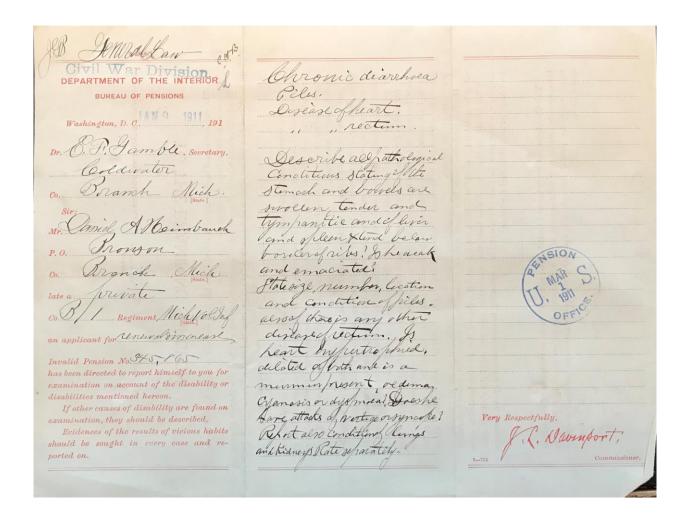
### Daniel Himebaugh Pension File 1910-1919

	FROM THE OTHER SIDE.
Subscribed, sworn t	to and acknowledged before me this 27 day of December
	19.2., and I hereby certify that the contents of the above declaration and
	power of attorney were fully and truly made known and explained to the
Declaration att. S.]	applicant and witnesses before swearing to the same; and that Janel
power of attorney valid	O Xfeinbouch acknowledged the signing and sealing of the power of
as to execution.	attorney to be his free act and deed for the purposes herein named. I further
S. A. Guddy,	certify that I have no interest, direct or indirect, in the prosecution of this claim.
Chief, Law Division.	In chard Corrord
per S W M	Signature of Magistrate.
	2 Lofficial title of Magistates 1 2 2 16 16 16 16 16 16 16 16 16 16 16 16 16
NOTE at This paper m	Signature of Agriculture of Agriculture.  Notary Official title of Magistrate.  My be executed before any officer authorized to admissible oaths for general purposes. Certificate of Clork of Court ched but will be procured when called for. In numbrous instances the official character of the Notary or Magistrate.
	ched but will be procured when called for. In numerous instances the official character of the Novary or Magus- ficially known at the Pension Bureau, and in that says the fact should be stated.
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INVALID IN for Pen	System of Claims and Paten per Roll, MICHIGAN
	Sign of the second of the seco
INVALID Claim for Pension	Ctf. No. 34

3-1638.

INCREASE
Cert. No. 345.865 Daniel & Hembouch
P. O.,
County,
State,
Application filed Dec 30, 190
Service, B. 1. Mich, Inf
Jany 4/11 Inea Sio HHS
Gd Coldwater, Mich.
athy Welch my
Attorney,
P. O.,
County, , State,





# TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Two orders for examination are issued, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

- (2) If the order to a surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.
- (3) Orders for examination are generally valid for three months from the date of same. They should, however, be kept until the first meeting of the board following the expiration of the three months limit, when, if the claimant appears, he should be examined. Should he not appear at this session, the order should be indorsed, "Claimant failed to appear within specified time," dated, and returned to the Bureau.
- (4) No examination made by a single member of a board will be accepted, unless such examination is made upon a special order from the Bureau. It is desired that all examinations be made by a full board; but if one member is absent, the examination may proceed if the claimant signs the proper waiver upon the back of the certificate, consenting to an examination by two members. (See forms on back of Medical Certificate.)

This Circular must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.

