble. His diseases are of long standing incurable and will continue to increase. He is wholly unable to earn a living by labor and in my judgment he ought to be pensioned in accordance to the usual rating for such soldiers

Affiant has no interest in this matter. none whatever

John S. Parsons, M.D.

Subscribed and sworn to before me this 19 day of November, 1894, and I certify that the party whose name appears signed to the foregoing affidavit is the person he represents himself to be, a practising [sic] physician, reputable in his profession, and a good and credible witness, and that I have no interest in this matter.

Official Signature James W Fesler Clerk Marion Circuit Court

[stamp: U S PENSION OFFICE. NOV 26 1894]

The physician making this statement is requested to fill up a full diagnosis of the case, so that a medical man could readily understand the nature of the disability.

It is always preferable that this SHOULD BE EXECUTED BEFORE CLERK OF COURT, but if before a Justice of the Peace or Notary Public, HAVE CLERK OF COURT ATTACH CERTIFICATE OF OFFICIAL CAPACITY of such J.P. or N.P. in all cases. Return to BENJAMIN C. WRIGHT, Indianapolis, Ind.

Bottom Half of Surgeon's Examination Certificate February 1895

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

The absence of a member from a session of a board and the reason thereof, if known, and the name of the absentee, must be indorsed upon each certificate.

[written in left margin: Insert character and number of claim.] (State above whether for original, increase, or restoration.) Inc. Pension Claim No. 110960

[written in left margin: Name and rank of claimant.] Wm Willis, Rank, Pvt. [sic] Company K, 9 Reg't [sic] [written in left margin: Claimant's post-office address.] Indianapolis Ind 41 Minerva St.

[Post-office address of the Board.] Indianapolis Ind, State, [Date of examination.] Feb 13, 1895.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: [written in left margin: Cause of disability.] Gun shot wound left fore arm and [illegible word crossed out] right shoulder and that he receives a pension of [written in left margin: If a pensioner, fill in the amount; if not, erase the whole line.] \$12.00 dollars per month.

He makes the following statement upon which he bases his claim for [written in left margin: Here give the claimant's statement as briefly and as compactly as possible.] [Original, increase, restoration, etc.] Inc; Gun shot wound of left arm recd. at Feduman [sic] West Va. in 1862 wound of right shoulder recd [sic] Lookout Mt., Tenn, [sic] in 1863.

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 98.5; height, 5 feet 9 ½ inches; weight, 160 pounds; age, 53 years. [written in left margin: Here give a full description of the disabilities, in accordance with Book of Instructions.] Body mal nourished, [illegible] [illegible] [illegible] palms calloused Liver and spleen normal. Heart puls [sic] 70 apex and cardiac [illegible] normal all

sounds normal. There is gun shot wound left fore arm entrance of ball inner surface of arm at margin of [illegible] third scar is size of cherry white in color superficial non adherent on inter surface of arm (about opposite entrance scar) is a scar size of cherry white and glistening non adherent no loss of tissue either muscular or bone. Claimant alleges his arm is "weak" from the normal. Right shoulder 3 in below the extimal portion of scapula [crossed out] clavical [sic] is a scar (entrance of ball) $\frac{3}{4}$ in wide $\frac{1}{2}$ in length scar is non ad-[illegible] white and glistening, superficial no loss of tissue, on external surface of arm one inch above axillary [sic] space – is a scar $\frac{1}{2}$ in in diameter funnel shaped – white and glistening in non adhesive (exit of ball) no loss of tissue no loss of motion to arm. No other disabilities found to exist disabilities not believed to be due to vicious habits.

[rest of form is crossed out: He is, in our opinion, entitled to a [written in left margin: Rate for each cause of dias[missing rest]] [blank] rating for the disability caused by [blank].

Bottom Half of Surgeon's Examination Certificate August 1897

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

The absence of a member from a session of a board and the reason thereof, if known, and the name of the absentee, must be indorsed upon each certificate.

[written in left margin: Insert character and number of claim.] (State above whether for original, increase, or restoration.) "Increase" Pension Claim No. 110960

[written in left margin: Name and rank of claimant.] William Willis, Rank, Private Company K, 9 Reg't [sic] Ind Inf [written in left margin: Claimant's post-office address.] INDIANAPOLIS. IND. (120 Patterson St) 41 Minerva St.

[Post-office address of the Board.] INDIANAPOLIS, IND. State, [Date of examination.] August 4th, 1897.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: [written in left margin: Cause of disability.] "GSWnd [sic] left fore arm and right shoulder Disease of throat and lungs Impaired hearing" and that he receives a pension of [If a pensioner, fill in the amount; if not, erase the whole line.] Ten dollars per month.

He makes the following statement upon which he bases his claim for [Original, increase, restoration, etc.] Increase [written in left margin: Here give the claimant's statement as briefly and as compactly as possible.] That in addition to GS wound [sic] of left forearm

and right shoulder he has disease of throat lung and impaired hearing of left ear all of which [illegible] in the service”

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 20; temperature, 98 degrees; height, 5 feet 8 ½ inches; weight, 144 pounds, age, 56 years. [written in left margin: Here give a full description of the disabilities, in accordance with Book of Instructions. The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated. Each disability must be rated separately, the act of Congress of March 2, 1895, requiring “that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to.”] Irregular adherent dragging and sensitive cicatrix 1 in X 1 inch in dimension situated on dorsal aspect of left fore arm [illegible] aspect and 1 ½ inches above wrist joint. Said to be point of balls [sic] entrance Second cicatrix of similar size appearance and condition situated on anterior aspect of left forearm two inches above wrist joint said to be point of balls [sic] exit the rough condition of the lower extremity of left [illegible] indicate considerable osseous destruction from gswd [sic] pronation and supination of left forearm limited one fourth by no ankylosis or impaired motion of left wrist We also find a third cicatrix, size of silver dime and normal appearance and condition situated 1 ½ inches above the anterior margin of right axillary space said to be point of re entrance of ball and a fourth cicatrix ½ X ¾ inch dimension of normal condition marking the exit of ball. No ankylosis or impaired motion of right shoulder from gswd [sic] Pharyngeal surface glazed and congested follicles, enlarged and coated with leucaceous [sic] muco [sic] purulent secretion. [Has] granular pharyngitis [illegible] laryngeni[illegible] (over)

S N Mapes, Pres. J.J. Gavin, Sec’y. R F Stone, Treas.

N.B. – Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

[written in left margin: Here give a full description of the disabilities, in accordance with Book of Instructions. The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated. Each disability must be rated separately, the act of Congress of March 2, 1895, requiring “that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to.”] [illegible] shouldered chest expansion of [illegible] inches 35” 3 of ½ no abnormal dulness [sic] of lungs apices or elsewhere Auscultation reveals slight mucous rale bronchio [sic] both sides of chest and slight micreand of [illegible] resonance [illegible] and expectorate [illegible] muco-paraletel sputa Claimant has a mild form of pheryngeal [sic] and bronchial [illegible] External auditory [illegible] and membrane tympani normal no

perfushion [sic] nor aural discharge Left Eustachian tube impermeable Hearing Left-ear probably to hear the loudest distinct conversation at one foot or watch tick] on contact Has total deafness of left ear R ear. Hears ordinary conversation at six feet No aural disability of right ear Inc rate 10/18 for gswd [sic] of left fore arm and right shoulder 2/18 for disease of throat and lungs and [cut off] total deafness of left [cut off]

Bureau of Pensions Cover Sheet October 1898
West Div., JWV, Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,
Washington. D.C. Oct. 3, 1898

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting [crossed out: a full] an additional military and medical history of the soldier on file

[illegible] other report on file.

Inv ct. No. 110.960

Name, William Willis

Co. K, 9th Reg't [sic] Ind. Vol. Inf

C H Chief [illegible]

Commissioner.

Record and pension Office Form
Record and pension Office,
WAR DEPARTMENT.

Respectfully returned to the Commissioner of Pensions.

William Willis, (Capt. Lassell's Co) Co. K, 9 Reg't [sic] Indiana Inf was enrolled August 19, 1861, and M-out on Indl. [sic] M.O.A. Sept. 15, 1864, by reason of expiration of term of service

From Enrol, [sic] 186[blank], to M-out, 186[blank], he held the rank of Private and during that period the rolls show him present except as follows April 18, 1862 (illegible letters) Absent on Recruiting service in Indiana; Same reports to Dec 31, 1862; June 30, 1863, Absent detailed building monument on Battle field of Stone [sic] River by order of Brig. Gen. Hazen; Same reports to Oct 31, 1863, Dec 31, 63, Absent wounded and sent to

Hospl. [sic] Nov. 25 63 Feb. 29, 64 Absent, left sick at Chattanooga, Tenn [sic] March 4, 64; April 30, 64, Left in Hospl. [sic] at Chattanooga Tenn [sic] March 3 64 in consequence of wounds recd [sic] Mov. 20 63; Similar reports to Aug. 31, 1864

The medical records show him treated as follows No record found additional to that provided in report dated Jan. 3, 89, herewith.

