

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 William Willis

Claimant's name.

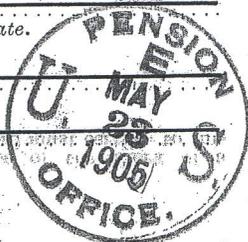
late a private in Company K 9 Regiment of Ind. Inf. Volunteers, aged 63 years, who, being duly sworn according

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 Gun shot wound of left forearm and right shoulder

Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.



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 resulting in inability for the performance of manual labor equivalent to the loss of a hand or foot. He asks medical examination at Franklin, Indiana.

ATTY FILED

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.

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

Physician's GENERAL AFFIDAVIT

STATE OF Indiana

COUNTY OF Marion

SS:

In the matter of Ch # 110.960 of William Willis
Regt. 1st Inf Volunteers.

Personally came before me, a Plunkett Stuyvesant in and for the aforesaid County and State, aged 27 years

Whose address is 448 Blake St - Indianapolis
(Postoffice Address)
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. - Loss of sensation in both arms and hands. - General health much impaired and injuries are markedly progressive



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.

Signature of Affiant

[Handwritten Signature]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase Pension Claim No. 110,960

Name of claimant.

William Willis

Claimant's post-office address.

Company K 9 Reg't Indiana Infy
514. Patterson St. Indianapolis Ind

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

November 15, 1905 [Date of examination.]

Names of disabilities.

Gunsbot wound of left forearm and right shoulder.

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

He 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: recd gunshot wound of left forearm and right shoulder at lookout mountain in 1863.

Birthplace, Ohio; age, 64 years; height, 5 feet 8 in; weight, 134 pounds; complexion, florid; 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, 88 96 104; respiration, 18 20 22; temperature, 98.
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Gunsbot wound of left forearm and right shoulder. Ball entered arm 1 1/2 in above styloid process of ulna, grooving and fracturing shaft, passing on through arm making its exit on inner aspect 3 1/2 in from styloid process. Scar at entrance, 1/2 by 1 in, depressed, adherent, puckered, and drag-ging, tender. Scar at exit, depressed, adherent, dragging, tender, tissues in track of ball tender. Measurement, left arm around around 7 1/2 in, right arm same point 8 in, around middle right forearm 8 1/2 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 3/4 in below point of acromion process. Scar at entrance 1/2 by 1 1/4 in, depressed, not adherent, not dragging, tender, scar at exit, depressed, 1/4 by 3/4 in, puckered, adherent, dragging, tender, tissues in tracks of ball tender. Around acromion process and axilla right 17 in, left 16 1/2 in, limit motion, right shoulder backwards 1/2, left wrist on flexion, 1/3, grip in left hand impaired 1/2, palms of hands Calloused, from labor. Gunsbot wound right shoulder and left forearm, rate 14. Heart, apex impulse evident upon auscultation at 5th intercostal space, area of dullness not increased, sounds medium, regular, no dilatation no hypertrophy, slight dyspnea on exercise, no oedema, no cyanosis. Liver, nipple line, 4 in, axillary line, 4 1/2 in, tender, spleen not engorged, not tender. Rectum, mass of pile tumors pendent 3/4 in, mass 1/2 by 1 1/4 in, ulcerated and bleeding. Disease of liver, and rectum, rate 8. Hernia right oblique complete inguinal hernia, tumor 2 1/2 by 5 in, passes through external ring, descends into peritum. Can be reduced and retained by truss, opening admits end of middle finger. Right oblique complete inguinal hernia, rate 10. Lungs, at rest 3 5/12 in, Expiration 3 4/12, inspiration 3 6/12, no dullness on 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.

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 therefor.

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

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

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. 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 pain
through the arm extending to shoulder.
The wound in right shoulder has
greatly weakened the shoulder and
from said wound suffers almost
constant pain resembling 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 is Indianapolis County of Marion
State of Indiana

William Willis
(Signature of Claimant.)

W. W. Reynolds
Two witnesses who can write sign here.

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 WOLFE & CO.**, Room 3, De Soto Building, No. 7 E. Market St., Indianapolis, Ind.

