

Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal production process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY

INVALID ACT OF MAY 11, 1912

Cert. No. 049318

Name, Stephen M. Page

Rank, Priv; Service, Cos 1st Inf

6" Wrist Inf

Agency: Original Roll: Des Moines

Transf'd

DEAD

to GROUP 5

Issued Oct. 14, 1912

Mailed OCT 15 1912

Rate and period, \$ 30, from May 22, 1912

Issue. Class Rev. Entered: P-53-14 Fee, \$

Deductions: 0

Disability:

Issue. Class Increase Entered

Issued Mar. 8, 1924

Mailed

Rate and period, \$ 72, from Jan 25, 1924

Fee, \$

Deductions:

ACT OF MAY 1, 1920

Disability:



(3-730.)

INVALID. (Series \_\_\_\_\_)

Cert. No. 649,318

Name, Stephen M. Page -

Rank, Pvt.; Service, Co. 2056  
Wis. Vol. Inf. act Feb 4/94

Original Roll: Ses. Mornes

Agency, Transf'd \_\_\_\_\_, 1 \_\_\_\_\_, to \_\_\_\_\_

" \_\_\_\_\_, 1 \_\_\_\_\_, to \_\_\_\_\_

Issued, Oct-28, 1904

Mailed, Nov-3, 1904

Rate and Period, \$ 10, from Oct-12, 1904

Entered  
4 Issue  
Class Uddell  
Fee, \$ 10

Deductions: /

Disability: /

Issued, Jan-28, 1905

Mailed, Feb-3, 1905

Rate and Period, \$ 12, from Jan-13, 1905

Entered  
5 Issue  
Class Guc  
Fee, \$ 2

Deductions: /

Disability: /



(3-230.)

INVALID. (Series ✓)

Cert. No. **649318**

Name, Stephen M. Page

Rank, Priv; Service, Col 6 Wis Vol Inf

Agency { Original Roll: Des Moines

Transf'd \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

" \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

Issued August 25, 18\_\_\_\_

Mailed \_\_\_\_\_, 18\_\_\_\_

Rate and Period, \$ 2, from June 13, 1864

7 u u u \$4, July 20, 1864

Deductions: \_\_\_\_\_

Disability: Loss of teeth & dis. of gums

res. of surgery & scintia

Issued Sept 13, 1870

Mailed 20, 1870

Rate and Period, \$ 6, from Apr 6, 1870

Deductions: \_\_\_\_\_

Disability: Loss of teeth & dis

of gums, res. of surgery

& scintia

Entered \_\_\_\_\_

Entered \_\_\_\_\_

Class 12

Class 12

Issue 12

Issue 12

Issue 12

Issue 12

Issue 12

Issue 12

Issued, May 27, 1896  
Mailed Jan 29, 1896  
Rate and Period, \$ 8, from Jan 29, 1896

Deductions: \_\_\_\_\_

Disability Loss of teeth + disease of gums result of mercury + syphilis.

Issued \_\_\_\_\_, 18  
Mailed \_\_\_\_\_, 18  
Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

**INDORSEMENTS**

Dec. 21. Oct. 4. 1893. Court +  
city. H. B. Borchert

July 23. 1898. Court marriage cir J. E. H.  
DEC 20 1894

Pl. Geo. W. Borchert, Benjamin  
men. not of reg. il  
in. gen. law  
W. B. B.

Sept. 20/01

Atty (F. B.) of ref of in. r.

clm

D.S.B.

Pacific Branch N.H.D.V.S.—2-15-23-1000.

(281)

ACT MAY 1, 1920.

PACIFIC BRANCH, NATIONAL HOME FOR D. V. S.

P. O. ADDRESS: SOLDIERS' HOME, LOS ANGELES COUNTY, CAL.

NOV 28 1923  
W. D. C.

November 22, 1923.

TO THE COMMISSIONER OF PENSIONS,

WASHINGTON, D. C.

SIR:

I have the honor to report that *Stephen M. Page*...  
late *P. 4th* Co., *6*..... Regiment *Misc. Inf.*.....  
Pensioner, Certificate No. *649318*..... was **DISCHARGED** from  
this Branch on the *22*..day of *November*....., 1923.  
Paid to *November*...4th, 1923.....Group 3.....

Very respectfully,

*Geo. D. Baggett*

TREASURER.

ACT MAY 1, 1920.

Pacific Branch N. H. D. V. S. - 6-19-22-1000.

(80)

PACIFIC BRANCH, NATIONAL HOME FOR D. V. S.

P. O. ADDRESS: SOLDIERS' HOME, LOS ANGELES COUNTY, CAL.

OCT 19 1923

....., 192.....

OCT 26 1923  
OCT 29 1923

TO THE COMMISSIONER OF PENSIONS,  
WASHINGTON, D. C.

SIR:

I have the honor to report that.....

*Stephen M. Page*

late *P. G. Co.* *6* Regiment *Miss Inf*

Pensioner, Certificate No. *649318* was ADMITTED to

this Branch on the *19* day of *Oct*, 19 *23*

Paid to *Oct* 4th, 19 *23* Group 3.....

Very respectfully,

*Geo. T. Baggett*

TREASURER.

*2*  
*30*

3-1847.

**Act of Feb. 6, 1907.**

Cert. 649,318

Name, Stephen M. Page

Application filed Mar 14, 1907

Service, Es. G. <sup>Miss</sup> Inf

*11712*

CERTIFICATE—LOST PENSION CHECK.

Treasury Department,

OFFICE OF THE

AUDITOR FOR THE INTERIOR DEPARTMENT,

No. 9848  
Pensions Settlements and Claims.



March 2, 1911.

I certify, That I have examined and settled an account between the United States and Stephen M. Page.

under the appropriation for "Army Pensions, 1911," and find that the sum of sixty dollars

is due from the United States to him, being the amount of lost Pension Check No. 396439, dated August 23, 1910,

payable to the order of Stephen M. Page (Cert. No. 649518).

Let a warrant for the amount be remitted to Stephen M. Page, 1821 Homeside Ave., Los Angeles, Cal.

Said check issued by W. V. Wilcox, (late) Pension Agent at Des Moines, Iowa, to whom the amount is to be charged under his bond dated January 10, 1906. Pensions Fiscal Officers.

\$ 60.00

H. C. Shober

Auditor for the Interior Departments.

By JAMES B. BELT.

Deputy Auditor.

To the SECRETARY OF THE TREASURY (Division of Bookkeeping and Warrants).

Form 405.

PENSIONS.

No. 3348  
Pensions Settlements and Claims

CERTIFICATE

OF THE

AUDITOR FOR THE INTERIOR DEPARTMENT

IN FAVOR OF

Stephen H. Page

\$ 60.00

LOST PENSION CHECK.

649318

FINANCE DIVISION  
MAR 7 1911  
BUREAU OF PENSIONS

~~Edward~~ [3-216.] ~~rdan~~  
Ex'r. INVALID.  
*Gardett*  
No. 3118154

Acts of July 14, 1862, and March 3, 1873.

*Bentley, Dundy Co., Neb.*

*Stephen M. Page*

P. O. ~~St. Louis~~  
~~W. H. ...~~

Service: <sup>Cook</sup> *Co. 2 & ...*  
*ms*

Enlisted: *Jan 1*, 1864

Discharged: *June 12*, 1865

Application filed: *July 13*, 1867

Alleges: *seized and removed of enemy prisoner of war*

Re-enlisted:

Attorney: *J. E. Burton*

P. O. ~~Lincoln~~  
*Taylor Co. Ia*

*Clearfield, Taylor Co.*

Cert. of Dis. Searched for

75/876

25

Aug 7/87 - arrived in ...

June 16/87 - letter to Mr. ... of ...  
...  
at ...

~~...~~

June 29/87 - ... in ... with  
...

Aug 20/87 - ...

Jan 4/88 ...  
...  
...

1897

June 22/81. June Circular

July 18-81. Ex. Dr. Backdoor  
may 1881 mo

July 13/81. ~~1881~~  
July 3/82 56(12) - 57(13) -  
S. J. Andrews  
Continuance to 1871

3-24-83  
2.9.83 ~~Atty~~ auct call July 3/82

Dec. 14/83.

~~Atty. & returned to~~  
P.M. Olympia Kna To  
know whether Dr. Preston  
resides there. He was surg  
of 6 hrs. or

J. C. Huston for continuance  
evidence discharge  
for survey & for con-  
tinuance for sciatica  
from discharge to 72;  
for Con. off. & Reg. Surg.  
to show condition when  
released from prison &  
sent Surg. add.; for  
hosps. & Clut. P.D. add.

for evidence of condition  
at discharge & Clut. should  
state under oath inability  
to furnish evidence of  
wounds who were in  
prison with him.

July 1/84  
for P.D. add. of Surg. Dept. of  
Preston

Ex'r.  
I. C. J. No. 649.318

Act of June 27, 1890.

2/20

2/35-

Stephen M. Page.

P. O. Prospect Park.

Los Angeles Co. Cali.

Service W. G. & W. S. J.

Enlisted June 15, 1861.

Discharged June 15, 1863.

Application filed Oct. 12, 1904.

Any other claim filed 649.318

6-238

Attorney: Wm. Matteson.

P. O. Los Angeles  
Cali.

760 Cert. of Dis. Searched for \_\_\_\_\_, 190

Notified Oct. 14, 1904  
Bau

IND.

ILL.

IOWA.

OHIO.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

No. ....

[3-216.]

~~Payton~~ Ex'r. INVALID.

~~Serial~~ No. 348154

Acts of July 14, 1862, and March 3, 1873.

Stephen M. Page  
Berkley, ~~Mass~~ <sup>Claremont</sup>  
P. O. ~~Bank~~ <sup>Claremont</sup>  
~~Bank~~ <sup>Claremont</sup>

Service: ~~Col's G & D~~ <sup>6th Wis. Inf.</sup>

Enlisted: June 15, 1861.

Discharged: June 12, 1865.

Application filed: July 13, 1880.

Alleges: Asiatic and Bournay  
~~while in service~~

Re-enlisted:

Attorney: ~~J. P. Norton~~ <sup>J. P. Norton</sup>  
P. O. ~~1681~~ <sup>1681</sup> ~~Clearfield~~ <sup>Clearfield</sup>  
~~Taylor's~~ <sup>Taylor's</sup>

Recognized. Contract.

Cert. of Dis. Searched for \_\_\_\_\_, 18  
(12372-25,000.)

348154

IND. *Chicago, Ill*  
June 16/87  
ILL. Letter to R. R. Brown as to  
IOWA. contin. for best of himself  
test. to show condition  
at disch.

July 4/88  
WIS. Letter to ~~Chicago~~ as to contin.  
MINN. PM Beloit Wis cred  
NEBR. wito  
KANS. *Houston for one more*  
NEV. *com. as to origin*  
*File of the "Houston*  
*Patrol" at*

Jan 2/89  
CAL. *at 10 for ~~Harlan~~*  
OREGON. Letter to Harlan  
IND. TY. as to *Harlan* condition  
N. MEX. when released  
DAKOTA. from prison  
WASH. PM Beloit Wis cred disch.  
UTAH. Clint. for another  
com. as to origin  
in prison & for  
day contin. dis. to 67  
related. This Bureau  
does not furnish blanks  
for app. & sent him the  
add. of Capt. A. C. Matron  
& those of the other officers of Co.

Jan 5/89  
at no. 10 for add. of  
Jno. Hillman

No.

July 20/91 Col. Dear  
H. J. [unclear] to [unclear]  
[unclear] and  
to [unclear] [unclear] [unclear]  
J. P. [unclear].

Aug 9/91 Col. [unclear] [unclear] [unclear]  
[unclear] [unclear] [unclear]

*Planning*

U.S. MAIL 1920

*Ad. Files*

3-1638.

INCREASE

Cert. No. *649318*  
*Stephen M. Page*  
P. O.,  
County,  
State,

**RESTORED**  
~~ABANDONED~~

Application filed *Sep. 18, 1920*  
Service, *C.D. 6" Misc. Inf.*

*Oct. 9/20 letter for evidence showing aid and attendance and World war statement L.H.M.  
Jan. 18/24 Clmt. civ. for as definitely as possible date prob. requiring reg. aid & attend. of another person & evidence covering same.*

~~Jan 26 1924 Ex. Bd. Home 2nd Los Angeles, Cal. FTG / E~~

Attorney,  
P. O.,  
County,

PENDING FILES  
SEP 30 1920  
RECEIVED

3-1647.

**Act. of May 1, 1920**

Cert. 649318

Name, Stephen M. Page

Application filed Feb 2, 1924

Service, D + G - 6 - Wis Inf

Invalid Division  
I. C. 649318  
Stephen M. Page  
G, 6" Wis. Inf.

March 14, 1924.

Mr. Stephen M. Page  
344 North Townsend St.,  
Los Angeles, Calif.

Sir:

Your claim for increase under section two, act of May 1, 1920, has been allowed at the rate of \$72 per month from January 25, 1924.

The evidence on file fails to show that you required the regular aid and attendance of another person prior to that date.

Respectfully,



Commissioner

KAG:ogp

# DECLARATION FOR PENSION

ACT OF MAY 1, 1920

The Pension Certificate Should Not Be Forwarded With the Application

State of California, County of Los Angeles ss:

On this 12<sup>th</sup> day of September, 1920, personally appeared before me, a Notary Public within and for the county and State aforesaid, Stephen M. Page, who, being duly sworn according to law, declares that he is 86 years of age, and a resident of Los Angeles county of Los Angeles, State of California; and that he is the

identical person who was ENROLLED at Belmont, under the name of Stephen M. Page, on the 16<sup>th</sup> day of July, 1861 as a Private, in Co. D - 6th Wisconsin Infantry (Here state rank, and company and regiment in the Army, or vessels if in the Navy.) in the service of the United States, in the Civil War (State name of war, Civil or Mexican.)

war, and was HONORABLY DISCHARGED at Belmont, on the 31<sup>st</sup> day of Dec, 1863. That he also served Re-enlisted and served until the 12<sup>th</sup> day of June 1865 (Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height 5 feet 5 1/4 inches; complexion dove; color of eyes gray; color of hair brown; that his occupation was farmer; that he was born Dec 13<sup>th</sup> 1834 at Adelphi New Hampshire

That he requires the regular personal aid and attendance of another person on account of the following disabilities: on account of advanced age is dependent (State in this space the nature of any and all disabilities)

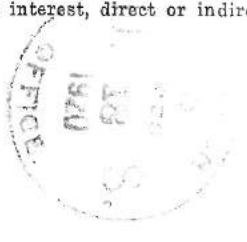
That since leaving the service he has resided at Los Angeles since 1904 and his occupation has been farmer & contractor. That he has applied for pension under original No. 649318. That he is a pensioner under Certificate No. 649318.

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 1, 1920.

(Two attesting and identifying witnesses.)  
(1) Am J Loomis 823 Ardmore Av Los Angeles Cal (Signature of first witness.)  
Los Angeles Cal 39 Ardmore av (Address of first witness.)  
(2) L. H. W. Ward (Signature of second witness.)  
1134 N. Main and 1/2 S. Long Beach Cal. (Address of second witness.)  
Stephen M. Page (Claimant's signature in full.)  
Los Angeles (Claimant's address in full.)

Subscribed and sworn to before me this 12<sup>th</sup> day of September, A. D. 1920, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words all

[L. S.] erased, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



George F. Amundson (Signature)  
Notary Public (Official character)  
State of California  
(Post Office address of officer.)  
4579 Melrose av

My Comm. Exp. Oct 9 1921

# DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF California, COUNTY OF SAN DIEGO, ss:  
 On this 25<sup>th</sup> day of January, A. D. 1924, personally appeared before me, a  
 \_\_\_\_\_, within and for the county and State aforesaid, Stephen M. Page  
 who, being duly sworn according to law, declares that he is 89 years of age, and a resident of Los Angeles  
 county of Los Angeles, State of California; and that he is the identical person  
 who was ENROLLED at Beloit Wisconsin, under the name of Stephen M. Page  
 on the 16<sup>th</sup> day of July, 1864, as a Private  
 in Co. G. 6<sup>th</sup> Regt Wis Vol  
 (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil War War, and was HONORABLY DISCHARGED  
 at Boalsteppe Va, on the 31<sup>st</sup> day of December, 1863. That he also  
 served as Corporal in Co. D 6<sup>th</sup> Regt Wis Vet Vol  
enrolled Jan-y 1<sup>st</sup> 1864 and discharged June 12<sup>th</sup>  
1865 at Trent Washington D. C.  
 (Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height, 5 feet 7/2 inches; complexion, dark  
 color of eyes, grey; color of hair, brun; that his occupation was Joiner  
 that he was born December 13, 1834, at Atkinson New Hampshire.

That he requires the regular personal aid and attendance of another person on account of the following disabilities:  
Bad Heart and disabilities of old age  
Is able to feed himself and dress himself  
part of the time.  
He is dizzy, spells and falls down, often  
 (State in this space the nature of any and all disabilities.)

That since leaving the service he has resided at Dunsmuir 2 yrs, Page Co Iowa 16 yrs  
Dunsmuir Cal 16 yrs, Los Angeles Cal 24 yrs.  
 and his occupation has been a joiner, and a farmer

That he has applied for pension under Original No. 649 318 That he is a pensioner under Certificate  
 No. 649 318 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 1, 1920.

(Two attesting witnesses.)  
 (1) ES Clark  
 (Signature of first witness.)  
 \_\_\_\_\_  
 (Address of first witness.)  
 (2) Mattie C. Brown  
 (Signature of second witness.)  
1816 1/2 So New Hampshire  
 (Address of second witness.)  
Los Angeles, Calif

Stephen M Page  
 (Claimant's signature in full.)  
344 No Townsend St  
 (Claimant's address in full.)  
Los Angeles, Calif

SUBSCRIBED and sworn to before me this 25 day of Jan'y, A. D. 1924, and I hereby  
 certify that the contents of the above declaration were fully made known and explained to the applicant  
 before swearing, including the words \_\_\_\_\_, added;  
 [L. S.] \_\_\_\_\_, erased, and the words \_\_\_\_\_, added;  
 and that I have no interest, direct or indirect, in the prosecution of this claim.

