

PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of Wisconsin, County of Rock, SS.

ON THIS 14th day of May, A. D. 1889; personally appeared before me a Russell

W. W. Harris in and for the aforesaid County, duly authorized to administer oaths

aged 52 years, a resident of Beloit

in the County of Rock and State of Wisconsin and

Bar aged _____ years, a resident of _____

in the county of _____ and State of Wisconsin who being

duly sworn according to law, state that they acquainted with Stephen M. Page

applicant for Invalid Pension, and know the said _____ to be the identical

person of that name who enlisted or volunteered as a private in Companies D and G Sixth

Regiment of Wisconsin Infantry vols., and who was discharged [Died or was discharged.]

at _____ on or about the _____ day of _____, 1864

by reason of _____ [Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said Stephen M. Page while in the line of his duty, at or near

Andersonville in the State of Ga did, on or

about the _____ day of _____, 1864, become disabled in the following manner, viz:

Contracted Dysentery resulting in Sciatica was Cap-

tured May 5th 1864 at the battle of the Wilderness

and as we understand and believe while a pris-

oner of war was confined in Andersonville (Ga)

prison. Applicants further say that said appli-

cant was sound and particularly free from

Dysentery or sciatica but that on his return

to the Regiment he was suffering from both

That the facts stated are personally known to the affiant by reason of _____ [Here state whether affiant was with the command at the time the

claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical

treatment for his disability while in the service should be stated, giving time and place, if possible.]

having been personally present

at time of applicants Capture and

return to Regt. Affiants testify from

intimate personal knowledge and dis-

tinct recollection of the facts.

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And deponent further state that ^{he is} ~~they were~~ well acquainted with the claimant, having known him for at least ~~since July 1864~~ ^{since July 1864} and further, that ~~their~~ ^{his} knowledge of the facts above stated ^{is} derived from said acquaintance; and from having served as ~~members~~ ^{members} of Company ~~D and G~~ of the ~~Sixth~~ ^{Sixth} Regiment of ~~his Cousin~~ ^{his Cousin} volunteers from the day of ~~July~~ ^{July} 1864 to the ~~in~~ ^{on} ~~about~~ day of ~~1865~~ ¹⁸⁶⁵. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as ~~they~~ ^{he} knew, and that ~~they are~~ ^{he is} totally disinterested in this claim.

Post office address of affiant is ~~Robert his Cousin~~ ^{Robert his Cousin}

Russell Harris

(If Affiants sign by mark, two persons who can write sign here.) (Signature of Affiants.)

STATE OF ~~Wisconsin~~ ^{Wisconsin}, COUNTY OF ~~Rock~~ ^{Rock}, 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 ~~years there are this~~ ^{years there are this} erased, and the words ~~added~~ ^{added} and acquainted ~~them~~ ^{he is his} with its contents before ~~they~~ ^{they} 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~~ ^{is} personally known to me and that ~~they are~~ ^{they are} credible person.

J. H. Nephew
 (Official Signature)
Notary Public for Wis.
 (Official Character)

[L. S.]

I, ~~filed~~ ^{filed} Clerk of the County Court in and for aforesaid County and State, do certify that ~~_____~~, Esq., who has signed _____ 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 _____, 188_____.

[L. S.]

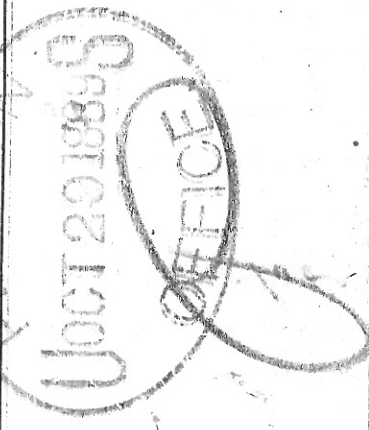
Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.
 PROOF OF DISABILITY.

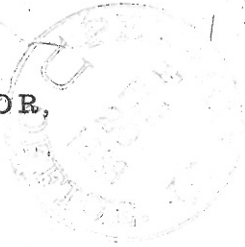
CLAIMANT OF
Stephen M. Papp
of Jan 5 by his H. his V.O.
Claremont Edward C. Johnson.

No. 348754



Filed by
J. E. Weston Attorney
Dearfield
Lawyer County done

DEPARTMENT OF THE INTERIOR,
PENSION OFFICE,
WASHINGTON, D. C.