Surgeon's Certificate Form October 1898

SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] New Disability Pension Claim No. 110.960

[written in left margin: Name of claimant.] William Willis Pvt [Rank.] K Company 9 Reg't [sic] Ind Inf

[written in left margin: Claimant's post-office address.] INDIANAPOLIS, IND. (No. 514 Patterson St)

[Address of Board] INDIANAPOLIS, IND. O. State. [Date of examination.] October 19, 1898

[written in left margin: Cause of disability.] "Gun shot wound of left arm and right shoulder for which pensioned also for resulting in new matter [illegible] use of left hand measles and res. dis of throat lungs and left ear" He receives a pension of Twelve dollars per month. He makes the following statement upon which he bases his claim for [Original, increase, restoration, etc.] New Disability.

[written in left margin: Here give the claimant's statement (as briefly and compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.] As stated above.

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

We hereby certify that upon examination we find the following objective conditions: Pulse rate, [Sitting, standing, after exercise.] 72-72-100, respiration, [Sitting, standing, after exercise.] 18-18-24, temperature, 98 degrees, height, 5 feet 8 ½ inches; actual weight, 152 pounds; age, 57 years.

[written in left margin: [written in left margin: Here give a full description of the disabilities, in accordance with Book of Instructions. The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated. Each disability must be

rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to." When rates are recommended solely on subjective evidence the strongest reasons must be given therefore.] Cicatrix size of silver quarter dollar slightly adherent and tender situated 1½ inches above anterior angle of right axillary space said to be point of ball entrance Second cicatrix of similar size and condition situated 1 inch above posterior angle of right axillary space said to be point of ball exit which appears to have passed in almost a horizontal direction from [illegible] backwards which claimant says causes extensive [illegible] At the time he was wounded MD find no evidence of osseous destruction Slight [illegible] in right shoulder and upon [illegible] impaired one fourth from stiffness and soreness and that claimant describes pain in brachial plexus of nerve We also find a cicatrix size of silver dime situated on anterior aspect of left arm ulnar side 2 1/2 inches above wrist joint adherent and sensitive said to be point of balls [sic] entrance Second cicatrix fulnell [sic] shaped and adherent 1/2X3/4 inch dimension situated over posterior aspect of left ulna 2 inches above wrist joint said to be point of balls [sic] exit A rough condition of ulna at point of balls [sic] exit indicates osseous destruction. Inability to flex the little and ring finger of left hand to quite the normal degree and mobility to extend these fingers to more than one half the normal degree made outer lesion of both the flexor and extensor tendon of these fingers of left hand We also find that the grip of left hand is impaired about one half as compared with right hand but the culloused [sic] condition of left hand shows that claimant uses the hand to considerable extent in manual labor. We find slight [illegible] in left-

S H Mapes, Pres. J.J. Gaven, Sec'y. R.F. Stone, Treas.

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

(over)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

[written in left margin: Insert character and number of claim.] New Disability Pension Claim No. 110960

[written in left margin: Name of claimant.] William Willis Pvt K, Company 9, Reg't [sic] Ind Inf

INDIANAPOLIS, IND.

INDIANAPOLIS, IND.

(date of examination.) Oct 19, 1898

EXAMINATION – Continued.

shoulder elbow and wrist but no actual loss of motion with alleged pain along the course of humeral and ulnar pain and at times a sense of numbness as if from neuralgias a possible result of gun shot wound We find no atrophy of left arm and hand as compared with right. Neither do we find [illegible] or impaired motion of any other joint no enlargement or deposit of joint or other evidence of articular Other [illegible] than what has been described as attributable to gun shot wounds of right shoulder and left arm We rate 4/18 for gs [sic] wound of right shoulder and 8/18 for gs [sic] of left arm as we find pronation and supination of left fore arm One fourth impaired and motion of left wrist to the [illegible] extend with weakness of the latter articulated We also rate 2/18 for resulting rheumatism of right shoulder and left shoulder and arm and 2/18 for neuralgias of brachial plexus right shoulder and for that of ulna and humeral nerve

Pharyngeal surface glazed and congestion follicle enlarged and coated with scant muco-purulent secretion. No aphonia or congestion of [illegible] order. Has slight chronic pharyngitic chest symmetrical [sic] and well developed expansion two rales 37 inches 39 inches No abnormal dulness [sic] of [illegible] apices or elsewhere auscultation reveal normal respiratory murmur no rales] no expectoration or cough at this date We rate 2/18 for disease of throat a possible result of measles and nothing for disease of lungs.

External auditory [illegible] normal. left membrane tympani [illegible] and depressed left eustachian tube impermeable right membrane [illegible] normal right eustachian tube permeable Hearing Rear Hear ordinary Conversation at 6 ft Left can [illegible] ability to hear or during conversation at 6 ft but can hear the same at 3 ft We rate 5/30 for slight deafness left ear Except as described this man is sound and healthy

S H Mapes, Pres. J.J. Gaven, Sec'y. R F Stone, Treas.

Medical Testimony Form April 1900

MEDICAL TESTIMONY.

NOTICE. – This affidavit should, if possible, be in the handwriting of the physician making the affidavit, and he should state that it was written by him. All the facts in the possession of the affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

Return to BENJAMIN C. WRIGHT and CO., Indianapolis, Indiana.

STATE OF Indiana COUNTY OF Marion, SS:

Personally appeared David Wall M.D., whose postoffice [sic] address is Indianapolis County of Marion state of Indiana who, being duly sworn, upon his oath declares as follows: That he is a practicing physician of 39 years standing, and that [NAME OF

SOLDIER.] William Willis he is informed, was a [RANK.] Private in Co. K, 9th Regiment, Ind. Inf. [sic] Volunteers; and that He has been the family Physician of said Wm Willis for the last five years and has prescribed for him a large number of times the last a few day since. He suffers greatly from ulcerative tonsillitis which attacks him once or twice a month He also suffers frequently with chronic bronchitis particularly in wet cold weather and on slight exposure. His rest at night is broken by coughing and expectoration. His breathing is labored after slight over exertion, and he cannot retain the air on [illegible], as it produces coughing instantly. His chest measure – 35 inches – 37 inches on expansion is – I think out of proportion to his height (5 ft 8 in) and weight 148 lbs. Pulse 80 and feeble. Suffers from constipation and [illegible] Indigestion a great part of the time. Is not able to work at any hard labor, and frequently not at all

Affiant has no interest in this matter.

[stamp: U.S. PENSION OFFICE. MAY 10 1900]

David Wall, M.D.

SUBSCRIBED and sworn to before me this 21st day of April, [189 is crossed out] 1900, and I certify that the person whose name appears signed to the foregoing affidavit is the person he represents himself to be, a practicing physician, reputable in his profession, and a good and creditable witness.

Official Signature: Horace M. Hadley

Notary Public

My commission expires Feb 17th 1902

NOTE.- This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the CLERK OF COURT MUST ATTCH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Increase of Invalid Pension Declaration Form March 1903

Declaration for Increase of Invalid Pension.

(UNDER THE GENERAL LAW.)

State of Indiana, County of Marion, SS:

On this 14th day of March A.D. 1903, personally appeared before me, a Notary Public, within and for the County and State aforesaid, William Willis, aged 61 years, a resident of Indianapolis, County of Marion and State of Indiana, who being by me duly sworn, according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency at the rate of 12 dollars per month, under Certificate No. (Insert No. of Certificate.) 110.960, by reason of disability from (Here state the name

and nature of your disability as it is in your Pension certificate.) Gunshot wound of left fore arm and right shoulder, incurred in the service of the United States while serving as a (Here insert rank.) Private in Company K of the 9th Regiment of Indiana Inf Volunteers. That he believes himself entitled to an increase of pension on account of increased disability resulting from cause for which pension was granted.

That (State here the extent and character of increase of disability for which pensioned.) my wounds trouble me to such an extend [sic] that I can hardly dress myself, have pains in my wounds so I cant [sic] sleep and my disability is such that I am unable to do eny [sic] manual Labor. I believe I am entitled to a higher rating

That he hereby appoints, with full power of substitution and revocation, myself of Indianapolis Ind his true and lawful attorney to prosecute his claim.

