

MARGARET J KIMBER

R R 5

941410

MAY WID

PIKEVILLE TENN

DROP REPORT-PENSIONER

..... Cert. No. ....

Pensioner .....

Soldier .....

Service, .....

Class .....

**RECORD DIVISION**

....., 19

In the above-described case a declaration filed  
in this Division indicates that said pensioner died

....., 19.....

*Chief, Record Division.*

**FINANCE DIVISION**

MAY 15 1931, 19

The name of the above-described pensioner who  
was last paid at the rate of \$ 40 per month  
to APR 4 1931, 19....., has this day  
been dropped from the roll because of DEATH

April 23, 1931

*O. J. Randall*

*Chief, Finance Division.*

ROBERT J. ...  
D.P. 2  
**DROP REPORT - PENSIONER**

Cert. No. ....  
Pensioner .....  
Soldier .....  
Service .....  
Class **ACT OF MAY 1, 1920** Group **2**

**LAW DIVISION**

192  
In the above described case a declaration filed  
in this Division indicates that said pensioner died

19.....  
Per ..... **H. P. WILHE**  
*Chief, Law Division*

**DISBURSING DIVISION**

JUN 9 1923 192  
Check No. *72166128* \$ **50**  
dated JUN 4 1923 Section **4**  
returned by postmaster with information that the  
above described pensioner died *May 1, 1923*  
1923, has been canceled.

Per *T. A.* **E. L. ADAMS**  
*Chief, Disbursing Division*

**FINANCE DIVISION**

JUN 11 1923 192  
The name of the above described pensioner who  
was listed in the report of the .....  
MAY 4 1923 ..... has this day  
been dropped from the roll because of the .....  
.....

*E. J. Rantall*  
**E. J. RANTALL**  
*Chief, Finance Division*

Date *May 9/12* Special Examiner.

I CERTIFY THAT I HAVE THIS DAY PERSONALLY INTERVIEWED THE ABOVE NAMED PENSIONER, AND I AM SATISFIED THAT HE IS THE SOLDIER AND PENSIONER THAT REPRESENTS HIMSELF TO BE.

Where born *Shenwood, Mich.*  
 Age at enlistment *23 years old*  
 Name under which served *As pensioner*  
 Date of enlistment *Feb'y 20 1862*  
 Date of discharge *Mch'y 20 1864*  
 Any prior or sub. service *Re-enlisted Mch 21/64 to Aug. 16/65*  
 Any Confederate service *no*  
 Battles. *Berryville, Stone River, Chickamauga, Atlanta*  
 Hospital *Dallakoma Tenn*  
 Name of Captain, Lieut and Sgt *Notch Kiji, Rosent, Woodbury, Harder*  
 Name of wife *1" Undivorced Margaret J. Sanderson*  
 Any prior marriage *none*  
 Name comrades *Samuel Gorden, Jas M. Cisdler, L. Hovey.*  
 Personal description *5 ft. 9 inches, grey eyes, light hair*  
 Signature *William H. Kimball* *light complexion*

ACT of February 6, 1907.

3-1089.

Roll No.

Name:

*Kimber, William H*

*Off. shown*

Certificate No.

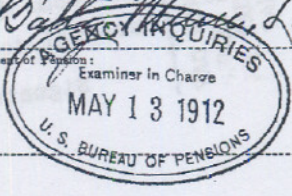
*1007228 ✓*

Disability:

Rank, Co., and Regiment:

*Pr 4th Batt 4th Minn. S. Art.*

Date and commencement of Pension:



Class of Certificate:

Date of Discharge:

*28 March 1911.  
Oct 25 - 1907*

Remarks:

*Discharge Off. shown.  
Pensioned since about 1902*

P. O. Address:

*Cokeville Tenn*

*Off. L*  
COKEVILLE, TENN.

MILITARY SERVICE.

War Department,

Record and Pension Division,

DEC 17 1891

NAME OF SOLDIER:

William H. Kimber

Respectfully returned to the

COMMISSIONER OF PENSIONS.

W. Div. Bureau of Pensions, No. 10715-85 Ex'r. Dec 15, 1891

The rolls show that

William H. Kimber

mentioned in the preceding indorsement, was enrolled

Feb 20, 1862, and m.o.

a Pvt., Aug 16, 1865

U.S. Mch 21, 64.

SIR:

It is alleged that the above-named man enlisted July 20, 1862, and served as a in Co. 2 Batty, Reg't Minn. I. A. also as a in Co. Reg't and was discharged at Passville La. on Mch 20, 1864 reunited in same + discharged Aug 16, 65 Rank at dis.

No. of prior claim

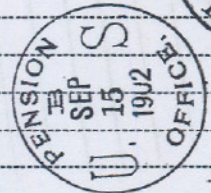
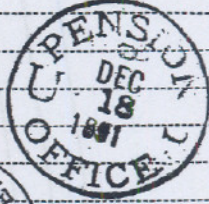
The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully, Gen B Rain Commissioner.

THE OFFICER IN CHARGE OF THE RECORD AND PENSION DIVISION, WAR DEPARTMENT.

BY AUTHORITY OF THE SECRETARY OF WAR:

J. J. J. Major and Surgeon, U. S. Army.



*Mark H. L.* Division.

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C. May 29 1897

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history

(Descriptive list.)

of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

No other report on file.

Class. No. 117183

Name, *Wm. H. Kimbler*

Co. *2 Min. Bat., June 12, 5, 2-7*

Commissioner.

27 Address: - Chief of the Record and Pension Office, War Department, Washington, D. C.

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

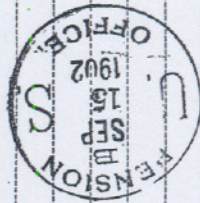
Commissioner of Pensions,

*William H. Kimbler*  
Co. 2, <sup>Batt.</sup> Reg't *Minnesota L. Art.*  
was enrolled *Feb'y 20*, 1862  
and *M. A. Aug 16*, 1865  
with *Batt'y*

*Reenlisted as a U. S.*  
*Arch. U. S. A.*

From *Jan*, 1862 to *Jan 20*, 1865,  
he held the rank of *Pat.*

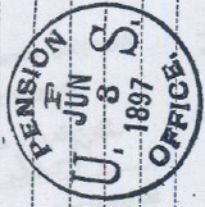
and during that period the rolls show him present, except as follows.