July 5, 1888

West. Div.
F. A. Gaudin Esq.
Original No. 348154
Stephen M. Page
Co. G and D, 6th Wis. Vols.



Be kind enough to state, in your own handwriting, when and where you first saw the above mentioned soldier after his discharge from the service, and to describe the nature of the diseases with which he was suffering, and the symptoms of the same which his case then presented.

By what diseases and to what extent has he been disabled for manual labor during each year since? Your immediate answer, endorsed upon the back of this letter, will be appreciated.

Very respectfully,

John C. Mack
Commissioner.

Russell Harris,
Beloit,
Wis.

B. P. H.

Beloit - Wis

Feb 13/88

Hon J C Black

Sir In regard to the nature of the disease of Steven M Page, I can say that we enlisted and served in the same com^y that he was taken prisoner during the Wilderness Campaign; that he returned to the company not a great while before we were mustered out; and that Dr Andrews informed me that Page had the Scurvy.

I have seen but little of him since we were discharged. The last time I saw him the disease had settled in his eyes and he was ~~was~~ nearly blind.

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yours Truly

Russell Harris

State of Wisconsin

And do hereby certify:

I, Edward S. Briggs, being first duly sworn declare on oath, that on the 16th day of July 1861, I was mustered into the Service of the U.S. in the War of the rebellion, as a Captain of Co. E. 6th Regt. Wisconsin Vol. Infantry - I was subsequently promoted, through the grade of Major, Lieutenant Colonel & Colonel of said Regiment and served with it continuously as an officer of such Regiments from July 1861 to May 6, 1864, when I was assigned, from the Wisconsin to the command of what was known as Regt. 1st Wisconsin in Hadson's Division of the 3rd U.S.C.

I knew while being such officer for a good deal of the time from 1861 to 1864, S. M. Pyle an Enlisted man of Co. G. in said Regiment - My recollection of him is that he was a man in good health & of vigorous physique - And a man who did his duty as a Soldier - I am informed he is an applicant for a pension his claim is Number 348,154

He informs me by Letter, for I have not seen him since 1865, that I met him after his discharge in 1865, in the office of the Paymaster in Washington D.C. - And conversed with him - He there suffering from Scarry & other ailments the result of prison hardships" Had I been asked if I met Pyle at the time stated I should have said, "I don't recollect the man" - But I distinctly recollect that in the summer of 1865, I did meet in the office of the Paymaster in Washington, one of my old Soldiers, who tho' he had but shortly before been freed from prison - I think he mentioned

Andersonville at the prison - He was in a sad plight, & felt certain he had scurvy among his other ailments. He felt confident that I thought his memory was affected from exposure to sun & was inclined to believe, he would soon recover - The meeting was accidental - but it produced such a ~~lasting~~ ^{lasting} impression on my mind that I have never forgotten it.

Page, writes to me, or causes a letter to be written to me telling me of the circumstance - I have never seen him, nor in any manner given any information, by means of which he could have gained knowledge of the meeting referred to, unless he had been there in person - For this reason I am morally certain that W. M. Page C. G. is the man named in 1865, in the Auditors & under the circumstances described - I have no interest in this claim.

Edward S. Pray

What of this claim?

Fond du Lac County, Wis. On this 11 Day of October 1883. before me came Edward S. Pray to me personally known to be the person he describes himself in the foregoing declaration to be & that he is entitled to credit - And made oath that he prepared & signed the foregoing affidavit or declaration that the same is true -

In witness whereof I have hereunto set my hand official signature & attached seal to my seal of office on the day & year last above written.

J. H. McNeel
Deputy Clerk Circuit Court
Fond du Lac, Co. Wis.



Col.
1-2 at the
referred to
Pray

PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of Wisconsin, County of Rock, ss.

ON THIS 13th day of May A. D. 1887; personally appeared before me a

Notary Public in and for the aforesaid County, duly authorized to administer oaths
W. H. Allen aged 62 years, a resident of Beloit

in the County of Rock and State of Wisconsin and

aged _____ years, a resident of _____

in the county of _____ and State of _____ who being

duly sworn according to law, state that He is acquainted with Stephen M. Page

applicant for Invalid Pension, and know the said soldier to be the identical

person of that name who enlisted or volunteered as a private in Company H 6th

Regiment of Wis vols., and who [Died or was discharged.]

at _____ on or about the _____ day of _____, 186

by reason of _____ [Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said soldier Stephen M. Page while in the line of his duty, at or near

_____ in the State of _____ did, on or

about the _____ day of _____, 186, become disabled in the following manner, viz:

_____ [Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body

wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the

sickness, and how it affected him.]