His Post Office address is 514 Patterson St Indianapolis Ind

Witnesses:

John Jansen

John W. Petty

(Two witnesses who write sign here.)

William Willis

(Claimant's signature.)

[stamp: PENSION OFFICE. U.S. MAR 16 1903]

Also personally appeared John Jansen, residing at Indianapolis Indiana, and John W. Petty residing at Indianapolis Indiana, persons whom I certify to be respectable and entitled to credit, and who, being duly sworn, say they were present and saw William Willis, the claimant, sign his name (or make his mark) to the foregoing; that they have every reason to believe from the appearance of said claimant, and their acquaintance with him for 10 years and 25 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Witnesses:

[both lines blank]

(If either witness signs by mark, two witnesses who write must sign here.)

John Jansen

John W Petty

(Affiant witnesses must sign here.)

Surgeon's Certificate May 1903
SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Increase Pension Claim
No. 110.960

[written in left margin: Name of claimant.] William Willis Company K. 9 Reg't [sic] Ind Vol
Inf

[written in left margin: Claimant's post-office address.] 514 Patterson St Indianapolis
Ind.

[Address of Board.] Indianapolis P.O. Ind State.

[Date of examination] May 27th, 1903

[written in left margin: Cause of disability.] Gun shot wound of left fore arm and right
shoulder. He receives a pension of Twelve dollars per month. He makes the following
statement in regard to the origin of his disabilities and date when first discovered by
him: [written in left margin: Here give the claimant's statement (as briefly and compactly
as possible) in regard to the origin of his disabilities and the manner in which they affect
him.] contracted in the service.

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

Birthplace, Ohio; age, 61 years; height, 5-8 ½; weight, 142 pounds; complexion, light;
color of eyes, blue; color of hair, dark; occupation, none; permanent marks and scars
other than those described below, [blank]

[written in left margin: Here give a full description of the disabilities, in accordance with
Book of Instructions. Facts within the knowledge of the Board, or any member thereof,
relative to the cause of any disability found should be stated. Whenever a disability is
shown or is believed to be due to or aggravated by vicious habits the opinion of the
board must be stated. When not due to such habits this fact must be stated. when rates
are recommended solely on subjective evidence the strongest reasons must be given
therefore.] Gunshot wound of left forearm – There is a depressed adherent cicatrix
located one inch above the styloid process of the ulna of left forearm. Cicatrix tender
and painful – said to be point of entrance of ball. There is a cicatrix non adherent and
smooth on [illegible] aspect of left forearm 2 inches above wrist said to be point of exit of
ball – Ball in its course injured radius as evidenced by roughness and depression of
bone. Also cut flexor tendons of middle ring and little fingers causing contraction of
tendons and causing permanent flexion of these fingers. manual grip of left hand is very
feeble – nerves are also injured as evidenced by numbness and pain in these fingers –
use of hand for purpose of manual labor is diminished ½ Rating 10/18. Gunshot wound

right shoulder We see a smooth non adherent cicatrix situated one inch above and two inches inward of right axilla said to be point of entrance of ball- There is a [illegible] cicatrix situated at posterior angle of axilla of right shoulder said to be point of exit of ball – Ball passed beneath bone but injured [illegible] muscles and nerves causing neuritis of right shoulder and of axillary region causing pain in shoulder at all times aggravated at night causing him to arise about every night to [illegible] shoulder not [illegible] and [illegible] applications to relieve pain – Motion of shoulder is limited and painful – rating 8/18-

D.H. Moore, Pres. R.L.O. Ford, Sec'y. Fred R Charlton, Treas.

(over)

N.B. – Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3-111, 3-156) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

[written in left margin: Insert character and number of claim.] Increase Pension Claim No. 110.960

[written in left margin: Name of claimant.] William Willis K Company 9 Reg't [sic] Ind Inf

[written in left margin: Claimant's post-office address.] 514 Patterson St Indianapolis Ind.

Indianapolis Ind

[Date of examination] May 27th, 1903

EXAMINATION – Continued.

Heart – apex beat in 6th interspace 1/2 inch inside nipple line. Area of cardiac dulness [sic] 3X3 1/2 inches Valve sounds – Rhythm [illegible] and impulse after exercise normal- No hypertrophy [illegible] or [illegible] [illegible] or dyspnoea – no rating Chest flat but symmetrical – Expansion 30X35 no abnormal dulness [sic] cough or rales Urine acid sp [sic] gr 1020. No sugar or [illegible] dulness [sic] 4 inches on nipple line no [illegible] or jaundice

Not other disability and no evidence of vicious habits.

D.H. Moore, Pres. R.L.O. Ford, Sec'y. Fred R Charlton, Treas.

Increase of Invalid Pension Declaration Form June 1904
Declaration for Increase of Invalid Pension.

(UNDER THE GENERAL LAW.)

State of Indiana, County of Marion, SS:

On this 11th day of June A.D. 1904, personally appeared before me, a Notary Public, within and for the County and State of aforesaid, William Willis, aged 62 years, a resident of Indianapolis, County of Marion and State of Indiana, who being by me duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency at the rate of Fourteen dollars per month, under Certificate No. (Insert No. of Certificate.) 110.960, by reason of disability from (Here state the name and nature of your disability as it is in your Pension certificate.) Gun Shot wounds of left fore arm and right shoulder, incurred in the service of the United States while serving as a (Here insert rank.) Private in Company K of the 9th Regiment of Ind. Inf. Volunteers. That he believes himself entitled to an increase of pension on account of increased disability resulting from cause for which pension was granted.

That (State here the extent and character of increase of disability for which pensioned.) his gunshot wounds are getting more troublesome and have partly paralyzed his left arm besides he is afflicted with throat and lung troubles acute Rheumatism and impaired hearing of both ears causing sharp pains through head and body which ailments make him unable to earn a support by manual labor.

That he hereby appoints, with full power of substitution and revocation, himself as his true and lawful attorney to prosecute his claim.

His Post Office address is No. 514 Patterson St Indianapolis Indiana

Witnesses:

Henry Theising

John W. Petty

(Two witnesses who write must sign here.)

William Willis

(Claimant's signature.)

Also personally appeared Henry Theising residing at No. 522 Agnes St Indianapolis Ind., and John W. Petty residing at No. 415 Patterson St Indianapolis Ind., persons whom I certify to be respectable and entitled to credit, and who, being duly sworn, say they were present and saw William Willis, the claimant, sign his name (or make his mark) to the foregoing; that they have every reason to believe from the appearance of said claimant, and their acquaintance with him for 22 years and 30 years, respectively,

that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Witnesses:

(If either witness signs by mark, two witnesses who write sign here.) Both lines are blank.

Henry Theising

John W. Petty

(Affiant witnesses must sign here.)

[stamp: PENSION OFFICE. U.S. JUN 14 1904]

Surgeon's Certificate Form August 1904

SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Increase Pension Claim No. 110.960.

[written in left margin: Name of claimant.] William Willis Company K. 9 Reg't [sic] Ind Inf.

[written in left margin: Claimant's post-office address.] Indianapolis, Ind. No. 514 Patterson St.

[Address of Board.] Danville, P.O. Ind. State.

[Date of examination] August 31st., 1904.

[written in left margin: Name of disabilities.] Gunshot wd. left forearm and right shoulder, alleged res. in partial paralysis of left arm. He receives a pension of Fourteen dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: [written in left margin: Here give the claimant's statement (as briefly and compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.] Was wd. in left arm and rt. shoulder at Lookout Mt., the same ball causing both wds. [sic] I suffer a good deal of pain in arm and shoulder. Am badly disabled and not able to do manual labor.

Birthplace, Butler Co., Ohio; age, 63 years; height, 5-9; weight, 133 pounds; complexion, dark; color of eyes, dark blue; color of hair, gray; occupation Laborer; permanent marks and scars other than those described below, [blank]

We hereby certify that upon examination we find the following objective conditions: Pulse rate, [Sitting, standing, after exercise.] 73-84-84; respiration [Sitting, standing, after exercise.] 34-34-33; temperature 99;

[written in left margin: Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability should be stated. Whenever a disability is shown or believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.] Claimant is not well nourished. Face thin. Shoulders stooped. Muscles soft and relaxed. Some muscular tremor. Skin of hands slightly thickened.