6-755

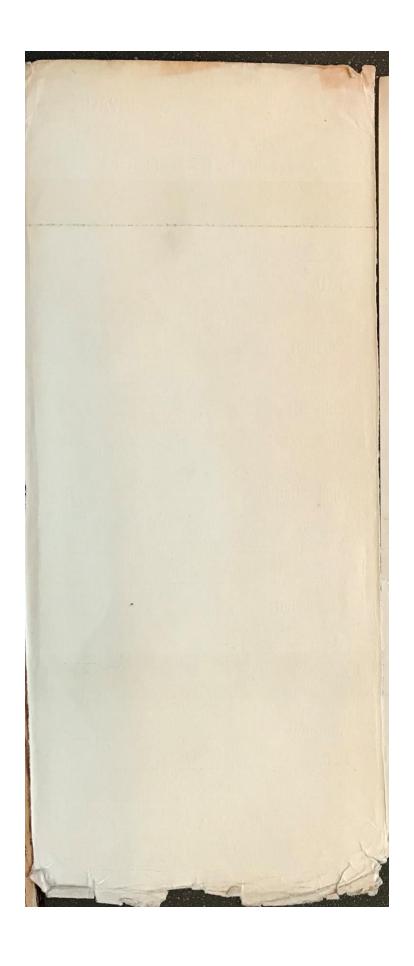
Birilwar Div. 3-338. Mt. J.
Department of the Interior,
BUREAU OF PENSIONS,  WASHINGTON, D. C., 190  CNo. 345 PGS
Mr. Daniel A Meins Vanch
You are hereby directed to report in person
For a medical examination to the Board of Examining Surgeons Jamble's office
(Strand No.) Stave Block Town, Colonator
County, Branch, State, Mich. within three months from date hereof.
The Board meets at o'clock O.M.
Wednesday in each month.  Read the instructions on the back of this slip, and return it with the date of examination noted below by the secretary of the board making the examination.  Very respectfully,
Maries
Commissioner.
Dr. Dr.
Dr. E. E Hancock, and
members of the Board, this
6.7. Jacoble 1997
Secretary.
P. O.: Detrot, Mich.

(increase or original) pension referred to in this medical certificate, hereby gonsent to be examined by present, he may, if he desires, refuse to be examined, and appear later before the full board. Should he be willing to proceed without a full board, the Secretary of the Board shall specify by name on the certifiinations by boards of surgeons. When a claimant ordered before a board finds less than a full board The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examand Dr

the examining surgeons here present."

examination by a full board.

By such certificate the claimant will be held to have waived the privilege of the statute relative to



SURGEON'S CERTIFICATE.
Insert character and number of claim No. 3 4 5, 8 6 5.
ant or chair. Nauvel W. Hermbarch. 11 (Pallet +
Claimant's post-office address - Browson Wichigan We Board The State.
Office address.   Trouson Weigan.   Tet (Date of Pamingform)   196/ 2
Names of disa- disease Dreetum.
Howaring 13-00
Here give the He makes the following statement in regard to the origin of his disabilities and date when first
briefly and as compactly as 1 100 1863
possible) in re- (1860. 1863; Wisease of heart. Soon after war'' again to the date of origin and cause of this dis-
abilities and the manner in the high state of the manner in the manner i
weight / 3-7
color of hair, gray ; occupation, Larue ; permanent marks and
scars other than those described below,
P. C.
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with Book of Instructions.
separate para- graph for each
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and stonger touch and bound on the land the
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treflammed and disposed to bleed and wherate.
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Then rates are
Then rates are recommended solely on sub- jective evi- dence the
dence the strongest reasons must be given therefor,
SHWood, Pres. & Gambh, Secy. & E. Hangon Treas.
SHWood , pres of gambh , soc'y. E & Hanson Treas.

Certificate No. 245 865 Renewal & Incuare INVALID PENSION claimant, Daniel A Brimbauch Bromon Private Rank, Branch County, \_\_ Company, Regiment, 1 Michigan bol Inf Rate, \$ \_\_\_\_\_ per month, commencing Pensioned for france diarrhoeg toiles fresulting desease of rection theart RECOGNIZED ATTORNEY. Hrnry A Holch Fee, \$ 2; Agent to pay. Articles filed .... APPROVALS. Submitted for \_ Approved for Ver enal muder Approved for Zenena the general lam for chro chronie dian hoea & files a Piles and resulting cases disease oprectume & Signif files au Selmary 1.1911 heart (old) fucrease pending. leducting Subse of pain the role March 9, 1911, Chas Bluse March 10", 19 disted day 20, 18.62 Discharged Jony 28, 63 Last paid to massioned at & //f per month for throngs diarrhose mapiles and tresulting disease of recluir and he are Now 11 at 415 Act Rebi 6. 1900 Declaration filed Dep 30 , 1710, alleges moreon 700. M. C. Claimant does \_\_\_\_\_ write.