The medical records show him treated as follows:

*Co. Wm. H. Kimbler, Co.,*  
*2 Min. Bat., June 12, 5, 2-7*  
*64, Diarrhoea acuta, ret'd 7*  
*days.*

*Nothing additional found.*



BY AUTHORITY OF THE SECRETARY OF WAR:

*H. A. Kimbler*

Colonel, U. S. Army, Chief of Office.

For *Mr.* Washington, D. C., JUN 2 1897

(COMMISSIONER OF PENSIONS.)

6-3864

CIVIL WAR DIVISION  
3-094 Section H. 27.14.

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

Washington, D. C., April 4, 1916.

Respectfully returned to the  
ADJUTANT GENERAL WAR DEPT.  
requesting a complete military  
and medical history of the sel-  
dier, such as the records may  
now afford, including all ab-  
sences without authority, de-  
sertions and confinements, with  
the dates of beginning and end-  
ing of each, and all ages of  
record not previously shown.

*3 Enclosures.*

*Inv. No. 1051.228.*

*William H. Kimber,  
2d Batty, Minn L.A.,*

Received A.G.O APR 6 1916

*Imselegab*

*Commissioner*

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, APR 7 1916

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

*William H. Kimber,  
Co. F, 2d Batty, Minn L.A.,*

in addition to the statement or statements herewith  
returned, the military records show the following:

Age *21* height \_\_\_\_\_ feet, \_\_\_\_\_ inches,

complexion \_\_\_\_\_

eyes \_\_\_\_\_ hair \_\_\_\_\_

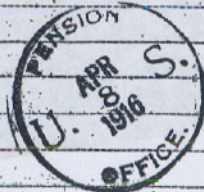
place of birth \_\_\_\_\_

occupation \_\_\_\_\_

*Other records shown  
age 23 years  
No statement of  
absence, desertion or  
confinement found  
On all other military  
records found.*

The medical records show him treated as follows:

*No record found  
additional to that  
furnished in statement  
dated June 7, 97, herewith*



H. F. McCain

The Adjutant General.

(A.G.O. 75-D)

Subscribed and sworn to before me this 27th day of April 1925  
at \_\_\_\_\_  
I, \_\_\_\_\_, being duly sworn, depose and testify that the contents of the foregoing declaration were fully made known and explained to the applicant before swearing, and adding the words \_\_\_\_\_  
and the words \_\_\_\_\_  
I, \_\_\_\_\_, do hereby certify that the foregoing is a true and correct copy of the original as the same appears to me.  
\_\_\_\_\_ Notary Public  
April 27, 1925

RECORDED

APR 27 1925

RECORDED  
APR 27 1925  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LANDS  
WASHINGTON, D. C.



Declaration for Widow's Pension

ACT OF APRIL 10, 1908

AMENDED BY ACT OF SEPTEMBER 8, 1916

I, Margaret J. Kimber, of the County of Blount, State of Tennessee, do hereby declare that I am the widow of William H. Kimber, who, being duly sworn by me according to law, declares that she is 37 years of age and that she was born January 20th 1862 at Canada

That she is the widow of William H. Kimber, who enlisted January 20th 1862 at Canada under the name of William H. Kimber as a Private in 2d. Battery Regiment of Light Artillery Minnesota

and was honorably discharged March 20th 1864 having served ninety days or more during the civil war. That he also served in 2nd Battery Light Artillery Minn enrolled March 21st 1864 and discharged 16th Aug 1864

That otherwise than as herein stated said soldier (or sailor) was not employed in the United States service.

That she was married to said soldier (or sailor) November 6th 1870 under the name of Margaret J. Kimber in the County of Brown Minnesota, by O. P. Bradford (minister) that she had not been previously married; that he had not been previously married.

Here state all prior marriages of either, and give the names and dates and places of death or divorce of all former conjoints.

and that neither she nor said soldier (or sailor) was ever married, otherwise than as stated above.

If any FORMER husband rendered military or naval service, here describe same and give number of any pension claim based thereon.

That the said soldier (or sailor) died May 19th 1923 at Home, that she was not divorced from him; and that she has not remarried since his death.

That the following are the ONLY children of the soldier (or sailor) who are NOW living and under 16 years of age, namely:

If the soldier has children, the claimant should so state.  
I have \_\_\_\_\_ children, to-wit:  
1. \_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_  
1. \_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

That the above-named child \_\_\_\_\_ of the soldier (or sailor) \_\_\_\_\_ now receiving a pension, and that such child \_\_\_\_\_ member \_\_\_\_\_ of her family and \_\_\_\_\_ cared for by her.

That she has not heretofore applied for pension, the number of her former claim being \_\_\_\_\_ that said soldier (or sailor) was \_\_\_\_\_ pension certificate being 1051223

I hereby appoints, with full power of substitution and revocation Steve D. Gentry of Pikeville Tennessee my true and lawful attorney to prosecute this claim.

Signature of first witness: C. P. McReynolds Address of first witness: Pikeville Tenn  
Signature of claimant: Margaret J. Kimber Address of claimant: Pikeville Tenn

Signature of second witness: W. P. Bradford Address of second witness: Pikeville Tenn

1 receipt certificate for the foregoing declaration made this \_\_\_\_\_ day of \_\_\_\_\_ 1923

RECEIVED JUN 10 1923  
U.S. DEPARTMENT OF WAR  
WASHINGTON, D.C.

U.S. DEPARTMENT OF WAR  
WASHINGTON, D.C.

FINANCE DIV, NOTIFIED OF DEATH

JUN 26 1923 No 5

LUCIEN COVER, PRINTER, QUINCY, ILL.

ACT OF APRIL 19, 1908.

AMENDED BY

ACT OF SEPTEMBER 8, 1916.

*Mo*  
Declaration for Widow's Pension.

NUMBER

*Margaret J. Kimber*  
CLAIMANT.

*William T. Kimber*  
SOLDIER.

*56 228*

*1st Battalion*

*1st Regt*

*1st Div*

SIGNED BY  
*Stewart D. Gentry atty*

*Edward M. Terrence*

This form is to be used ONLY by or in behalf of a widow who desires to claim pension under the Act of April 19, 1908, as amended by the Act of Sept. 8, 1916, above named, on account of the service of an officer or enlisted man who served 90 days or more in the Army, Navy or Marine Corps during the Civil War.

JUN 27 1923

State of Minnesota, } ss.  
County of Brown.

I Hereby Certify, that on the eight day of November,  
in the year of our Lord one thousand ~~one~~ hundred and seventy  
at Mr. Sanderson's seat in said County, I, the undersigned, Minister of  
the Gospel did join in the holy bonds of Matrimony, according to the laws of this  
State, Wm. H. Kimber of the County of Brown  
and State of Minnesota and Margaret J. Sanderson  
of the County of Brown State of Minnesota in presence of

Osphar L. Sanderson  
Edwin Kimber  
J. M. Sanderson

Witnesses.