Gunshot wd. of left forearm and rt. shoulder. Scar of entrance on back of forearm over ulna, 1 in. above wrist joint, $1/2 \times 3/4$ in. in size, depressed, tender, adherent to bone. The bone was injured, leaving a considerable groove in outer side of ulna. Scar of exit on front of forearm, over interosseous space, 2 in. above wrist joint $1/2 \times 1/2$ in. in size, tender, slightly depressed and adherent to fascia. Flexor tendons of middle and ring fingers are somewhat contracted, cannot straighten these fingers beyond a rt. angle. he says the fingers are numb and tingle. Supination and pronation are somewhat interfered with. left shoulder is considerably drooped. Usefulness of arm lessened in a degree equivalent to $3/4$. Scar of entrance on chest over second rib, 5 in. to rt. of medial line; $1/4 \times 3/4$ in. in size, slightly depressed, neither tender nor adherent. Missile did not enter thoracic cavity, but passes backward and to the rt. and emirged [sic] an inch above the post. angle of axilla, $1/3 \times 3/4$ in. in size, slightly depressed and tender, but not adherent. Usefulness of rt. arm lessened in a degree equivalent to $1/3$. Rate. 17/18

Claimant's chest is symmetrical. Measurement - at rest 35 -insp. 37- exp. 33. Percussion sounds normal. Moist mucous rales in upper part of rt. lung. Heart - apex beat and area of dulness [sic] normal. No murmur. Action fair. Slight dyspnoea [sic] after ex., but neither cyanosis nor oedema. Pass water too often. At times has to strain. Water dribbles. Prostate considerably enlarged. Urine-straw color- acid-spec.-gray. 1033. No alb. No sugar. He is somewhat deaf in left ear, due to naso-phar. catarrh, which he alleges is the res. of measles in service.

No other disabilities found.

Disabilities not due to vicious habits.

J A Osborne, Pres. J.F. [illegible], Sec'y. Amos [illegible], Treas.

Petition for Appeal Increase December 1904
PETITION FOR APPEAL INCREASE GENERAL LAW

State of Indiana

County of Marion

SS.

To the Honorable Secretary of the Interior, Washington D.C.

Sir:-

I, William Willis, late of Co. "K" of the 9th Regt. Ind. Vols. Inf., desire to represent that I am claimant for increase of pension under the General Law, by Ctf. No. 110.960. That my claim was rejected by the Pension Bureau, Oct. 8, 1904; and believing said action to have been erroneous, I desire to Appeal from the decision of the Honorable Commissioner of Pensions, upon the ground of such error, viz:- as contrary to the evidence.

That I am in receipt of \$14 per month, by reason of disability from gunshot wound of left fore-arm and right shoulder. Applied for increase of same, on the ground of increase of the disability; and was medically examined by the Board of Surgeons at Danville, Indiana, on Aug, 30, 1904; and believe that in view of the character of the disabilities for which pensioned, and the examination accorded me, that an error has been made in the adjudication of said claim, as not being in accordance with said report and conditions therein stated.

Wherefore, I ask that the decision of the Honorable Commissioner of Pensions be reversed. That my Attorney, Henry Holt, of Indianapolis, Indiana, be informed as to decision herein, when reached.

1 William Willis

2 Walter G. Holt

2 Mabel I. Brinkley

Subscribed and sworn to before me, this 6th day of December, 1904; and I certify that I have no interest in the matters set forth in said petition.

Jonas P. Brinkley

Notary Public.

Increase of Invalid Pension Declaration Form December 1904
DECLARATION FOR THE INCREASE OF INVALID PENSION.

State of Indiana, County of Marion, SS;

ON THIS 6 day of Dec 1904 A.D., one thousand nine hundred and four before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared [Claimant's name.] William Willis late a Pvt in Company K 9 regiment of Indiana Infantry Volunteers, aged 63 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Indianapolis Pension Agency, at the rate of \$14.00 dollars per month, under

Pension Certificate No. 110.960 by reason of [Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.] Gunshot wound of left forearm and right shoulder, incurred in the Military service of the United States.

That he believes himself entitled to an increase in pension for the reason that the disability above stated is rated too low, and increased and further resulting in loss of use of right shoulder and left arm to such an extent as to render inability for the performance of manual labor equal to or greater than the loss of hand or foot.

[stamp: U.S. PENSION OFFICE..DEC 15 1904]

That he hereby appoints HENRY HOLT INDIANAPOLIS INDIANA his true and lawful attorney to prosecute said claim.

His Post Office address is 514 Patterson St Indianapolis County of Marion State of Indiana

William Willis

Signature of Claimant.

If claimant signs by mark, two persons who can write must sign here. [Both lines are blank.]

Surgeon's Certificate Form April 1905
SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Increase Pension Claim No. 110960.

[written in left margin: Name of claimant.] William Willis K Company. 9th Reg't [sic] Ind Inf

[written in left margin: Claimant's post-office address.] 514 Patterson St. Indplis [sic]

[Address of Board.] Indianapolis P.O. Indiana State.

[Date of examination] April 12, 1905

[written in left margin: Name of disabilities.] GSW left fore arm and right shoulder

He receives a pension of 14.00 dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: [written in left margin: Here give the claimant's statement (as briefly and compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.] Above disabilities as stated contracted in service

Birthplace, Ohio – US; age, 63 years; height, [blank]; weight, [blank] pounds; complexion, Fair; color of eyes, Gray; color of hair, Gray; occupation, None; permanent marks and scars other than those described below, [blank]

[written in left margin: Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability. Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability should be stated. Whenever a disability is shown or believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.] GSW – entrance left fore arm one inch above left styloid process in direct contact with outer edge ulna – passed through fore arm to exit ½ inch higher up same horizontal plane entrance scar 1/3 inch draw and [illegible] adherent to bone – slightly tender on manipulation Edge of ulna splintered Gives history of spicula of bone passing for weeks after injury was sustained arm and wrist stiffened approximately 1/3 Cannot lift nearly so much (1/4) as with right hand Rate 12/18 Ball passed on through again entering pectoral muscle 2 inches above and on level axillary margin passing through outer side of thorax to point of exit 1 inch above and 1 ½ inches back axillary fold posterior Arm cannot be elevated above right angle Brachial plexus injured. Has always sustained severe neuralgic pains in shoulder extending down arm into fore arm and hand arm is atrophied measuring 9 ¾ corresponding measurement of left arm is 11 inches Rate 14/18

NB – Left hand little and ring fingers fixed in permanent flexion [illegible] in palm. Cannot be extruded Ulnar nerve divided both fingers very numb – Cannot feel stick or pin These two fingers altogether lifeless Rating included above.

S.N [illegible], Pres. R.F. Stone, Sec'y. Fred R Charlton, Treas.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Pension Claim No. 110960

[written in left margin: Name of claimant.] William Willis

K, Company 9th, Reg't [sic] Ind Inf

514 Patterson St Indianapolis

Address of Board.

Indianapolis Indiana Marion Co

[Date of examination, not of amendment.] April 12, 1905

EXAMINATION – Continued.

[written in left margin: If used for amendment place date of the new matter at the beginning of same, following the word amended.] Heart apex 6 interspace one inch

inside nipple No valvular murmur No [illegible] [illegible] or dilatation No [illegible] [illegible] or dyspnoea No rate Lungs No dulness [sic] No rales No cough or expectoration No rate Kidneys urine clear amber acid 1026 no sugar or albumen No rate No other disabilities No vicious habits

S.N [illegible], Pres. R.F. Stone, Sec'y. Fred R Charlton, Treas.

[written down right margin: Marginal entries must never be made.]

Increase of Invalid Pension Declaration Form May 1905

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana, County of Marion, SS:

ON THIS 19 day of May A.D. one thousand nine hundred and five before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared [Claimant's name.] William Willis late a private in Company K 9 Regiment of Ind. Inf. Volunteers, aged 63 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Indianapolis, Ind. Pension Agency, at the rate of fourteen dollars per month, under Pension Certificate No. 110,960 by reason of [Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.] Gun shot wound of left forearm and right shoulder incurred in the military service of the United States.

[stamp: PENSION OFFICE. U.S. MAY 23 1905]

That he believes himself entitled to an increase in pension for the reason that the disability above stated is rated too low, and resulting in inability for the performance [sic] of manual labor equivalent to the loss of a hand or foot. He asks medical examination at Franklin, Indiana.

That he hereby appoints Henry Holt of Indianapolis, Indiana his true and lawful attorney to prosecute said claim.

His Post Office address is 514 Patterson St. Indianapolis County of Marion State of Indiana

William Willis

Signature of Claimant.