L. F. J. [Signature]  
 (Signature)  
[Signature]  
 (Official character.)  
 DEPUTY CLERK AND EX-OFFICIO CLERK OF  
 THE SUPERIOR COURT IN AND FOR THE COUNTY  
 OF SAN DIEGO, CALIFORNIA.  
 (Post-office address of officer) ORNIA,

Declaration accepted  
 as a claim under Sec.  
 2, act of May 1, 1920.  
 Chief, Law Div.  
 For WES

Duplicate

Act Approved May 1, 1920.

**DECLARATION FOR PENSION.**

Number \_\_\_\_\_

Claimant \_\_\_\_\_

Service \_\_\_\_\_

**INSTRUCTIONS.**

This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 of the act of May 1, 1920, because he requires the regular personal aid and attendance of another person.

The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

**INSTRUCTIONS.**

If applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file in support of his application:

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person; or, if the claimant is unable to procure such statement,

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

There should also be filed claimant's statement whether any member of his family rendered military or naval service in the late World War and, if so, whether he has applied to the War Risk Insurance Bureau for compensation, or is in receipt of the same because of the death in or since the service of such member of his family.

**Claimant should answer fully the following:**

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. *Answer: A widower*

No. 2. When, where, and by whom were you married to your present wife? *Answer: wife dead*

No. 3. What record of your marriage to her exists? *Answer: —*

No. 4. Were you previously married? *Answer: no* If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. *Answer: —*

Los Angeles Calif.

Dec. 27<sup>th</sup> 1923

Commissioner of Pensions  
Washington D.C.

Dear Sir,

I wish  
to know how I can get an  
increase of pension. What  
I will have to do.

I am getting <sup>80</sup> a month  
and have a very bad  
rupture and am constip-  
ated all the time and am  
very bad with piles and  
have to have help most  
of the time to get around.  
I am 90 years old. Where  
and when can I be exam-  
ined for an increase

My pension Certificate is  
No. 649318 - I belonged to Co. D,  
6th Wisconsin. Respectfully,

(By ls Page) for Stephen M. Page  
over

Stephen M Page  
344 N Townsend  
Los Angeles  
Cal



DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

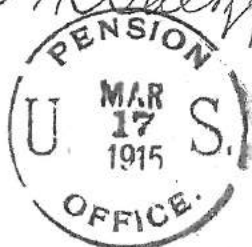
WASHINGTON, D. C., January 2, 1915.

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,

STEPHEN M. PAGE,  
LOS ANGELES, CAL.  
649318  
1133 N ARDMORE AVE

*G. M. Saenger*



Commissioner.

FOLD HERE.

FOLD HERE.

FOLD HERE.

No. 1. Date and place of birth? *Answer. Born Dec. 19, 1834 Adkinsville New*  
 The name of organizations in which you served? *Answer. Company G 6th Wis (Hansard*  
*Volunteers*

No. 2. What was your post office at enlistment? *Answer. Beloit Wisconsin*

No. 3. State your wife's full name and her maiden name. *Answer. Permelia Page Permelia Adams*

No. 4. When, where, and by whom were you married? *Answer. 8th day of April 1868*  
*at Clearinda Iowa by J. M. Stockton.*

No. 5. Is there any official or church record of your marriage? *at recorders office*  
 If so, where? *Answer. Page Co Clearinda Iowa*

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

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer. yes former husband Edwin R. Chapman married June 4th 1859 died at National Home for D. W. S. Leavenworth Kansas Feb 20th 1904 divorce was obtained at Swainson Mo. about 1865 served in Co K 19 reg. Mo. Cav.*

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

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

*Salina Page Born October 16, 1869 - living*

*Marion W. Page Born Dec. 16, 1872 - living*

Date *March 19, 1915* (Signature) *Stephen M. Page*

28  
486

DES MOINES AGE BY.

3-402.

Certificate No. 649318

Name, Stephen M. Page

Department of the Interior,

BUREAU OF PENSIONS.

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

SIR:

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

Very respectfully,

Benkelman, Neb.

Grundy Co

July 6<sup>th</sup> 1898

McKay Evans

Commissioner of Pensions.

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

Answer. *Married*  
Permelia Page. Maiden name Permelia Adams

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

Answer. May 18, 1868 Page County, Iowa. By J. M. Stockton

Third. What record of marriage exists?

Answer. The record of license in Clarinda, Page Co. Iowa

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

Answer. No

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

Answer. *Salina Page* Born Oct 16 1870  
*Marian Woodbury Page* Dec 16<sup>th</sup> 1873

Date of reply, July 6<sup>th</sup>, 1898

0-8

Stephen M. Page

(Signature.)

5301750ml-98

January 25<sup>th</sup> 1924

Commissioner of Pensions  
Washington D. C.

Dear Sir

I enclose to you the application  
for Increase of Pension of Stephen M.  
Page. I was very anxious he should  
furnish a paper from a Physician  
but he declares he has no Physician  
and thinks his application for increase  
should entitle him to an examination  
by the Board on account of his age,

Respectfully-

Mattie C. Brown

1816 1/2 So New Hampshire

Los Angeles, Calif.



Reissue  
ACT OF MAY 11, 1912.

Cert. No. 649318

see  
Dep't

all  
✓

Claimant, Stephen M. Page  
P. O., 1621 Homestead Avenue, Los Angeles, Rank, Private  
County, Los Angeles Service, Y and S  
State, California 6 Wisconsin Inf.  
Rate, \$ 30 per month, commencing May 27, 1912.

Approved for Increase  
\$ 40 from June 10, 1918  
from 19  
for of June 10, 1918  
CHRY  
AUG 8 1918

ATTORNEY OR STATE REPRESENTATIVE.  
(Order April 25, 1907.)

Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_; Agent to pay.  
P. O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 19

APPROVAL.

Submitted for Amnd, Oct 4, 1912, P. Munford, Examiner.  
Approved for admission Rate \$ 30 per month; age 77 years.

Reissue from Act February 6, 1907

Length of pensionable service: 3 years, 7 months, 28 days.  
Deductions in service from any cause: \_\_\_\_\_ years, 2 months, \_\_\_\_\_ days,

on account of absence without leave

Oct. 9, 1912, J. McClelland Oct 11, 1912, J. B. Albright  
Legal Reviewer. Re-Reviewer.

Enlisted June 15, 1861; honorably discharged June 12, 1865.  
Enlisted \_\_\_\_\_, 18; honorably discharged \_\_\_\_\_, 18  
Enlisted \_\_\_\_\_, 18; honorably discharged \_\_\_\_\_, 18

Length of pensionable service: 3 years, 49 months, 28 days.  
Pensioned at \$ 20 per month, under February 6, 1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 22, 1912  
Age shown by evidence 77 years; date of birth alleged December 13, 1839  
Claimant does \_\_\_\_\_ write.

No \_\_\_\_\_, M. C.

RECEIVED AT DIVISION

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of CALIFORNIA, County of LOS ANGELES, SS:

On this 17<sup>th</sup> day of May, A. D. one thousand nine hundred and twelve personally appeared before me, a NOTARY PUBLIC within and for the county and state aforesaid, Stephen M. Page, who, being duly sworn according to law declares that he is 77 years of age, and a resident of Los Angeles County of Los Angeles, State of California; and that he is the identical person who was enrolled at Beloit, Wis. under the name of Stephen M. Page, on the 15<sup>th</sup> day of June, 1861, as a Private, in Co. "G" 6<sup>th</sup> Regt. Wis. Vol. Inf. (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the "Civil" war, and was honorably discharged at Leulpeper Va (State name of war, Civil or Mexican.) on the 31<sup>st</sup> day of Dec, 1863.

That he also served as Corporal in Co. "G" 6<sup>th</sup> Regt. Wis. Vol. Inf. (Here give a complete statement of all other services, if any.) from January 1<sup>st</sup> 1864 to the 12<sup>th</sup> of June 1865. Discharged near Washington D.C.

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 5 1/2 inches; complexion, dark; color of eyes, grey; color of hair, brown; that his occupation was farmer; that he was born Dec. 13<sup>th</sup>, 1834 at Hampstead, New Hampshire

That his several places of residence since leaving the service have been as follows: data was given in former application for inc. act of Feb'y 6/07 (State date of each change, as nearly as possible.)

That he is now a pensioner. That he has heretofore applied for pension is pensioned by Certif. No. 649318, act of Feb'y 6, 1907 (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 May 11, 1912.

That his post-office address is 1621 Homestead Ave. Los Angeles, county of Los Angeles, State of California

Attest: (1) A. S. Stimson (2) E. W. Hotel Stephen M. Page (Claimant's signature in full.)

Also personally appeared A. S. Stimson residing in Los Angeles and E. W. Hotel, residing in Los Angeles persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Stephen M. Page, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of        year and        years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Validity accepted as to execution per Order of Division

Subscribed and sworn to before me this 17<sup>th</sup> day of May, A. D. 1912 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses, before swearing, including

[L. S.] the words "Hampstead", erased, and the words "N. P. on about 4 Adkinson", added, and that I have no interest, direct or indirect, in the prosecution of this claim.

PENSION OFFICE MAY 22 1912

A. S. Stimson  
E. W. Hotel  
(Signatures of witnesses.)

J. O. Hawley  
(Signature) NOTARY PUBLIC  
In and for Los Angeles County, Cal.  
(Official character) 201 TEMPLE ST., LOS ANGELES, CAL.  
Commission Expires Oct, 28, 1915

Act of May 11, 1912

# CLAIM FOR PENSION

Certificate No. 649318

Name Stephen W. Page

Service Co. B & A. Co.

Regt. 10th Infantry

FILED BY

*Levinant*

FOR ANNUITY, CALIFORNIA



Original No. \_\_\_\_\_  
Certificate No. 649318

**ACT OF FEBRUARY 6, 1907.**

Claimant, Stephen M. Page  
P. O., 1621 Home Side Avenue Rank, Private  
County, Los Angeles Company, G & D.  
State, California Regiment, 6th Museum Vol Infantry  
Rate, \$ 20 per month, commencing December 30, 1909

**STATE REPRESENTATIVE.**

(Order April 25, 1907.)

Name, \_\_\_\_\_  
P. O., \_\_\_\_\_

**APPROVAL.**

Submitted for Adm Jan 4, 1910, J. J. Sumner, Examiner.

Approved for \_\_\_\_\_

Increase  
age over 75.  
Rate \$20. per month.

Jan 5, 1910, E. Singletary Legal Reviewer Jan 5, 1910, T. F. Dennis Re-Reviewer.

Enlisted June 15, 1861 ; honorably discharged June 12, 1865

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Pensioned at \$ 15 per month, under Act February 6, 1907

**PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.**

Declaration filed Dec 20, 1909, 190

Date of birth alleged, December 13, 1834

Age shown by evidence 75 years.

Claimant does \_\_\_\_\_ write.

James M. Lachlan, M. C.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of CALIFORNIA  
County of LOS ANGELES } ss.

On this 14 day of December, A. D. one thousand nine hundred and nine personally appeared before me, a Notary Public within and for the county and State aforesaid, Stephen M. Page, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of LOS ANGELES county of LOS ANGELES, State of CALIFORNIA; and that he is the identical person who was ENROLLED at Rec't Misconsin under the name of Stephen M. Page, on the 16 day of July, 1861, as a Private, in Co. B, 6<sup>th</sup> Rec't Wisconsin Vol Inf, (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

and Co. B, as constituted  
in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at near Washington D. C., on the 12 day of June, 1865.  
That he also served \_\_\_\_\_  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 5 1/2 inches; complexion, dark; color of eyes, gray; color of hair, brown; that his occupation was joiner; that he was born December 13, 1828, at Adkinson.

That his several places of residence since leaving the service has been as follows: Lebanon Iowa  
from discharge June 1865 to Spring of 1867 - Taylor County Iowa Spring  
of 1867 to Fall of 1875 - Leavenworth County Mo. Fall of 1875 to Spring of 1880  
Clarinet, Colorado Spring of 1880 to Spring of 1891 - Leavenworth County Mo.  
Spring of 1891 to April 1905 - Leavenworth County Mo. April 1905 to present time

That he is \_\_\_\_\_ a pensioner. That he has \_\_\_\_\_ heretofore applied for pension allowed  
Certificate No. 649,318  
(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 February 6, 1907.

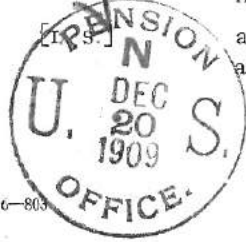
That his post-office address is 1621 Humboldt Avenue, county of LOS ANGELES, State of CALIFORNIA.

Attest: (1) John N. Upright  
(2) J. C. Jenkins  
(Claimant's signature in full.) Stephen M. Page

Also personally appeared John N. Upright, residing in Los Angeles Cal and J. C. Jenkins, residing in Los Angeles Cal, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Stephen M. Page, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of X years and X years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

John N. Upright  
J. C. Jenkins  
(Signatures of Witnesses)

SUBSCRIBED and sworn to before me this 14 day of December, A. D. 1909, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses 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.



Validity accepted  
S. A. Cuddy,  
Chief, Law Division.  
per 11 12 20 06

Wm. Mattson  
NOTARY PUBLIC IN & FOR LOS ANGELES COUNTY, CAL.  
MY COMMISSION EXPIRES MARCH 20, 1910.  
(Official Character.)

ACT OF FEBRUARY 6, 1907.

13

# CLAIM FOR PENSION.

Certificate No. 649,318-28

Name Arthur M. ~~Smith~~ Page

Service Dr. Co. 9th Col. Regt

Wisconsin Vol. Inf

## INSTRUCTIONS.

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



## AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:*

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and 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, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application 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.

APPROVED: February 6, 1907.

20  
Miss M.

Original No. \_\_\_\_\_

Certificate No. 649 3/8

RE-ISSUE ACT OF FEBRUARY 6, 1907.

Claimant, Stephen M. Page  
 P. O., Prospect Park Rank, Private  
 County, Los Angeles Company, Co. G. and B. 101st  
 State, California Regiment, 6th Wisconsin Vol. Inf.  
 Rate, \$ 15 per month, commencing March 14, 1907

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_

P. O., \_\_\_\_\_

APPROVAL.

Submitted for Oct. 11, 1907 A. Myers, Examiner.

Approved for Admission

age over 70.

Rate \$15, per month

Reissue to allow under Act February 6, 1907. Deduct sub. payments and drop name from rolls under Act June 27, 1890.

Oct 18, 1907, Orytallan Legal Reviewer. Oct. 18, 1907, J. A. Paul Re-Reviewer.

Enlisted June 15, 1868 honorably discharged June 12, 1868

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Pensioned at \$ 12 per month, under Act of June 27, 1890

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed March 14, 1907

Date of birth alleged, Dec. 13, 1834

Age shown by evidence 72 years.

Claimant does \_\_\_\_\_ write.

St. James McLachlan  
M. C.  
Gov a. 12

ACT OF FEBRUARY 6, 1907.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of California  
County of Los Angeles ss.

On this 9th day of March, A. D. one thousand nine hundred and seven, personally appeared before me, a Deputy County Clerk within and for the county and State aforesaid, Stephen M. Page, who, being duly sworn according to law, declares that he is 72 1/2 years of age, and a resident of near Los Angeles City county of Los Angeles, State of California; and that he is the identical person who was ENROLLED at Beloit Wisconsin under the name of Stephen M. Page on the 16th day of July, 1861, as a Private, in 9th Regt Wisconsin Vol Inf  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at near Washington D.C. (State name of war, Civil or Mexican.) on the 12th day of June, 1863. That he also served X  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 5 1/2 inches; complexion, dark; color of eyes, grey; color of hair, brown; that his occupation was journer; that he was born December 13, 1834, at State of New Hampshire near town of Atkinson

That his several places of residence since leaving the service have been as follows: Dubuque Ia.  
from discharge to Spring of 1867 - Page & Taylor Co. Iowa 1867 to 1885 -  
Dundell County Neb to Spring 1887 - Sacramento Co. Cal,  
from April 1904 up to present time  
(State date of each change of residence as possible.)

That he is not a pensioner. That he has not heretofore applied for pension allowed  
Certif. No. 649318 at 12 1/2 per mo & 20 moine pay  
(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 February 6, 1907.

That his post-office address is Prospect Park, county of Los Angeles, State of California

Attest: (1) Wm Mattoon (Claimant's signature in full.)  
(2) Charles F. Greeb

Also personally appeared Wm Mattoon, residing in Los Angeles and Charles F. Greeb, residing in Los Angeles, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Stephen M. Page, the claimant, sign his name (~~or make his mark~~) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of two years and X years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Validity accepted  
S. A. Cuddy,  
Chief, Law Division  
per TW

Wm Mattoon  
Charles F. Greeb  
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 9th day of March, A. D. 1907, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses 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.

[L. S.]



M. C. Warren  
(Signature) Deputy County Clerk, Los Angeles, Cal. (Official character.)

Bevin

3-014.

ACT OF FEBRUARY 6, 1907.

# CLAIM FOR PENSION.

Certificate No. 649318

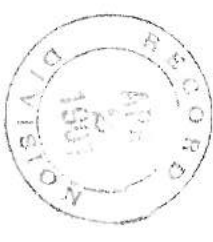
Name, Stephen M. Parr.

Service, In Co. H, 6<sup>th</sup> Regt.

Wisconsin Vol. Inf.

## INSTRUCTIONS.

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



### AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and 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, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application 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.

APPROVED: February 6, 1907.

# 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 California, County of San Francisco, ss:

ON THIS 17th day of January A. D. 1898, personally appeared before me, a

in and for the aforesaid County, duly authorized to administer

oaths, Lewis A. Hunt, aged 55 years, a resident of San Francisco

, in the County of San Francisco and State of California

and \_\_\_\_\_ aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

\_\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_

who, being duly sworn according to law, states that I am acquainted with Stephen M. Page

applicant for Invalid Pension; and know the said Stephen M. Page to be the identical

person of that name who enlisted or volunteered as a Private in Company "G" 4<sup>th</sup> D<sup>o</sup>

6<sup>th</sup> Regiment of Wisconsin V<sup>ol</sup>, Vols, and who was discharged

at Near Wash, D C on or about the 12<sup>th</sup> day of June 1865;

by reason of Telegram from War Dept dated

May 30<sup>th</sup> 1865

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

Gettysburg in the State of Pennsylvania, did, on or about

the 1<sup>st</sup> day of July, 1863, become disabled in the following manner, viz:

After the surrender of the 2<sup>nd</sup> Mass. Inf<sup>try</sup> he

went with a squad of men under command

of Capt. Rollin P. Converse and helped to pull a gun

belonging to Hall's 2<sup>nd</sup> Maine Battery from the field to

the turnpike, where Capt. Hall took it in charge, while

assisting in the removal of said gun he was ruptured by

being struck by the bar of said gun on the groin.