That deponent enlisted said Stephen M. Page at
said city of Beloit, Wis., in 1861 as a private, as aforesaid,
at which time said Page was a healthy, sound man and
free from scurvy or sciatica or rheumatism, & continued
as such during deponent's stay with said Regiment up to Sep-
tember 1861 after which deponent did not see said Page

That the facts stated are personally known to the affiant by reason of
visited 1865, when he met said Page at Dubuque, Iowa, at which
time said Page contracted said disease, and appeared to be
suffering from a skin disease which he called scurvy
and also from rheumatism, that deponent saw and
visited said Page at said Dubuque off and on during the
years 1865 & 1866.

That deponent verily believed that said Page was suffering
from diseases aforesaid judging from his personal
appearance and from what he told deponent
when he saw & talked with him at said city of
Dubuque, during off and on the years 1865 & 1866,
as aforesaid.

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And deponent further state that *he was* well acquainted with the claimant, having known him for *since* at least *1859* and further, that *his* knowledge of the facts above stated *are* derived from said acquaintance, and from having served as *1st Lieut* of Company *9* of the *6th* Regiment of *Wis* volunteers from the day of *June* 1861 to the *2nd* day of *Nov* 1861. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as *he* knew, and that *he is* totally disinterested in this claim.

Post office address of affiant is *Beloit Rock County Wis*
W. H. Allen

(If Affiants sign by mark / two persons who can write sign here.) (Signature of Affiants.)

STATE OF *Wisconsin*, COUNTY OF *Rock*, 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 *he* 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.

Paul Rickheim
 (Official Signature.)
Notary Public
 (Official Character) *for Wis.*

[L. S.]

I, *Filed* 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 _____, 188_____.

[L. S.]

Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.
 PROOF OF DISABILITY.

CLAIM OF
Stephen M. Page
late of Co's D and G 6th Wis
U.S. P.O.
Clifton Colorado
 No. *348154*



Filed by
J. E. Houston City
Dearfield
Taylor County Iowa

State of Texas }
County of Taylor } ss.

In the matter of the claim for Pension No. 348154
of S. M. Page
Company 6th Regt Regiment Misc. Vols. 7
personally came before me, a Clerk of Dist Court
in and for aforesaid County and State J. N. Bean
citizen of the County of Taylor State of Texas
reputable and entitled to credit, and who being duly sworn, declare in relation
to aforesaid claim, that he knew applicant intimately from about May
1867 to about present; affiant further says that during all
that time said applicant was suffering more or less from Sciatica
; in affiant's best judgment applicant during said
period was disabled from procuring his subsistence by means of manual labor
by reason of the difficulties above named to the extent of fully*

Affiant's means of knowledge is as follows: Think first gave
him treatment for above difficulty about
1871: was his family physician from
1868 to about 1873: was neighbor to him
and saw him often. affiant further says that knew
applicant in 1868: that at that time he
was of sound physical health and partic-
ularly free from sciatica

affiant further declares that he has no interest in said claim, and
is not concerned in its prosecution.

And I J. N. Bean state that my postoffice address
is Bedford Taylor Co. Tex

IN PRESENCE OF

SIGNED,

J. N. Bean M. C.

Sworn to and subscribed before me this 25th day of Oct
1881, by the above named affiant and I hereby certify that I read said affida-
vit to said affiant, and acquainted him with its contents before he
executed the same. I further certify that I am in nowise interested in said
claim, nor am I concerned in its prosecution.

Witness my hand and official seal this 25th day of Oct 1881,
J. N. Taylor Clerk
Dist Court

* Affiant will here state in aliquot parts of 8 the amount of applicant's disability as: 1/8, 1/4, 1/2, 3/4 or 7/8.

† Each witness should state what he knows about the case, very fully and with great particularity, also how he knows the facts to which he testifies, and also the length of time he has been acquainted with applicant; and if any of them are in any way related to applicant, whether by blood, or marriage, or in business, that relation should be stated. If a physician, how long he has practiced medicine.

