

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

NO. 41372

VETERAN:

Thomas D. Glover

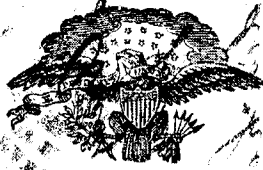
RANK:

Private

SERVICE:

1st Infantry Division
2nd Infantry Division
1st Cavalry Division
1st Air Cavalry Division
1st Special Forces Group
1st Special Forces Group
1st Special Forces Group
1st Special Forces Group

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used in duplicate for all cases of discharge on account of disability.)

Private Thomas B. Gleaves of Captain *George H. Croswell*
Croswell's Company, (*4th*) of the *10th* Regiment of United States
 was enlisted by *Captain Croswell*, of
 the *6th* Regiment of *Infantry*, at *Chicago, Illinois*,
 on the *25th* day of *March*, 18*65*, to serve *3* years; he was born in
Rye County, in the State of *Illinois*, is *27*
 years of age, *5* feet *5* inches high, *Fair* complexion, *Blue* eyes,
Light hair, and by occupation when enlisted a *Farmer*. During the last two
 months said soldier has been unfit for duty *thirty* days. (See directions on Form 12, Medical Dept. Genl. Reg.)

Of the facts concerning this case I know nothing further than above stated

STATION: *In the field*
 DATE: *June 8th 1865*

Geo. H. Croswell
Capt. 10th Infy.
 Commanding Company.

I CERTIFY, that I have carefully examined the said *Thomas B. Gleaves* of
 Captain *Geo. H. Croswell's* Company, and find him incapable of performing the duties of a soldier because of
 (See paragraph 1134, and directions on Form 12, Medical Dept. Genl. Reg.)

his having aneurism of Abdominal Aorta, which
that no doubt been in existence prior to his entering the
Service, & not a case for pension or veteran Reserve Corps

A. P. James
act asst Surgeon. U.S.A.
In charge of 10th U.S. Infy.
at Camp near Arlington, Va.
Robert H. Hager
Capt. 10th Infy.
 Commanding the Post.

Discharged this *10th* day of *June*, 18*65*, at *Camp near Arlington, Va.*

NOTE: The place where the soldier desires to be addressed may be here added.

Town: _____ County: _____ State: _____

CERTIFICATE OF DISABILITY FOR DISCHARGE

Thomas B. Gleaves
Co. 1st Reg't 10th U.S. Inf.

BUREAU OF PENS

Washington, D. C., March 8, 1897

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,

Thomas B. Gleaves
Dale
Pottawatomie Co., Okla.

Commissioner.

MAR 22 1897
RECEIVED

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: yes sir. Percy Ann Gleaves nee Burdham

No. 2. When, where, and by whom were you married? Answer: Sept. 1, 1894

Maricopa County, Terr. Reverend R. H. Garrett

No. 3. What record of marriage exists? Answer: Yes Burdham & Gleaves

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: yes formerly married

Oct 9, 1879 Epiney Hancock Ill & living same city

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: yes John C. Gleaves July 24, 1861, Jacob G. Gleaves

March 10, 1863, Quilley, H. Gleaves Jan 23, 1873, Grace B. Gleaves
John W. Gleaves 1874, David T. Gleaves, John W. Gleaves, 1877
Laurie, H. Gleaves March 4, 1864, William T. Gleaves
August 24, 1874, Arthur P. Gleaves March 11, 1882
Charles W. Gleaves August 27, 1885

Date of reply, March 20, 1897.

Thomas B. Gleaves
(Signature)

County of Roger Mills

SS:

On this 13th day of January, A. D. one thousand nine hundred
and two, personally appeared before me, J. G. Lancaster,
Notary Public my com. Expires Jan 2, 1905 in and for the County and State aforesaid.

Thos B Gleaves, aged 71 years, a resident
(Name of claimant.)

of Smetwater, County of Roger Mills
(Give Town, County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and num-
ber of house. If you reside in the country, state about how many miles from nearest Postoffice.)