That the facts stated are personally known to the affiant by reason of belonging to the

same company and on the same day

Stephen M. Page was taken prisoner and

sent to Richmond Virginia

At the battle of Gettysburg I was a serf of

Co "G" 6<sup>th</sup> Wisconsin Volunteer Infantry. After-

wards I was commissioned Captain of said

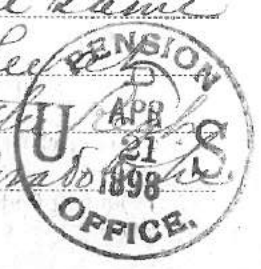
Company and later assigned to Co "A" same

Regiment. At the Surrender of Gen Lee

Approximately I was Commander of the

Since the war I met S. M. Page in Colorado

visited at my house.



And deponent further states that *he is* well acquainted with the claimant, having known him for at least *twenty six years*, and, further, that *his* knowledge of the facts above stated *is* derived from said acquaintance, and from having served as *a member* of Company *1st* of the *6th* Regiment of *Wisconsin* Volunteers, from the *20th* day of *June*, 1861, to the *28th* day of *July*, 1865. And deponent further states 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.

*P. D. Keegan*

*Lewis A. Kent  
Capt Co "A" 6th Regt. Wis Vol Inf.*

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

[Signatures of affiants.]

STATE OF *California* COUNTY OF *San Francisco*, ss:

Sworn to and subscribed before me this *17th* day of *January*, A. D. 1898; 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 *me* 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* credible person.

*P. D. Keegan*

[Official Signature]

Notary Public in and for the City and County of San Francisco, State of California.

[L. S.]

[Official Character.]

ADDITIONAL EVIDENCE.

Claim of  
*Stephen M. Page*  
*Co. D. 6th Regt.*  
*Inf. - Cal.*  
*ex. No. 649,318*

PROOF OF DISABILITY.

FILED BY  
FREDERICK BENJAMIN  
WILLIAM H. MCGEE

618 F STREET N. W.,

WASHINGTON, D. C.

Hartman & Cadick, Prs., Washington, D. C.

693

ACT OF MAY 1, 1920  
INCREASE

*Assn man 8*

Claimant Stephen M. Page  
 P. O. 344 N. Townsend St. Rank Private  
 County Los Angeles Service Co. G and Co. 6 Wisconsin  
 State California Infantry  
 Rate, \$ 72 per month, commencing January 25, 1924

*B*

STATE REPRESENTATIVE. None

APPROVAL

Submitted for Med. Ex. Jan. 18, 1924 W. L. Fleming, Examiner.  
 " " Adm. Feb. 24, 1924 " " " "

Approved for .....

Approved for \$72 from Sep 22, 1923 to Jan 25, 1924  
Jan. 25, 1924

INCREASE, SECTION 2,  
 ACT OF MAY 1, 1920.

*Not warranted from first date.*

INVALID DIVISION

*2/29/24*

~~Not Medical Examination~~

Jan. 19, 1924, H. A. Leahy, Reviewer.  
 " " " " Sw. Reviewer.  
 " " " " Reviewer.

Lashlee, Medical Examiner.  
Mar 4, 1924, W. L. Fleming, Medical Referee.

Enlisted ..... 18.....; honorably discharged ..... 18.....  
 Enlisted ..... 18.....; honorably discharged ..... 18.....  
 Enlisted ..... 18.....; honorably discharged ..... 18.....  
 Length of pensionable service ..... years, ..... months, ..... days.  
 Pensioned at \$ 50 per month, under ACT OF MAY 1, 1920, as Civil War veteran.

PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed Sept. 18, 1920  
 Claimant does not write. Feb 2, 1924

*W*

....., M. C.

M.W.  
649318  
Dea m.

*Increase*  
ACT JUNE 27, 1890.

INVALID PENSION.

Claimant, *Stephen H. Page*  
P. O. *Prospect Park*  
County *Los Angeles*  
State *California*  
Rank *Private*  
Company *1*  
Regiment *6<sup>th</sup> Misad Inf.*  
Rate, \$ *12* per month, commencing *January 13, 1905.*

Pensioned for *Total* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *J. M. Mattoon* Fee, \$ *2*  
P. O. *Los Angeles, Cal* Agent to pay.

APPROVALS.

Submitted for *Jan 25, 1905* *E. S. Tracy*, Examiner.

Approved for *Total inability to earn a support by manual labor.*  
*Age 70 years*  
*Rate \$12 per month.*

Approved for  
*Medical action not needed*  
Aggregate of disabilities shown, permanent in character: *Yes*

*Jan 26, 1905* *A. G. Lewis* Legal Examiner.  
*Jan 27, 1905* *D. A. Anderson* Re-Reviewer.

Medical Examiner, Medical Reviewer,  
, 190, Medical Referee.

Enlisted *June 15, 1861*; honorably discharged *June 12, 1865*  
Enlisted, 186; honorably discharged, 186  
Pensioned at \$ *10* per month. Last paid to *for age.*

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *Jan 13, 1905*, alleges *age 70.*

Claimant does write.  
Certificate not filed.

*no*, M. C.

# Declaration for Increase of Pension

Under the Acts of June 27, 1890, and May 9, 1900

"Executive Order No. 78"

State of California, County of Sos Angeles, ss:

ON THIS 7<sup>th</sup> day of January, A. D., one thousand nine hundred and Five

personally appeared before me, a Deputy County Clerk within and for the County and State

aforsaid Stephen M. Page, a resident of Prospect Park County of Sos Angeles State of California

who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the

Des Moines Pension Agency at the rate of ten dollars per month,

Certificate No. 649,318; by reason of disability from Disease of teeth

(Here name the disability for which pension was granted.)

and disease of gums result of berry and sciatica and soft inguinal hernia and old age

That he was a Private in Co. G, 6, Reg't Wis. Inf Vols.

(Here state rank, company, and regiment, if in the army; vessel, if in the navy.)

That he is 70+ years of age, having been born on the 13<sup>th</sup> day of

December, 1824, and believes himself to be entitled to an increase of pension on

the ground that the rate allowed him is too low and not commensurate with the extent of his present disability.

He therefore requests that he be favored with another medical examination with the view of determining his

right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9,

1900. That this claim for increase of pension is well truly and

legally based on age alone

under Executive Order No. 78

wherefore he now expressly

waives all his physical injuries

and to save delay & annoyance

and expense of a medical

examination - he now ab-

solutely declares his rights

as entitled by both disability

and old age & claim only for age

and old age & claim only for age

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

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

William Mattoon of Sos Angeles, California

his true and lawful attorney to prosecute his claim.

His Post-office address is Prospect Park,  
Sos Angeles County, California.

Wm Mattoon  
N. C. Nelson

(Two witnesses who write sign here.)

Stephen M. Page  
(Signature of Claimant.)



ATTY FILE

Also personally appeared Albert J. Millross, residing at Los Angeles Cal, and Melvin Hester residing at Los Angeles Cal, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw Stephen M. Page (Name of Claimant.) claimant, sign his name (or ~~make his mark~~) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of no years and no years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Albert J. Millross  
Melvin R. Hester

(If affiants sign by mark, two persons who witness here.)

(Signatures of Affiants.)

Sworn to and subscribed before me this 7th day of Jan, A. D. 1905, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses 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.

N. C. Watson

(Official Signature) Deputy County Clerk  
Los Angeles, Cal.

(Official Character.)

[L. S.]

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record or a City or County Clerk, unless such certificate is already on file in Pension Office, when such fact should be stated.

**Soldier's Application**

**FOR INCREASE**

Under the Acts of June 27, 1890, and May 9, 1900.  
Present order No. 78

Stephen M. Page, Applicant.

In Co. B + D, 6<sup>th</sup> Reg't

Massachusetts Vols.

Pension Certificate No. 649,318

OTJ

FILED BY  
WILLIAM J. JAN-10-05  
ATTORNEY AT LAW  
128 TRINITY STREET  
LOS ANGELES, CALIF.

Printed and for sale by John W. Sherry, Claim Book Printer, Washington, D. C.  
9061  
JAN 10 1905  
LOS ANGELES, CALIF.

m.m.  
649318

Act of June 27, 1890.

See m.

Additional. INVALID PENSION. *Off. 649318*

Claimant, *Stephen M. Page*  
P. O., *Prospect Park* Rank, *Private*  
County, *Los Angeles* Company, *"G"*  
State, *California* Regiment, *6 Wis. Vol Inf.*  
Rate, \$ *10* per month, commencing *October 12 1904*  
*Deduct sub. payts.*

Pensioned for *partial* inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, *Wm. Mattoon* Fee, \$ *10.*  
P. O., *Los Angeles, Cal.* Agent to pay.

APPROVALS.

Submitted for *Oct. 22*, 190*4*, *Y. Lester M.A.* Examiner.

Approved for *partial inability to earn a support by manual labor.*

Approved for \_\_\_\_\_

*Age 68 years. Rate \$10 per month.*

Aggregate of disabilities shown, permanent in character: \$ \_\_\_\_\_

*Deduct sub-payments and drop name from rolls under given law*

*Oct 25, 1904, [Signature]*

*[Signature]* Medical Examiner. Medical Reviewer.

*Oct 25, 1904, [Signature]*

\_\_\_\_\_, 190\_\_\_\_, Medical Referee.

No. *2* pensioned under other laws at \$ *8.* per month for *loosy teeth of dis. of gums 20. of scurvy asiatica.*

Enlisted *June 15*, 18*61*, honorably discharged *July 12*, 18*65*.

Reenlisted \_\_\_\_\_, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_.

Declaration filed *Oct. 12*, 190*4*, alleges permanent disability, not due to vicious habits, from *loosy teeth & dis. of gums 20. of scurvy asiatica & left inguinal hernia old age.*

*Born Dec. 12, 1834.*

\_\_\_\_\_, M. C. Claimant does \_\_\_\_\_

Act of June 27, 1890.

DECLARATION FOR INVALID PENSION.

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

State of California, County of Los Angeles, ss:

On this 5th day of October, A. D. one thousand nine hundred and

four, personally appeared before me a Deputy County Clerk of the Superior Court within and for the County and State aforesaid,

Stephen M. Page, aged 69 1/2 years, a resident of Prospect Park of Los Angeles

State of California who, being duly sworn according to law, declares that he is the identical Stephen M. Page who was ENROLLED on the about 15th

day of June, 1861, in Private Co. G, 6th Regt Wisconsin Volunteer Infantry in the service of the

United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Washington D.C, on the about 15th day of June, 1865

That he has not been employed in the military or naval service otherwise than as stated

above. prior or subsequent to above term of service (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he is totally unable to earn a support by manual labor by reason of loss of teeth

and disfigurement of face result of being and secretaries for which pensioned at \$8.00 per month act of July 14, 1862. That this claim is for claim from the act of July 14, 1862. I was disabled 27, 1890 by order No 78 for \$12.00 per month on ground of 1. above pensioned injuries 2. soft injured hernia shown by affidavits dated 1st and 2nd of Jan 1891 on 3rd of Feb 1891 - he was born at Hamstead Rockingham New Hampshire on December 12, 1824

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

applied for pension under application No. forgotten That he is a pensioner under Certificate No.

No. 649,318 under the act of July 14, 1862 (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, as amended by act of May 9, 1900.

He hereby appoints with full power of substitution and revocation, William Mattoon of Los Angeles Cal.,

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

his POST-OFFICE ADDRESS is Prospect Park, County of Los Angeles, State of California

Stephen M. Page (Claimant's Signature)

1 William Mattoon
2 W. C. Matton (Two witnesses who write sign here.)

ATTY FILE



Also personally appeared Aden Mattson, residing at Los Angeles Cal, and Melville C. Hester, residing at Los Angeles Cal, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Stephen M. Payne, claimant, sign his name (~~or make his mark~~) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of no years and 0 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Aden Mattson  
Melville C. Hester  
 (Signatures of witnesses.)

Sworn to and subscribed before me this 6th day of Oct, A. D. 1904 and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses 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.

W. C. Watson  
 (Signature) Deputy County Clerk,  
 Los Angeles, Cal.  
 (Official Character.)

[L. S.]

The Act of June 27, 1890, REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

"Ex. No. 649,318, Gen. Service  
changed  
 Acts of June 27, 1890, May 9, 1900.

**SOLDIER'S APPLICATION.**

Name: Stephen M. Payne  
 Service: 1st Cav. 9. 6" Regt Wisconsin Vol Inf  
 Address: Prophet Park Los Angeles County California

LAW DIVISION  
 OBTAINED BY 13 BY 1904  
 WILLIAM MATTHEWSON  
 ATTORNEY AT LAW  
 125 TEMPLE STREET  
 Los Angeles, Cal.

Date of Execution Oct 6 1904  
 Printed and for sale by John F. Speer, Stationer & Printer, 419-415 Ninth Street, N. W., Washington, D. C.  
 RECORDED

INVALID PENSION. *649,318*

*James*  
Claimant, *Stephen W. Page*

P.O., *13 Entelman*  
County, *Dundy*  
State, *Nebraska*

Rank, *Private*  
Company, *4*  
Regiment, *6, Wisconsin Vol. Inf.*

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

REJECTED  
DEC 20 1899

Disabled by \_\_\_\_\_

RECOGNIZED ATTORNEY:

Name, *Frederick Benjamin* Fee \$ *2*, Agent \_\_\_\_\_ to pay.  
P.O., *City* Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

APPROVALS

Submitted for *adm. No. 24*, 18 *99*

Approved for *loss of teeth and disor of gums result of scurvy and scapatica*

*Former rejection of hernia adhered to*

*Dec. 2*, 18 *99* *J. Morrison*, Legal Reviewer.

*Enlisted July 1871*  
Discharged *June 12*, 18 *61*

Pensioned from *June 13*, 18 *65*, at \$ *2.14* per *month*

Original declaration filed \_\_\_\_\_, 18 \_\_\_\_\_; alleged \_\_\_\_\_

*H. J. Henin* adhered to  
*W. C. Bally*, Examiner.

Approved for *Loss of teeth and disease of gums, result of scurvy and scapatica 9/18*  
*no incision*

*Clark*  
*Dec. 13*, 18 *99*, *J. H. P.*, Medical Referee.

Arrears allowed from \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_

PRESENT CLAIM.

Declaration filed *Dec. 13*, 18 *97* *In Duplin District Nebraska*

*And. Dis.*

*Wm. - No. 111*

Act of ~~June 27, 1890.~~ <sup>under the Old Law.</sup>

*27*

Declaration for the Increase of an Invalid Pension.

State of Nebraska, County of Dundy, ss:

On this 4<sup>th</sup> day of December, A. D. one thousand eight hundred and ninety-seven, personally appeared before me, a Notary Public within and for the County and State aforesaid, Stephen M. Page, aged 63 years, a resident of the Town of Indian Creek, County of Dundy, State of Nebraska, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Des Moines, Ia Pension Agency, at the rate of 8 dollars per month, under Certificate No. 649318, issued under the Old Law Act of June 27, 1890, by reason of disability from Loss of teeth and disease of Gums result of Scurvy and Scratia  
(Here name the disability or disabilities for which now pensioned, copying statement of same from pension certificate.)

having been in the Military service of the United States as a Corporal  
(Military or Naval) in Co "D" 6<sup>th</sup> Wis Vet Infantry  
(Here state rank, company, and regiment, if in the Army; or rating and name of vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of not being rated proportionately to the degree of his disability for manual labor arising from the above-named causes and also for rupture, the disabilities for which pension  
(Here state any other reasons for applying for increase. If on account of increase in the disability for which already pensioned, the fact should be stated, and the manner and extent of the progression of the disability described.)  
was granted has increased to such an extent that I have put two teeth in my head

\*Application is also hereby made for pension under the provisions of the Old Law ~~Act of June 27, 1890~~, on account of the following-named

**NEW OR ADDITIONAL DISABILITIES,**

namely: Sciatica rheumatism and rupture  
(Here state name or nature of each and every existing disability, not due to vicious habits, for which pension has not been granted, including, in cases of wound or injury, a statement of the time, place, and circumstances of the origin or incurrence of the same.)  
Sciatica rheumatism contracted while in actual service

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

He hereby appoints, with full power of substitution and revocation, FREDERICK BENJAMIN, of WASHINGTON, D. C.,

his true and lawful attorney, to prosecute his claim, the fee (if pension is granted for or on account of any one or more of the above-named new or additional disabilities) to be Twenty five DOLLARS, payable as prescribed by law.

That his POST-OFFICE ADDRESS is Benkelman, County of Dundy, State of Nebraska

Stephen M. Page  
(Claimant's signature.)

1 Morris S Owens

2 J. B. Ough  
(Two witnesses who write sign here.)

\*If suffering from any disease, wound, or injury not named in the present pension certificate, fill out this portion of the application, otherwise leave it blank.

ATTY FILED



Also personally appeared Morris S. Owens, residing at Benkelman, Neb. and J. C. Ough, residing at Benkelman Neb., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, depose and say that they were present and saw Stephen M. Page the claimant Sign his name to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; that they have no interest in this claim, and are not concerned in its prosecution.

\_\_\_\_\_  
 (If either affiant signs by mark, two persons who write sign here.)  
Morris S. Owens  
J. C. Ough  
 (Signatures of Affiants)

Sworn to and subscribed before me this 4<sup>th</sup> day of December, A. D. 1897; and I hereby certify that the contents of the foregoing declaration were fully made known and explained to the applicant and witnesses before they made oath to the same, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

89  
 [L. S.]

Frank Israel  
 (Official Signature.)  
Notary Public  
 (Official Character.)

NOTICE.—This application may be sworn to before a NOTARY PUBLIC, Clerk of Court, or JUSTICE OF THE PEACE. If the officer has no seal, he should state whether he has a certificate of his official character filed for general reference in the Pension Office.