### DECLARATION FOR PENSION.

THE BEASICN CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.
min
State of Much, county of Dranch, 88:
On this 20 day of May , Ap one thousand nine hundred and Irrelies , personally
appeared before me, a Polary Gable within and for the county and State aforesaid,
Daniel a Hermbanch who, being duly sworn according to law, declares that he is 72
years of age, and a resident of Branch, county of Branch,
State of the state of the state of the identical person who was enrolled at Burn Gake
much , under the name of January a Hermbanch,
on the 20 day of Jannary, 18/2, as a Privale, in a B
(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 (State name of war, Civil or Mexican.)  (State name of war, Civil or Mexican.)
at in the Field Va on the 28 day of Jan 1865
That he also served
(Here give a complete statement of all other services, if any.)
2 1886 r.
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 / inches; complexion, Francisco ; color of
eyes, Blyl; color of hair, Lighth; that his occupation was Farmer; that he
was born June 1 1839, at Do ckpork 17, 9
That his several places of residence since leaving the service have been as follows: Bronson Mack
That his several places of residence since leaving the service have been as follows: Dunium file the
(State date of each change, as nearly as possible.)
21,00115
That he is a pensioner under certificate No. 345,865. That he has applied for pension under original
No. 9 43 6 43  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 Bronson, county of Branch,
State of Mich
(1)1// (1) / tell (1) - 1 - N M R C/
Attest: (1) Act of Chairmant's signature in full.)
(2) Wages to expense
Attest: (1) At chard (Claimant's signature in full.)  (2) Loger Properties (Claimant's signature in full.)  (2) Loger Properties (Claimant's signature in full.)  (3) SUBSCRIBED and sworn to be see the signature of the state of
applicant beights earing, including the words
[4, 8] erased, and the words
and that he we no interest, directly indirect, in the prosecution of this claim.
a sold which and corrord
Notary Public,
My Commiss (Official-character.)

CLAIM FOR PENSION.

CHAIM FOR PENSION.

CHAIM FOR PENSION.

CHAIM FOR PENSION.

Service. Co. B.

Service. Co. B.

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 custod yof 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 each use's seal, his official character, signature, and term of office must be certified by the proper State, country, or city ofher under his official seal, unless such certificate has been fleed in the Bureau of Pensions for general reference.

#### ACT APPROVED MAY II, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and tourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

Claimant, Daniel	a. solimbau	ch		
P.O., Bronson Rank, Private V				
County, Branch				
State, Michigan.			chigan of	nf.
Rate, \$25 per month	h, commencing 7	ray 22.19	12	
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All	ORNEY OR STAT	E REPRESENT	ATIVE.	
Name,		Fee,	\$;	Agent to pa
P. O.,		Artic	les filed	, 19
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		91 <sup>2</sup> , <u><i>A.B.</i></u> Rate \$ <b>2.5</b> /	,	
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Rissur Ju  Length of pensionable serv.  Deductions in service from on account of	ice: 3 ye	91 <sup>2</sup> ,	months,	7 2 year
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6-3317