Rev. O. L. Howard

A copy of my Credentials of Ordination is recorded in the Clerk's office of the District Court  
for the County of (Five cent stamp) State of Minnesota.

6-11-1870

Filed for Record this 11th day of November 1870

Clerk of the District Court

State of Minnesota, } ss.  
County of Brown.

DISTRICT COURT,  
Ninth Judicial District.

I, Carl P. Manderfeld, Clerk of said Court, do hereby certify, that the foregoing is a true copy  
of the original as it appears on record in this office.

In Testimony whereof I hereunto set my hand and affixed the Seal of said Court, at New Ulm  
this 27th day of September, A. D. 1873.

Carl P. Manderfeld  
Clerk of said Court.



*Wash*  
Div.  
M. Orig. No. 1070385  
W. H. Kimber  
Col. Dally Mission, L. C.

3-389.  
(Old No. 2-172.)

*M. L.*  
Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., *Aug 18*, 190*2*

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

*W. H. Kimber*  
*Chickville,*  
*Bladwell, Ind.*

*B. J. Ware*  
Commissioner.

- No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.  
Answer: *Margaret J Kimber, Margaret J Sanderson*
- No. 2. When, where, and by whom were you married? Answer: *Nov 6 1890*  
*Brown Co Missn, O L Howard minister*
- No. 3. What record of marriage exists? Answer: *Marriage certificate*  
*I think it is on record at Newblon Missn*
- No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: *No*
- No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: *4 living*  
*Mary E. Kimber Born Sept 12 1872*  
*Levina M. Kimber " July 9 1874*  
*Fred B. Kimber " Sept 13 1876*  
*Ida M. Kimber " Aug 31 1879*  
*All born in Brown Co Missn, All living here*
- Date of reply, *Aug 28*, 190*2*  
*W. H. Kimber*  
(Signature.)

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

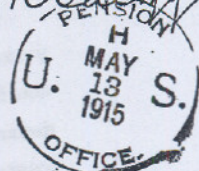
WASHINGTON, D. C., January 2, 1915.

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

Very respectfully,

*J. M. Gage*

WILLIAM H. KIMBER,  
PIKEVILLE, TENN.  
1051228  
R.F.D.#2,



Commissioner.

FOLD HERE

No. 1. Date and place of birth? Answer. *March 5 1841, Branch Co Mich*  
The name of organizations in which you served? Answer. *2nd Minn Bat S A*

No. 2. What was your post office at enlistment? Answer. *St. Charles Minn.*

No. 3. State your wife's full name and her maiden name. Answer. *Margaret Jane Sanderson*

No. 4. When, where, and by whom were you married? Answer. *Nov 6 1870, at father's*  
*Sundersons, in Brown Co Minn by O L Howard*

No. 5. Is there any official or church record of your marriage? *got licence at New Elm*  
If so, where? Answer. *Brown Co Minn.*

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *No*

FOLD HERE

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. *No*

No. 8. Are you now living with your wife, or has there been a separation? Answer. *am living with her*

FOLD HERE

No. 9. State the names and dates of birth of all your children, living or dead. Answer. *Baby Aug 9 1871, born*

- Mary C Kimber born Sept-12 1872*
- Larina M. Kimber Crawford, July 9 1874*
- Fred B. Kimber born Sept 12 1876*
- Isla M. Kimber " August 31 1879*

Date *May 8<sup>th</sup> 1915*

(Signature) *William H Kimber*

ACT OF MAY 11, 1912.

# DECLARATION FOR PENSION

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

State of Tennessee  
County of Benton

On this 18 day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, William H. Keuber, who, being duly sworn according to law, declares that he is 74 years of age, and a resident of Pittsboro county of Benton, State of Tennessee; and that he is the identical person who was ENROLLED at Fort Snelling, Minn. under the name of William H. Keuber, on the 20 day of Feb, 1862, as a private, in Greene's Regt. L. A.  
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)

in the service of the United States, in the Civil War war, and was HONORABLY DISCHARGED at Fort Snelling, Minn. on the 16 day of Aug, 1865.  
That he also served in the service of the United States in the Civil War  
(State name of war, Civil or Mexican.)  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 9 1/2 inches; complexion, light; color of eyes, gray; color of hair, light; that his occupation was farmer; that he was born March 5, 1841 at Pharwood, Mich.

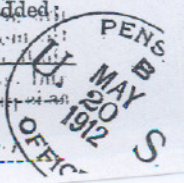
That his several places of residence since leaving the service have been as follows: Aug 1865 Benton Co. Tenn. then removed to Benton Co. Tenn. Nov. 1887 Livingston, Tenn.  
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 1251228.  
That he has not applied for pension under original No. 1251228.  
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  
That his post-office address is Pittsboro, B. F. D. #2, county of Benton, State of Tennessee.

William H. Keuber  
(Claimant's signature is not.)  
Attest: (1) R. J. Johnson  
(2) John Robinson

SUBSCRIBED and sworn to before me this 18 day of May, A. D. 1912 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words erased.

[s. s.] E. E. [Signature] and the words added and that I have no interest, direct or indirect, in the prosecution of this claim.  
per S. A. Cudey, Chief, Law Division.  
Notary Public  
(Official character.)



ACT OF MAY 11, 1912.

## CLAIM FOR PENSION.

Certificate No. 1051228

Name, William H. Kessler

Service, Private - 2nd

Regt - Minn. Vol.

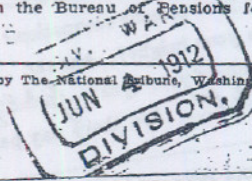
Light Artillery

### INSTRUCTIONS.

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

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Published by The National Tribune, Washington, D. C.



*M L* Exr.

*Nash* Division.  
M. O. No. *107985*  
*William H. Kimber*  
*S. B. Batty* Reg. *Miner L.A.*

Department of the Interior,

BUREAU OF PENSIONS,  
Washington, D. C., *Aug. 15, 1902*

WESTERN DIVISION  
SEP 4 1902

Sir: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage.

Very respectfully,

*Wm H Kimber*  
*Pikeville*  
*Deer Creek Co., Tenn.*

*B. S. Ware*  
Commissioner.