~~Act of June 27, 1890~~

INVALID.

CLAIM FOR INCREASE.

Stephen M. Page  
 Vol. 6, Reg. 1897  
 Pension Certificate No. 649-518

Same Reg.

FILED BY  
 FREDERICK BENJAMIN,  
 WASHINGTON, D. C.

Printed and for sale by John F. Sheely, Claim Blank Printer, 628 D Street, N. W., Washington, D. C.

# GENERAL AFFIDAVIT.

State of Nebraska, County of Dundy, ss:

In the matter of Stephen M. Page, late Corporal  
(Here state the name of claimant and of soldier and his military service)

Co. "D" 6<sup>th</sup> Wis. Art Vol Inft-

ON THIS 13<sup>th</sup> day of December, A. D. 1897 personally appeared before me,

a County Judge within and for the County and State aforesaid, duly authorized

to administer oaths, Stephen M. Page, aged 64 years, a resident of

Indian Creek Pt in the County of Dundy, and State of

Nebraska, whose Post Office address is Benkelman

Nebraska, and \_\_\_\_\_, aged \_\_\_\_\_

years, a resident of \_\_\_\_\_, in the County of \_\_\_\_\_,

and State of \_\_\_\_\_, whose Post Office address is \_\_\_\_\_

\_\_\_\_\_, well known to be reputable and entitled to credit,

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

On the 1<sup>st</sup> day of July 1863, at the battle  
NOTE.—Affiants should state how long they have known soldier, how often they have seen him on an average during their acquaintance with him, and any other matters that would tend to show the basis of their knowledge of the facts to which they testify.

of Gettysburg after the 6<sup>th</sup> Wis Inft made  
a charge upon the 2<sup>nd</sup> Mississippi Inft-  
and captured their colors and I  
assisted in removing a piece of ar-  
tillery from the hill to the rear of  
Regiments line and while engaged  
in said removing of artillery I was  
thrown against the end of gun bar  
and hurt in the groin from which  
fall has caused my rupture.

~~further declared that \_\_\_\_\_ no interest in said case and~~

~~not concerned in its prosecution~~

(If affiant signs by mark, two persons who write must sign here.)



Stephen M. Page  
(Signatures of affiants.)

State of Nebraska, County of DeWady, ss:

Sworn to and subscribed before me this 13<sup>th</sup> day of December

A. D. 1897, 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 well known to me, and that he is a credible person.....

Frank Israel

(Signature.)

County Judge

Official Character

[L. S.]

[Signature]  
[Signature]  
County No. 649, 318

ADDITIONAL EVIDENCE.

CLAIM OF

[Signature]

AFFIDAVIT OF

Co. D "6" Regt. 1st Div. U.S. Vols.

FILED BY

**FREDERICK BENJAMIN,**

Attorney at Law,

WASHINGTON, D. C.

# GENERAL AFFIDAVIT.

State of Nebraska, County of Madison, ss:

In the matter of Stephen M. Page, private of  
(Here state the name of claimant and of soldier and his military service.)  
Company G, 6<sup>th</sup> Wis Vol Infantry

ON THIS 29<sup>th</sup> day of November, A. D. 1898, personally appeared before me,  
a Notary Public within and for the County and State aforesaid, duly authorized  
to administer oaths, Henry C. Matraux, aged 54 years, a resident of  
Norfolk, in the County of Madison, and State of  
Nebraska, whose Post Office address is Norfolk,  
Nebraska, and \_\_\_\_\_, aged \_\_\_\_\_  
years, a resident of \_\_\_\_\_, in the County of \_\_\_\_\_,  
and State of \_\_\_\_\_, whose Post Office address is \_\_\_\_\_,  
\_\_\_\_\_, well known to be reputable and entitled to credit,  
and who being duly sworn, declared in relation to aforesaid case as follows:

NOTE. Affiants should state how long they have known soldier, how often they have seen him on an average during their acquaintance with him, and any other matters that would tend to show the basis of their knowledge of the facts to which they testify.

I served as a private, corporal, and sergeant in Company G, 6<sup>th</sup> Wisconsin Vol Infantry from 1861 until the consolidation of that Regt with the 2<sup>nd</sup> Wis Vol Infantry in 1864, and was 1<sup>st</sup> Sgt, 1<sup>st</sup> Lieut and Captain in Company D, 6<sup>th</sup> Wis Vol Infantry under the reorganization until close of the war. I was very well acquainted with Stephen M. Page, private of my company and remember his being captured by the enemy on July 1<sup>st</sup> 1863 at the Battle of Gettysburg, and of his being detailed to care for the Regimental Doctors horses after his return to the company late in the fall of 1863 on account of lame back and some other disabilities, the nature of which I cannot now remember. He was again captured in the first Battle of the Wilderness on May 5, 1864 and after that date I have no further distinct recollection of him.

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

Thomas Walsh

(If affiant signs by mark, two persons who write must sign here.)

Henry C. Matraux

(Signatures of affiants.)



State of Nebraska, County of Madison, ss:

Sworn to and subscribed before me this 29 day of November

A. D. 1898, 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 well known to me, and that he is a credible person.

G. A. Linkart  
(Signature.)  
Notary Public  
(Official Character.)

[L. S.]

Div.

No. 649318 4

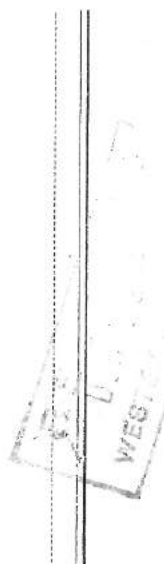
ADDITIONAL EVIDENCE.

CLAIM OF

Stephen M. Page

Co. A 6 "Reg't 12th Inf 101st.

AFFIDAVIT OF



FILED BY

**FREDERICK BENJAMIN,**

Attorney at Law,

WASHINGTON, D. C.

649318

649318  
Des m.

# Increase IN VALID PENSION.

Claimant,

Stephen M. Page

P.O.,

Benkelman

Rank,

Priv.

County,

Dundy

Company,

G

State,

Neb.

Regiment,

6<sup>th</sup> Wis. Vol. Inf.

Rate, \$

per month, commencing January 29 1896

Disabled by

Loss of teeth & dis. of gums res. of scurvy & sciatica

RECOGNIZED ATTORNEY:

Name,

Clunt

Fee \$

Agent to pay.

P.O.,

Articles filed

18

### APPROVALS:

Submitted for

May 7<sup>th</sup>, 1896

Approved for

J. B. Fulmer, Examiner.

Approved for

Loss of teeth & disease of gums, result of scurvy & sciatica.

Approved for

Loss of teeth and disease of gums result of scurvy and sciatica  
8/18 from Jan 29 - 1896  
J.M.

Former rejection of rupture adhered to.

May 15<sup>th</sup>, 1896

Director, Legal Reviewer.

May 21, 1896

Medical Referee.

Enlisted

June 15<sup>th</sup>, 1861

Discharged

June 12<sup>th</sup>, 1865

Last paid to

at \$ 60

Pensioned from

June 13<sup>th</sup>, 1865

at \$ 2

and #4 - from July

20<sup>th</sup> 1887 for Loss of teeth and disease of gums result of scurvy and sciatica.

Original declaration filed

Feb. 13<sup>th</sup>, 1880

alleged scurvy followed by sciatica.

Increased to \$60 from April 6<sup>th</sup> 1892 for same.

Affidavit filed Sept. 7<sup>th</sup> 1891 alleges rupture rejected July 22<sup>nd</sup> 1893.

Arrears allowed from

18

to

18

at \$

### PRESENT CLAIM.

Declaration filed

Dec. 16

1895

alleges rupture and sciatica

rheumatism.

Clunt writes.

W. M. C.

BOARD OF REVIEW.

Department of the Interior,

BUREAU OF PENSIONS.

Chief of Certificate Division.

After issue of the certificate in this case  
please return the papers to Adjudicating  
Division for the necessary notification to the  
Attorney and claimant of the rejection of  
*for remarriage*  
claim under the *Law*

*Pennington*

Reviewer.

*Sec 5*

*Sept. 9*, 189*3*

No. *649 318*

Name *A. M. Page*

Service *G. C. Wis Inf*

case  
649318

Increase

INVALID PENSION.

649,318

Claimant, Stephen M Page

P.O., Benkelman

Rank, Pt ✓

County, Bundy ✓

Company, 4

State, Neb. ✓

Regiment, 6 Wis. Vol. Inf.

Rate, \$ 6 per month, commencing April 6, 1892

Disabled by Loss of teeth + disease of gums, res of sciatica + sciatica

RECOGNIZED ATTORNEY:

Name, N W Roush

Fee \$ 20, Agent to pay.

P.O., Steam Ia

Articles filed, 18

APPROVALS:

Submitted for Inc July 18, 1893	Dudley, Examiner.
Approved for Loss of teeth and disease of gums result of sciatica and sciatica. No rheumatism other than sciatica. Claim by genuine neuralgia; not due to injury; developed after discharge July 22, 1893	Approved for loss of teeth and disease of gums, result of sciatica and sciatica. No rheumatism other than sciatica. Claim by genuine neuralgia; not due to injury; developed after discharge July 22, 1893
Ketchum, Legal Reviewer.	Aug 30, 1893, Medical Referee.

Discharged June 15, 1861  
 Discharged June 12, 1865. Last paid to at \$ 40  
 Pensioned from June 13, 1865, at \$ 2 - credit \$ 40 from July 20, 87  
 for loss of teeth & dis. of gums, result of sciatica and sciatica.  
 Original declaration filed Feb 13, 1890; alleged sciatica & sciatica.

Arrears allowed from, 18, to, 18, at \$

PRESENT CLAIM.

Declaration filed Feb. 10, 1892. Incr res rheumatism. + atrophy of left leg. & scrobal humer. No inc. Notes.

### Bureau of Pensions.

*This slip should be attached to brief in admitted cases that have been called up by members of present Congress.*

*By direction of Commissioner:*

A. W. FISHER,  
*Chief Clerk.*

*[Signature]*  
Division,

*[Signature]* Claim,

No. *348184* of

*Stephen M. Page*

P. O. *Gentleman,*

*[Signature]*

Hon. *J. P. Black*

called up this case *Feb. 20*, 189*1*,

and should be informed of its adjudication.

*[Signature]*  
Examiner.

ORIGINAL INVALID CLAIM.

3/18  
 Soldier, *Stephen M. Page*  
 P. O. *Gentleman*  
 County, *Dundy*  
 State, *Mo.*  
 Rank, *Priv.*  
 Company, *G. 1st*  
 Regiment, *6. Mo. Vol. Inf.*  
 Rates, \$ *2-* per month, commencing *June 13, 1865*  
*and 74 - from July 20 - 1887*

*scorvy and sciatica,*  
 Pensioned for *Loss of teeth and disease of gums result of*

RECOGNIZED ATTORNEY. *Op #13-11*  
 Name, *H. H. Koush* Fee, \$ *25*, Agent \_\_\_\_\_ to pay.  
 P. O., *Siam, Iowa* Articles filed *Aug. 25*, 1890

APPROVALS.  
 Approved for *scorvy & sciatic humors -*  
 Submitted *June 29*, 1891; *M. Buller*, Examiner.

Approved for *scorvy and sciatica*

Approved for *Loss of teeth and disease of gums result of scorvy & sciatica 2/18 to July 20th 1887 and 4/18 thereafter*

*July 20, '91* Wheeler, Legal Reviewer.  
 \_\_\_\_\_, 189 \_\_\_\_\_, Re-Reviewer.

*H. H. Koush*, Med. Ex'r, *W. J. ...*, Med. Reviewer,  
*Aug 1st 1891*, *J. M. ...*, Med. Referee.

IMPORTANT DATES.

Enlisted, *June 15*, 1866. \_\_\_\_\_ service from \_\_\_\_\_  
 Mustered \_\_\_\_\_, 18 \_\_\_\_\_, 18 \_\_\_\_\_, in \_\_\_\_\_  
 Discharged *June 12*, 1866.  
 Declaration filed *Feb. 13, 1880*; 1880 Not in service since *July 20*, 1865.

BASIS OF CLAIM.

*Phys scorvy, followed by scurvy, at Andersonville, Mo. June 1864.*

*W. H. ...*

A. DECLARATION FOR ORIGINAL INVALID PENSION. A.

To be executed before a Court of Record or some officer thereof having custody of its Seal.

State of Iowa } SS:
County of Taylor }

On this 7th day of Feb. A. D. one thousand eight hundred and eighty personally appeared before me, Clerk of the Dist Court, a court of record within and for the county and State aforesaid, Stephen M. Page, aged 46 years, a resident of the Twp. of Polk county of Taylor State of Iowa who, being duly sworn according to law, declares that he is the identical Stephen M. Page who was ENROLLED on the first day of Jan. 1864 in company D of the 5th regiment of Mo. Vol. Inf. commanded by Capt. Henry Matraus and was honorably DISCHARGED at Wash. D.C. on the 12th day of June 1865; that his personal description is as follows: Age, 30 years; height, five feet 5 1/2 inches; complexion, dark; hair, brown; eyes, grey. That while a member of the organization aforesaid, in the service and in the line of his duty at Andersonville in the State of Ga. on or about the first day of June 1864 he contracted fever.

If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received. followed by sciatica, while a prisoner of war from which he was troubled as long as he remained in the prison and from which he has not yet recovered.

That he was treated in hospitals as follows: at U.S. Genl. Hospital, Grafton Vt. Vt.

That he has also been employed in the military or naval service otherwise than as stated above by prior enlistment in Co G of the 100th Regt. from July 16 1861 to Jan 1 1864.

That since leaving the service this applicant has resided in the Counties of Dubuque Page & Taylor for the State of Iowa and his occupation has been that of Farmer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a farmer. That he is now 34 disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints, with full power of substitution and revocation, J. E. Huston of Des Moines State of Iowa his true and lawful attorney to prosecute his claim. That he has neither received nor applied for a pension. That his POST OFFICE ADDRESS is Hopkins county of Missouri State of Mo. Claimant's signature: Stephen M. Page

Attest: J. E. Huston Atty.

Also personally appeared J. P. Flick residing at Bedford Iowa and Salem Pratt residing at Bedford Iowa persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say they were present and saw Stephen M. Page the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J. P. Flick
Salem Pratt
(Signatures of witnesses.)

Sworn to and subscribed before me this 7th day of Feb. A. D. 1880 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words seventy erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Sid. Johnson
Clerk of Dist Court
Official character.

A. ~~INVALID.~~ A.



Claim for Pension.

ORIGINAL.

Stephen M. Platt Applicant.

D Co. 6th Regt.

Wisconsin 1st Vols.

Enlisted Jan 1st 1864

Discharged June 12 1865

FILED BY

J. E. Kingston

Atty

Barlow & Taylor C. 20.

State of Iowa County of Taylor, ss.

In the matter of the claim for Pension No 348154  
of S M Page  
Company G D G Regiment Wisconsin Vols. Inftry

Personally came before me, a Clerk of District Court in and for  
aforesaid County and State. S M Page 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 his occupation for 3 yrs next preceding  
his enlistment with service was Carpentering and his  
residence during that time was: during 1859 &  
1860 ~~at~~ Wis and from 1852 till  
1859 - Chicago Ills Since discharge - from  
1865 to 1867 Dubuque Co Ia; from 1867 to 1872  
Page Co Ia; from 1872 to present Taylor Co Ia. of  
affiant further says that on or about June 11 1864  
Contracted scurvy followed by Sciatica while  
a prisoner of War at Andersonville G.A. Re-  
ceived first treatment at Charleston S.C about  
time of Boyle at Winchester Va 64 when Shur-  
idan made his ride. Next at Florence  
S.C probably a month later. Affiant was out  
there later. Next at Crofton Va on or about  
March 1865 next was by Dr. Bartholamew  
of Sioux P.O. Taylor Co Iowa on or about June  
1870 and continued from time for about 2 years -  
next from Dr. J. P. Rhoads about Jan 1876  
continuing till Feby 1879. Next from Stephen  
Girard of Hopkins Mo. His physicians are  
all living. Has had no acute attacks of  
dis ease since his discharge. After discharge  
worked in planning mill till 1867 - Run a saw  
mill a little time in 1867 and again in 1868. Since that  
have lived on a farm but have at no time been able  
to do anything more than a little chancing. This all principal

part of work further declare that no interest in said claim, and  
not concerned in its prosecution. And I S M Page state  
that my post office address is Hopkins Admory 3 Mo

Attest: J E Maston  
Atty-

Signed: Stephen M. Page  
March 19th 1880

Sworn to and subscribed before me this day, by the above named affiants, and I  
certify that I read said affidavit 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.

Del. Nehram  
Clerk of District Court

Ch 348.154

102

CLAIM FOR

*Quinn of the State of  
Mass. vs. D. G. & M. C. Mc  
Gee & Co.*

*Noted by  
Not Public Attorney in Mass.*

AFFIDAVIT OF

*Applicant in ref-  
erence to occupa-  
tion before and after  
enlistment, several  
pieces of evidence  
together with complete  
history of his disability  
testimony &c  
D. G. & Co. & Co.*

FILED BY  
**J. B. HUSTON,**  
ATTORNEY,  
BEDFORD, MASS.

RECEIVED  
JAN 23 1881  
U.S. DEPT. OF WAR

STATE OF \_\_\_\_\_ } ss. Clerk of  
COUNTY OF \_\_\_\_\_ }  
the County 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 \_\_\_\_\_ 18\_\_

State of Iowa

ss.

County of Taylor

In the matter of the claim for Pension No 348154  
of Stephen M. Page.

Company S D & G 6th Regiment Wisconsin Vet Vols I

Personally came before me, a Clerk of District Court  
in and for aforesaid County and State Stephen M Page  
citizen of the County of Taylor State of Iowa

reputable and entitled to credit, and who being duly sworn, declares in rela-  
tion to aforesaid claim, that he is the claimant above-  
named: that May 5 1864 was captured in the wilderness  
and taken to Andersonville prison where, on or about  
June first 1864, he contracted scurvy followed by sei-  
pticaemia: was treated there for at Charleston S. C.,  
About August 1 1864; also at Florence S. C.  
About Sept 1 1864; also, at Grafton Va after  
being paroled from about Mch 1 to April 1, 1865; was  
discharged under general order for the muster-out  
of prisoners of war. Had thirty dollars furlough  
home and on my return to St. Louis was sent to  
my regiment from whence was discharged in  
a few days under general order referred to

further declare that no interest in said claim, and  
not concerned in its prosecution.