[blank line]

[blank line]

If claimant signs by mark, two persons who can write must sign here.

[stamped down left margin: ATT'Y FILED]

General Affidavit Form 1905

Physician's GENERAL AFFIDAVIT

State of Indiana

County of Marion

SS;

In the matter of Ctf [sic] No. 110.960 of William Willis Pvt Co K 9 reg. Ind Inf Volunteers, Personally came before me, a [illegible name] in and for the aforesaid County and State, [blank] aged 27 years Whose address is (Postoffice [sic] address) 448 Blake St – Indianapolis County of Marion, State of Indiana, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: That he is a practicing physician and has treated William Willis for the past two years for injuries resulting from gun shot wounds. During the past six months the condition of said Willis has grown very much worse and he is now totally incapacitated for the performance of manual labor. Has a partial paralysis of right arm. Less sensation in both arms and hands. General health much impaired and injuries are markedly progressive

[stamp: U.S. PENSION OFFICE. OCT 27 1905]

He further declares that he has no interest in said case, and is not concerned in its prosecution.

ATTEST: When any affiant signed BY Mark, two persons.

[both lines blank]

Signature of Affiant

B [illegible] MD

Surgeon's Certificate Form November 1905

SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Increase Pension Claim No. 110,960

[written in left margin: Name of claimant.] William Willis Company K 9 Reg't [sic] Indiana Infty [sic]

[written in left margin: Claimant's post-office address.] 514 Patterson St. Indianapolis Ind

[Address of Board.] Franklin P.O. Indiana State.

[Date of examination] November 15, 1905

[written in left margin: Name of disabilities.] Gunshot wound of left forearm and right shoulder. He receives a pension of Fourteen dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

[written in left margin: Here give the claimant's statement (as briefly and compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.] recd [sic] gunshot wound of left forearm and right shoulder at lookout [sic] mountain in 1863.

Birthplace, Ohio; age, 64 years; height, 5 feet, 8 in; weight, 135 pounds; complexion, florrid; [sic] color of eyes, gray; color of hair, gray; occupation, common laborer; permanent marks and scars other than those described below, none

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

Pulse rate, (Sitting, standing, after exercise.) 88 96 104; respiration (Sitting, standing, after exercise.) 18 20 22; temperature, 98.;

[written in left margin: Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability should be stated. Whenever a disability is shown or believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.] Gunshot wound of left forearm and right shoulder. Ball entered arm 1 ½ in above styloid process of ulna, grooving and fracturing shaft passing on through arm making its exit on inner aspect 3 ½ in from styloid process. Scar at entrance, ½ by 1 in. depressed, adherent, puckered, and dragging, tender [crossed out: Scar at exit] Scar at exit, depressed adherent, dragging tenden [sic] tissues in track of ball tender mensuration, left arm around wound 7 ½ in. right arm same point 8 in. around middle forearm 8 ½ in. left same point 8 in. around biceps, right 10 in. left same point, 10 in. Ball entered pectoral muscles of right side of chest. 3 in below clavicle passing backwards and outwards making exit 4 ¾ in below point of acromion process. Scar at entrance ½ by 1 ¼ in. depressed, not adherent not dragging, tender. scar at exit, tender, tissues in tracks of balls tender. Around acromion process and axilla right 17 in. left 16 ½ in. limit motion, right shoulder backwards ½. left wrist on flexion, 1/3, grip in left hand impaired ½ palms of hands calloused from labor. Gunshot wound right shoulder and left forearm rate 14/18 Heart apex impulse evident upon auscultation at 5 inches intercostal space, area of dullness not increased, sounds medium, regular, no dilatation no hypertrophy. slight dyspnea on exercise, no [illegible] no cyanosis. Liver, nipple line, 4 in., axillary line, 4 ½ in. tender, spleen not engorged, not tender. Rectum mass of bile [illegible] [illegible] ¾ in. mass ½ by 1 ¼ in. ulcerated and bleeding. Disease of liver, and rectum rate 8/18. Hernia right oblique complete inguinal hernia, tumor 2 ½ by 5 in. passes through external ring, descends into scrotum.

Can be reduced and retained by truss, [illegible] admits end of middle finger Right oblique complete inguinal hernia, rate 10/18 Lungs, at rest 35 ½ in. Expiration 34 ½ respiration 36 ½, no dullness or percussion, no bronchial breathing, no rales. urine, specific gravity 1018. Color straw, reaction acid, no sugar, no albumen, Except as above, no other disability is found to exist, no evidence of vicious habits.

R S Byers, Pres. J. W. Dixon, Sec'y. J. N. Records, Treas.

Increase of Invalid Pension Declaration Form December 1885

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 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. Return to BENJAMIN C. WRIGHT, Indianapolis, Ind.

STATE OF Indiana

COUNTY OF Marion

SS:

On this 4th day of December A.D. one thousand eight hundred and eighty five personally appeared before me, a Clerk within and for the County and State aforesaid William Willis, aged 44 years, a resident of Indianapolis County of Marion State of Indiana who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency, at the rate of \$10. dollars per month, certificate No. 110.960, by reason of disability from Gun shot wound of left fore arm and right shoulder. Incurred in the military service of the United States while a Private in Co K. 9th Regiment of Ind Inf. [sic] Volunteers. That he believes himself to be entitled to an increase of pension on account of increased disability from said wounds. From the wound in left arm said arm is very weak reduced in size cannot grip or hold any thing with any force. Arm constantly growing weaker with pains through the arm extending to shoulder. The wound in right shoulder has greatly weakened the shoulder and from said wound suffers almost constant pain resulting rheumatism which is constantly growing worse. He believes he is justly entitled to a very greatly increased rate of pension. and for the purpose of prosecuting his claim to a final issue he hereby appoints with full power of substitution and revocation BENJAMIN C. WRIGHT, OF INDIANAPOLIS, INDIANA, his true and lawful attorney.

His Post-office address id Indianapolis County of Marion State of Indiana

William Willis

(Signature of Claimant.)

T W [illegible]

N.W. Reynolds

(Two witnesses who can write sign here.)

Attorney's Petition for Appeal Increase December 1905

ATTORNEY'S PETITION FOR APPEAL INCREASE, GENERAL LAW.

Indianapolis, Ind., Dec. 18, 1905.

Honorable Secretary of the Interior.

Washington D.C.

Sir:

I have the honor to represent that William Willis, late of Co. K: 9th Regt. Ind. Vols. Inf., is claimant for increase of pension under the Revised Statutes, by Ctf. No. 110,960. And that his claim was rejected by the Pension Bureau, Dec. 6, 1905. He believes said action to have been erroneous, and desires that an Appeal be taken from the Honorable Secretary of the Interior to your Department, upon the ground of such error, viz: - as being contrary to the evidence.

That Appellant is in receipt of \$14 per month, by reason of gun-shot wound of left fore-arm and right shoulder. Applied for increase, upon the ground of said disabilities rendering loss of use of shoulder and arm, etc., to the extent equal to the loss of a hand or foot; and in support of his claim, supplied testimony of his physician, Dr. Pettijohn. Was medically examined under same by the Board of Surgeons at Franklin, Indiana, Nov. 15, 1905; and in view of the character of the wound and of the evidence supplied, and the character of the examination given him, that an error was made in the adjudication of the claim, as not being in accordance with the testimony supplied, and recommendations contained in the report of his medical examination.

Very respectfully,

Henry Holt

ATTY. FOR APPELLANT.

Medical Testimony Form April 1906

MEDICAL TESTIMONY

NOTICE. – This affidavit, should, if possible, be in the handwriting of the physician making the affidavit, and he should state that it was written by him. All the facts in the possession of the affiant as to the origin and continuance of the disability, should be

fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

Return to HENRY HOLT and CO., Room 3, De Soto Building, No. 7 E. Market St., Indianapolis, Ind.

STATE OF Indiana, COUNTY OF Marion, SS

Personally appeared William H. Wishard M.D., whose postoffice [sic] address is Indianapolis County of Marion State of Indiana who, being duly sworn, upon his oath declares as follows: That he is a practicing physician of [blank] years standing, and that [NAME OF SOLDIER.] William Willis he is informed was a [RANK.] Pvt in Co. K, 9 Regiment, [STATE.] Ind. Inf. Volunteers; and that I have this day carefully examined the above named soldier and find he received a wound in the left arm near the wrist, also in the right shoulder, region of the axillary, which has impaired the use of the right arm with more or less paralysis of his right arm. Low [illegible] of vitality quite [illegible]. I would rate him about totally disabled, or approximating it, not able for fatigue duty of any kind. he is now in his sixty fifth year, not able for duty.