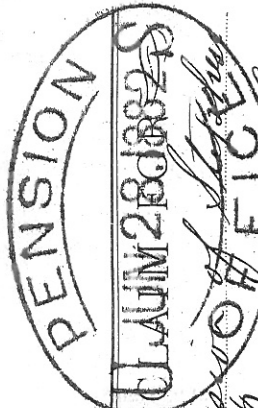
Med 1-67-81
Denton
"Good" 308672

State of _____
County of _____

ss.

_____, Clerk of the Court in and for aforesaid County and State, do
certify that _____ Esq., who hath signed his name to the foregoing
affidavit, was at the time of so doing, a _____ in and for said County
and State, duly commissioned and sworn, and that all his official acts are entitled to full faith and credit, and that
his signature thereto is genuine.

Witness my hand and seal of office this _____ day of _____ 188....



Remission of State Tax
M. Page, State Co.
Co. A G. Co. 6th Ave. N. S.

P. O. Hopkins, Notary-Cor.
Ill.

—AFFIDAVIT OF—

J. N. Peam, M.D.

*In regard to physical
condition & degree of
disability of applicant
from 1867 to present time*

1-3

P. O. Beedford Taylor, Cor. Iowa

FILED BY—

—J. E. HUSTON,—

—Attorney—

BEDFORD, : : IOWA.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Iowa }
 County of Taylor } SS.
 In the Pension Claim No. 348154
 of Stephen M Page late of
D 6th Wisconsin Vols.
Company and regiment of service, if in the army; or vessel and rank, if the navy.

Personally came before me a clerk of Dist Court in and for the aforesaid
(Official character of magistrate.)
 County and State J. M. Bean M.D. a citizen of Bedford
Taylor in the County of Taylor and State of Iowa

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

That he is a practising physician, and that he has been acquainted with said Soldier for about years, and that

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

I first knew S page in the summer of 1860 & have known him ever ever his intimately from that time to the present time I believe that he was a sound healthy man when I first knew him but his health has been poor ever since he was discharged he has suffered from several fits & epilepsy knew him well before enlistment & knew that he had good teeth & believe that he was a sound man at that time

J. M. Bean M.D.

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NOTES.

The Physician's Affidavit should show the following facts:
 1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately, and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.
 2d. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.
 3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with a complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.
 4th. The extent to which claimant has been able to perform manual labor since discharge.

He further declares that he has been a practitioner of medicine for years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

[Affiant's Signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this.....16th.....day of.....July.....A. D. 188 3 and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words..... erased, and the words....., added; and that I have no interest, direct or indirect, in the prosecution of this claim,

F. H. Hull
Magistrate's Signature.

Chas. District Court
(Official character.)

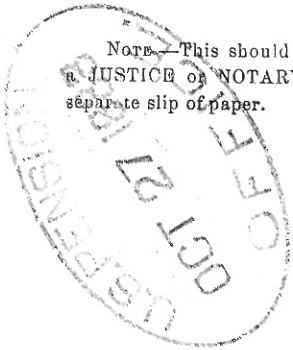
I certify that....., Esq., who hath signed his name to the foregoing affidavit was at the time of so doing..... in and for said county and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.....day of.....18

[L. S.]

Clerk of the

Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of Official character hereon, and not on a separate slip of paper.



Good-308672

MEDICAL EVIDENCE.

Affidavit of
J. P. Beane M. D.
as to soundness of
Apple court before
ex. lieutenant and as to
responsibility mess. per. dis-
charge
S. M. Page Capt. of Cos
D & G Co. 11th Vet. I
No. *348154*

for
O. L. Pearson

Filed by
J. E. Houston Atty
Genl
Taylor County Iowa

PHYSICIAN'S AFFIDAVIT



TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Nebraska, County of Lundy, ss:

In the Pension Claim No. 348,154

of Stephen M. Page late of Company G. 2nd D. Sixth Regiment of Wis. Inf. 1860
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a _____ in and for the aforesaid
County and State _____ a citizen of _____
whose Post Office address is _____

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

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 30 years, and that

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted

unless the magistrate certifies in his jurat that they were made before executing the paper.