And I Stephen M Page state that my postoffice address  
is Hopkins, Howard Co Mo.

IN PRESENCE OF

SIGNED,

Stephen M Page

Sworn to and subscribed before me this 31st day of Aug -  
1881, by the above named affiant, and I hereby certify that I read said affi-  
davit 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 31st day of Aug 1881



H. B. Taylor  
Clerk Dist Court

State \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

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, \_\_\_\_\_ 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

CLAIM FOR

Commission of Stephen M. Page  
late D.V.G. 67th Me. Art. P.V.

P.O. Kin. For Every 60000.

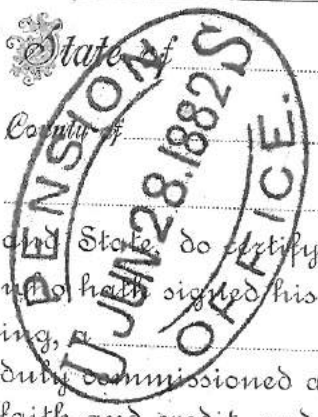
AFFIDAVIT

Applicant as to his  
treatment while in  
M.H. service

P.O. above

FILED BY  
J. E. HUSTON,  
Attorney,  
Bedford, : Iowa.

Wm. H. H. H.



*[Handwritten signature]*

348/54

# For Increase of Invalid Pension.

STATE OF

*Nebraska*

COUNTY OF

*Dundy*

} SS

On this *2<sup>d</sup>* day of *February* A. D. 18*92*, personally appeared before me,

*W. Williams* District Clerk of *Dundy Co.*

the same being a Court of Record in the County and State

aforsaid, *Stephen M. Page* aged *57* years, a resident of the

County of *Dundy*, and State of *Nebraska*, who being duly sworn

according to law, deposes as follows, to-wit:

I am a pensioner of the United States, duly enrolled at the *Des Moines* Pension Agency, at the rate of *four* Dollars per month, by reason of disability incurred in the military service of the United States while a member of Company *G. 6<sup>th</sup>* Regiment of *Wis. Inf't* Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am now disabled in the following manner, to-wit:

*The loss of teeth and disease of gums a result of scurvy and Sciatica. Atrophy of left leg. He also suffers from Rheumatism and as a result of the Rheumatism and the wasted condition of the muscles of the leg. He is often disabled from the performance of work. He also has serated Hernia compelling him to wear a truss, which also renders him unfit for labor.*

It is with full power of substitution that I hereby appoint H. H. ROUSH, of SIAM, IOWA, my true and lawful Agent to prosecute my claim. My post office address is *Berkelman* County of *Dundy* State of *Neb*, and the number of my certificate is *648-318*

Claimant's Signature,

*Stephen M. Page*

Attest: two Witnesses:

*Frank Reelie*  
*E. R. Charles*

Also personally appeared \_\_\_\_\_, residing at *Berkelman Neb*

and \_\_\_\_\_, residing at *Berkelman Neb* persons whom

I certify to be respectable and entitled to credit, and who being duly sworn say they were present and saw *Stephen M. Page*, the claimant, sign his name or make his mark to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signatures of Witnesses:

*Frank Reelie*  
*E. R. Charles*



Sworn to and subscribed before me this 3<sup>rd</sup> day of Feb A. D. 1892 And I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

SEAL

..... erased, and the words ..... added, and that I have no interest, direct or indirect, in the prosecution of this claim.

[Signature.] O. Williams

[Official character.] Clerk District Court

I certify that ..... before whom this declaration was sworn to, was ..... duly authorized to act in said capacity at the time of administering said oaths, and I further certify that his signature is genuine. I am not interested in this claim.

[Clerk's Signature] .....

[Official Capacity] .....

INVALID CLAIM  
FOR  
PENSION INCREASE.

Stephen M. Page  
Applicant

G. Co. 4th W. Regiment  
of Mo. Infy Volunteers.

Certificate No. 649218

Please Order him to St Francis, Cheyenne County Kansas.

FILED BY

**H. H. ROUSH,**

CLAIM AGENT,

Box 48, SIAM, IOWA.



DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Nebraska }
County of Dundy } ss:

On this 26th day of Oct, A. D. one thousand eight hundred and ninety-five
personally appeared before me, a Notary Public
within and for the county and State aforesaid, Stephen M. Page, aged 61 years,
a resident of the of , county of Dundy
State of Nebraska, who being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Des Moines, Ia Pension Agency at the rate
of six dollars per month, by reason of disability from Scurvy of mouth
and loss of teeth (Here name the disability for which pension was granted.)
in the Military service of the United States while Corporal, Co. 'D', 6th Regt
Wisconsin Vet Infantry (Here state rank, company, and regiment, if in the Army—recess if in
the Navy.)

That he believes himself to be entitled to an increase of pension on account of Rupture and
Sciatic Rheumatism (Here state the reasons for applying for increase.)
at Gettysburg Pa. on July 1st 1863. I was taken
prisoner same day and received no treatment
tion. Scurvy has increased and
teeth all gone but three.

that he appoints of
county of , State of , his true and
lawful attorney, to prosecute his claim. That his POST-OFFICE ADDRESS is Benkelman
county of Dundy, State of Nebraska

Claimant's signature: Stephen M. Page

Attest: Frank Israel
Notary Public

Also personally appeared John C Ough, residing at Berkelman Neb  
 and Edon A Stowater, residing at Berkelman Neb, persons whom I  
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Stephen M Page the claimant, sign his name (or make his mark) to the foregoing  
 declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance  
 with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecu-  
 tion of this claim.

J C Ough  
E A Stowater  
 (Signatures of witnesses.)

SWORN to and subscribed before me this 26<sup>th</sup> day of October, A. D. 1895  
 and I hereby certify that the contents of the above declaration, etc., were fully made  
 known and explained to the applicant and witnesses 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.

Frank Israel  
 (Signature.)  
Notary Public  
 (Official character.)

6700 X  
 In of (S-011) 649018

B  
 B

INVALID.

CLAIM FOR INCREASE.

Stephen M Page Applicant.  
W D C Secy. Wm. C. Chief Reg't.

Vols.

(PENSION CERTIFICATE NOT REQUIRED.)



RECORD DIV  
 DEC 20 1895  
 FILED BY RECEIVED.  
 LAW DIVISION,  
 B. DEC 18 1895 P.  
 RECEIVED.

The POST-OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Bureau of Pensions or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.



Department of the Interior,  
PENSION OFFICE,

*July 8*, 188*3*

*In every claim to Invalid Pension it is necessary that the following information should be furnished by the claimant, if it does not appear in his declaration.*

- 1.—He should state under oath the nature and locality of the wound or injury, or the name or nature of the disease for which pension is claimed.
- 2.—He should state under oath *when* and *where* the alleged wound or injury was received, or the disease contracted, and the *circumstances* of the origin of each.
- 3.—He should state under oath whether he has been in the military or naval service since *June 12*, 18*65*.
- 4.—He should state without oath the names or numbers and the localities of *all hospitals* (whether regimental, brigade, division, corps, post, or general hospital) in which he was treated while in the service, giving, as nearly as possible, the dates of treatment in each. If he was not treated in the service he should state that fact.
- 5.—His post office address (and in cities the street and number of his residence) should be stated without oath.

*In the claim, No. 348154, of Mr. Stephen M. Page the information indicated by paragraph No. 3 has not been furnished and should be supplied*

*Very respectfully,*

*Wm. Dudley*  
*J. A. Bush*

Commissioner.

*Atty*

*U.B.*  
Escr.

State of Iowa  
Taylor County

No sub. serv.

Came over within  
named applicant who being  
duly sworn on oath de-  
clares that he has not  
been in the Military or  
Naval service since  
June 12 1865

S. M. Page

Sworn to and pub-  
lished before me  
And in my pres-  
ence by S. M. Page  
and I here by Cer-  
tify that I have  
no interest in this  
Claim

J. G. G.

~~Notary Public~~

J

(INVALID)

[3-078.]

No. 58.

Department of the Interior,  
PENSION OFFICE,

U.S. PENSION OFFICE  
JUL 30 1883

July 8, 1883

Sir: In the INVALID CLAIM, No. 348154, of  
Mr. Stephen M. Page, the testimony indicated in paragraph  
No. 1-2 should be furnished.

1- The affidavit of a commissioned officer of claimant's company or regiment, which should state when  
where, and the circumstances under which the alleged sciatica and  
scurvy were contracted

If such testimony cannot be obtained, the fact and reasons should be stated under oath by claimant,  
when the affidavit of two comrades, who should state the names of their company and regiment,  
will be considered.

2- The affidavit of the surgeon, or assistant surgeon, of claimant's regiment as to treatment for  
sciatica and scurvy  
while in the service. It is desirable that the description of the disability should be, as far as practi-  
cable, in the handwriting of the surgeon.

If claimant is unable to furnish any part of the testimony indicated, he should state the facts  
and reasons under oath.

EACH WITNESS MUST STATE HIS POST OFFICE ADDRESS AND MEANS OF KNOWING OF THE  
FACTS TO WHICH HE TESTIFIES.

All erasures and interlineations in testimony must be certified to by the officer before whom the  
affidavit is executed—who may be any person authorized to administer oaths, his official character and signa-  
ture being certified to under the seal of the proper officer.

Very respectfully,

Wm. Dudley  
Commissioner.

Atty

WB  
Ex'r.  
(8387-40 M.)

ELECTRO'S.

No 10 No 10 R

State of Iowa  
County of S. D.

Court named herein the  
being duly sworn on oath  
declares that he cannot  
furnish official record of Com-  
missioned officers or En-  
signs as to origin of dis-  
ability or of Surgeon as  
to treatment for the rea-  
son that his disability  
was contracted in Con-  
federate service and he  
was with his Company  
but little after his part  
applicant further says  
that he depends for proof  
of the origin of his disabil-  
ities upon fact of his  
being wounded that  
time of his capture May  
5, 1864 being wounded  
his part was killed for  
about three weeks during  
March 1865 at Grafton  
Va. If records do not fur-  
nish proof sufficient of wound  
was at capture think he can  
prove that same does.

" J. M. Page  
Subscribed and sworn to before me  
by J. M. Page Aug 21st 1866  
J. M. Page

Sworn to and sub-  
scribed before me  
and in my presence  
by J. M. Page and  
I here by certify  
that I have no  
interest in this  
claim or its pro-  
secution

Clerk Dist Ct.

*West*  
DIVISION

1239  
SURGEON GENERAL'S  
PENSION OFFICE,  
Washington, D. C., *July 1, 1884*

*Respectfully requested of  
the Surgeon General, U.S.A.,  
that he furnish this  
Office with the last  
known P.O. addresses  
of Surgeons C. R.  
Whipman and A. W.  
Preston of 6 Wisconsin  
Iolo.*

*348154  
Stephen M. Page  
P.O. 6 Wisconsin Iolo*

RECEIVED  
FEB 7 1884  
*M. G. [Signature]*

Commissioner.

Surgeon General's Office,

Washington, D. C., *Feb 14, 1884*

Respectfully returned to the Commis-  
sioner of Pensions, with informa-  
tion that *Mr. C. R.  
Whipman, late Surgeon  
and Mr. Abraham W.  
Preston, late Assistant  
Surgeon 6 Wisconsin Iolo,  
are deceased.*

*By order of  
The Surgeon General,  
D. S. Huntington  
Surgeon U.S. Army.*

PENSION  
OFFICE  
FEB 15  
1884

State of Nebraska } 55  
Dundy County }

Stephen M Page being first duly sworn on his oath deposes and says: That he was a member of Cos 5 & D. Lewis Volunteers and was taken prisoner of war at the battle of the Wilderness on the 5<sup>th</sup> Day of May 1864 and was confined as a prisoner of war at Lynchburg and Danville and was afterwards on the 22<sup>nd</sup> Day of May 1864 transferred a prisoner to the Andersonville prison and that while a prisoner of war at said last named prison by reason of being compelled to eat the same kind of food to wit: corn meal and sometimes corn bread without salt and from being wholly without any vegetable nutriment whatever he contracted the disease known as scurvy. Affiant further deposes and says: That by reason of his being exposed to the inclemencies of all kinds of weather and not being provided with sufficient clothing he contracted the disease known as sciatica. Affiant further says he contracted said diseases while a prisoner of war in said last named prison and that he was at the time of his discharge from said prison and is now and has been ever since suffering from said diseases and that up to the time of his confinement in said prison he did not have either of the above named diseases.

Stephen M. Page  
Subscribed in my presence and sworn to before me this 23<sup>rd</sup> day of July

1887

John W. Tompkins  
Notary Public

In the matter of the claim for Invalid Pension #348154, of Stephen M. Page, P.O. address, Claremont, Colo., the following affidavit of inability to furnish the testimony requested in paragraph No. (1) one of the attached circular, (3-078) is herewith respectfully submitted:

State of Colorado, }  
Elbert County. } ss.

Personally appeared before me, Chas. H. Wolfe, a Notary Public in and for the county and state aforesaid, Stephen M. Page, to me personally known to be the identical person he represents himself to be, who being first duly sworn deposes and says: That he is the identical person who is an applicant for Invalid Pension #348,154; That he is unable to furnish the testimony required in paragraph No. one (1) in the attached circular (3-078) giving as reasons therefor, ~~as follows:~~ follows: "I was originally enlisted in Co. "K," 6<sup>th</sup> Wisconsin Infantry. In 1864 my Company was consolidated with Co. "D," same regiment, while I was a prisoner of war, and I did not get back to the consolidated Company until in June, 1865. At the time of my return there were but two

members of my old Company ("G.") doing duty, viz: Capt. Henry C. Matraw, and Private John Kilmartin. These were the only members of the Company with whom I was acquainted, being discharged a few days later. The above named Henry C. Matraw and John Kilmartin I have made due endeavor to find, but am unable to do so."

Signed, Stephen M. Page

Sworn and Subscribed to before me this 5<sup>th</sup> day of December, 1888.

Charles H. Wolfe,  
Notary Public.

My Com. Expires Apr. 21, 1892.

No other evidence  
of origin to

of, in course  
Court find them

4. Henry C. Matran

Holland, Mich.

Capt. Henry Neely, East Saginaw, Mich.

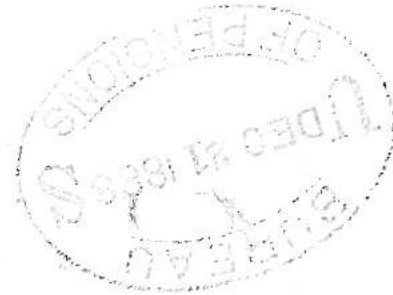
St. Geo. Davidson, Ada, Kans.

" " " " " " " " " " " "

Wm. A. Allen, Detroit, Mich.

Wm. A. Church, Charles City, Ia.

Wm. A. Reader, Grand Rapids, Mich.



3 OCT 18 1895  
WESTERN DIVISION

Div.

J. E. K., Ex'r.

Inc. Cert. No. 649,318  
Stephen M. Page,  
Co. D, 6<sup>th</sup> Regt. Mich. Inf.

# Department of the Interior,

## BUREAU OF PENSIONS,



Washington, D. C., July 23<sup>d</sup>, 1895.

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,

*A. C. Brown*

Commissioner.

*Colt.*  
*Benkelman,*  
*Mt.*

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

Answer: *Yes. Name: Permelia Adams Manning.*

**No. 2.** When, where, and by whom were you married? Answer: *Clarinda Page Co.*

*Iowa. Name of: J. M. Stockton*

**No. 3.** What record of marriage exists? Answer: *The records at*

*Clarinda Page Co. Iowa.*

**No. 4.** Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: *No.*

**No. 5.** Have you any children living? If so, please state their names and the dates of their birth. Answer: *Yes two.*

*Salina Page Born Oct 16<sup>th</sup> 1870.*

*Marian Woodbury Page Born Dec 16 1873*

Date of reply, *Oct 6<sup>th</sup>*, 1895.

*S. M. Page*  
(Signature.)

ADJUTANT GENERAL'S OFFICE  
2892292  
WAR DEPARTMENT

West Div. Ex'r.  
Department of the Interior,

BUREAU OF PENSIONS,  
Washington, D. C., Dec 28, 1909

Respectfully returned to  
the Adjutant General  
War Department  
for a general de-  
scription of the  
with in named  
soldier  
4 Enclosures

Serial No. 6149318  
Stephen M. Page  
1196  
July

PENSION DIVISION  
U. S. 1909 S.  
OFFICE  
J. C. Ainsworth

WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE,  
WASHINGTON, DEC 30 1909

Respectfully returned to the  
Commissioner of Pensions,

with the information that in the case of  
Stephen M Page  
Co G 10, 6 Regt Wis Infy  
the records show personal description as follows:  
Age 27, height 5 feet, 5 inches,  
complexion Light  
eyes Gray, hair Dark  
place of birth Addison Co. New H.  
occupation farmer

J. C. Ainsworth  
The Adjutant General.  
[L. G. O. 136] Per 7

Washington, April 12, 1882

Respectfully returned to the Commissioner of Pensions.

Stephen M. Page Private Company G, 6 Regiment  
 Wis. Volunteers, was enrolled on the 15 day of  
 June, 1861, at Beloit Wis. for 3 yrs., and  
 is reported: Re-enlisted as Vet. Vol. in same Comp.  
 Dec. 30/63 for 3 years. On Roll for May &  
 June 1864: Missing in action since May 5/64.  
 Some report on Rolls July & Aug. & Sept. & Oct. 1864  
 On Muster Roll of Co. D. (to which transferred)  
 for March & Ap. 65: Gained from missing in action  
 Absent sick since March 12/65. He was Mustered  
 out on Ind. Muster Out Roll June 12/65  
 near Washington per Tel. W. D. dated May 30/65  
 A.M.C. Comp. G was in action at Wilderness Va. May 5/64.  
 Prisoner of War Records show him  
 captured at Wilderness Va. May 5. 64  
 paroled at W. Cherry Me. Feb. 26. 65  
 sent from Camp Parole Md. to Benton  
 Barracks Mo. Mar. 7. 65 where he  
 arrived April 7. 65 and was sent to  
 Chief M. O. of State May 22. 65. No  
 evidence of disability as alleged.