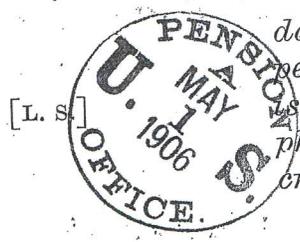
STATE OF Indiana, COUNTY OF Marion, SS:
Personally appeared William H. Richard, M. D., whose postoffice address is Indianapolis County of Marion State of Indiana who, being duly sworn, upon his oath declares as follows: That he is a practicing physician of _____ years standing, and that William Wells he is informed, was a PT in Co. A, 9 Regiment, Ind. Inf. STATE. 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 interfered the use of the right arm with more or less paralysis of this right arm. Low type of vitality quite nervous. I would rate him almost totally disabled, or approximating it, not able for fatigue duty of any kind. He is now in his forty fifth year, not able for duty.

Affiant has no interest in this matter.

Wm H. Wisnorski, 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 the person he represents himself to be, a practicing physician, reputable in his profession, and a good and creditable witness.

Official signature: Jonas P. Brunkley
NOTARY PUBLIC

My commission expires July 5, 1908.

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

GENERAL AFFIDAVIT.

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, 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 & 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, No. 110,960, of William Willis
Put, late of Co. K, 9 Reg't, 2nd Div. Vols.

ON THIS _____ day of _____, A. D. 190____, personally appeared before me, a _____, in and for the County and State aforesaid, duly authorized to administer oaths. Wm H. Wischard M.D. aged _____ years, whose residence is INDIANAPOLIS

County of MARION, and State of INDIANA

well known 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 find he has a gun shot wound in the left arm between the wrist and elbow. I further find he has received a gun shot wound in the right shoulder in the region of the acillary. This wound has caused almost complete paralysis of the right arm making it useless for all practical purposes. I would rate him three fourths disabled, approximating total disability.

Wm H. Wischard, M.D.

REC'D. DIV. JUN 6 1906 W. D.

PENSION OFFICE U. S. JUN 5 1906

Physician's GENERAL AFFIDAVIT

STATE OF Indiana
COUNTY OF Marion } SS:
In the matter of Case # 110,960 of William Willis
Regt. Co. K of 1st Regt. Ind. Inf. Volunteers.
Personally came before me, a Blandan B. Veitch in and for the aforesaid County
and State, Indiana aged 28 years
Whose address is 448 Blake St - Indianapolis
County of Marion (Postoffice Address) 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 fol-

lows: **That he is a practicing physician and** has treated said William Willis
for a paralyzing of right arm resulting from a gun
shot wound of left 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 of the aforesaid
injuries. - Measurement left arm around 6 1/2 inches -
right arm same point 7 inches around middle right
forearm 8 inches left same point 7 3/4 inches - Perceptible right
forearm 9 inches left same point 9 inches - Trouble with
left arm is due to a gun shot wound on same



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.

Signature of Affiant Blandan B. Veitch MD

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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

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 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 therefor.

He - Pension Claim No. 110,960
 Name of claimant William Willet
 Company U S Reg't Ind. Inf Address of Board Wadeauapal, P. O.
514 Patterson St., Wash. Ind. State Ind.
G.S.W. left forearm & right shoulder. [Date of examination] Oct 6, 1906

He receives a pension of 14 dollars per month.
 He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Accrow in the Service

Birthplace, Butler Co., Ohio; age, 65 years; height, 5-9 1/2; weight, 132 pounds; complexion, fair; color of eyes, blue; color of hair, brown; occupation, house; permanent marks and scars other than those described below, _____

We hereby certify that upon examination we find the following objective conditions:
 Pulse rate, 75-80 92; respiration, 16 17 19; temperature, 98;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
G.S.W. left forearm: depressed, adherent, cicatrix, posterior surface 1 1/2 inches from lower end of ulna and grooving bone exit anterior surface one inch higher than level of entrance - scar not depressed or adherent - each 3/4 inch diameter - Rate 7/18

G.S.W. right shoulder cicatrix 2 inches upward and to the left of axillary fold (anterior) non-depressed, non-adherent 5 cent 1 inch in diameter - Exit one inch above posterior axillary fold - non-depressed & non-adherent - 3/4 inch diameter - Complaint of loss of power of right arm and of neuralgic point - Rate 10/18

Heart apex in fifth interspace with hefting line. No murmurs - No dilatation or hypertrophy - No cyanosis, edema or dyspnea. - No rate

Lungs: No rales or areas of dullness - No cough or expectoration - No rate

Uterus: Uteri and tubes clear 10 2 4 No signs or albumin. No rate.

