

State of Tenn., County of Columbia, ss:

In the matter of Hiram Arner, G. C. 178" Regt
Ta. drafted militia No. 921, 4-15

Personally came before me, a Justice of the Peace in and for aforesaid County
and State, Hiram Arner, aged 49 years

and _____, aged _____ years

citizen of the Town of Marshall, County of Seymour, State of
Ta.
Post-Office address.

_____ well known to me to be reputable and entitled to credit, and who,

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

That he is the claimant above named.
His disabilities are Catarrh, Bronchitis
and disease of the stomach. He can
not say when or where exactly he contracted
Catarrh and Bronchitis. They were of
gradual growth - but in January 1890
he had the "grip" which greatly aggra-
vated his disease. He has had dyspepsia
for many years. In the last fourteen
months he has not been able to do
any work at all. He has not been in the
militia or naval service of the United States
since July 27, 1862. He was in the field
hospital at Yorktown, Va, for about eight
weeks, about the latter part of 1862, for strains
and he immediately after his return from the
service he was sick for three months, result of
exposure. He has been more or less unwell
ever since. He is now unable to do any
manual labor; he believes his disabilities
to be of permanent character, and they
are not the result of vicious habits.

_____ further declare that _____ no interest in said case, and _____ not con-

cerned in its prosecution.

1. _____
2. _____

} Hiram Arner
Signature of Affiant.

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark, (t,) two persons who can write must attest the signature by signing their names opposite.
The official before whom papers are executed is not a competent witness to a mark.

10-29/22

Did any member of your family serve in the World War? *One of my grand sons was out in the service France*

If so, state here their names and the service rendered by each, and whether living or deceased *and one of my*

Wife's boys was out and got killed

it would come very good to me to get little more pay

Have you applied for or are you in receipt of compensation by reason of service of any member of your family in the World War? *no now for my eyes is very hot and not able to labor*

If so, give number of the claim for compensation and am good bit of sick family

Name *William H. Arner*

Number of pension certificate *709686*

(OVER)

✓ *10/29/22*

Andrews Ex'r. [3-216 a.]

No. *421415*

Act of June 27, 1890.

William Arner,
P. O. *Napwollopen,*
Suzerne Co. Pa,
Service: *Pri. C. 178 Pa. Inf*

Enlisted: *Oct. 27* , 18 *67*
Discharged: *July 27* , 18 *66*
Application filed: *Aug. 19* , 18 *90*
Alleges:

Any other Claim filed: *no*
12/229
Numerical No. *361745,*

Attorney: *W. E. Smith,*
P. O. *Berwick,*
Pa,

Recognized, Contract.

Cert. of Dis. Searched for , 18

ACT OF JUNE 27TH, 1890.

DECLARATION FOR INVALID PENSION.

To be executed before a court of record or some officer thereof having custody of its seal.

STATE OF Pennsylvania }
COUNTY OF Eugene }

On this 29th day of July, A. D., one thousand eight hundred and ninety
personally appeared before me, A Justice of the Peace of the Peace Court; a court of
record within and for the county and State aforesaid Hiram Arner
(claimant's name.)

aged 49 years, a resident of Nesquehoning county of Eugene
State of Pennsylvania who, being duly sworn according to law, declares that he is the identical
Hiram Arner who was Enrolled on the 27th day
(Claimant's name here.)

of October 1862 in Company to 178 Regiment Pennsylvania
(Here state rank, company and regiment in Military service, or vessel if in the navy.)

Drafted Man to serve nine months
in the War of the Rebellion and served at least ninety days, and was Honorably Discharged

at Harrisburg on the 27th day of July 1863

That he is partially unable to earn a support by reason of Fractured Ankle

disease of Stomach
(Here name the diseases or injuries from which disabled.)

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief
permanent. That he has not applied for pension under application No. That he
(If you have applied for pension state No. of claim here.)

is a pensioner under Certificate No.
(If a pensioner the Certificate number only need be given. If not, give the number of the former

application if one was made.) If you have never applied for pension leave all spaces blank after the word permanent down to the following line.

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 JUNE, 1890.