1. When were you born? Answer. *March 5 1841*
2. Where were you born? Answer. *Sherwood Branches Mich*
3. When did you enlist? Answer. *Feb 20 1862*
4. Where did you enlist? Answer. *St Smelling Minnesota*
5. Where had you lived before you enlisted? Answer. *Clonstead Co Minn*
6. What was your post-office address at enlistment? Answer. *St Charles Minn*
7. What was your occupation at enlistment? Answer. *Farmer*
8. When were you discharged? Answer. *Aug 16 1865*
9. Where were you discharged? Answer. *St Paul Minn*
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.  
*Went to Brown Co Minn Aug 1865*  
*lived there till 1887 came here lived since*
11. What is your present occupation? Answer. *Farmer*
12. What is your height? Answer. *5* feet *10* inches. Your weight? *155 lbs*  
The color of your eyes? *grey* The color of your hair? *light* Your complexion?  
*light* Are there any permanent marks or scars on your person? If so, describe them.
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

*Wm H Kimber*

WITNESSES: {  
1. *O. F. Hudson*  
2. *R. H. Hudson*  
[Witnesses who can write sign here.]

Date: *Aug 28*, 190*2*



Date of birth alleged Mch 5, 1841.

Declarations

	<u>Age</u>	
Nov. 3, 1891	50	1841
July 3, 1902	61	1841
Mch 27, 1906	65	1841
Mch 2, 1907	65	1841
Mch 14, 1911	70	1841
May 18, 1912	71	1841
A. G. G. G. G.	21	1841

Mch 27,		1841
Feb 3, 1892	50	1841
Apr 4, 1900	59	1841
Sept 3, 1902	61	1841

.....Div.....Sec.....Examiner  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS.

Cert.No. ....

.....  
..... Washington, D. C., .....191  
.....  
.....  
.....  
.....  
.....

Dear Sir:

Your claim for pension under the act of May 11, 1912, in which you allege that you are.....years of age, and that you were born....., requires proof of the date of your birth.

If there is a public or church record of your birth, you should forward a copy of such record, under the oath or seal of the officer who furnishes you the copy.

If there is no public or church record, and a Bible or other family record is furnished, the officer (clerk of court, notary public, or justice of the peace) certifying to the same should state in what year the Bible or other book in which the record of your birth appears was printed, whether the record bears any marks of erasure or alteration, and whether from the appearance of the writing he (the officer) believes the entries to have been made recently or years ago.

If you are unable to furnish any of the evidence indicated, you should state that fact, and the reasons why you are unable to furnish it, under oath.

Please return this letter with your reply.

Very respectfully,

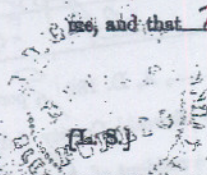
Commissioner.

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 \_\_\_\_\_

\_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added, and acquainted \_\_\_\_\_

with its contents before \_\_\_\_\_ 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 \_\_\_\_\_ personally known to me, and that \_\_\_\_\_ he is \_\_\_\_\_ credible person.



S. W. Gushy  
(Official Signature)

Notary Public  
(Official Character)

\_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_ Esq. who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing \_\_\_\_\_

\_\_\_\_\_ 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 seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 189 \_\_\_\_\_

[L. S.] \_\_\_\_\_ Clerk of the \_\_\_\_\_

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

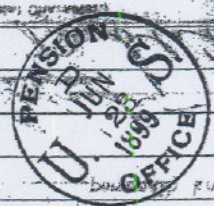
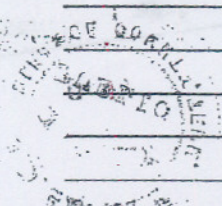
# GENERAL AFFIDAVIT.

State of Tennessee County of Bledsoe  
In the matter of Wm H. Kimber for prison  
and Betty Minna Let City -  
ON THIS 6<sup>th</sup> day of June, A. D. 1899, personally appeared before me  
Notary Public in and for the aforesaid County duly authorized to administer  
oaths Wm H. Kimber aged 58 years, a resident of Pikeville  
in the County of Bledsoe and State of Tennessee

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

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

I never served any military or  
naval service of the United States  
prior to July 20<sup>th</sup> 1862,  
nor since.



Post-office address is Pikeville Tennessee  
further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned  
in its prosecution.

Wm H. Kimber  
(Signature of Affiant)

Witnesses by mark two persons who write sign here.

*149,638 B*

ADDITIONAL EVIDENCE

CLAIM OF

*Wm. H. Kimber*  
*and Betty Winn Hardy*

AFFIDAVIT OF

*Jewell C. ...*

*149,638 B*

RECEIVED  
FILED  
JUN 16 1895  
WESTERLAND  
J. L. ...  
CLAIMS and ...  
70 ...  
WASHINGTON, D. C.

Printed and sold by J. F. ...  
63 D Street, Washington, D. C.

STATE OF Tennessee, COUNTY OF Blount, 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 \_\_\_\_\_

\_\_\_\_\_ erased, and the words \_\_\_\_\_

\_\_\_\_\_ added, and acquainted him

with its contents before I 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.

S. D. Gentry  
(Official Signature)  
Notary Public  
(Official Character.)

[L. S.]

I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who has signed

his name to the foregoing declaration and affidavit, was, at the time of so doing \_\_\_\_\_

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 seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 189 .

[L. S.]

Clerk of the \_\_\_\_\_

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

# GENERAL AFFIDAVIT.

State of Tennessee, County of Bedford

In the matter of William H. Kimber for  
Invalid Pension 2nd Batt. Minn Lt. Artly

ON THIS 30<sup>th</sup> day of Oct, A. D. 1899, personally appeared before me  
Notary Public

in and for the aforesaid County duly authorized to administer  
oaths W. H. Kimber aged 68 years, a resident of Bedford

in the County of Bedford and State of Tennessee

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

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

I was not in the military or naval  
service of the United States prior to  
February 12th 1862

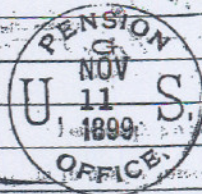
nor I was not in the either services  
above noted subsequent to Aug. 16<sup>th</sup>  
1865

His Post-office address is Bedford Tenn

further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned  
in its prosecution.

William H. Kimber  
(Signature of Affiant)

Affiant's name by mark two persons who write sign here.



ADDITIONAL EVIDENCE

CLAIM OF

*Wm. H. Kimber*  
*Lord Catty, Miss Grant*

AFFIDAVIT OF

*Wm. H. Kimber*

*Involuntarily Pension Act*

*Oct 10 1899*

WESTERN - S  
NOV 13 1899

NOV 8 1899

FILED DIVISION - B

J. I. McFARLAND,  
CLAIMS and PATENTS,  
723 Corcoran Building,  
WASHINGTON, D. C.

Printed and sold by J. F. BRADY, Claim Blank Printer,  
22 D Street, Washington, D. C.