A. B. Nicholas

Assistant Adjutant General.  
 (2.)

Handley

Special  
348.734.

# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Dec 27, 1883.

Respectfully returned to the Commissioner of Pensions.

Stephen W. Page, a Private of Company "G",  
6th Regiment Wis. Volunteers, was enrolled on the

15th day of June, 1861, at Beloit, for 3 yrs,  
and is reported: On roll of the Co for Sept + Oct '61 present.

(Roll from muster in to Aug 31 '61 not on file.) Same report  
to Aug 31 '62. Sept + Oct '62 present, on daily duty  
at hosp. Nov + Dec '62 present, and so reported to

June 30 '63. July + Aug '63 missing in battle of Gettysburg  
July 1/63 Co was in action at that date + place. Sept +

Oct '63 present returned to Comp'y Oct 25/63. Nov +  
Dec '63 present. Jan + Feb '64 absent without leave.

Mar + Apr '64 present. Reenlisted as a Vet Vol Dec  
30/63.

Prisoner of War Records, show him captured at  
Gettysburg, Pa. July 1. 63. paroled at City Point  
Va. Aug 63. reported at Camp Parole. End Aug 7. 63

Disposition not given. No evidence of disability  
on said records. His name does not appear  
on the Hospital records of Andersonville Ga.

Prison records are not on file. No records  
of Charleston S.C. on file. There are records  
of Florence S.C. on file in the [redacted] an  
alphabetical register beginning with  
the letter "S"

*W Paul*

Assistant Adjutant General.  
(2.)

*SB Evans*

*TH*

13-1047  
P. Mallet  
DIVISION.

Department of the Interior,  
PENSION OFFICE,  
Washington, D. C.

RECORDED  
NOV 18 1883  
U. S. DEPT. OF THE INTERIOR  
PENSION OFFICE

McClellan, G. M. 14, 1883

London

Respectfully returned to  
the Adjutant General  
USA. for a full & com-  
plete military history.  
Claimant alleges  
treatment in prison  
at Andromville, La.,  
Charleston, S.C., Florence, S.C.  
and in all prisons in which  
confined. Please make  
an exhaustive search  
of these records for  
any evidence of disability

348154

Stephen M. Page  
Chas. D. C. W. is. W. W. W. W.  
Please make special  
reference to  
Acting Commissioner.

WASHINGTON  
DEC 23  
1883  
OFFICE

No. 80, 293

War Department,

Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C., July 24, 1882

Sir:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 348,757 with such information as is furnished by the records filed in this Office, viz: that Stephen M. Page, Priv. Co. 96<sup>th</sup> Wis. Inf. was admitted to Lt. Grafton N. 70. March 8. 1865, a paroled prisoner in transit, with diarrhoea and turned over to Commander Jack Grafton, April 3. 1865 to be sent to Camp Chase Ohio for exchange. No information has been obtained from the records of the Regiment. No records of the Regiment prior to Febys. '65, on file.

By order of the Surgeon General:

To the  
Commissioner of Pensions.

J. J. Woodward  
Surgeon, U. S. Army.  
(125)

per

J. Fresh

to. to. 9.

(INVALID.)  
Inra

27  
V

Department of the War  
PENSION OFFICE,

August 13, 1881

Sir:

Please furnish this Office a report of hospital treatment in the Claim  
No. 348754, of Stephen M. Page, late a  
Co. "D" 6 Wis. Vols, from  
the data given below.

1. Disability from sciatica and scurvy  
(prisoner)

2. Treatment, as follows: June 6<sup>th</sup>  
Genl hosp. Grafton  
N. Va.

3. The Adjutant General's report shows: called for

4. Discharged June 12, 1865,

Very respectfully,  
Wm. Dudley

J. A. Binney

Commissioner.

The Surgeon General U. S. A.

WAR DEPARTMENT,  
Surgeon General's Office,  
Record and Pension Division,

Washington, D. C., Jan. 30<sup>th</sup>, 1884

Respectfully returned to the Commissioner of Pensions.

No information bearing upon this inquiry has been obtained from records of Camp Chase, Ohio, from April 3<sup>rd</sup> to July 12<sup>th</sup> 1865, records of Camp Parole, Md. for paroled prisoners, for Feb. 2<sup>nd</sup> to March 1<sup>st</sup> 1865, nor from records of Benton Barracks, Mo. from April 3<sup>rd</sup> to July 12<sup>th</sup> 1865.

BY ORDER OF THE SURGEON GENERAL:

*N. F. Pope*  
Assistant Surgeon, U. S. Army.  
(106)

Per *L. S. B.*



*West* [3-44.] DIVISION.

Department of the Interior,  
PENSION OFFICE,  
Washington, D. C., Feb. 14, 1883

Respectfully returned to the Surgeon General, U. S. A. with request that all records of Camp Parole, Md. for paroled prisoners be searched from July 26<sup>th</sup> 1865 to March 8<sup>th</sup> 1865 and all records of Camp Chase, O., and Benton Barracks, Mo. from April 3<sup>rd</sup> 1865 to July 12<sup>th</sup> 1865, for a further record of treatment.

348154  
*Stephen M. Page*  
Co. D 6<sup>th</sup> Wis. Vols.  
Please make special.  
*W. E. Smith*  
(2. Encl.) acting Commissioner.

# GENERAL AFFIDAVIT.

STATE OF Colorado  
COUNTY OF Arapahoe

In the matter of Stephen M. Page, late a Private in Company 22d  
of the 6th Regiment of Infantry Volunteers, for  
Pension.

On the 1st day of September A. D., 1891, personally appeared before me, a Notary  
Public in and for the aforesaid county, duly authorized to administer oaths,  
Lewis A. Kent aged 49 years, a resident of Denver  
in the county of Arapahoe and State of Colorado whose post office address  
is 2136 Vine St, 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:

Was a member of Co  
G 6th Regt Wisconsin Infantry Volunteers and am famil-  
iar with Steve Page's military history. He was a brave  
and efficient soldier, enlisted early in 1861 & mustered out  
of Service in 1865. Was captured at Gettysburg by the enemy, in  
helping to pull off a cannon in said fight was captured.  
Was again captured in 1st days battle of Wilderness while  
trying to get Lieut J. L. Connor off the field after being  
wounded. His person has developed Seury and sciatic  
rhumatism which with his capture has disabled him  
and certainly entitles him to a pension of at least  
three quarters disability. I have seen Page in such  
actions as Fitz Hugh Crossing, Indivick's Army, Wilderness  
etc etc and as a comrade soldier thought highly of  
him.

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

Lewis A. Kent  
Signature of Affiant.  
formerly private Co G and later  
Capt Co a same regiment.

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..... 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..... *Lewis A Kent* is personally known to me; and that..... *he*..... a creditable person.

*Richard W. Colwell*

Official Signature

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.....

**Additional Evidence.**

CLAIM OF

*Walter M. Sage*  
*1st Co., 6th Regt.,*  
*Wisconsin Infantry Vols.*

*copy claim 318*

— FILED BY —

H. H. ROUSH,

BOX 48,

SIAM, - IOWA.

PRINT, BEDFORD, IOWA.

*Comrade B*

# GENERAL AFFIDAVIT.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ } ss.

In the matter of Stephen M. Page, late a Private in Company \_\_\_\_\_  
of the \_\_\_\_\_ Regiment of \_\_\_\_\_ Volunteers, for \_\_\_\_\_  
Pension.

On the 2<sup>d</sup> day of October A. D., 189 / , personally appeared before me, a  
Notary Public in and for the aforesaid county, duly authorized to administer oaths,  
R. R. Dawes — aged 53 years, a resident of Manetta  
in the county of Washington and State of Ober whose post office address  
is Manetta Ober, 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 know Stephen M. Page well. He was a faithful  
brave soldier. He was taken prisoner in the  
battle of the Wilderness. I can not give a statement  
of his condition when released from rebel  
prison but I know that he was captured while in  
the line of his duty in battle. I was Lieutenant  
Colonel of the Regiment and took part in the  
battle as such officer.

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

Rufus R. Dawes  
Signature of affiant.

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.....erased, and the words.....added, and acquainted.....with its contents before.....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... *R. P. Daines* ... personally known to me; and that... *he is* ... a creditable person.

*John Sturgis*  
 Official Signature  
*Notary Public*  
 Official Character  
*Not En. Clud. col. file.*

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.....



[SEAL]

Clerk of the.....

Additional Evidence.

CLAIM OF

*Western M. Page*  
*Capt. Co., 64th Regt.*  
*of Wis. Infantry*  
 Vols

*W. of claim 649318*

— FILED BY —

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

PRINT, BEDFORD, IOWA.

STEPHEN M. PAGE,  
344 N TOWNSEND ST  
640218 ACT MAY  
LOS ANGELES CALIF

3-1081

DROP REPORT--PENSIONER

..... Cert. No. ....  
Pensioner .....  
Soldier .....  
Service .....  
Class ..... *11*

LAW DIVISION

Check No. 24928-203 dated JUL 4 1925 canceled

....., 192  
In the above-described case a declaration filed  
this Division indicates that said pensioner died  
....., 19.....

.....  
Chief, Law Division.

FINANCE DIVISION

JUN 16 1925

....., 192  
The name of the above-described pensioner who  
was last paid at the rate of \$ *72* per month  
to *May 4*, 19*25*, has this day  
been dropped from the roll because of *Death*  
*May 10, 1925*

*935203*  
*J. A. Amball*  
Chief, Finance Division.

State of Nebraska }  
Dundy County }  
Orange E. Bowers on his oath being  
first duly sworn deposes and says: That  
He belonged to Company "H" 15 Illinois Volunteers  
and was taken prisoner on the 4<sup>th</sup> day of October  
1864 and was confined as a prisoner of war  
in the Andersonville Prison until April  
1865 was well acquainted with Stephen W. Page  
who was also a prisoner in said prison  
at the time of my confinement. Affiant further  
deposes and says that said Stephen W. Page contracted  
the scurvy whilst a prisoner in said prison  
from being constantly fed on corn meal without  
salt and on corn bread without salt and from  
being without any vegetable nutriment whatever  
also that the said Stephen W. Page contracted the  
disease known as scurvy in the month of  
June 1864 by reason of the extreme exposure  
to which he was subjected while a prisoner  
of war in said prison. Affiant further says  
the above facts are within his own personal knowledge  
and that he has no interest whatever in this case.

Orange E. Bowers

Subscribed in my presence and sworn to before  
me this 22<sup>nd</sup> day of July A.D. 1887

John W. Tompson

Notary Public

I hereby certify that Orange E. Bowers is well acquainted  
to me and that he subscribed the above in my presence  
in testimony whereof I have hereunto set my hand and  
affixed my official this 22<sup>nd</sup> day of July A.D. 1887

John W. Tompson  
Notary Public

West. Ky.

Franklin Co.

Case No. 348154

Stephen M. Page  
Co. D, 6 Regt. Wis. Inf.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

July 7, 1838.

Sir:

To further aid this Bureau in the adjudication of the above described claim, please furnish a statement, in your own handwriting setting forth all the facts within your personal knowledge, relative to the incurrence of the soldier's *Sciatic Rheumatism* concerning which you have heretofore testified.

In your reply please be as specific as you can in respect to dates and describe as clearly as possible the nature, symptoms and extent of the *disease*.

Your immediate answer, endorsed upon the back of this letter, will be appreciated.

Very respectfully,

John C. Blount  
Commissioner.

Charles E. Bowers,  
Postmaster,  
Franklin Co.

Commissioner      Benkleman Bundy <sup>Co. A</sup>  
J. C. Black      Jan 30<sup>th</sup> 1888  
Washington  
D. C.

I went into Andersonville Prison during the month of October 1864 and ~~was~~ and was there until April 1865 and during my incarceration in prison I became somewhat acquainted with Stephen M. Page a member of Co. G, 6<sup>th</sup> Wisconsin Veteran Volunteers and see him limp around the prison on a stick or had the Rheumatism and scurvy very bad he left the prison when Sherman came through Georgia in November 1864 with other prisoners and have not seen him until about three years ago and will say he is looking as though he suffered yet from the effects of said Rheumatism and scurvy.

I have no interest in the above statement as concerns Dollars and cents

Orange E. Bowers

948, 154

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Oct 7, 1887

Respectfully returned to the Commissioner of Pensions.

Orange Sowers, a Pvt of Company "C",  
1st & 15th Regiments Vol Infy, Ill. Volunteers, was enrolled on the  
day of \_\_\_\_\_, 186 \_\_\_\_\_, at \_\_\_\_\_,  
and is reported:

On muster roll of Co. for July  
and Aug '64, absent in arrest at Mari-  
etta Ga. since July 30 '64. August 31  
'64 when last mustered, to April 30  
'65 reports him. Absent Captured at  
Clermont Ga Oct 4, 1864. Roll from  
Aug 64 to April 65 not rec'd. He  
was formerly of Co. H, 15 Ill. Vol  
original organization

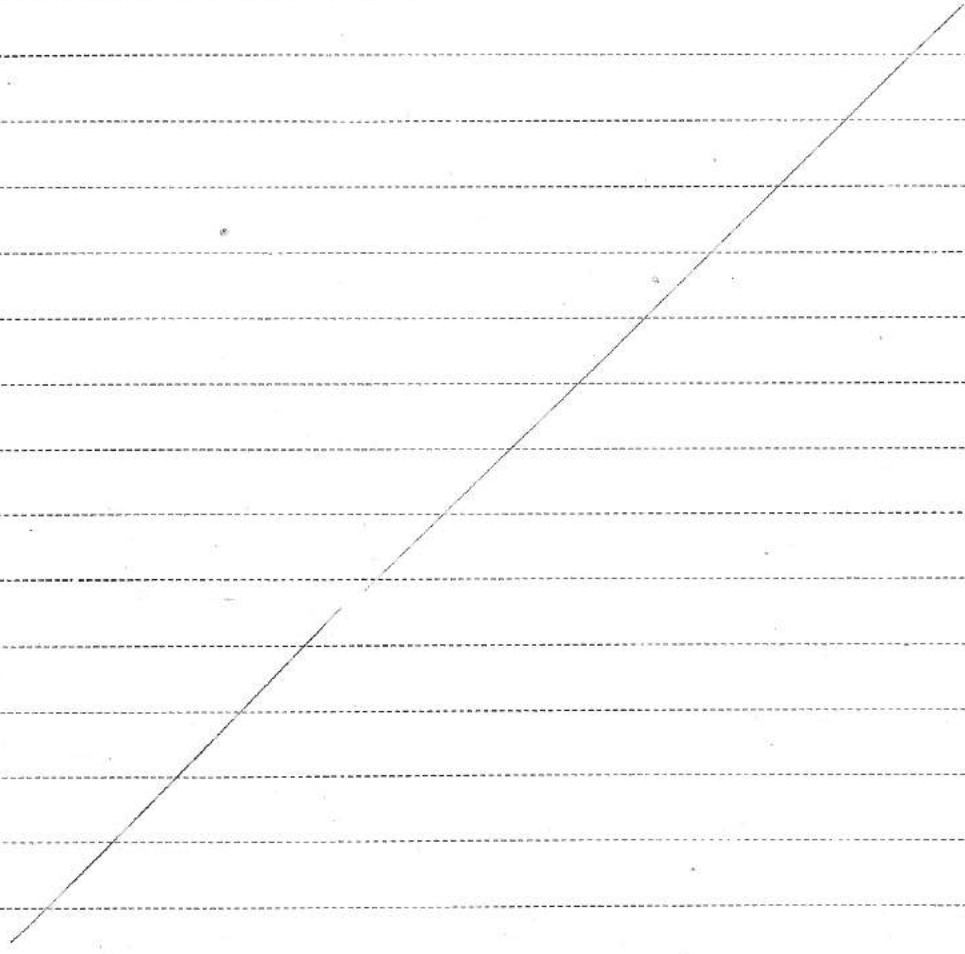
E.H.P.  
O.G.  
W.M.P.

Prisoner of War Records should show, captured at Andersonville  
Ga. Oct 4, '64, conf'd at Andersonville, Ga, date not given.  
Sent to Miller Ga. Sec 11, 64. Received for at Vicksburg.

348. 154

Miss. as a Paroled Prisoner April 19, 1865. Sent to Benton Ark.  
Mo. April 22, 65. when he arrived April 26, 1865. Ordered  
to Chief Mustering Officer of Illa. for muster out May 5, 65.  
whereabouts other than above stated not shown by said  
records.

BHE  
Omn



R. C. DRUM,  
Adjutant General.

By

PC

23

*Wear*  
DIVISION.

Department of the Interior,

PENSION OFFICE,

*Wear*, 1887.

Respectfully requested of the ADJUTANT

GENERAL U. S. A. report from the records of his

Office as to the presence or absence, on or about

*Oct 9 1864* and *Sept to April 65*,

*of Orange Co. Va*

*for Sept 7*

*of Co A 102nd Mo. Inf*

and the station, at that date, of the

Claim No. *348,154*.

*Stephen M. Page*  
*Chas Lewis. 7th*

*Wm C. Wood*

Acting Commissioner.



State of Ills

County of *Monrovia*

ss.

In the matter of the claim for *Pension N 348154*  
of *S M Page*

Company *D & G 6th* Regiment *wise vet* Vols.

personally came before me, a *County Clerk*

in and for aforesaid County and State *B F Harbaugh*

citizen of the County of *Monrovia* State of *Illinois*

reputable and entitled to credit, and who being duly sworn, declare in relation

to aforesaid claim, that he knew applicant intimately at the time of his enlist-

ment and for *3* years prior thereto; affiant further says that at the

time of his enlistment and for all the period above indicated applicant was of,

sound physical health and particularly free from *Scurvy and Sciatica*

Affiant's means of knowledge is as followot *were comrades*

*of applicant and know that he*  
*continued to be of sound physical*  
*health up to time his capture at battle*  
*wilderness May 5<sup>th</sup> 1864 and that Applicant*  
*has suffered from Scurvy and Sciatica on his return*  
*from Rebel prison and believe is suffering from*  
*some disease at present time.*

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

And *I* further state that my postoffice address  
*is* *Nickford Illinois*

IN PRESENCE OF  
*Thomas Bell* SIGNED.