He hereby appoints J. B. CRALLE & CO., U. S. Pension Attorneys, Cralle Building, 108 C Street,
N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim. That his Post Office

address is Nesquehoning county of Eugene

State of Pennsylvania

Hiram Arner
(Claimant's signature.)

Attest

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

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

Insert character and number of claim. Original Pension Claim No. 921415
(State above whether for original, increase, or restoration.)
Name and rank of claimant. William Armer, Rank, Private
Company "E", 170 Reg't Inf Div Malheur Base Pa State, Pa
Claimant's post-office address. Maple Hill, Luzerne Co Pa [Post-office address of the Board.]
June 17, 1891. [Date of examination.]

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

Cause of disability. in the service, viz: Bronchitis; disease of stomach

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original.
[Original, increase, restoration, &c.]
Here give the claimant's statement as briefly and as compactly as possible.
For the past 18 months he has been suffering from bronchitis and disease of stomach. Both of these diseases are rapidly growing worse and in consequence of them he is now almost entirely disabled.

Here give a full description of the disability, in accordance with Book of Instructions.
Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 16; temperature, 98.4; height, 5 feet 7 inches; weight, 128 1/2 pounds; age, 37 years. He coughs frequently and expectorates a thick yellowish mucous. Moist bronchial rales can be heard at all parts of chest. Percussion reveals normal resonance. The chest measures on forced expiration 35 inches and on forced expiration 32 1/2. The mucous membrane of his nose and throat is red and inflamed. His tongue is pale, furred with and somewhat fissured. His skin is sallow and his stomach is small and tender on pressure. He is pale, anemic and very much debilitated, and emaciated. No other disability is found to exist.

Rate for EACH cause of disability. He is, in our opinion, entitled to a 6/18 rating for the disability caused by bronchitis, and 8/18 for that caused by dyspepsia, and 11/18 for that caused by general debility.

D. P. Crawford Pres. A. J. Barrett, Sec'y. A. G. Darrin, Treas.
N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

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,

G. M. Saenger

HIRAM ARNER
NESCOPACK PA
708686 AOT MAY



FOLD HERE.

No. 1. Date and place of birth? *Answer. April 18, 1841, Nescopeck Twp*
 The name of organizations in which you served? *Answer. Co (C) 178 Regiment 2nd Ill*

No. 2. What was your post office at enlistment? *Answer. Nescopeck, Luzerne Co, Pa*

No. 3. State your wife's full name and her maiden name. *Answer. Mary Arner nee Hubbs*

No. 4. When, where, and by whom were you married? *Answer. June 7, 1900, Sullivan Co, Pa, by Rev. Stinger*

No. 5. Is there any official or church record of your marriage?
 If so, where? *Answer. Marriage license, In Lafayette Sullivan Co Pa*

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. Mrs. Sarah E. Wilsh, Dec 5, 1867, Nescopeck Pa, died July 8, 1897. None*

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. John Reinhart, June 26, 1870, He died March 3, 1887, Never was a soldier or sailor*

No. 8. Are you now living with your wife, or has there been a separation? *Answer. I am now living and always have lived since marriage*

FOLD HERE.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer. All the children of my first wife are grown the age of 46 and no children with the second wife*

Date *March 29, 1915*

(Signature) *Hiram Arner*

21

3-402.

Certificate No. 709,686
Name, Ernest Hiram

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

Chapin
Wallop
Luzerne
Pa

McKay
Brand
Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. No. Wife Dead, Sarah E. Amer - Sarah E. Helsh

Second. When, where, and by whom were you married?

Answer. Dec 3rd 1867, at Berwick Pa by Rev. Fox

Third. What record of marriage exists?

Answer. Certificate

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. No

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Ida A. E. Amer Dec 7, 1868, Henry J. Amer, Dec 21, 1870
Jennie F. Amer, Apr 11th 1873, Mary M. Amer Sept 1st 1875;
Emma J. Amer Mar. 4th 1878, Robert E. Amer, Jan 21, 1880,
Ernest S. Amer June 16th 1884

Date of reply, May 4th, 1898

Hiram Amer
(Signature.)