State of Okla, who, being duly sworn according to law, declares that he is
the identical Thos B Gleaves, who entered service during the War of the
(Name of claimant.)

Rebellion under the name of Thos B Gleaves on or about the 4th day of
(Name under which enlisted.)
March, 1865, as priv in company G of the 10 regiment of
(Give rank.) (Or vessel, if in the Navy.)

US Inf commanded by Capt Croxman and was
(Name of company's commander. If upon any General's staff, state that fact.)

HONORABLY DISCHARGED, after a service of at least 90 days during said war, on or about the
15 day of June, 1865, by reason disability contracted
Nervous Loss of Brain and ; that his personal description is as follows: Age, 71 years;

height, 5 feet 5 1/2 inches; complexion, light; hair, light; eyes
Blue. That he is now suffering from Arteriosclerosis & piles
(Here state the name and nature of any disease, wound or injury which is

affection of head, stomach heart and
bowels
any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)

and that the said disability is of a permanent character, and is not the result of vicious habits, and that
it incapacitates him from the performance of manual labor in such a degree as to render him unable to
earn a support, and that this declaration is made for the purpose of being placed upon the pension
roll, under the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900. That he has
not been employed in the military or naval service otherwise than as stated above.
(Here state what the

service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since the 10 day of June, A. D. 1865, he has not been employed in the
(Give date of last discharge from the service.)
military or naval services of the United States.

He hereby appoints, with full power of substitution and revocation,

Taber & Whitman Co.,

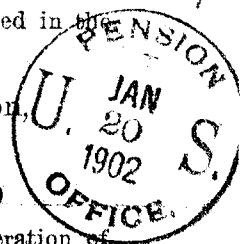
of WASHINGTON, D. C., his true and lawful Attorneys, to prosecute his claim; and in consideration of
services done, and to be done, in the premises, he hereby agrees to allow his said Attorneys

a fee of ten dollars, payable only in the event of the allowance of the claim by the Commis-
sioner of Pensions. That he has not received but applied for
(If previous application has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)

a pension No 481372

That his Postoffice address is Smetwater, County of Roger Mills

State of Okla
T B Gleaves



FILED

DECLARATION FOR INVALID PENSION.

NOTICE.—This application may be sworn to before a JUSTICE OF THE PEACE, NOTARY PUBLIC, or before a Clerk of Court.—If the Justice or Notary has no seal, the Clerk of the County Court must attach his certificate of official character hereon.

State of Texas, County of Montague, SS.

On this 16 day of August, A. D., one thousand eight hundred and ninety-

....., personally appeared before me, Wade Atkins

a Notary Public within and for the County and State aforesaid,

Thomas B. Glane aged 59 years, a resident of the

Electron County of, State of

Ind. Ter., who being duly sworn according to law, declares that he is the identical

Thomas B. Glane, who was ENROLLED on the 0 day of

Mar, 1895 in Co. G. 10 Ill. Inf.
(Here state rank, company and regiment in Military service, or vessel, if in the Navy.)

in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

..... on the 15 day of June, 1865 That he

is 3/4 unable to earn a support by manual labor by reason of neuralgia, nervousness
(Here name the disease or injuries from which disabled.)

disease of spine had bent back.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. 481372 That he 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.)

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 27, 1890.

He hereby appoints, with full power of substitution and revocation,

JAMES TANNER, of Washington, D. C.,

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That his

POST-OFFICE ADDRESS is Electron County of

Pickens State of Ind. Ter.

W. B. Bohannon Thomas B. Glane
(Claimant's signature)

Washington, D. C., March 25, 1891.

Respectfully returned to the Commissioner of Pensions.

It appears from the records of this office that

T. B.

Gleaves

was enlisted on the

25th day of

March

1865, at

Chicago, Ill.

and was

assigned to company G, 10th Regiment of U. S. Infantry.

Joined Co. April 15/65, from Fort Columbus, N.Y.H.

Musters roll May & June 1865 reports him:

Discharged June 14 1865, at Camp near
Arlington, Va., on Surgeon's certificate of dis-
ability a "Private."