State of Texas

County of Bledsoe

SUBSCRIBED AND SWORN TO before me, this 28 day of July, 1923

and I hereby certify that I read the contents of the foregoing affidavit to said affiants including the words

A. T. H. D. & Co

erased

and the words D. & Co

added and thoroughly acquainted Them with its contents before

the same was executed. I further certify that I am in nowise interested in the claim

nor concerned in its prosecution, and that said affiants are personally known to me and

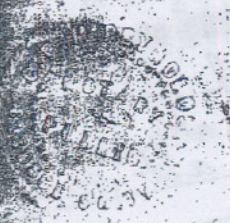
are credible person S

G. R. McReynolds

Official Signature

Notary Public

Official Character



# GENERAL AFFIDAVIT

TWO WITNESSES

State of Tennessee County of Blount

In the Matter of Margaret J. Kinder and William J. Kinder  
vs W. O. 9307101 act May 1st 1930

ON THIS 23rd day of July A. D. one thousand, nine hundred  
and Twenty Three personally appeared before me, a Notary Public

within and for the County and State aforesaid, duly authorized to administer oaths

D. F. Hudson aged 64 years  
a resident of No. \_\_\_\_\_ Street Route 5, Pikeville

County of Blount State of Tennessee

and R. H. Hudson aged 54 years

a resident of No. \_\_\_\_\_ Street, Route 5, Pikeville

County of Blount State of Tennessee

well known to me to be reputable and-entitled to credit, and who, being duly sworn according to law, declare in relation  
to the aforesaid case as follows:

D. F. Hudson deposes and states that he resides  
in site of the claimant- and (not over three hundred  
yards) that he has lived a neighbor for years  
the children of claimant bought a farm  
my farm Nov. 1887- & the children & daughter  
had lived on same farm way since  
he further states the children & claimant were  
never divorced - but they lived together  
continuously from 1887 (Nov) - children & claimant  
was recognized by every person in the whole  
community who knew them up to the death  
of claimant - as husband & wife

R. H. Hudson deposes and states that he  
claimant bought an adjoining farm to same Nov  
1887 and they were never divorced - but  
fact they are now & are recognized as  
wife since 1887 - and he further states  
claimant lived continuously to the death  
of claimant - no children & no  
since 1887 - & have known claimant

We certify that we are not interested in the prosecution of this case.  
Our post office address is Pikeville Route 5 - Tennessee

D. F. Hudson  
R. H. Hudson

Signature of witness

If Affiant signs by mark two persons who write sign here.

ADDITIONAL EVIDENCE

TWO WITNESSES

CLAIM OF

Mary and J. Kinber  
William H. Kinber

CO. 2 Indpt Batty

REC. Major L. Art

VOLS. W.O. 1207101-

ACT OF May 1st 1920

FOR PENSION

AFFIDAVIT OF

D. F. Hanson  
R. P. Hanson

FILED BY

Howard D. Gentry  
Clemens J. ...

STATE OF Minnesota COUNTY OF Otter Tail ss.

SUBSCRIBED AND SWORN TO before me, this 25th day of August, A. D. 1923

and I hereby certify that I read the contents of the foregoing affidavit to said affiant including the words

..... erased,

and the words.....

added and thoroughly acquainted..... with its contents before

the same was executed. I further certify that I am in nowise interested in the claim nor

concerned in its prosecution, and that said affiant is personally known to me and is a cred-

ible person.....

*JNO G. PETERSON*

JNO G. PETERSON, Notary Public,  
Otter Tail County, Minn.

My Comm. Expires Aug. 30, 1928.

# GENERAL AFFIDAVIT

STATE OF Minnesota COUNTY OF Otter Tail ss.  
 IN THE MATTER OF Margaret J. Kimber, Wid  
William H. Kimber, Warrant # 207101  
vs. J. S. Supt. Batty, Minn. L. art. No. 11307  
 ON THIS 25th day of August, A. D. one thousand, nine hundred  
 and Twenty-three, personally appeared before me, a Notary Public  
O. L. Kimber, within and for the County and State aforesaid, duly authorized to administer oaths,  
 aged 75 years

a resident of No. Township of Girard, Street \_\_\_\_\_  
 County of Otter Tail, State of Minnesota

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

That he knows of his own knowledge that Margaret J. Kimber and  
 William H. Kimber of the Township of Leavenworth, Brown County and  
 State of Minnesota, lived together as husband and wife from the  
 year 1879 to the year 1887 when they left the state of Minnesota  
 for Tennessee.



I certify that I am not interested in the prosecution of this case.  
 My office address is Battle Lake, Minnesota.

If Affiant signs by mark, two persons who write sign here. O. L. Kimber  
 Signature of witness.

D. F. O. Printer, Peoria Ill.

ADDITIONAL EVIDENCE

Claim of

Margaret J. Kibber wid.  
William J. Kibber

CO. 2nd Inf. Batt.

REGT. 1st Art.

VOLS. 97

ACT OF May 1st 1920

FOR PENSION

Affidavit of

O. L. Kibber

Filed by

Geo. B. Gentry atty.  
C. Bensville Schreiber

STATE OF Minnesota COUNTY OF Otter Tail

SUBSCRIBED AND SWORN TO before me, this 25th day of August,

and I hereby certify that I read the contents of the foregoing affidavit to said affiant including the words

and the words

added and thoroughly acquainted with its contents by

the same was executed. I further certify that I am in nowise interested in the claim or

concerned in its prosecution, and that said affiant is personally known to me and is a cred-

ible person

*W. G. Lyenson*

W. G. LYENSON, Notary Public,  
Otter Tail County, Minn.

Commission Expires Aug. 30, 1933

# GENERAL AFFIDAVIT

STATE OF Minnesota COUNTY OF Otter Tail ss.

IN THE MATTER OF Margaret J. Kimber, widow  
William H. Kimber, Jr. vs. 2 J. D. Batty,  
Miner, L. art. no. W. O. 120 74 0 1/2.

ON THIS 25th day of August, A. D. one thousand, nine hundred  
and Twenty-three personally appeared before me, a Notary Public

within and for the County and State aforesaid, duly authorized to administer oaths.