No vicious habits. No other disabilities

Fred Chastain, Pres. Bernard Kennedy, Sec'y. _____, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

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 aforesaid, personally appeared William Willis

late a Pvt in Company 1 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 gun shot wound of left forearm, and right

Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.

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

That he hereby appoints Henry Healt 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



William Willis
Signature of Claimant.

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

ATTY FILED

Physician's
GENERAL AFFIDAVIT

STATE OF INDIANA

COUNTY OF MARION, } SS:

In the matter of *Ch # 110,960 of William Willis*
Put Co K 9 Reg Ind Inf Volunteers.

Personally came before me, a **NOTARY PUBLIC**, in and for the aforesaid County
and State, *John S. Parsons MD*, aged *74* years

Whose address is: *26 North West St Indianapolis Ind*
(Postoffice Address.)

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 *Musculus* and just missing the axillary artery passing through the shoulder leaving a distinct scar on both anterior and posterior 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 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 joint this renders him so disable 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 frequent occasions 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 that he has no interest in said case, and is not concerned in its prosecution.

ATTEST: When any affiant signed BY MARK, two persons.
Signature of *John S. Parsons MD*
Affiant *26 North West St Indianapolis*



SURGEON'S CERTIFICATE.

Insert character and number of claim.

Incremental Pension Claim No. 110960

Name of claimant.

William Willis

Address of Board. Bohloville P. O. Indiana State.

514

Company 7 Reg't Inf 15th
Home address. Indianapolis

[Date of examination.]

Shoulder Wound left fore arm & right shoulder

Names of disabilities.

He receives a pension of Twenty dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: injured by shot wound of left fore arm & right shoulder at Battle of Look Out Mountain in fall of 1863

Birthplace, Butler Co Ohio; age, 65 years; height, 5 8/2; weight, 130 pounds; complexion, flourid; color of eyes, blue; color of hair, brown; occupation, Nothing; permanent marks and scars other than those described below,

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

Pulse rate, 60 96 120; respiration, 18 22 26; temperature, 98 2/5
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Form of instructions, and make separate paragraph for each disability.

Nutrition poor Tongue broad red & deeply fissured Throat highly inflamed Chest at rest 35 ins 36 exp 34 Asymmetrical Spine spine gravity 10 20 No Abnormalities Anger Lung no disease of Lungs as per Auscultation on percussion

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

W of left fore arm & right shoulder 1 inch above lower end of ulna passing thro the bone exit 1 1/2 inch above lower end of ulna & cor outgo exit 1/2 in diameter adherent grip left loss 3/4 extension index finger full middle extension 1/2 Ring & little finger 1/4 all 3 fingers permanently contracted at middle Phalangeal joints muscles of entire arm is atrophied & flacid and entire arm tremulous when motion shoulder limited in motion in upward backward & rotary motion loss 1/2. muscles of left shoulder are atrophied. left shoulder 1 inch less than right shoulder. Same ball passed to right shoulder entry opposite 2nd rib and 2 inch left of axilla passing thro tendon of Pectoralis Major muscle exit 1 inch left of axilla on back of shoulder opposite top of axilla space scars each 1/2 in diameter and adherent right arm is slightly atrophied Clinician Comptons of Canstump pain in both arms, there is no paralysis & no signs of Phrenation he claims that he requires a sisten. co in pulling on Cook & Vest. This Claimant is so disabled from W of left fore arm & right shoulder equivalent to loss of hand or foot for the purpose of Manual labor and is entitled to \$4.00 per month. No other disabled found to exist No signs of vicious habits or venereal disease found to exist

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 therefor.

W. B. Proctor Pres. A. L. Tucker Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

Affidavit

State of Indiana, Marion County ss.

William Willis being duly sworn upon his oath says, that he was enlisted into 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. 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

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 aforesaid, personally appeared William Willis

Claimant's name.

late a private 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 seventeen dollars per month, under Pension Certificate No 110,960

by reason of gun shot wound of left forearm and right shoulder

Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.

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

He medical examination at Sebanon Ind.

ATTY FILED

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

Declaration and power of attorney valid. S. A. Cuddy, Chief, Law Division. per TM 26 07

William Willis Signature of Claimant. 514 Patterson St.