Affiant has no interest in this matter.

Wm H Wishard, M.D.

SUBSCRIBED and sworn to before me, this 24 day of April 1906, and I certify that the person whose name appears signed to the foregoing affidavit is the person he represents himself to be, a practicing physician, reputable in his profession, and a good and creditable witness.

Official signature: Jonas P Buckley

NOTARY PUBLIC

My commission expires Jul 5, 1908.

[stamp: U.S. PENSION OFFICE. MAY 1 1906]

NOTE. – This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some other officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Physician's General Affidavit Form June 1906

Physician's

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or some other officer WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the

CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

Return to BENJAMIN C. WRIGHT and CO., Room 3, De Soto Building, 7 East Market St., Indianapolis, Ind.

State of Indiana, County of Marion, SS:

In the matter of Pension Claim Ctf [sic] No. 110.960, of William Willis Pvt, late of Co. K, 9 Reg't [sic], Ind Inf Vols.

ON THIS [blank] day of [blank], A.D. 190[blank], personally appeared before me, a [blank], in and for the County and State aforesaid whose residence is INDIANAPOLIS County of MARION, and State of INDIANA well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: That he is a practicing physician and I have carefully examined William Willis, the foregoing applicant, and found he has a gun shot wound in the right shoulder in the region of the axillary. This wound has caused about complete paralysis of the right arm making it useless for all practical purposes. I would rate him three fourths disabled, approximating total disability.

W, H Wishard, M.D.

[stamp: U.S. PENSION OFFICE. JUN 5 1906]

[stamp: REC'D W.D. WEST DIV JUN 6 1906]

Physician's General Affidavit Form September 1906

Physician's

GENERAL AFFIDAVIT

In the matter of Ctf [sic] No. 110.960, of William Willis Pvt Co. K 9 Reg't [sic], Ind Inf Volunteers.

Personally came before me, a Blanchard B. Pettyrh in and for the aforesaid County and State, Indiana aged 28 years Whose address is (Postoffice [sic] address) 448 Blake St. Indianapolis County of Marion, State of Indiana, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: That he is a practicing physician and has treated said William Willis for a paralysis of right arm resulting from a gun shot wound of right shoulder. Right arm as well as left is very rapidly emaciating. Muscles very soft and flabby. Unable to pick up any small object with either hand and at times is unable to feed himself. Has been unable to do any manual labor during the past year because the aforesaid injuries. Mensuration left arm around wound 6 ½ inches right arm same point 7 inches around

middle right forearm 8 inches left same point 7 ¾ inches. Biceps right arm 9 inches left same point 9 inches. Trouble in left arm is due to a gun shot wound in same

[stamp: U.S. PENSION OFFICE SEP 20 1906]

he further declares that he has no interest in said case, and is not concerned in its prosecution.

ATTEST: When ay affiant signed BY MARK, two persons.

[both lines blank]

Signature of Affiant

Blanchard B Pettyrh MD

Surgeon's Certificate Form October 1906

SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Inc Pension Claim No. 110,960

[written in left margin: Name of claimant.] William Willis Company K 9 Reg't [sic] Ind Inf

[written in left margin: Claimant's post-office address.] 514 Patterson St., Indpls [sic]

[Address of Board.] Indianapolis P.O. Ind State.

[Date of examination] Oct 6, 1906

[written in left margin: Name of disabilities.] Gunshot wound of left forearm and right shoulder. He receives a pension of 14.00 dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: [written in left margin: Here give the claimant's statement (as briefly and compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.] Received in the service

Birthplace, Butler Co., Ohio; age, 65 years; height, 5 – 9 ½; weight, 132 pounds; complexion, fair; color of eyes, blue; color of hair, brown; occupation, none; permanent marks and scars other than those described below, [blank]

We hereby certify that upon examination we find the following objective conditions: Pulse rate, [Sitting, standing, after exercise.] 75 80 92; respiration [Sitting, standing, after exercise.] 16 17 19; temperature, 98 degrees;

[written in left margin: Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability. Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability should be stated. Whenever a disability is shown or believed to be due to or

aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.] G.S.W. left forearm: depressed, adherent, cicatrix, posterior surface 1 ½ inches from lower end of ulna and graying bone exit anterior surface one inch higher than level of cutrace [sic] – scar not deformed or adherent – each ¾ inch diameter. Rate 7/18

G.S.W. right shoulder cutrace [sic] 2 inches upward and to the left of axillary fold (anterior) non-depressed, non adherent scar 1 inch in diameter. Exit one inch above posterior axillary fold – nondepressed and non-adherent. ¾ inch diameter – Complains of loss of power of right arm and of neuralgia pain Rate 10/18

Heart apex in fifth interspace with nipple line. No murmurs – no dilation or hypertrophy. No cyanosis oedema or dyspnea No rate

Lungs: No rales or area of dullness – No cough or expectoration: No rate

Kidneys? Urine acid [illegible] clear 1024 No sugar or albumin. No rate

No vicious habits. No other disabilities

Fred R Charlton, Pres. [illegible name], Sec'y. [blank], Treas.

Increase of an Invalid Pension Declaration Form November 1906

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana, County of Marion, SS:

ON THIS 19 day of Nov 1906 A.D., one thousand nine hundred and six before me, the undersigned, duly authorized to administer oaths within and for the County and State of aforesaid, personally appeared [Claimant's name.] William Willis late a pvt [sic] in Company K 9 regiment of Ind Inf Volunteers, aged 65 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Indianapolis Pension Agency at the rate of fourteen dollars per month, under Pension Certificate No 110.960 by reason of [Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.] gun shot wound of left forearm, and right shoulder incurred in the military service of the United States.

That he believes himself entitled to an increase for the reason that the disability above stated is rated too low, and increased and resulting disability such as to render inability for the performance of manual labor

That he hereby appoints Henry Holt of Indianapolis Ind his true and lawful attorney to prosecute said claim.

Affiant's Post Office address is Indianapolis County of Marion State of Indiana

1 [blank]

2 [blank]

If claimant signs by mark, two persons who can write must sign here.

1 William Willis

Signature of Claimant.

[stamp: U.S. PENSION OFFICE. NOV 23 1906]

[stamped in left margin: ATT'Y FILED]

Physician's General Affidavit Form January 1907

PHYSICIAN'S

GENERAL AFFIDAVIT.

STATE OF INDIANA

COUNTY OF MARION.

SS:

In the matter of Cft [sic] No. 110.960 of William Willis Pvt Co. K 9 Reg't [sic] Ind Inf Volunteers. Personally came before me, a NOTARY PUBLIC in and for the aforesaid County and State John S. Parsons M.D. aged 74 years Whose address is (Postoffice [sic] Address.) 26 North West St Indianapolis Ind County of Marion, State of Indiana, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: That he is a practicing physician and has been over 46 years

gun shot wound on the inner border of the left wrist, just exterior to the ulna and leaving a scar on both sides of the wrist which shows that the ball must have grazed the outer edge of the ulna. There is a distinct scar on both sides of the wrist and we got from the soldier that the ball after having passed through the wrist struck the right shoulder just under the head of the [illegible] and just missing the axillary [sic] artery passing through the shoulder leaving a distinct scar on both anterior [sic] and posterior [sic] surfaces. The ball has so destroyed the tendons of the left hand that the little finger of this side is drawn to a complete circle and cannot be straightened without force to do so and the next finger to this is drawn almost as much and to attempt to straighten these fingers by force gives him great pain and he tells me that this pain extends to the left side of the neck in the Mastoid region and as a result of this his right arm is so nearly Paralyzed [sic] that he has very little grip in his hand with perpetual numbness together with an atrophied condition of the muscles of this arm. There is quite a sluggish inaction in the shoulder join this renders him so disable [sic] that he cannot dress himself without aid of his wife or daughter. He suffers constant pain in both arms and shoulders besides he has an [sic] frequent occasions [sic] cramps in his lower limbs to such an extent that he

has to get out of bed and have his family rub his limbs before he can get any relief. His disabilities are so that they render him wholly, totally and absolutely unable to labor for his support and that in my judgment his afflictions are the result of his army life and besides they are of long standing and incurable. I have known and treated him for his diseases for many years. I further declares [sic] that he has no interest in said case, and is not concerned in its prosecution.

ATTEST: When any affiant signed BY MARK, two persons. [both lines blank]

Signature of Affiant. John S Parsons M.D.