Edith Bicker aged 77 years,  
a resident of No. Township of Girard, Street

County of Otter Tail State of Minnesota

well known to me to be reputable and entitled to credit; and who, being duly sworn according to law, declare in relation to  
the aforesaid case as follows:

That she was present at the marriage of Margaret J. Kimber to  
William H. Kimber, in Brown County, Township of Leavenworth, State of  
Minnesota, and that she knows of her own knowledge that they lived as  
husband and wife from 1879 to 1887, when they left the state of Minne-  
sota for Tennessee.

I certify that I am not interested in the prosecution of this case.

My office address is Battle Lake, Minnesota.



Edith Bicker  
Signature of witness.

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



ADDITIONAL EVIDENCE

Claim of

Margaret J. Kimberland  
William H. Kimberland

CG

Wm. Smith Gatty

RECT

Wm. Smith Gatty

VOLE

May 10th 1920

FOR

PENSION

Affidavit of

Wm. Smith Gatty

Filed by

Wm. Smith Gatty, atty  
C. Vincelle, Treasurer

Margaret Kimberland  
to the extent  
to claimant

Marriage Certificate  
To be returned  
to claimant

State of Tennessee, County of Bledsoe, §

SUBSCRIBED AND SWORN TO before me, this 28 day of July, A. D. 1923

and I hereby certify that I read the contents of the foregoing affidavit to said affiants including the words

\_\_\_\_\_ erased;

and the words \_\_\_\_\_

added and thoroughly acquainted them with its contents before

the same was executed. I further certify that I am in nowise interested in the claim

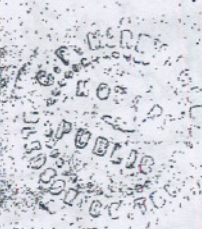
nor concerned in its prosecution, and that said affiants are personally known to me and

are credible persons. S H. P. McKeay

Official Signature.

Notary Public

Official Character.



# GENERAL AFFIDAVIT

TWO WITNESSES.

State of Tennessee County of Blount  
In the Matter of Margaret K. Kinsler, wid. William  
H. Kinsler, ex. adm. Estate, Post Light Artillery  
Wm. act May 1st 1920. No. 1007101.

ON THIS 28th day of July A. D. one thousand, nine hundred  
and Twenty Three, personally appeared before me a Notary Public

W. F. Crawford within and for the County and State aforesaid, duly authorized to administer oaths,  
aged 40 years,

a resident of No. \_\_\_\_\_ Street Pikeville, Tennessee  
County of Blount, State of Tennessee  
Route 5

and Vina Crawford aged 48 years,

a resident of No. \_\_\_\_\_ Street, Pikeville, Route 5  
County of Blount, State of Tennessee

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

W. F. Crawford deposes and says that he  
was present when the Soldier William  
H. Kinsler died. Soldier's death occurred  
May the 7th 1923 - at 9 o'clock a.m. by the  
at Soldier's residence. Affiant further states  
that he said the Soldier lived May 20th 1923.

Vina Crawford  
deposes and states that she was present  
when Soldier William H. Kinsler died  
at his home May the 7th 1923  
9 o'clock a.m. Soldier & claimant were  
much devoted to each as an couple as  
seen. They were fine all people including

RECORDED  
INDEXED  
AUG 1 1923

PENSION  
AUG 2 1923  
OFFICE

We certify that we are not interested in the prosecution of this case.  
Our post office address is Pikeville, Tennessee, Route 5

W. F. Crawford  
Vina Crawford  
Signature of witness.

If Affiant signs by mark two persons who write sign here.

D. F. Cover, Printer, Peoria, Ill.

ADDITIONAL EVIDENCE

TWO WITNESSES

CLAIM OF

Margaret J. Kimball  
William J. Kimball

CO. 2<sup>d</sup> Indpt. Batts.

REGT. Minn. S. Art.

VOLS. Wid on Division

W.D. 12.0.7.01

ACT OF May 1st 1920

FOR PENSION

ATTEST

Wm. C. Crawford  
Verna Crawford

FILED

Her. S. Gentry  
E. Versville, Tenn.

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

2. If a member of his (or her) family rendered such service, is such member living or dead?

Answer: No one rendered such service

3. If the claimant rendered such service, state whether he (or she) is in receipt of, or has ever applied for compensation or training pay thru the Veterans Bureau. If so, give the number of the claim used by the Veterans Bureau.

Answer: \_\_\_\_\_

4. If a member of his (or her) family rendered such service and is deceased, state whether the applicant for pension is in receipt of or has ever applied for compensation thru the Veterans Bureau on account of such service and death. If so, give the number of the claim used by the Veterans Bureau.

Answer: No one applied my husband too old & since dead.

Margaret J. Hirstler  
(Signature)  
Pikesville Tenn  
(Address)

State of Tenn  
County of Bledsoe

Subscribed and sworn to before me this 12 day of Oct 1923

C. P. McRaynes  
(Signature)  
Notary Public  
(Official Character)  
Pikesville Tenn  
(Post-office or address of Officer)

( L S )

W.D. No. 1207101

M 2

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON

William H. Kimmel  
2 Indpt. Batt. Minn. Lt. Col.

August 24, 1923

Steve D. Gentry, Atty.  
Evansville,  
Tennessee

Sir:

In this claim there is required the statement of the claimant, under oath, giving the information indicated herein. EACH QUESTION SHOULD BE FULLY ANSWERED AND SWORN TO before a Notary Public or some officer authorized to administer oaths for general purposes. Prompt response is requested in order that the claim may not be delayed.

Washington - Gardner  
Commissioner.

1. Did the claimant or any member of his (or her) family serve in the Army, Navy or Marine Corps of the United States between April 6, 1917, and February 9, 1922? If so, state the name under, the designation of the organization in (or the names of the vessels on), which such service was rendered, with dates or approximate dates of enlistment and discharge.

Answer: No member of my family served in the army, or navy or marine corps of the United States between April 6, 1917 to 9-2-1922

U.S. OFFICE  
OCT 17 1923

NOTE: The term, "family" includes: Child, legally adopted child, step-child, father, mother, stepfather, stepmother, father and mother thru adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.

(OVER)

2. If a member of his (or her) family rendered such service, is such member living or dead?

Answer: No one rendered such service

3. If the claimant rendered such service, state whether he (or she) is in receipt of, or has ever applied for compensation or training pay thru the Veterans Bureau. If so, give the number of the claim used by the Veterans Bureau.

Answer: \_\_\_\_\_

4. If a member of his (or her) family rendered such service and is deceased, state whether the applicant for pension is in receipt of or has ever applied for compensation thru the Veterans Bureau on account of such service and death. If so, give the number of the claim used by the Veterans Bureau.