NOTES.
The Physician's Affidavit must show the following facts:
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.
2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.
3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.
4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time

J. J. N. Bean first knew S. M. Page in 1860 in Taylor Co. Iowa know that he was at that time a healthy as sound man he went to the army and knew him after he was discharged lived in the same neighborhood 15 or 16 years was his family physician was frequently called to see him & prescribe for him and know that he was not able to perform manual labor half of the time for the last twenty years Chronic Rheumatism was his greatest trouble if I remember right I make my statements from memory as I have recd. notes of my treatment of Mr. Page having left all of books in Iowa when I came to Colo when I saw him and retired from practice but I practiced medicine in Iowa thirty two years

J. J. N. Bean

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He further declares that he has been a practitioner of medicine for thirty four years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

J. N. Bean
(Affiant's Signature. Give rank and service, if in the army)

Sworn to and subscribed before me this 3rd day of September A. D. 1890

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words
..... erased, and the words
..... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

(Official Signature.)

[L. S.]

(Official Character.)

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 18

Daniel Kavanaugh

[L. S.]

Clerk of the County of Kit Carson, Col

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

<p>MEDICAL EVIDENCE.</p> <p>AFFIDAVIT OF</p> <p><u>J. N. Bean M.D.</u> <u>Beckington, P. D. Col</u></p> <p>CLAIM OF</p> <p><u>J. M. Page, Co. G. 1st</u> <u>5th Wisconsin Regt. Ill</u></p> <p><u>No. of claim 348 154</u></p> <p><u>Original Medical Pension</u></p>	<p>Filed by</p> <p><u>J. H. Roush</u></p> <p><u>J. M. Page</u></p>
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State of Iowa }
County of Taylor } ss.

In the matter of the claim for Pension No 348,154
of Stephen M Page
Company D & G 6th Regiment Wis Vols. 9
personally came before me, N. P. Long Auditor
in and for aforesaid County and State of Iowa Bartholomew
citizen of the County of Taylor State of Iowa
reputable and entitled to credit, and who being duly sworn, declare in relation
to aforesaid claim, that he knew applicant intimately from about Dec 25
1872 to about present; affiant further says that during all
that time said applicant was suffering more or less from Sciatica
; in affiant's best judgment applicant during said
period was disabled from procuring his subsistence by means of manual labor
by reason of the difficulties above named to the extent of fully $\frac{1}{4}$

Affiant's means of knowledge is as follows:

Was practiced in applicant's family
occasionally only during his ac-
quaintance with him: Has given him
treatment from time to time:
Recollects directly of treating
him in 1871- and 1872.
Also in 1873, though not
positive having no record of it
he further declare that he has no interest in said claim, and
is not concerned in its prosecution.

And I D. A. Bartholomew state that my postoffice address
is Siam Taylor Co Ia

IN PRESENCE OF

SIGNED,

Joseph Smith

N. P. Long

Sworn to and subscribed before me this 15th day of February
1882 by the above named affiant and I hereby certify that I read said affida-
vit to said affiant, and acquainted him with its contents before he
executed the same. I further certify that I am in nowise interested in said
claim, nor am I concerned in its prosecution.

Witness my hand and official seal this 15th day of Feb 1882

N. P. Long Auditor of
Taylor County Iowa

* Affiant will here state in aliquot parts of 8 the amount of applicant's disability as: $\frac{1}{8}$, $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ or $\frac{7}{8}$.

† Each witness should state what he knows about the case, very fully and with great particularity, also how he
knows the facts to which he testifies, and also the length of time he has been acquainted with applicant; and if any of
them are in any way related to applicant, whether by blood, or marriage, or in business, that relation should be stated.
If a physician, how long he has practiced medicine.

Med-72 to present
Quintan

348-154

PENSION
U.S. DEPARTMENT OF THE INTERIOR
JUN 28 1882
Office of the Pension Agent
Washington, D.C.
T. C. 6 1/2, Wis. A. Inf

State of Iowa }
County of Taylor } ss.

I H H Taylor Clerk of the Court in and for aforesaid County and State, do certify that N. P. Long Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing, Was County Auditor in and for said County and State, duly commissioned and sworn, and that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office this 15th day of Feby 1882

I H H Taylor
clerk of court

P. O. Hopkins Padaway
P. O. Iowa

—AFFIDAVIT OF—

H. N. Partholowen M. D.

In regard to physical
Condition & degree of
disability of Applicant
from 1872 to present

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P. O. Mann, Taylor Co. Iowa

—FILED BY—
—J. E. HUSTON,—
—Attorney—
BEDFORD, : : IOWA.

State of Iowa }
County of Taylor } ss.