## DECLARATION FOR PENSION.

	THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.
	State of Mich , County of Branch
	On this 5 day of Sept, A. D. one thousand nine hundred and 14 personally
	appeared before me, a Motany Public within and for the county and State aforesaid,
	years of age, and a resident of Bronson, county of Branch
	State of Mych; and that he is the identical person who was enrolled at Colon
	Meligan under the name of Daniel of Steinbauch
	1 st Michigan Infantine (Captain Ving St. Freys, Co.)
	(Here tate rank, and company and region in the Army, or ressels if in the Mavy.) in the service of the United States, in the
Д.	at Camp in the Field, Va on the 28 day of January 1865
田田	That he also served Ms. other service (Here give a complete statement of all other services, if any.)
2	
	That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal
TAC	description at enlistment was as follows: Height, I feet I inches; complexion, Fair ; color of eyes, Blue; color of hair, Light; that his occupation was Frances : that he
7	
-	was born free 1837, at Lockport, Mayara Co,
FRTI	Was born July 1807, at an export, Mayana co
CERTI	My.
IVE CERTI	That his several places of residence since leaving the service have been as follows: Bronson Township since dis charged.
O GIVE CERTIF	That his several places of residence since leaving the service have been as follows: Bronson Township Lince discharged:  (State date of each change, as nearly as possible.)
TO GIVE CERTII	That his several places of residence since leaving the service have been as follows: Bronson Township  Since Mischarged.  (State date of each change, as nearly as possible.)  That he is a pensioner under certificate No. 3 45 865. That he has Not applied for pension under original
AIL TO GIVE CERTII	That his several places of residence since leaving the service have been as follows: Bronson Township  (State date of each change, as nearly as possible.)  That he is a pensioner under certificate No. 3 45 86 5. That he has Mok. applied for pension under original  No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of
T FAIL TO GIVE CERTII	That his several places of residence since leaving the service have been as follows: Bronson Township Since discharged (State date of each change, as nearly as possible.)  That he is a pensioner under certificate No. 3 45 865. That he has Not applied for pension under original No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is Bronson , county of Branch
NOT FAIL TO GIVE CERTII	That his several places of residence since leaving the service have been as follows: Bronson Township  (State date of each change, as nearly as possible.)  That he is a pensioner under certificate No. 3 45 86 5. That he has Not applied for pension under original  No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is Bronson, county of Branch  State of Mayagar
DO NOT FAIL TO GIVE CERTIF	That his several places of residence since leaving the service have been as follows: Bronson Township Since discharged (State date of each change, as nearly as possible.)  That he is a pensioner under certificate No. 3 45 865. That he has Not applied for pension under original No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is Bronson , county of Branch
ER, DO NOT FAIL TO GIVE CERTIF	That his several places of residence since leaving the service have been as follows: Bronson Township  Lince discharges (State date of each change, as nearly as possible.)  That he is a pensioner under certificate No. 3 45 86 5 That he has Not applied for pension under original  No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is Bronson , county of Branch  State of May 12, 1912  Attest: (1) Arguing David a Branch (Claimant's signature in full.)
ONER, DO NOT FAIL TO GIVE CERTII	That his several places of residence since leaving the service have been as follows: Bronson: Township  (State date of each change, as nearly as possible.)  That he is a pensioner under certificate No. 3 4 5 86 5. That he has Mod applied for pension under original No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is Bronson.  State of Michigan  Attest: (1)  Subscribed and sworn to before me fibs:  Subscribed and sworn to before me fibs:  Attential and subscribed and sworn and explained to the applicant before swraping, integrating the fibral and declaration were fully made known and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping, integrating the fibral and sworn and explained to the applicant before swraping.
NEIONER, DO NOT FAIL TO GIVE CERTII	That his several places of residence since leaving the service have been as follows: Browson Township  That he is a pensioner under certificate No. 3 45 865. That he has Not applied for pension under original  No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is Browson, county of Branch  State of May 12, 1912.  Attest: (1)  Attest: (1)  Subscribed and sworn to before me this address declaration were fully made known and explained to the applicant before swearing, intigating the beying the states.  That he has Not applied for pension under original No.  Claiman's signature in full.)  Subscribed and sworn to before me this address declaration were fully made known and explained to the applicant before swearing, intigating the begins  and that I have no interest address or indirect, in the prosecution of this claim.  Added;  and that I have no interest address or indirect, in the prosecution of this claim.
PENSIONER, DO NOT FAIL TO GIVE CERTII	That his several places of residence since leaving the service have been as follows: Browson Township  That he is a pensioner under certificate No. 3 45 865. That he has Not applied for pension under original  No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is Browson, county of Branch  State of May 12, 1912.  Attest: (1)  Attest: (1)  Subscribed and sworn to before me this address declaration were fully made known and explained to the applicant before swearing, intigating the beying the states.  That he has Not applied for pension under original No.  Claiman's signature in full.)  Subscribed and sworn to before me this address declaration were fully made known and explained to the applicant before swearing, intigating the begins  and that I have no interest address or indirect, in the prosecution of this claim.  Added;  and that I have no interest address or indirect, in the prosecution of this claim.
A PENSIONER, DO NOT FAIL TO GIVE CERTII	That he is a pensioner under certificate No. 2 45 865. That he has Mok applied for pension under original No.  That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.  That his post-office address is County of Branch.  State of Michigan Attest: (1) County of Branch.  Subscript and sworn to before me this 200 day of Lot (Claimant's signature in fall.)  Subscript and sworn to before me this 200 declaration were fully made known and explained to the applicant before swearing, including the ways and that I have no interest direct or indirect, in the prosecution of this claim.  SEP S. Atthur D. Auridlay D. D. 1914.