Answer: No one applied my husband too old & since dead.

Margaret J. Hirstler  
(Signature)  
Pikesville Tenn  
(Address)

State of Tenn  
County of Bledsoe

Subscribed and sworn to before me this 12 day of Oct 1923

C. P. McRaynes  
(Signature)  
Notary Public  
(Official Character)  
Pikesville Tenn  
(Post-office or address of Officer)

( L S )



*James M. Reiter*  
1925/23. 3-202  
BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS.

*Oct. 25*, 192*3*  
No. Claim, *14207, 101*

Cert. No. \_\_\_\_\_

Claimant, \_\_\_\_\_

Soldier, *Kimber*

Service, \_\_\_\_\_

Respectfully  
*A Chief Widow's*  
*Division for Com-*  
*pliance with slip*  
*under date of Oct.*  
*25<sup>th</sup> herewith.*

*Spull Doger*  
*Rev.*

*S. A. Cuddy*  
Chief, Board of Review

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,

October 25, 1923

No. Claim, 1207101.

Cert. No.

Claimant,

Soldier, Kimber.

Service,

Respectfully To Mr. Folger, Rev.,  
Mr. Van Loan, Section Chief.

The attorney who filed this claim  
and the evidence is not recognized  
on the brief face but should be.

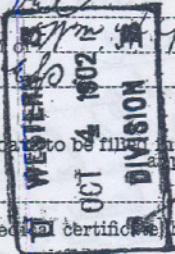
The two affidavits, hereto  
attached, of Edith Ricker and  
O. L. Kimber filed September 4,  
1923, were found in the  
case jacket. The claim  
should be returned to the  
Widow Division for proper  
briefing - the inclusion of  
the affidavits in the brief.

J. M. McCloy  
Per Rev.  
Chief, Board of Review.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. John, Dr. William, and Dr. John were personally present and actually participated in the examination of Kimberly the claimant in this case, on 3rd day of Oct, 1902



(Signature.)

J.R. Gilman

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1902"

Witnesses to mark.

(Signature of Applicant.)

9-141  
has Nov. 1

3-287

W.O. No. 1207101

ACT OF MAY 1, 1920.

### WIDOW'S PENSION.

Claimant Margaret J. Kimber Soldier William H. Kimber  
 P. O. R. R. #5 Sailor  
Pikeville Service Private  
2 Battery, Minnesota L.O.  
 County Blount, State Tennessee  
 Rate, \$ 30 per month, commencing June 25, 1923

and \$ \_\_\_\_\_ per month \_\_\_\_\_ additional for each child,  
 as follows:  
 All pension to terminate \_\_\_\_\_, 1 \_\_\_\_\_, date of \_\_\_\_\_  
 Payments on all former certificates covering any portion of same time to be deducted.

<u>None</u>	Born _____	Commencing _____
	Sixteen _____	Commencing _____
	Born _____	Commencing _____
	Sixteen _____	Commencing _____
INCREASED TO \$40 PER MONTH FROM	Born _____	Commencing _____
JUNE 4, 1928 - ACT MAY 23, 1928	Sixteen _____	Commencing _____
<u>JUL 30 1928</u> <u>from</u>	Born _____	Commencing _____
	Sixteen _____	Commencing _____
	Born _____	Commencing _____
	Sixteen _____	Commencing _____
	Born _____	Commencing _____
	Sixteen _____	Commencing _____
	Born _____	Commencing _____
	Sixteen _____	Commencing _____

#### RECOGNIZED ATTORNEY.

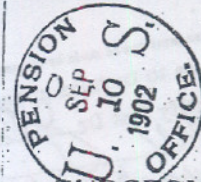
Name Steve D. Gentry Fee, \$ 10.00  
 P. O. Evensville, Tennessee

#### APPROVALS.

Submitted to Adm. Oct 19, 1923; Examiner J. Gray  
 " " Adm. Oct. 29, 1923 " J. Gray

Approved for Admission  
under Act of May 1, 1920.

<u>Oct 23, 1923</u> <u>Am. Draper</u> <u>Oct 30, 1923</u> Reviewer	<u>Oct. 30, 1923</u> <u>Drummond</u> Reviewer
The soldier was <u>not</u> pensioned at \$ <u>50.00</u> per month under <u>May 1, 1920</u>	
Enlisted <u>February 20, 1862</u>	Clt's app'n under other laws <u>None</u> , 1
Discharged <u>August 16, 1865</u>	Former marriage of soldier <u>None</u> , 1
Reenlisted <u>No other service</u>	Death } of former wife <u>None</u> , 1
Discharged _____, 1	Divorce } of former wife _____, 1
Invalid claim filed <u>November 11, 1891</u>	Former marriage of claimant <u>None</u> , 1
Died <u>May 19, 1923</u>	Death } of former husband <u>None</u> , 1
Widow's claim filed <u>June 25, 1923</u>	Divorce } of former husband _____, 1
Claimant does _____ write.	Clt's marriage to soldier <u>November 6, 1870</u>
	Clt's <u>not</u> remarried <u>not divorced</u>



SURGEON'S CERTIFICATE

IN CASE OF

Wm H. Kimber

Co. 2nd Bldg Minna L. A.

APPLICANT FOR Original

No. 1070885

DATE OF EXAMINATION:

Sept 3<sup>rd</sup>, 1902

F. M. Tague, Pres.,

W. Simpson, Sec'y,

G. J. Abbe, Treas.,

BOARD.

Post office, Dayton

County, Rhea

State, Tenn

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

G.S.A.

# SURGEON'S CERTIFICATE.

Insert character and number of claim. Original Pension Claim No. 1070585  
 Name of claimant. Wm H Kimber Address Dayton P. O.  
 Company Regt Major Lt Arthur Board Army State.  
 Claimant's post-office address. Ridgeville, Bladensburg, Md Sept 3, 1902  
[Date of examination.]  
 Cause of disability. Rheumatism, lamis back, stiffness of hand from rising piles, disease of heart and lungs.  
 He receives a pension of \_\_\_\_\_ 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 disability 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: I have had rheumatism for twenty five years, my lamis back due to rheumatism, cough weakness, my hand stiffened from palmer abrasion. I have had piles twenty years. My heart and lungs are diseased.