*B. F. Harbaugh*

Sworn to and subscribed before me this *20* day of *July*  
1883, 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 *20* day of *July* 1883

*14*

*Thomas Bell*  
*County Clerk*

† 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.

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....

348.154  
CLAIM FOR  
Estate of  
S. M. Page, late of  
Co. D 6th Wis. Vet. L.  
P. O. Hopkins, Adairway & Mo.

—AFFIDAVIT OF—

B. F. Harbaugh,  
Comrade of appli-  
cant as to his sound-  
ness at time of Cap-  
ture & as to his suffer-  
ing from scurvy and  
deprivation of his re-  
turn from Rebel prison

P. O. Rockford, Ill.

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

James Taylor & Co.

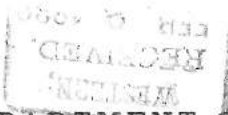
West. Div.

Grand Div.

Int. No. 348154

Stephen M. Page

Co. "D" 2nd "G", 6 Wis. Vols.



DEPARTMENT OF THE INTERIOR

PENSION OFFICE,  
WASHINGTON, D. C.,



July 5, 1888,

Sir:

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.

B. J. Harbaugh,  
Rockford,  
Iles.

B. R. H.

Sir: -

I saw Mr. Page the first time since  
the war in Beloit, Wis. soon after ~~the~~ his  
discharge and have not seen him since.  
So I don't know anything in personal, of his  
disease only that he was complaining  
then but do not <sup>know</sup> the character of disease.

B. P. Warbaugh.  
Annie Warbaugh  
assistant.

15-

State of Wisconsin }  
County of Rock } SS.

In the matter of the claim for Pension No 348154  
of Stephen M Page  
Company D 6th Regiment Wisg Vet Vols.

personally came before me, a Notary Public  
in and for aforesaid County and State Russell Harris  
citizen of the County of Rock State of Wisconsin

reputable and entitled to credit, and who being duly sworn, declare in relation  
to aforesaid claim, that he knew applicant intimately at the time of his enlist-  
ment and for four years <sup>after</sup> prior thereto; affiant further says that at the  
time of his enlistment and for all the period above indicated applicant was of  
sound physical health and particularly free from Scurvy & Sciatica

Affiant's means of knowledge is as follows: Was Comrade of  
applicant and know that he continued of  
sound health up to time of his capture  
at battle of Wilderness May 5, 1864

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

And I J. W. Dow state that my postoffice address  
is Beloit Rock County Wis.

IN PRESENCE OF  
J. W. Dow  
E. H. Cooper

SIGNED,

Russell Harris

Sworn to and subscribed before me this 30 day of August  
1883, 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 30 day of August 1883

J. W. Dow  
Notary Public

† 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.

State of Missouri

County of Rock

ss.

A. W. Baldwin

Clerk of the Court in and for aforesaid County and State, do

certify that

J. B. Dow

Esq., who hath signed his name to the foregoing

affidavit, was at the time of so doing, a Notary Public

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 31<sup>st</sup> day of August 1883.

A. W. Baldwin  
Clerk

34/1874  
CLAIM FOR  
D. L. Fess of S. M. Page  
late of Co's D. & G. 6th  
Wis bet d

W. H. Hopkins Notary Public, Mo.

—AFFIDAVIT OF—

Russell Harris, Com-  
rade of applicant  
as to his soundness  
at enlistment and  
up to time of capture

P. O. Balbit Rock & Mo.

—FILED BY—

—J. E. HUSTON,—

—Attorney—

BEDFORD, IOWA.

Samox Taylor & Co.

# 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 14<sup>th</sup> day of May, A. D. 1889; personally appeared before me a

Russell in and for the aforesaid County, duly authorized to administer oaths

to W. W. Harris 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 Inftry vols., and who was discharged [Died or was discharged.]

at \_\_\_\_\_ on or about the \_\_\_\_\_ day of \_\_\_\_\_, 1888

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 Derrvy resulting in Sciatica was Cap-

tured May 5th 1864 at the battle of the Wilderness

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

and as we understand and believe while a pris-

oner of war was confined in Andersonville (Ga)

prison. Affiants further say that said appli-

cant was sound and particularly free from

Derrvy 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.

18

And deponent further state that <sup>they were</sup> well acquainted with the claimant, having known him for at least <sup>since July 1861</sup> and further, that <sup>their</sup> knowledge of the facts above stated <sup>is</sup> derived from said acquaintance; and from having served as <sup>members</sup> of Company <sup>D and G</sup> of the <sup>Sixth</sup> Regiment of <sup>his Cousin</sup> volunteers from the day of <sup>July</sup> 1861 to the <sup>or about</sup> day of <sup>1865</sup>. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as <sup>they</sup> knew, and that <sup>they are</sup> totally disinterested in this claim.

Post office address of affiant is <sup>Robert W. Cousin</sup>

*Russell Harris*

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

STATE OF <sup>Wisconsin</sup>, COUNTY OF <sup>Rock</sup>, 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 <sup>sworn there are these</sup> erased, and the words <sup>he is his</sup> added and acquainted <sup>them</sup> with its contents before <sup>they</sup> 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 <sup>is</sup> personally known to me and that <sup>they are</sup> credible person.

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

[L. S.]

I, <sup>filed</sup> Clerk of the County Court in and for aforesaid County and State, do certify that <sup>filed</sup>, Esq., who has signed <sup>to the</sup> foregoing declaration and affidavit was at the time of so doing <sup>in and</sup> 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. Pagel*  
of *Danville Wis. U.S.*  
Claimant *Edward C. Johnson*

No. *348724*



Filed by  
*J. G. Weston Attorney*  
*Chargé*  
*Lawyer County down*

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

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

July 5, 1885.

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.

Deloit-Owis

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<sup>pany</sup> 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 ~~now~~ nearly blind.

19

yours Truly

Russell Harris

State of Wisconsin

And do hereby certify:

I, Edward S. Bragg, being first duly sworn do hereby swear, that on the 16 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. 6<sup>th</sup> 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 said Regiment from July 1861 to May 6, 1864, when I was assigned, from the Wisconsin to the command of what was known as Poplars' Brigade in Hadson's Division of the 3<sup>rd</sup> U.S.C.

I know while being such officer for a good deal of the time from 1861 to 1864, S. M. Pate an enlisted man of Co. D. 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 a very other ailment the result of prison hardships" And I been asked if I met Pate 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 told me had had 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. I feel confident that I thought his memory was affected from Exposure to Sun that I may inchoed & he would never occur - The meeting was accidental - but it produced such a ~~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 I met in 1865, on the Audition & under the Circumstances described - I have no interest in this claim.

Edward S. Pray

State of Wisconsin

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 above is true -

In witness whereof I have hereunto set my hand official Signature & attached hereto my Seal of Office on the day & year last above written

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



Cal.  
1-2 at this  
referred to  
Pray  
Page

# 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 13<sup>th</sup> day of May, A. D. 1889; 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 G 6<sup>th</sup>

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 \_\_\_\_\_ [Here state whether a fight was with the command at the time the

event 1865, when he met said Page at Dubuque, Iowa, a soldier

time and place said Page contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical

condition, and 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.]

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,

22

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. A.  
Collamon 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 Regt 6th Regiment Misc. Vols. 2  
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 25<sup>th</sup> 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 25<sup>th</sup> day of Oct 1881

J. N. Bean Clerk  
Dist Court

\* 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 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....

PENSION  
CLAIM 2883828  
Pension of Stephen  
M. Page, State Co.  
Co. A G, 6<sup>th</sup> Wis. I. S.

P. O. Hopkins, Notary-Cor.  
1887

—AFFIDAVIT OF—

J. A. Peau, M.D.

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

1-3

P. O. Bedford 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 W.D. a citizen of Bedford  
 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 W.D.*

*24*

**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.....16.....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..... crased, and the words..... added; and that I have no interest, direct or indirect, in the prosecution of this claim,

*T. H. Hull*  
Magistrate's Signature.

*Chas. District Court*  
(Official character.)

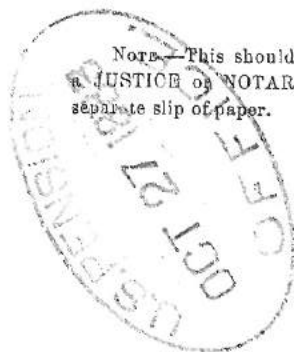
I certify that....., Esq., who hath signed his name to the foregoing affidavit was at the time of so doing..... in and for said county and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

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  
1-3

MEDICAL EVIDENCE.

Affidavit of

*J. P. Beon M. D.*

as to soundness of

of the court before

see list next and as to  
responsibility of  
charge

*S. M. Page Capt. of Cos  
D & G CA no vet  
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 instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the extent 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. Regt. Col.  
(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 met him after he was discharged lived in the same neighborhood 15 or 16 years was his family physician was frequently called to see him I prescribe for him and know that he was not able to perform manual labor half of the time for the last twenty years Rheumatic Phlegmatism was his greatest trouble if I remember right I make my statements from memory as I have recd. no books in Iowa when I came to Colo when I was here and retired from practice but I practiced medicine in Iowa thirty two years*

*J. J. N. Bean*

*25*



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, H. P. Longley Auditor  
in and for aforesaid County and State W. T. Bartholomew  
citizen of the County of Taylor State of Io  
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 7/8

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 J. D. Bartholomew state that my postoffice address  
is Siain Taylor Co. Io

IN PRESENCE OF

SIGNED,

Joseph Smith

J. D. Bartholomew

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

H. P. Longley 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



A. G. C. Wm. M. Inf

P. O. Hopkins Padaway  
P. O. Me.

—AFFIDAVIT OF—

A. M. Bartholomew M. D.

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

3

P. O. Mram, Taylor Co. Iowa

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

State of Iowa }  
County of Taylor } 88.

I 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 Taylor  
clerk of DC

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, <sup>physician</sup> steadily for first two years above  
said 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:  $\frac{1}{8}$ ,  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$  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.

75-81

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....



—AFFIDAVIT OF—

J.P. Phrad'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 Wadaway } ss.

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

On the 25<sup>th</sup> 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 Wadaway 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 or mark.

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  
*Antony Polke*  
 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 subscribed 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*  
*Co. D. Co., 6th* Regiment,  
*of Wisconsin Infantry* Vols.  
*no of claim 348.154*

— 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 J. M. Page late a Corporal in Company G. 9th Regt. 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 Wis. Co. 9th

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* presented 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. 5th* 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 Dundee }

In the matter of S. M. Page, late a Corporal in Company I. 3rd I  
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 Dundee 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.  
28/2

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~~ *him* 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*  
 6th Co., 6th Regiment,  
 of Wisconsin Infantry Wis.  
 No of Claim 348, 1374

FILED BY—  
 H. H. ROUSH,  
 BOX 48,  
 SIAM, IOWA.  
 DEMOCRAT PRINT, BEDFORD, 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 Dundy, ss:

In the Pension Claim No. 649,318

of Stephen M. Page Co. G. 6th Wis Regt vols late of  
above Co and Regiment  
(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 Thomas Barr a citizen of \_\_\_\_\_

whose Post Office address is Birkelmeier

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 one years, and that  
he suffers from a lop of teeth, and  
(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 report that they were made before executing the paper.)  
atrophy of the muscles of the left leg

as a result of scurvy and sciaticas,  
he also suffers from Rheumatism  
and as a result of the rheumatism  
and the wasted condition of the  
muscles of the leg, he is often  
disabled from the performance  
of manual labor.

He also has  
scrotal Hernia, compelling him  
to wear a truss, which also renders  
him unfit for labor.

**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.

He further declares that he has been a practitioner of medicine for 22 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Thomas Barr  
(Affiant's Signature. Give rank and service, if in the army)

Sworn to and subscribed before me this 20 day of January A. D. 1892

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.

J. H. James  
(Official Signature.)  
Notary Public  
(Official Character.)

[L. S.]

I, \_\_\_\_\_ Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_



[L. S.]

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

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

<p>MEDICAL EVIDENCE. AFFIDAVIT OF <u>Thomas Barr</u></p>	<p>CLAIM OF <u>Stephen M. Page</u> <u>vs. G. C. Mc. Huff</u> No. of claim <u>642.318</u> for <u>increase</u></p>	<p>Filed by <u>H. G. Rank</u> for claim <u>vs. Page</u></p>
------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

# EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 348154

State: Missouri County: Wodaway

Post Office: Marionville Sept 21, 1881

Applicant's service

I hereby certify That I have carefully examined Stephen M. Page, late a private Co. D, 6<sup>th</sup> Reg't, Wis. Vols

Degree of disability.

in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from Sciatica result of Scoury

In my opinion the said Stephen M. Page is not incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before me it is my belief that the said disability did not originate in the service aforesaid in the line of duty.

Probable duration.

The disability is \_\_\_\_\_

Particular description.

A more particular description of the applicant's condition is subjoined:

Height, 5' 6"; weight, 145 lbs; complexion, Dark  
age, 46; pulse, 90; respiration, 18

It must be borne in mind that the duty of the Surgeon is to fix the proportionate degree of disability as 1/4, 1/2, total, &c, through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

The claimant is disabled by the changes induced in his muscular system by Sciatica. But he informs me that he never had Sciatica until 10 years ago. So that I could not assert that it was the result of Scoury had years before I think he had Scoury as stated while in the service. From the lateral curvature of the spine probably induced by favoring the affected leg. The claimant limps and uses a cane. My rate

W. R. Hackett

Examining Surgeon.

29

IN CASE OF

*Stephen W. Coger*  
Co. *A. C. Reg't, Wise W.*

Application for Pension.

No. *346154*

Date of Examination:

*September 12/84*

*M. C. Haeckel*

Examining Surgeon.

Post Office,

*Mayville*

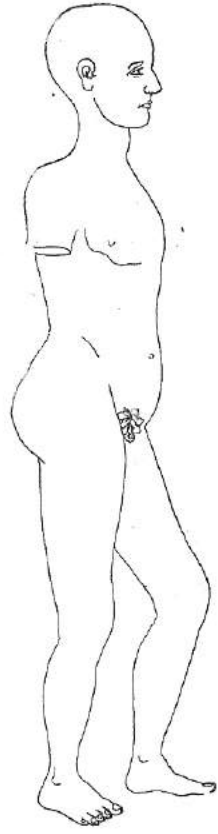
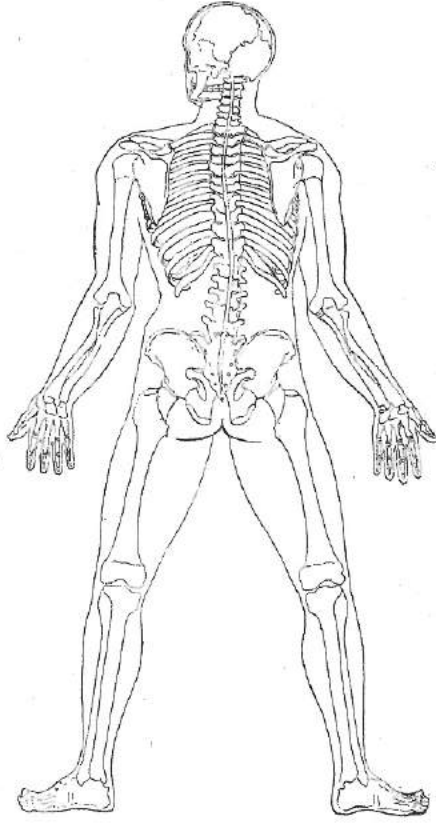
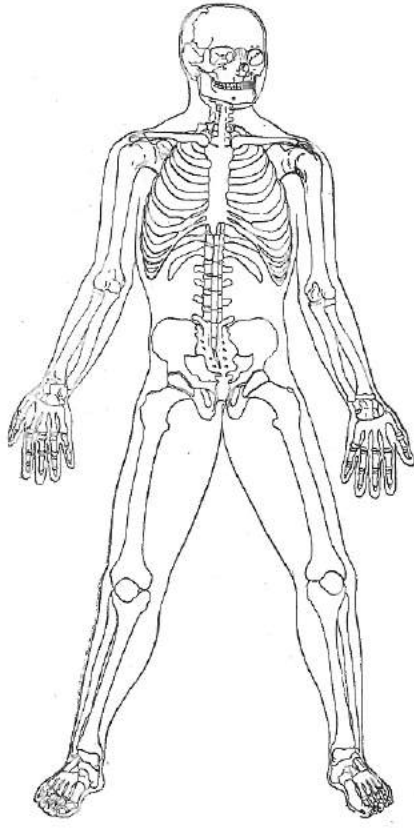
County,

*Madison*

State,

*Missouri*

P. S.—Write Post Office address plain and in full.



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

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

Insert character and number of claim. Original Pension Claim No. 348154  
Name and rank of claimant. Stephen M. Page, Rank, private  
Company 38th Co., Reg't 1st Inf. Buf., Indianola, Nebraska State,  
Claimant's post office address. Bankleman Neb. (Post office address of the Board.)  
July 20th, 1887. (Date of examination.)

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

Cause of disability. Scurvy & results and Sciatic Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of \_\_\_\_\_ dollars per month.  
Pulse rate per minute, 80; respiration, 20; temperature, 99; height, 5-feet 6-inches; weight, 138 pounds; age, 32 years.