Was a private during service. Not reported
sick on any musters roll.

Name is borne on rolls as Thomas B. Gleaves.

General Law.
GENERAL AFFIDAVIT FOR ANY PURPOSE.

State of Oklahoma County of Pollaklanaw ss:

In the pension claim of Thomas B. Gleaves
Private Co. B, 10th Reg. Ills. Inftry Vols.,

personally appeared Thomas B. Gleaves, aged 65 years, of

Dale P. O., County of Pollaklanaw State of Oklahoma
and _____, aged _____ years, of _____

P. O., County of _____, State of _____, who, being duly sworn

upon his oath, declare as follows: That I was treated for Rheumatism
Diseases of Head and Heart By Dr. Tarrh from
about July 7, 1865 until September 1865 then
Dr. R. M. Garant and that both of said Drs. is
Dead. Dr. Tarrant Died in 1872 of Dyer Canker Tens
Dr. Tarrh Died 1868 in Dyer Canker Tennessee
Dr. Tarrh was called to see me as soon as I
got home from Discharged and Dr. Tarrh was
called and treated me after Dr. Tarrant for Rheumatism
and Diseases of Head and Heart and Stomach and
Presumed my case incurable for which it has
always disabled me for Manual Labor I have no
other way of Support I have been disabled
ever since my discharge and since the Death of Dr.
Tarrh and Dr. I have treated myself by using other
Medicines and I further declare that I have not
been asked or assisted in making this statement
By any Person nor By any written or Printed statement
of any kind what I have.

and that ~~he~~ no interest or concern in this matter.

If the person making affidavit signs by
mark, have two witnesses sign here.

William Gardell
Grant A. Jones

Thomas B. Gleaves

General Hall.
GENERAL AFFIDAVIT FOR ANY PURPOSE.

State of Okla. Terr. County of Saltwater ss:
In the pension claim of Thomas B. Gleaves
Private Co. H, 10th Reg. Ills. Inf. Vols.,
personally appeared Mary Ann Gleaves, aged 52 years, of
Dal. P. O., County of Saltwater State of Okla. Terr.
and _____, aged _____ years, of _____
P. O., County of _____, State of _____, who, being duly sworn

upon my oath, declare as follows:

Nancy Ann Gleaves this is to certify that I
was acquainted with Thomas B. Gleaves
before he enlisted in the rebellion of the late
war he was active spy and expert in performing
manual labor. I was young at that time and had been
accompanied home by him several times, my maiden
name was Nancy Ann Brant. I was acquainted
with him from 1855 up to 1865. when he left and went to Ill-
inois and then I saw him after he returned July 1865. I
hardly knew him he was not able to get around
he said it was Rheumatism and his heart and
heart hurt him so much and I often heard Mr.
Tarrant say he did not think Mr. Gleaves ever
would recover. Mr. Tarrant was my Father's family Doctor. Mr. Gleaves
was a man of family at that time and I taken an
interest in him at all then in Sept. 1866 we mar-
ried and I have nursed him every since Mr. Gleaves
has grown feebly on every since he never has been able to do labor
I have seen him lay and fall then have the little ones gather
around him and drink it eventually get so he could be sound again but
nothing then down again and Dr. Tarrant is dead
and that I have no interest or concern in this matter.

If the person making affidavit signs by
mark, have two witnesses sign here.

Nancy A. Gleaves
affirmed

The above statement is in my own hand.

General Bail
GENERAL AFFIDAVIT FOR ANY PURPOSE.

STATE OF

COUNTY OF

SS:

In the pension claim of

Thomas B. Gleaves
Private Co. H. 10th Reg. Ills. Inftry

personally appeared

David A. Gleaves

Reg.

Volts.

and

, aged

years, of

Dale

P. O., County of

Madison

State of

Illinois

, who being duly

sworn upon

oath declare as follows:

To Whom it may concern.