In the matter of the claim for Pension No 348.154
of Stephen M Page
Company D. & G. 6th Regiment Wis Vols. I
personally came before me, a Clerk of Dist Court.
in and for aforesaid County and State J. P. Rhoads
citizen of the County of Taylor State of Iowa
reputable and entitled to credit, and who being duly sworn, declare in relation
to aforesaid claim, that he knew applicant intimately from about April
1875 to about present; affiant further says that during all
that time said applicant was suffering more or less from Sciatica
; in affiant's best judgment applicant during said
period was disabled from procuring his subsistence by means of manual labor
by reason of the difficulties above named to the extent of fully* seven-eighths

Affiant's means of knowledge is as follows: was applicants
family physician, steadily for first two years above
pay more or less since; was first called to see
him in Sept 1875; he was so bad as to be wholly
unable to get about at all; from time to time
since he has been in same condition.
have seen him so bad could not get off
the floor to eat his meals

affiant further declare that he has no interest in said claim, and
is not concerned in its prosecution.

And I J. P. Rhoads state that my postoffice address
is Bedford Taylor Co Ia

IN PRESENCE OF

SIGNED,

J. P. Rhoads M.D.

Sworn to and subscribed before me this 28 day of Sept
1881, by the above named affiant and I hereby certify that I read said affida-
vit to said affiant, and acquainted him with its contents before he
executed the same. I further certify that I am in nowise interested in said
claim, nor am I concerned in its prosecution.

Witness my hand and official seal this 28th day of Sept 1881
H. H. Taylor Clerk
Dist Court

* Affiant will here state in aliquot parts of 8 the amount of applicant's disability as: 1/8, 1/4, 1/2, 3/4 or 7/8.

† Each witness should state what he knows about the case, very fully and with great particularity, also how he knows the facts to which he testifies, and also the length of time he has been acquainted with applicant; and if any of them are in any way related to applicant, whether by blood, or marriage, or in business, that relation should be stated. If a physician, how long he has practiced medicine.

76-81

State of

County of

ss.

Clerk of the Court in and for aforesaid County and State, do certify that _____ Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing, a _____ in and for said County and State, duly commissioned and sworn, and that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office this _____ day of _____ 188....

RENSHAW 34
U JUN 28 1882
CLAIM FOR

Supers of S.M.
Page, lat of Co's
D & G 6th Mo Va.
P.O. Hopkins, Wada-
way County Va.

—AFFIDAVIT OF—

J.P. Phraw's M.D.
as to Condition and
degree of disability
of applicant from
about April 1875 to
present
P.O. Bedford Taylor Co.

—FILED BY—
—J. E. HUSTON,
—Attorney,
BEDFORD, : : IOWA.

GENERAL AFFIDAVIT of Neighbor

STATE OF Missouri
COUNTY OF Wodaway

In the matter of S. M. Page, late a Corporal in Company G. U. S.
of the 6th Regiment of Wisconsin Inf. Volunteers, for a
Original Invalid Pension.

On the 25th day of July A. D., 1890, personally appeared before me, a
Notary Public in and for the aforesaid county, duly authorized to administer oaths,
John B. Adams aged 59 years, a resident of Hopkins
in the county of Wodaway and State of Missouri whose post office address
is Hopkins, and well known to me to be reputable and entitled to credit, and

who being duly sworn declared in relation to the aforesaid case as follows:

I have known the Claimant for twenty
years past - I lived near neighbor to him
for about fifteen years. I know that
he suffered with Rheumatism and what
was said to be scurvy. In the year 1881 I
know that he was almost entirely helpless
had to be helped up and down and to
get around. I know this by visiting on
him part of the time. For the last 4 years
I have not lived near to him, but saw
him in fall of 1889, and was still
complaining. I think he is disabled
fully 3/4 of an able bodied man's work.

I further declare that I have no interest in said case and
not concerned in its prosecution.

John B. Adams
Signature of affiant.

If affiant sign by mark, two persons who can write sign here.

[Handwritten signature]

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 *he* executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant..... personally known to me; and that *he is* a creditable person.

My Commission Expires Aug 16 1894
Joseph H. Sawyer
 Official Signature
Notary Public
 Official Character

STATE OF..... }
 COUNTY OF..... } ss.

I,, Clerk of the County Court in and for said county and State, do certify that..... Esq., who signed his name to the foregoing declaration and affidavit, was at the time of so doing a..... 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.....