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, Michigan; age, 61 years; height, 5-10; weight, 140 pounds; complexion, light; color of eyes, blue; color of hair, gray; occupation, farmer; permanent marks and scars other than those described below, None

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

Pulse rate, 72-86-100; respiration, 25-26-28; temperature, 98 3/4;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
 Rheumatism. All corresponding measurements from left arm and leg are painful to pressure over muscles, elbow, hip & knee joints, movements of left arm limited in an upward and backward movement, left leg is limited in flexion at knee and hip joints. The anterior thigh muscles are rigid and show no movement.  
 Heart. Apex one inch to left of normal, 4 1/2 of dulness two inches to left, Jaunces from musculo, but decreased, heart hypertrophied & dilated result of rheumatism, no edema or cyanosis, but dyspnea on exercise, the lamis back due to muscular rheumatism.  
 Lungs. Measurements 32-34-35 circumference and percussion shows bronchi, lungs and pleura to be normal, no pleuritic effusions or adhesions, no chest expansion or hemoptysis.  
 Stiffness of hand from rising. Applicant is unable to completely close ring and little finger of left hand as result of contraction from palmer abrasion. He can grasp such things as plow or by hand, but can not grasp index finger of axonim, catch his little finger.  
 Piles. One small internal tumor on left lateral wall anus, sigmoid bleed, sphincter spasm and indicates prolepsis of rectum, of which he complains after an action of bowels, fecundation normal.  
 We find the aggregate permanent disability for earning a support by manual labor due to rheumatism, disease of the heart, stiffness of index and little finger of left hand and piles not due to vicious habits and warrants a rate of \$8. (Eight dollars)

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 therefor.

F. M. Gage, Pres. J. R. Gump, Sec'y. J. L. Abel, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 2-111, p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. J. C. Charnack, Dr. J. G. Willis, and Dr. J. F. Abel, were personally present and actually participated in the examination of William H. Deiber the claimant in this case, on 4<sup>th</sup> day of April 1900.

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_."

(Signature.)

*[Faint, illegible handwritten notes and signatures in a rectangular box, possibly a stamp or a separate document.]*

*K* | 2 Indpt. Battery. | Minn.

*William H Kimber*  
2, Indpt. Batt'y, Minnesota Light Art'y.

Appears on  
**Battery Descriptive Book**  
of the organization named above.

DESCRIPTION.

Age *21* years; height *5* feet *9 1/2* inches.  
Complexion *Light*  
Eyes *Gray*; hair *Light*  
Where born *Berwood Mich*  
Occupation *Farmer*

ENLISTMENT.

When *Feb 20*, 1862.  
Where *H Snelling*  
By whom *Capt. Hutchins*; term *3* y'rs.  
Remarks: *Discharged*  
*Mar 25 - 1864. Re-enlisted*  
*vervol Mar 25 - 1864*  
*G.O.W.D. 191. Series 1863.*

*Cameron*

(388a) Copyist.

*K* | 2 Indpt. Batt'y. | Minn.

*Wm H Kimber*  
*Cur*, 2 Indpt. Batt'y, Minnesota L. Art'y.

Age *23* years.  
Appears on **Batt'y Muster-out Roll**, dated  
*H Snelling Mich Aug 16, 1865.*  
Muster-out to date *Aug 16, 1865.*  
Last paid to *Aug 31, 1864.*

Clothing account:  
Last settled *Mar 22, 1864*; drawn since \$ *36.45*  
Due soldier \$.....100; due U. S. \$.....100  
Am't for cloth'g in kind or money adv'd \$.....100  
Due U. S. for arms, equipments, &c., \$.....100  
Bounty paid \$ *110* 100; due \$ *290* 100  
Valuation of horse, \$.....100  
Valuation of horse equipments, \$.....100  
Remarks: *U. S. originally mustered*  
*Mar 21/62. Retained his Knapsack*  
*and Haversack & Canteen*  
*per G.O.W.D. 114 dated June 15/62*  
Book mark: .....

*Corians*

(361) Copyist.



A | 2 Indpt. Battery. | Minn.

William H. Kimber  
Priv, 2 Indpt. Batt'y, Minn. L. Art'y.

Appears on  
**Battery Muster Roll**

for Mar & Apr 1865  
Present or absent Present

Stoppage, \$ 100 for

Due Gov't \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Due \$100 being 3<sup>d</sup> + 4<sup>th</sup> installments Vet Vol  
Company

Book mark:

Conant  
Copyst.

K | 2 Indpt. Battery. | Minn.

Wm H Kimber  
Priv, 2 Indpt. Batt'y, Minn. L. Art'y.

Appears on  
**Battery Muster Roll**

for Jan & Feb 1865  
Present or absent Present

Stoppage, \$ 100 for

Due Gov't \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Due \$50. being 3<sup>d</sup> installments  
Vet Vol being

Book mark:

Conant  
Copyst.

K | 2 Indpt. Battery. | Minn.

Wm H Kimber  
Priv, 2 Indpt. Batt'y, Minn. L. Art'y.

Appears on  
**Battery Muster Roll**

for Mar & Dec 1864  
Present or absent Present

Stoppage, \$ 100 for

Due Gov't \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Due \$50. being 3<sup>d</sup> installments  
Vet. Vol. Company.

Book mark:

P.A. Evans  
Copyst.

K | 2 Indpt. Battery. | Minn.

William H. Kimber  
Priv, 2 Indpt. Batt'y, Minn. L. Art'y.

Appears on  
**Battery Muster Roll**

for Sept & Oct 1864  
Present or absent Present

Stoppage, \$ 100 for

Due Gov't \$ 100 for

Valuation of horse, \$ 100

Valuation of horse equipments, \$ 100

Remarks: Due \$50. being  
the 3<sup>d</sup> installments Veterans  
Volunteer Company.

Book mark:

P.A. Evans  
Copyst.

*Kimber, William H.*

Co. **2 Batty** Minn. L. A.

*4* Enclosures.

Bed Cards .....	Final Statements .....
Burial Records .....	Furloughs or L. of A. ....
Certs. of Dis. for Discharge .....	Med. Certificates .....
C. M. Charges .....	Med. Des. Lists .....
Descriptive Lists .....	Orders .....
Discharge Certificates .....	Pris. of War Record .....
Enlistment Papers .....	Resignations .....

Other papers relating to—

Admission to Hosp'l .....	Furlough or L. of A. ....
Casualty Sheet .....	Med. Examination .....
Confinement .....	Misc. Information .....
Contracts .....	Pay or Clothing .....
Death or Effects .....	Personal Reports .....
Desertion .....	Rank .....
Discharge from Hosp'l .....	Transfer to Hosp'l .....
Discharge from Service .....	Transfer to V. R. C. ....
Duty .....	Transportation .....

*Ref. Files 1*