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

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. 110 960

Name of claimant.

William Willis

Address of Board.

Indianapolis P. O. Ind State.

Claimant's post-office address.

Company K. 9 Reg't Ind Vol Inf
514. Patterson St Indianapolis

May 22nd, 1907
[Date of examination.]

Names of disabilities.

Gun shot wound of left fore arm and right shoulder. Melancholic man

He receives a pension of 17 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: 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, _____

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

Pulse rate, 72-76 96; respiration, 18 19 28; temperature, 98.5;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability.

Gun shot wound of left fore arm. There is a linear scar 1 1/2 x 2 inches in diameter depressed and adherent located on inner aspect of forearm extending upward one inch from wrist joint. Wrist is thickened and enlarged from paronychia. Said to be 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 exit. No loss of osseous tissue. No ankylosis of wrist joint. No enlargement of joint. Manual grip fully 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.

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.

Gun shot wound of right shoulder. There is a scar oval in shape 3/4 x 1 1/4 inches in dimension located 1 1/2 inches inside right anterior angle right axilla, said to be point of balls entrance. Claimant alleges when wounded right arm and elbow was elevated in act of firing. This scar is adherent and depressed. There is a faint scar of similar size and condition of third, located one inch above posterior angle of right axilla, said to be point of balls final exit. (See diagram) Below there is partial paralysis of left arm and shoulder not 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 he recovered his speech fully at this time. Cause whether idiopathic or due to gun shot wound is not definitely stated.

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

S. B. McVoy, Pres. Absent, Sec'y R. V. Stone, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

SURGEON'S CERTIFICATE.

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

Pension Claim No. 110 960
 Name of claimant William Willis
Post, Company L. 9, Reg't Ind Inf
514 Patterson St Indianapolis

Address of Board Indianapolis Ind.
 Date of examination May 29, 1907
[Date of examination not of amendment.]

EXAMINATION—Continued.

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 36x38. No dull
 mass cough or expectoration. No rales.
 Heart. apex beat in 6th space 1/2 inch in-
 side nipple line. Rhythm regular but im-
 pulse feeble. No valve murmurs or dyspnoea.
 No adenoid cyanosis hypertrophy or dil-
 atation. No rales.
 Urine. Amber. Acid. Sp gr 1.020. No
 sugar or albumen. No rales.

There is complete right oblique inguinal
 hernia. Mass 1x2 inches, passes external
 ring but does not descend into scrotum.
 Reducible and strainable by tons, which
 is worn. Size external ring 1 inch, internal
 ring 3/4 inch in diameter.
 No other disability and no witness of
 vicious habits. Post bellum. No rales.

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.

Age diminished in some extent. There is no
 evidence of specific disease in this case

Marginal entries must never be made.

W. B. Woods, Pres. Shrent, Sec'y. R. F. [Signature], Treas.

PETITION FOR APPEAL INCREASE, GENERAL LAW.

State of Indiana)
) SS.
 County of Marion)

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 S. Scott

1- William Willis

2 Mabel S. Brinkley

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.

Com expires July 5 - 1908

3 James R. Brunsley
 Notary Public.

Physician's
GENERAL AFFIDAVIT

STATE OF Indiana
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 Norman E. Jones in and for the aforesaid County
and State, aged 35 years

Whose address is 610 Newton Claypool building, Indpls, Ind.
(Postoffice Address.)

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 fol-
lows:

That he is a practicing physician and

on Sept. 30, 1907 he examined William Willis, Pvt, 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
over little and ring fingers, atrophy and contracture of same, flexion
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.



... 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.

Signature of Affiant: Norman E. Jones

SURGEON'S CERTIFICATE.

and number of claim. Inc Pension Claim No. 110 960
 Name of claimant. William Willis
 Company K 9 Reg't Ind Dept Address of Board. Greenfield Ind P. C. State. Ind
 Claimant's post-office address. 574 Patterson St Indianapolis Ind [Date of examination.] Oct. 16, 1907
 Names of disabilities. Gun shot wound of left forearm and right shoulder

He receives a pension of 17 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Received a gun shot wound at battle of Look out Mountains Jan. 1864

Birthplace, Butler Ohio; age, 66 years; height, 58.5; weight, 135 pounds; complexion, dark; color of eyes, gray; color of hair, dark; occupation, was Railroad worker; permanent marks and scars other than those described below, _____