26 North West St

Indianapolis

[stamp: U.S. PENSION OFFICE. JAN 24 1907]

Surgeon's Certificate Form February 1907

SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Increase Pension Claim No. 110960

[written in left margin: Name of claimant.] William Willis K Company 9 Reg't [sic] Indiana Inftry [sic]

[written in left margin: Claimant's post-office address.] Marion [crossed out] 514 Patterson Indianapolis

[Address of Board.] Noblesville P.O. Ind State.

[Date of examination] February 20, 1907

[written in left margin: Name of disabilities.] G shot wound left forearm and right shoulder. He receives a pension of Fourteen dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: [written in left margin: Here give the claimant's statement (as briefly and compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.] received G shot wound of left fore arm right shoulder at Battle of Lookout Mountain in fall of 1863

Birthplace, Butler Co., Ohio; age, 65 years; height, 5 8 ½; weight, 130 pounds; complexion, florid; color of eyes, blue; color of hair, brown; occupation, nothing; permanent marks and scars other than those described below, [blank]

We hereby certify that upon examination we find the following objective conditions: Pulse rate, [Sitting, standing, after exercise.] 60 96 120; respiration [Sitting, standing, after exercise.] 18 22 26; temperature, 98 2/5;

[written in left margin: Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability should be stated. Whenever a disability is shown or believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.] Nutrition from Tongue broad [illegible] and [illegible] fissured Throat highly inflamed Chest at rest 35 ins 36 esp [sic] 34 symmetrical

[illegible] gravity 10 20 No [illegible] [illegible]

Lung No disease of Lungs as per Auscultation on percussions

GSW of left fore arm and right shoulder exiting 1 inch above lower end of ulna passing thro the bone exit 1 ½ inch above lower end of ulna [illegible] [illegible] exit ½ in diameter adherent Grip left loss ¾ extension index finger full middle [illegible] ½ Ring and little finger ¼ all 3 fingers permanently contracted at middle phalangeal joints Muscles of entire arm is atrophied and flacid [sic] and entire arm tremulous when motion shoulder limited in motion in upward backward and Rotary motion loss ½. Muscles of left shoulder are atrophied. left shoulder 1 inch less than right shoulder. Same Ball passed to right shoulder enterg [sic] opposite 2nd nip and 2 inch left of axila [sic] passing thro tendon of Pectoralis Mofar muscle exit 1 inch left of Axila [sic] in back of shoulder opposite top of Axila [sic] space scars each ½ in diameter and adherent right arm is slightly Atrophied [sic] Claimant complains of Constant pain in both arms, there is no paralysis [illegible word crossed out] No signs of Rheumatism he claims that he requires assistance in putting on Coat and Vest This Claimant is so disabled from GSW left fore arm and right shoulder as to be incapacitated equivalent to loss of hand or foot for the purpose of Manual labor and is entitled to 24.00 per month. No other disability found to exist No signs of vicious habits or venereal disease found to exist

Absent, Pres. B [illegible], Sec'y. A R Tucker, Treas.

Handwritten Affidavit of William Willis April 1907

Affidavit

State of Indiana, Marion County SS:

William Willis being duly sworn upon his oath says, that he was enlisted in the Military Service of the United States, during the Civil War, on the 27th day of August 1861, in Company K. 9th Regt. Indiana Vol. Inf., and was discharged on the 19th day of September 1864, at Chattanooga Tenn [sic] Not being in any Military service of the U.S. before the 19th day of August 1861 and 4 days in the Service after September 15 1864. Western Div. Certificate No. 110960 Co K. 9th Ind. Vol. Inf. Regt.

William Willis

No. 514 Patterson St. Indianapolis Indiana

Subscribed and sworn to before me this 4th day of April 1907, at Indianapolis Indiana

Adolph Frey

Notary Public

My Com expires Aug 1st 1907

[stamp: U.S. PENSION OFFICE. APR 6 1907]

Increase of Invalid Pension Declaration Form April 1907

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Indiana, County of Marion, SS:

ON THIS 24 day of April A.D., one thousand nine hundred and seven before me, the undersigned, duly authorized to administer oaths within and for the County and State of aforesaid, personally appeared [Claimant's name.] William Willis late a private in Company K 9 Regiment of Ind. Ind. Volunteers, aged 65 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Indianapolis Pension Agency at the rate of seventeen dollars per month, under Pension certificate No. 110,960 by reason of [Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.] gun shot wound of left forearm and right shoulder incurred in the military service of the United States.

That he believes himself entitled to an increase in pension for the reason that the disability above stated is rated too low, and increased and resulting debility such as to render inability for the performance of manual labor equivalent to the loss of a hand or foot Asks medical examination at Lebanon Ind.

That he hereby appoints Henry Holt of Indianapolis, Indiana his true and lawful attorney to prosecute said claim.

Affiant's Post Office address is Indianapolis County of Marion State of Indiana

2 [blank]

2 [blank]

If claimant signs by mark, two persons who can write sign here.

1. William Willis

Signature of Claimant.

514 Patterson St.

[stamp at bottom: Declaration and power of attorney valid. S.A. Cuddy, Chief, Law Division. per TM 4 26 07]

[stamp on left margin: ATT'Y FILED]

Surgeon's Certificate Form May 1907
SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Increase Pension Claim
No. 110960

[written in left margin: Name of claimant.] William Willis Company K 9 Reg't [sic] Ind Vol
Inf

[written in left margin: Claimant's post-office address.] 514 Patterson St Indianapolis

[Address of Board.] Indianapolis P.O. Ind State.

[Date of examination] May 22nd, 1907

[written in left margin: Name of disabilities.] Gunshot wound of left forearm and right
shoulder. Claims increase. He receives a pension of 17dollars per month. He makes the
following statement in regard to the origin of his disabilities and date when first
discovered by him: [written in left margin: Here give the claimant's statement (as briefly
and compactly as possible) in regard to the origin of his disabilities and the manner in
which they affect him.] Contracted in the service

Birthplace, Ohio; age, 65 years; height, 5.8; weight, 137 pounds; complexion, dark;
color of eyes, blue; color of hair, dark; occupation, none; permanent marks and scars
other than those described below, [blank]

We hereby certify that upon examination we find the following objective conditions:
Pulse rate, [Sitting, standing, after exercise.] 72 76 96; respiration [Sitting, standing,
after exercise.] 18 19 28; temperature, 98 2/5;

[written in left margin: Here give a full description of the disabilities, in accordance with
Book of instructions, and make a separate paragraph for each disability. Facts within
the knowledge of the Board, or any member thereof, relative to the cause of any
disability should be stated. Whenever a disability is shown or believed to be due to or
aggravated by vicious habits the opinion of the board must be stated. When not due to
such habits this fact must be stated.] Gun shot wound of left fore arm. There is a linear
scar 1/8X2 inches in diameter depressed and adherent located on inner aspect of fore
arm extending upward one inch from wrist joint which is [illegible] and [illegible] from
periostitis, said to be the point of entrance of ball. Second scar oval shaped slightly
adherent 3/4 inches in diameter located on anterior and inner aspect of fore arm one and
3/4 inches above wrist joint, said to be point of balls [sic] exit. No loss of osseous tissue.
No ankylosis of mid-joint. No enlargement of joint. Manual grip feeble, almost abolished.
Alleges pain and weakness not numbness of left hand, probably due to lesion of nerves
from gun shot wound. No atrophy of left hand or arm as compared with right. Gun shot

wound of right shoulder. There is a scar oval in shape $\frac{3}{4}$ X $1 \frac{1}{4}$ inches in dimension located $1 \frac{1}{2}$ inches inside right anterior angle right axilla, said to be the point of balls [sic] entrance. Claimant alleges when wounded right arm and elbow was elevated in act of firing. This scar is adherent and depressed. There is a found scar of similar size and condition of third located one inch above posterior angle of right axilla. Said to be point of balls [sic] final exit. (See diagram) Rating below Nerve is partial paralysis of left arm and shoulder neck pain and weakness of right shoulder Claimant alleges he had a stroke of paralysis of left arm about two months ago which came suddenly and affected his speech for a short time, but has recovered his speech fully at this time. Cause [illegible] idiopathic or due to gun shot wound we are unlikely to [continued on next form]

D. N [illegible], Pres. Absent, Sec'y. P.F. Stone, Treas.

SURGEON'S CERTIFICATE

For use when additional space is needed to complete or amend report of examination.

Pension Claim No. 110960

[written in left margin: Name of claimant.] William Willis Pvt, Company K. 9 Reg't [sic]
Ind Inf

514 Patterson St Indianapolis

Address of Board. Indianapolis Ind.