[SEAL]

Clerk of the.....

Neighbor S.
 Additional Evidence.

CLAIM OF
S. M. Page
R. D. Co., Co. C Regiment,
of Wisconsin Infantry Vols.
no of claim 948.154

— FILED BY —

H. H. ROUSH,
 BOX 48,
 SIAM, - IOWA.

DEMOCRAT PRINT, REDFORD, IOWA.

GENERAL AFFIDAVIT of Neighbor

STATE OF Nebraska }
COUNTY OF Dundy }

In the matter of S. M. Page, late a Corporal in Company G. 9th D. of the 64th Regiment of Wisconsin Infantry Volunteers, for a Original Invalid Pension.

On the 2nd day of August A. D., 1890, personally appeared before me, a Notary Public Robert S. Hawks aged 58 years, a resident of near Benkelman in the county of Dundy and State of Nebraska whose post office address is Benkelman, Dundy County, Nebraska, and well known to me to be reputable and entitled to credit, and who being duly sworn declared in relation to the aforesaid case as follows:

He has been personally acquainted with S. M. Page and has been for five years and six months and for four years resided within three fourths of a mile from his home, and by personal knowledge knows said S. M. Page has suffered from Rheumatism and surgery, also that he is badly ruptured to such an extent he is unable to perform manual labor more than 1/8 of time.

I further declare that I have no interest in said case and am not concerned in its prosecution.

Robert S. Hawks
Signature of affiant.
Capt Corp & Company 8th N.Y. Co 1860

If affiant sign by mark, two persons who can write sign here

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 ~~crased,~~ and the words ~~added,~~ and acquainted *him* with its contents before *he* executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant *Robert S. Hawks* is personally known to me; and that *he* is a creditable person.

G. D. Pierce
Official Signature
Notary Public
Official Character

STATE OF }
COUNTY OF } ss.

I,, Clerk of the County Court in and for said county and State, do certify that Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a 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....

[SEAL]

Clerk of the

Neighbor 13
Additional Evidence.

CLAIM OF
J. M. Page
G. D. Co., Regiment,
of Wisconsin Infantry Vols.
No of Claim 348.154

— FILED BY —
H. H. ROUSH,
BOX 48,
SHAM, - IOWA.
DEMOCRAT PRINT, BEDFORD, IOWA.

GENERAL AFFIDAVIT. of Neighbor

STATE OF Nebraska }
COUNTY OF Dundy } ss.

In the matter of S. M. Page, late a Corporal in Company G. 3rd D of the 6th Regiment of Wisconsin Infantry Volunteers, for a Original Invalid Pension.

On the 4 day of August A. D., 1890, personally appeared before me, a Notary Public in and for the aforesaid county, duly authorized to administer oaths, Frank Israel aged 50 years, a resident of near Beukelman in the county of Dundy and State of Nebraska whose post office address is Beukelman, and well known to me to be reputable and entitled to credit, and who being duly sworn declared in relation to the aforesaid case as follows:

He has been personally acquainted with S. M. Page and has been for five years, and three months, he having resided within 4 1/2 miles from my residence during that period, and from personal knowledge know that the said S. M. Page has suffered from Rheumatism and scurvy and is badly ruptured, rendering him unable over eight of the time to do manual labor.

I further declare that I have no interest in said case and am not concerned in its prosecution.

Frank Israel
Signature of affiant.

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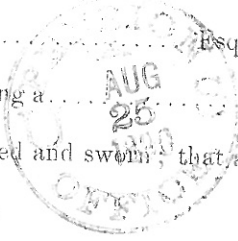
If affiant sign by mark, two persons who can write sign here.

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 ~~crossed~~ and the words ~~added~~ and acquainted *him* with its contents before *he* executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant, *Frank Israel, is* personally known to me; and that *he is* a creditable person.

G. D. Piquet
Official Signature
Notary Public
Official Character

STATE OF }
COUNTY OF } ss.

I,, Clerk of the County Court in and for said county and State, do certify that Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a 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.....

[SEAL]

Clerk of the

Neighbor's

Additional Evidence.

CLAIM OF
J. M. Page
G. W. Co., Co. 11 Regiment,
of Wisconsin Infantry Vols.
No of Claim 348, 1374

— FILED BY —
H. H. ROUSH,
BOX 48,
SIAM, - IOWA.
DEMOCRAT PRINT, BEDFORD, IOWA.