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

Pulse rate, 72 84 86; respiration, 22 24 26; temperature 98 1/10;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Gun shot wounds. On outer aspect of forearm one inch above the styloid process is the scar of intraneurial depressed comminuted and adherent one and one half in length and one half in width. The muscle passed through removing a small portion of the ulnar bone, and passed out, on inner aspect of forearm, scar of intraneurial depressed comminuted and dragging depression. Pronation and supination is diminished 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 little fingers of the hand. The grip of which are very feeble. These fingers are cold, the thumb and index fingers are warm and the grip is normal. The elbow joint is very painful and is flexed 1/4 the degrees and extended with great difficulty using only thumb and index finger. See diagram.

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.

17/18
Gun shot wound of right shoulder
At the angle of the right axilla opposite the second rib is the scar of intraneurial 3/4 by one inch in size adherent, white and thin. The muscle passed back ward passed out 4 inches below the acromion process. The scar is white thin and adherent.
The rate for gun shot wound of right shoulder heart apex beat 1/2 inch to right of left nipple in 5th interspace cent. of sternum in 4th interspace 2 1/2 inches in diameter. The heart is normal.
Lungs chest at rest 36 forward in 37 forward 21 35. There is dullness from 2nd to 4th interspace on left side numerous dry rales.
The rate for chest of lungs 1/8

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

J. Alonzo Cook, Pres. Wm. W. W. W., Sec'y. W. W. W. Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

PETITION FOR APPEAL INCREASE, GENERAL LAW.

State of Indiana)
) SS.
 County of Marion)

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 W. Spriner

1 William Willis

2 Mabel S. Brinkley

Subscribed and sworn to before me, this 11 day of March 1908;
 and I certify that I have no interest in the matters set forth in said
 Petition.

My commission expires March 28, 1910

Walter J. Gould

Notary Public.

Physician's GENERAL AFFIDAVIT

STATE OF Indiana }
 COUNTY OF Marion } SS:
 In the matter of Case # 110,960 of William Willis
Regt. Co. K of 1st Regt. Ind. Inf. Volunteers.
 Personally came before me, a Blandan B. Veitch in and for the aforesaid County
 and State, Indiana aged 28 years
 Whose address is 448 Blake St - Indianapolis
 County of Marion (Postoffice Address) 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 fol-
 lows:

That he is a practicing physician and has treated said William Willis
 for a paralyzing of right arm resulting from a gun
 shot wound of left 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 of the aforesaid
 injuries. - Measurement left arm around middle
 right arm same point 7 inches around middle right
 forearm 8 inches left same point 7 ³/₄ inches - Percep right
 forearm 9 inches left same point 9 inches - Trouble with
 left arm is due to a gun shot wound on same



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.

Signature of Affiant Blandan B. Veitch

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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

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 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 therefor.

He is Pension Claim No. 110,960
 Name of claimant William Willet Address of Board Hudson Falls, N. Y.
 Company U. S. Reg't 42nd State N. Y.
 Claimant's post-office address 514 Patterson St., N. Y. Oct 6, 1906
G. S. W. left forearm & right shoulder. [Date of examination.]

He receives a pension of 14 dollars per month.
 He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Received in the Service

Birthplace, Butler Co., Ohio; age, 65 years; height, 5-9 1/2; weight, 132 pounds; complexion, fair; color of eyes, blue; color of hair, brown; occupation, house; permanent marks and scars other than those described below, _____

We hereby certify that upon examination we find the following objective conditions:
 Pulse rate, 75-80 92; respiration, 16 17 19; temperature, 98;
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]
G. S. W. left forearm: depressed, adherent, cicatrix, posterior surface 1 1/2 inches from lower end of ulna and grooving bone exit anterior surface one inch higher than level of entrance - scar not depressed or adherent - each 3/4 inch diameter - Rate 7/18

G. S. W. right shoulder cicatrix 2 inches upward and to the left of axillary fold (anterior) non-depressed, non-adherent 5 cent 1 inch in diameter - Exit one inch above posterior axillary fold - non-depressed & non-adherent - 3/4 inch diameter - Complaint of loss of power of right arm and of neuralgic point - Rate 10/18

Heart apex in fifth interspace with heaping line. No murmurs - No dilatation or hypertrophy - No cyanosis, edema or dyspnea. - No rate

Lungs: No rales or areas of dullness - No cough or expectoration - No rate

Urine: Urine acid tubes clear 1024 - No sugar or albumin. No rate.