Name,  INSTRUCTIONS:  This form may be used for original pension or increase of pension.  Declaration and testimony in support of some 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.	ACT OF MAY II, 1912.  Certificate No.  Certificate No.
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#### ACT APPROVED MAY II, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty

dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

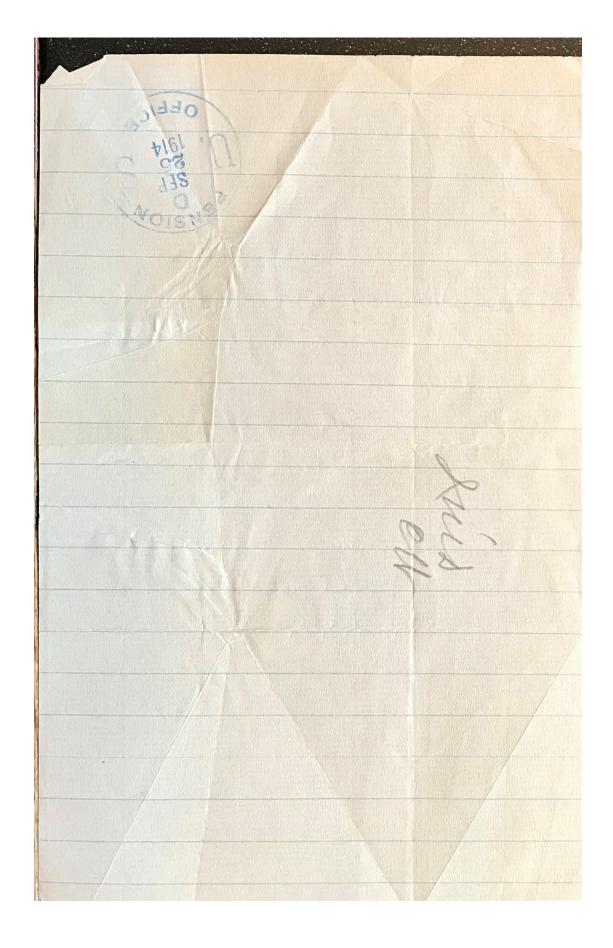
Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third,

eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments. 0 8-903

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The inclosed form is as follows:
Name Alamol, a. Thumbanen
Co. L.J. Regiment Mich Infant
I am pensioned under the Act of May 11, 1912, at the rate of entitled to by reason of age and length of service, and the provisions of
the Act of March 4, 1913. I was 75 years old on the day of
Name Damel St. Hennital
Address Brown Brench Hou
The above to be filled in and sent to the Commissioner of Pensions in case you have reached the age of 66, 70 or 75 years since filing your original claim under the Act of May 11, 1912, and that your pension certificate bears a date prior to March 4, 1913, and that you are not now drawing a rate based on 75 years of age.

## 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, DANIEL A. HEIMBAUCH, BRONSON, MICH 345865 No. 1. Date and place of birth? Answer. No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, 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 miltary 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