This is to certify that I David A. Gleaves am acquainted with Thomas B. Gleaves, and since 1885 well remember how he complains of rheumatism and heard him scream with pains in his hands and thighs, and see him writ with pains in his head and tell how his heart hurt and stomach ached have saw him with a swollen face across his back and feet and legs swollen so much. Have saw him with callos knots in side his hands at joints till he could not handle tools knots large as quail eggs ^{at elbow joints} his wrist give out hear him shriek with pain see him in bed for weeks have visited upon him in his sick room all this was caused from rheumatism. I have been with him continuously from year to year from the above stated time on to present day it is all the same complaint each year he can not perform labor in any way the above statement is in my own hand writing and in making the same I did not use and was not aided or prompted by any written statement or recital prepared or dictated by any other person

and that ha no interest or concern in this matter.

If the person making affidavit signs by mark, have two witnesses sign here.

David A. Gleaves
per Gleaves
Since 1885

GENERAL AFFIDAVIT FOR ANY PURPOSE.

Territory

State of

Oklahoma

County of

Pottawatomie

ss:

In the pension claim of

Thomas B. Leaves

Co.,

10th

Reg.,

U.S. Army

Vols.,

personally appeared

John Maymire

aged

74

years, of

Mc Bond

P. O., County of

Pottawatomie,

State of Oklahoma

and

aged

years, of

P. O., County of

State of

who being duly sworn

upon his oath, declared as follows:

I am well and personally acquainted with claimant Thomas B. Leaves from the date of his Discharge from the Army in June, 1865, to the present time. I was associated with him during all of said period excepting the time from 1865 to 1876, during which time we kept up a correspondence. I know that from the date of his Discharge and return home from the Army in 1865 to the present time, said claimant has been disabled because of Rheumatism and Heart Disease. He has been able to do but little manual labor, and now is barely able to get around. He is greatly stiffened up in his joints and limbs, has pains and aches in different parts of his body. He also has fainting and falling spells due to his Heart disease. I know these facts from personal knowledge.

cont

and that I have no interest or concern in this matter.

If the person making affidavit signs by mark, have two witnesses sign here:

John S. Maymire

verified



General Case
GENERAL AFFIDAVIT FOR ANY PURPOSE.

STATE OF

COUNTY OF

SS:

In the pension claim of

Thomas B. Heaves
Private Co. "H" 10th Reg. Ills. Inftry

personally appeared

Mrs. E. F. Thompson

aged

72

years, of

and

aged

years, of

Austerville

P. O., County of

Coos

State of

Texas

who being duly

sworn upon

oath declare as follows:

This is to certify

that I am personally acquainted with
Thomas B. Heaves. Since 1885 have lived
near neighbor to him several times have heard
him often times complain of general disability
from Rheumatism Disease of head heart
knew Starr pronounced him in-curable
also in Mr. Sealeide Co. When Doctors gave
him up to die names I disremember and have
since seen him helpless to live by the help of
his aged companion and little children.
Mr. Heaves is not able to and can not perform
manual labor and has not been since my
acquaintance with him have visited him he is
a moral citizen have visited him in sick-
ness. The above statement is in my own hand
writing and in making the same I did not
use and was not aided or prompted by any
written statement or recital prepared or dictated
by any other person

and that

I

have no interest or concern in this matter.

If the person making affidavit signs by
mark, have two witnesses sign here.

R. S. Sigs

T. J. Chamberlain

E. F. Thompson

(cont. of ind) Since 1883

General Cole
GENERAL AFFIDAVIT FOR ANY PURPOSE.

STATE OF Oklahoma COUNTY OF Pottawatomie SS:
In the pension claim of Thomas B. Leaves
Private Co. H 10 Reg. 1860 Vols.,
personally appeared Leander Cole, aged 38 years, of
and Malinda Cole, aged 53 years, of Dale
P. O., County of Pottawatomie, State of Oklahoma, who being duly
sworn upon their oath declare as follows: me

I live neighbor to Thomas B. Leaves, have
been acquainted with him since I have resided
resided here, a little over one year. I can
truthfully say that during that time his health
has been very poor, so much so that he has not
been able to work but a very small part of his
time, and at the present he is not improved
in health. Not being a Physician I cannot
say positively what his diseases are, but I know
well him without hearing him complain
of Rheumatism, Neuralgia, Heart disease, head
& stomach troubles. Without doubt his health
is very much impaired.