[Date of examination not of amendment.] May 22nd, 1907

EXAMINATION – Continued.

[written in left margin: If used for amendment place date of the new matter at the beginning of same, following the word amended.] determine but probably idiopathic.

Lungs. symmetrical expansion 36 X 38. No dullness cough or expectoration. No rating

Heart. apex beat in 6th space $\frac{1}{2}$ inch in side nipple line. Rhythm regular but [illegible] pulse feeble. No valve murmurs or [illegible]. No [illegible] cyanosis hypertrophy or dilitative. [sic] No rating.

Urine. amber. acid. sp [sic] gr 1020. No sugar or albumin. No rating.

There is complete right oblique inguinal [illegible], mass 1 X 2 inches, passes external ring but does not descend into [illegible] [illegible] [illegible] and [illegible] by [illegible], which is norm. Size external ring 1 inch, internal ring $\frac{3}{4}$ inch in diameter.

No other disability and no evidence of vicious habits. Past [illegible]. No rating

This claimant is so disabled by gunshot wound of left fore arm and right shoulder as to be disabled in a degree equivalent to the loss of a hand or foot for the purpose of manual labor and is entitled to \$24 a month.

Agr. [sic] eliminated in above rating. There is no evidence of specific disease in this case

D. N [illegible], Pres. Absent, Sec'y. R.F. Stone, Treas.

Appeal Increase Petition Form June 1907

PETITION FOR APPEAL INCREASE, GENERAL LAW.

State of Indiana

County of Marion

SS.

To the Honorable Secretary of the Interior, Washington D.C.

Sir:-

I, William Willis, late of Co. "K" of the 9th Regt. Ind. Vols. Inf., desire to represent that I am claimant for increase of pension under the general Law, by Ctf. No. 110,960. And my claim was rejected by the Pension Bureau, June 24, 1907; and believing error was made desire to Appeal from the decision of the Honorable Commissioner of Pensions, upon the ground of such error, viz: - as being contrary to the evidence.

That I am in receipt of \$17 per month, by reason of disability from gunshot wound of left fore-arm and right shoulder. Applied for increase, upon the ground of said disabilities rendering my inability to perform manual labor. Was medically examined by Board No. 1, Indianapolis, Indiana, May 22, 1907; and believe that in view of the character of the disabilities and the resulting conditions therefrom, as described in the report, that an error was made in the adjudication of my claim, as not being in accordance therewith. And ask that the decision of the Commissioner of Pensions be reversed.

2 Walter G Holt

2 Mabel S. Brinkley

1 William Willis

Subscribed and sworn to before me, this 28 day of June 1907; and I certify that I have no interest in the matters set forth in said Petition.

3 Jonas R Bruckley

Notary Public.

Com expires July 5, 1908

Physician's General Affidavit Form October 1907

Physician's

GENERAL AFFIDAVIT.

STATE OF Indian

COUNTY OF Marion

SS:

In the matter of Ctf. No. 110,960, of William Willis, Pvt. Co "K" 9th Regt Ind. Inf. Volunteers. Personally came before me a [blank] in and for the aforesaid County and State Norman E. Jones aged [blank] years Whose address is (Postoffice [sic] address) 610 Newton Claypool building, Indpls, [sic] Ind. County of Marion, State of Indiana well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: That he is a practicing physician on Sept. 10, 1907 he examined William Willis, pvt, [sic] Co. K, 9th. Regt/Ind. Inf. Volunteers finding gunshot wound through right axilla, one wound through the tendon of the pectoralis major, another just above the tendon of the latissimus dorsi.

On the left forearm finding gunshot wound through the ulna about two inches above the wrist joint severing the ulnar nerve, partial anaesthesia [sic] over little and ring fingers, atrophy and contracture of same, extension at elbow joint is greatly impaired by reason of and atrophy and contracture of the biceps muscle. Muscular power of entire left arm so lacking as to render this member entirely useless in gaining a livelihood by manual labor.

[blank] further declares that he has no interest in said case, and is not concerned in its prosecution.

ATTEST: When any affiant signed BY MARK, two persons. [both lines blank]

Signature of Affiant. Norman E. Jones, M[rest is cut off]

[stamp: U.S. PENSION OFFICE. OCT 8 1907]

Surgeon's Certificate Form October 1907

SURGEON'S CERTIFICATE.

[written in left margin: Insert character and number of claim.] Inc Pension Claim No. 110960

[written in left margin: Name of claimant.] William Willis Company K 9 Reg't [sic] Ind Inf [sic]

[written in left margin: Claimant's post-office address.] 514 Patterson St Indianapolis Ind

[Address of Board.] Greenfield P.O. Ind State.

[Date of examination] Oct. 16, 1907

[written in left margin: Name of disabilities.] Gunshot wound of left forearm and right shoulder. He receives a pension of 17dollars per month. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: [written in left margin: Here give the claimant's statement (as briefly and compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.] Received gun shot wound at battle of Lookout Mountain Tenn. 1864

Birthplace, Butler Co Ohio; age, 66 years; height, 5 8.5; weight, 135 pounds; complexion, dark; color of eyes, gray; color of hair, dark; occupation, was railroader; permanent marks and scars other than those described below, [blank]

We hereby certify that upon examination we find the following objective conditions: Pulse rate, [Sitting, standing, after exercise.] 72 84 96; respiration [Sitting, standing, after exercise.] 22 24 26; temperature, 98 [illegible];

[written in left margin: Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability. Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability should be stated. Whenever a disability is shown or believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.] Gun shot wounds. On outer aspect of left forearm one inch above the styloid process is the scar of entrance depressed [illegible] and adherent one and one half in length and one half in width The missile passed through [illegible] a small portion of the ulnar bone, and passed out, on inner aspect opposite scar of entrance one half inch in diameter [illegible] and dragging depressed, Pronation and supination is limited $\frac{1}{2}$ and causes pain to the elbow. The ulnar nerve has been injured there is contraction of the flexor muscles and tendons of the middle ring and left fingers of this hand. The grip of which is very feeble. These fingers are cold, the thumb and index finger are warm and the grip is normal. The elbow joint is very painful and is flexed $\frac{1}{4}$. He dresses and undresses with great difficulty using only thumb and index finger see diagram We rate for gun shot wound of left fore arm 17/18 Gun shot wound of right shoulder At the fold of the [left ax is crossed out] right axilla opposite the second rib is the scar of entrance $\frac{3}{4}$ by one inch in size adherent, white and shining The missile passed backward passed out 4 inches below the acromia process the scar is white shining and adherent. We rate for gun shot wound right shoulder 6/18 Heart apex beat $\frac{1}{2}$ inch to right of left upper in 5th interspace centerof [illegible] in the 4th interspace 2 $\frac{1}{2}$ inches in diameter The beat is normal.

Lungs Chest at rest 36 [illegible] in 37 [illegible] [illegible] 35 There is dullness from 2nd to 4th interspace on left side numerous dry rales We rate for disease of lungs 6/18

J A Comstock, Pres. [illegible name], Sec'y. [illegible name], Treas.

Appeal Increase Petition Form March 1908

PETITION FOR APPEAL INCREASE, GENERAL LAW.

State of Indiana

County of Marion

SS.

To The Honorable Secretary Of The Interior, Washington D.C.

Sir: -

I, William Willis, late of Co. "K" 9th Regt. Ind. Vols. Inf., desire to represent that I am claimant for increase of pension under the general Law, by Ctf. 110,960. That my claim was rejected Mar. 1, 1908 by the Pension Bureau, and believing said action to have been erroneous, I desire to Appeal from the decision of the Honorable Commissioner of Pensions, upon the ground of such error, viz: - as being contrary to the evidence.

That I am in receipt of \$17 per month, by reason of disability from gunshot wound of left fore-arm and right shoulder. Applied for increase, upon the ground of said disabilities rendered my condition such as entitles me to the grade rating/ Supplied the testimony of my physician, Dr. Jobes. Was medically examined by the Board of Surgeons at Greenfield, Indiana, Oct. 16, 1907; and believe that in view of my condition, as shown by my physician and described in the report, that an error was made in the adjudication of my claim, as not being in accordance therewith. And ask that the decision of the Commissioner of Pensions be reversed.

2 Benjamin M Spinner

2 Mabel S. Brinkley

1 William Willis

Subscribed and sworn to before me, this 4 day of March 1908; and I certify that I have no interest in the matters set forth in said Petition.

Walter F. Holt

Notary Public.

My commission expires March 28, 1910