No vicious habits. No other disabilities

Fred Chastain, Pres. Bernard Kennedy, Sec'y. _____, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

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 aforesaid, personally appeared William Willis

late a Pvt in Company 1 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 gun shot wound of left forearm, and right

Here state the disability for which you are pensioned exactly as mentioned in your pension certificate.

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

That he hereby appoints Henry Healt 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



William Willis
Signature of Claimant.

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

ATTY FILED

Physician's
GENERAL AFFIDAVIT

STATE OF INDIANA

COUNTY OF MARION, } SS:

In the matter of *Ch # 110,960 of William Willis*
Put Co K 9 Reg Ind Inf Volunteers.

Personally came before me, a **NOTARY PUBLIC**, in and for the aforesaid County and State, *John S. Parsons MD*, aged *74* years

Whose address is: *26 North West St Indianapolis Ind*
(Postoffice Address.)

County of *Marion*, State of *Indiana*, well known to

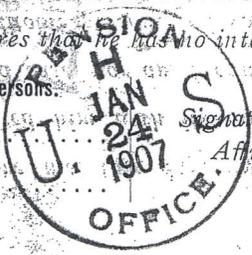
me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

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 *Musculus* and just missing the axillary artery passing through the shoulder leaving a distinct scar on both anterior and posterior 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 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 joint this renders him so disable 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 frequent occasions 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 that he has no interest in said case, and is not concerned in its prosecution.

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



Signature of *John S. Parsons MD*
Affiant *26 North West St Indianapolis*

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Incremental Pension Claim No. 110960

Name of claimant.

William Willis

Address of Board.

Bohloville P. O. Indiana State.

Company 7 Reg't Inf 15th

Indianapolis

February 20, 1907

[Date of examination.]

Names of disabilities.

Shot wound left fore arm & right shoulder

He receives a pension of Twenty dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: injured by shot wound of left fore arm right shoulder at Battle of Look Out Mountain in fall of 1863

Birthplace, Butler Co Ohio; age, 65 years; height, 5 8/2; weight, 130 pounds; complexion, flourid; color of eyes, blue; color of hair, brown; occupation, Nothing; permanent marks and scars other than those described below,

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

Pulse rate, 60 96 120; respiration, 18 22 26; temperature, 98 2/5

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Form 1 of instructions, and make separate paragraph for each disability.

Nutrition poor Tongue broad red & deeply fissured Throat highly inflamed Chest at rest 35 ins 36 exp 34 Asymmetrical Spine Sps 90 10 20 No Abnormalities Anger Lung no disease of Lungs as per Auscultation on percussion

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

Shot wound of left fore arm & right shoulder, 1 inch above lower end of ulna passing thro the bone exit 1 1/2 inch above lower end of ulna & scar entry exit 1/2 in diameter adherent grip left loss 3/4 extension index finger full middle extension 1/2 Ring & little finger 1/4 all 3 fingers permanently contracted at middle Phalangeal joints Muscles of entire arm is atrophied & flacid and entire arm tremulous when motion shoulder limited in motion in upward backward & rotary motion loss 1/2. Muscles of left shoulder are atrophied. Left shoulder 1 inch less than right shoulder. Same Ball passed to right shoulder entry opposite 2nd rib and 2 inch left of Axilla passing thro tendon of Pectoralis Major Muscle exit 1 inch left of Axilla on back of shoulder opposite top of Axilla Scar each 1/2 in diameter and adherent right arm is slightly atrophied Clinician Comptons of Canstump pain in both Arms, there is no paralysis ~~anywhere~~ no signs of Phlegmatism he claims that he requires assistance in putting on Coat & Vest. This Claimant is so disabled from shot wound left fore arm & right ^{shoulder} right as to be incompetent equivalent to loss of hand or foot for the purpose of Manual labor and is entitled to \$4.00 per month. No other disabled found to exist No signs of Vicium, habits or Venereal disease found to exist

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 therefor.

W. B. Proctor, Pres. A. L. Tucker, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

Affidavit

State of Indiana, Marion County ss.

William Willis being duly sworn upon his oath says, that he was enlisted into 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. 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