We Leander and Malinda Cole
make this affidavit in presence
of J. E. Brumby, Acting Judge, of the
Pottawatomie Co., Oklahoma Ter.
Aug 5 - 1895 Witness by
Leander Cole

and that me have no interest or concern in this matter.

If the person making affidavit signs by
mark, have two witnesses sign here.

Arthur Cole
W. L. Myer

Leander Cole Ver.
Malinda Cole Verified
Since one year

GENERAL AFFIDAVIT FOR ANY PURPOSE.

Territory

State of

Oklahoma

County of

Pottawatomie

SS:

In the pension claim of

Thomas J. S. Searns

Co.

10

Reg.,

U.S. Army

Vols.,

personally appeared

Minnie Thompson

aged 27

years, of

McLoud

P. O., County of

Pottawatomie

State of

Okla.

and

aged

years, of

P. O., County of

State of

who being duly sworn

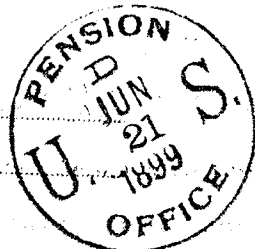
upon oath, declare as follows:

I Minnie Thompson am a resident of McLoud Pott Co Okla I am well acquainted with Thomas B. Searns ever since 1889 up to the present date have stood by his bed gave him medicine and heard him complain of Rheumatism and heart trouble and stiffness of Neck and joints and pains all over his body and dimness of sight this I know of my own seeing and he was brought to my house last November in a paralyzed condition the doctor said it was a paralytic stroke

in the year 1890 he could only hobble around with swollen joints not able to work as long as I knew him in Chickasaw Nation up to 1893 then he moved to this county still unable to do any work scarcely and remain in this afflicted condition. I moved to this county in 1894 and have remained neighbors until the present date he is more impaired in health than ever knowing if there is any help for him he ought to have it soon for he is unable to help himself as for me I have no interest in this matter at all he has no other means of support

and that I have no interest or concern in this matter.

If the person making affidavit signs by mark, have two witnesses sign here.



cont.

Minnie Thompson

verified

General Laws
GENERAL AFFIDAVIT FOR ANY PURPOSE.

State of Texas County of Dallas SS:
In the pension claim of Thomas B. Glaves
Private Co. 10th Reg. Ills. Infy. Vols.,
personally appeared Harrett L. Fitzhugh, aged 48 years, of
of age Lancaster P. O., County of Dallas State of Texas
and _____, aged _____ years, of _____

P. O. County of _____, State of _____, who, being duly sworn

upon ~~his~~ oath, declare as follows: On all Whome it may Concern This is To
certify that I am Personally acquainted with Thomas B. Glaves since
before he went in to the late war he was stout and healthy
and to Professor manual labor and lived in Dyer Co Tenn and
then moved to Jefferson Ham County Illinois not long till his wife became
ill and he sent for me & went to Illinois some where in
1861 in the later part of that year his wife died some time after
I came to his house in Ill. and not long after that he volunteered
in the army I do not remember how long he was gone in the
army when he came home out of the army ^{he was} badly diseased
with Rheumatism and heart trouble Disturbed with his head his limbs
was very badly swollen and severe pains in his back his joints
were stiff he was confined to his bed and house for 12 months
and then for more than 3 year he was not able to leave his room
scarcely at all. Doctor Warant said his affliction was inflammatory
Rheumatism and was with him and his family till 1870
and during that time he was never able to perform man-
ual labor to a amount to any thing and as long as I was
with him he feared to get fatter as he advanced in years
I further state that I was not asked by any one nor any inducement
of writing this instrument was written in my presence by Wm. Lancaster Gen
and that the have no interest or concern in this matter.
from arrol statements made by me to him

If the person making affidavit signs by
mark, have two witnesses sign here

H. L. Fitzhugh

Rheumatism & heart trouble from discharge to 1870