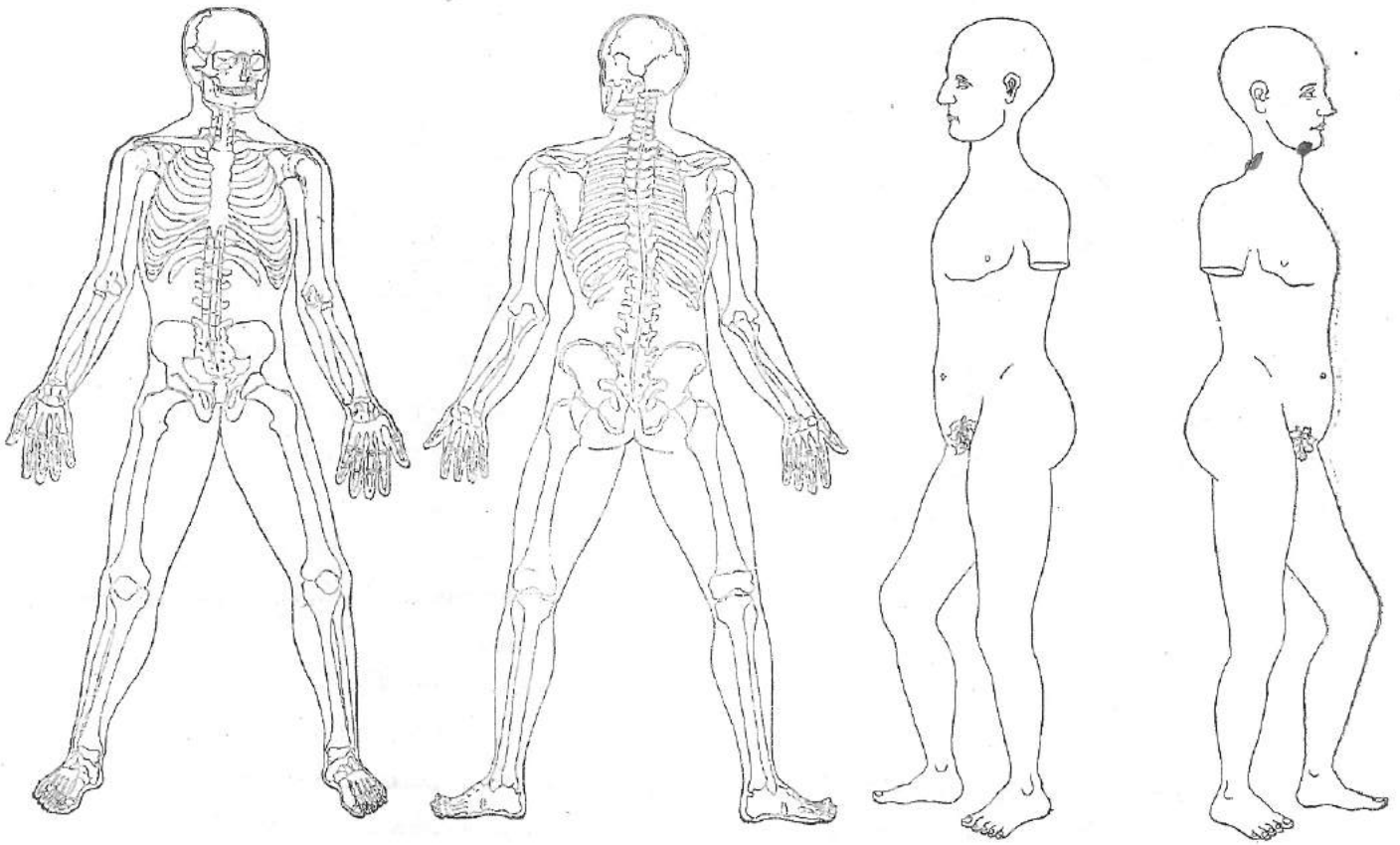
He makes the following statement upon which he bases his claim for Original  
While in the line of duty he incurred Scurvy and Rheumatism. He was captured and taken to Pudersanville prison and while there incurred Scurvy and Rheumatism. He has suffered with scurvy and rheumatism ever since he left the service.

Upon examination we find the following objective conditions:  
5 or 6 Scars scattered over surface of left leg between knee and ankle show the work of scurvy. The gums have retracted from the teeth leaving them loose and of but little use to applicant. There is atrophy of muscles of both hips. There is no swelling, heat of joints or contraction of tendons. Auscultation and percussion reveal hypertrophy of heart. The apex beat is 2 in. to inner side and 2 1/2 in. below nipple. The area of dullness increased. The pulse is weak, thready & compressible. Cyanosis and general debility exists. The general nutrition is very imperfect.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 1/2 total

Rate for each cause of disability. rating for the disability caused by Scurvy, 1/2 total for that caused by rheumatism, and \_\_\_\_\_ caused by \_\_\_\_\_

\* See the back.  
Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
J. S. Shaw, Pres. C. W. Esrey, Sec'y. John H. Cowles, Treas.  
N. B.--Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will use the words "Pres., Society," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.



*John M. Page*  
 Co. & Lt. Regt. 1st Infantry

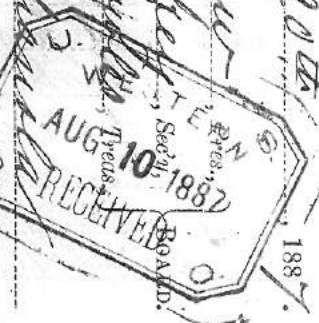
*Applicant for a regular*

No. 3481574

DATE OF EXAMINATION:

1887

*July 20th*  
*J. M. Page*  
*John M. Page*  
 Pres. Secy. Treas. Board



Post office, *Quincy*  
 County, *Ill.*  
 State, *Ill.*

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

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

*J. M. Page*

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

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

Insert character and number of claim. ORIGINAL Pension Claim No. 34814  
 [State above whether for original increase, or restoration.]  
 Name and rank of claimant. Stephen M. Page, Rank, Pr  
 Company 2, 6 Reg't Wis Inf Masonic Temple, 16th and Welton Sts. State, \_\_\_\_\_  
 Claimant's post-office address. Burlington Mo [Post-office address of the Board.] DENVER, COLO. [Date of examination.] MAY 14 1891, 189

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Sciatica Scumy & results

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

He makes the following statement upon which he bases his claim for ORIGINAL [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Had Sciatica transiently while in Army & ever since -  
Had Scumy while in service in 704 in Andersonville Prison -  
Always troublesome since -  
Ruptured - left side - falling & resulting from injury at battle of Gettysburg -

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 19; temperature, 98.5; height, 5 feet 7 inches; weight, 145 pounds; age, 36 years.

Here give a full description of the disabilities, in accordance with paragraphs 5, 6, 51, 52, &c. of Book of Instructions for 1889

Scumy loss of nearly all the double teeth on both jaws gums receded from those remaining which are loose -  
Cicatrices superficial on both legs  
Left inguinal hernia complete about 2 1/2 in in length - 1 in diameter ring 1/2 in diameter Kept in place fairly well with truss muscular rheumatism affects lower end left leg. no signs in joints tendons or elsewhere - heart normal No other disability is found to exist

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by Scumy & results 0/18 for that caused by Rheumatism and 8/18 for that caused by Hernia.

J. J. Gaudin Pres. Calachin Sec'y. A. K. Washington Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

3

Blank lines for recording examination details.

*Done 4 1891*



**SURGEON'S CERTIFICATE**

IN CASE OF  
*Alfred M. Regt*  
Co. *A*, Reg't *6*

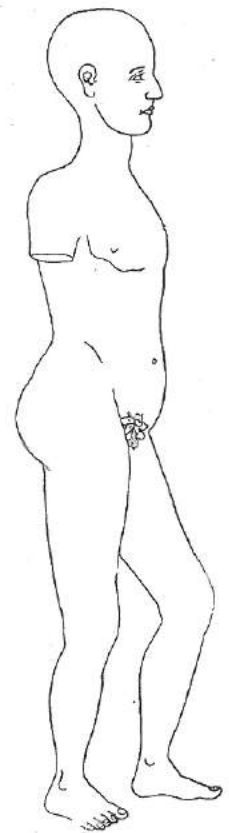
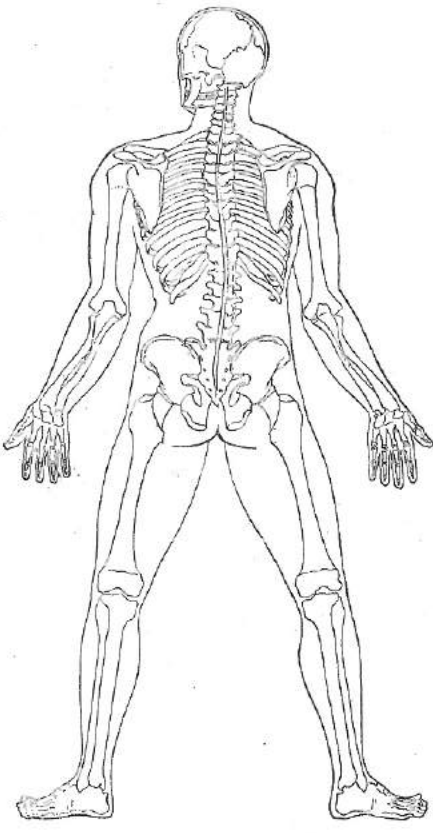
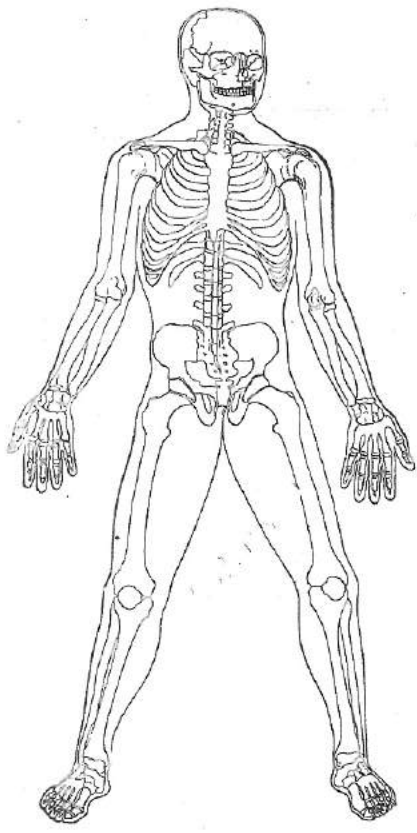
Applicant for ORIGINAL  
No. *344*

DATE OF EXAMINATION:  
MAY 14 1891

*R. M. ...* } BOARD.  
*A. K. ...* }  
Pres., Sec'y, Treas.,

Post office, DENVER,  
County, ARAPAHOE,  
State, COLORADO

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



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

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

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

Insert character and number of claim.

See

Pension Claim No.

649318

Name and rank of claimant.

Walter Page

Rank, Private

Claimant's post-office address.

Company G 6 Reg't Mis

St Francis Kans State,

[Post-office address of the Board.]

April 6

[Date of examination.]

1892

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Loss of teeth, dis of gums result of scurvy

Cause of disability.

and scintia atrophy of left leg Rheumatism & scintia Hemia

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of \$ 4 dollars per month.

He makes the following statement upon which he bases his claim for

See

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Claimant states that he had the scurvy while in the service resulting in loss of all teeth & chronic affection of the gums also contracted scintia which produced atrophy of left leg also scintia Hemia came on soon after leaving the service

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 62; respiration, 20; temperature, 100; height, 5 feet 4 1/2 inches; weight, 144 pounds; age, 27 years.

Loss of all teeth on upper side and canines of the alveoli of upper maxillary bone "scintia" and is entitled to \$4 dollars per month for scurvy also has chronic scintia the left leg is 2 inches less in circumference than the right leg. muscles are flabby

Rheumatism all the Rheumatism that is perceptible is the scintia of left leg and is entitled to \$4 dollars per month for said Hemia

He has left sequelae Hemia which can be retained by a proper truss direct size of tumor 12 inches in diameter protrudes through external ring descends

into the scrotum when truss is off the of the abdominal ring is 12 inches in diameter no displacement of rings, Claimant is entitled to eight dollars per month for Hemia & scintia as above all organs are normal

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by scurvy, 6/18 for that caused by scintia & results, and 8/18 for that caused by Hemia

W. W. Anderson, Pres. E. L. Waterman, Sec'y. F. C. Tracy, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Blank lines for continuing the record of examination.



**SURGEON'S CERTIFICATE**

IN CASE OF  
*Stephen M. Page*  
Co. *G*, 6<sup>th</sup> Reg't *Wis. Heavy*

Applicant for *Leave*

No. *649318*

DATE OF EXAMINATION:  
*April 6*, 189*2*.

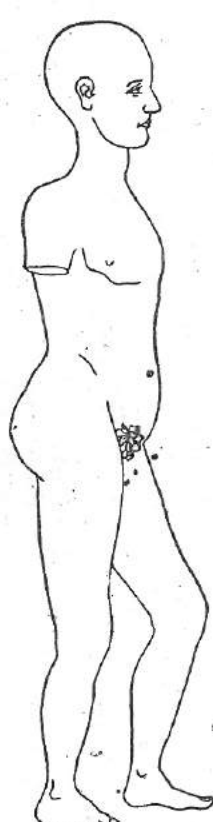
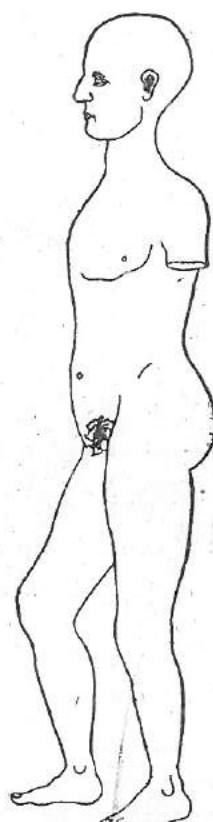
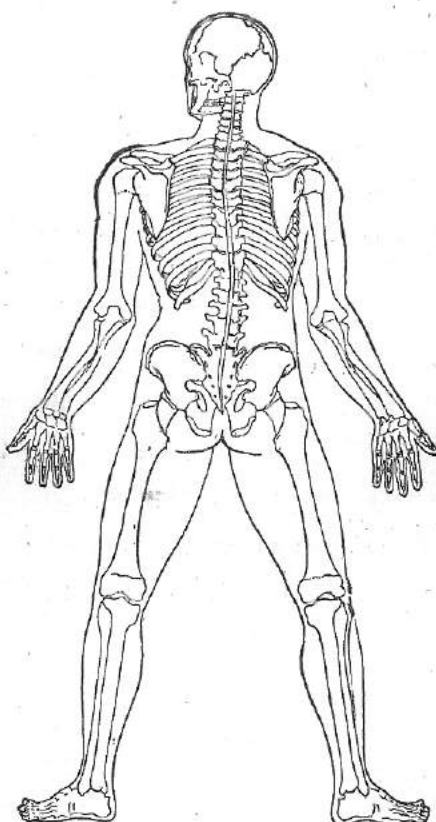
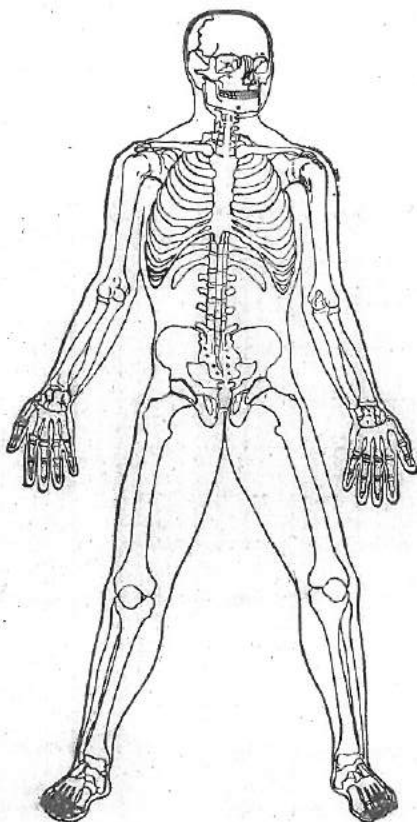
*W. M. Anderson*, Pres.,  
*E. D. Waterman*, Sec'y,  
*J. R. Tracy*, Treas.,  
BOARD.

Post office, *St. Francis*

County, *Cheyenne*

State, *Kansas*

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



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Excerpt from Section 4, Act of Congress approved July 25, 1882.]

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

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

Insert character and number of claim.

Increase Pension Claim No. 679,218

Name and rank of claimant.

Stephen M. Page, Rank, Port

Claimant's post-office address.

Company Co. 6 Reg't Wis Inf. | Douglas, Neb. State, Neb.  
[Post-office address of the Board.]  
Jan. 29, 1896  
[Date of examination.]

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

Cause of disability.

in the service, viz: Loss of teeth & disease of Gums  
result of Scurvy & sciatia Rupture & Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Eight dollars per month.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for Incr.  
Had scurvy while in service which brought on  
disease of gums and loss of teeth  
Had sciatia and Scurvy while in Andersonville  
prison caused by insufficient bad food.  
Ruptured at battle of Gettysburg

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 24; temperature, normal; height, 5 feet 7 inches; weight, 145 pounds; age, 62 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Loss of teeth has lost all but 3 teeth  
Gums soft and spongy  
Sciatia Find scars on tibia indicating ulceration  
from Scurvy Relief above 6/18  
Right Find circumference of left  
high one inch smaller than  
Right. Slight loss of power left leg.  
Rheumatism Find slight atrophy of  
muscles of left shoulder Relief above 2/18

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Rupture Find a direct Inguinal Hernia  
on left side tumor passes through  
the external ring into scrotum  
Can be reduced but think it would  
be difficult to keep retained by truss  
External ring very large and relaxed  
Hydrocele Find a Hydrocell of cord of  
Right testicle size of sack about 1 1/2 in  
in diameter. has never been tapped  
this disability is of recent occurrence  
Relief on above 3/18

W. B. Hugg, Pres. W. H. Thomas, Sec'y. A. H. Miller, Treas.

Except as above all organs normal  
We do not believe any of above disabilities  
were due to or aggravated by nervous habits  
Found no history or evidence of syphilis



*W. H. Wood*

**SURGEON'S CERTIFICATE**

IN CASE OF

*Stephen M. Payne*  
Co. 6th & Reg't 3rd Inf

**Applicant for** *increased*

No. *649318*

DATE OF EXAMINATION:

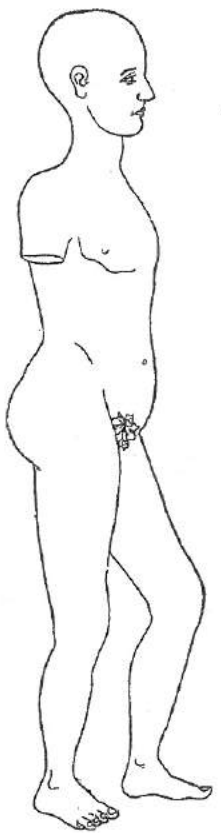
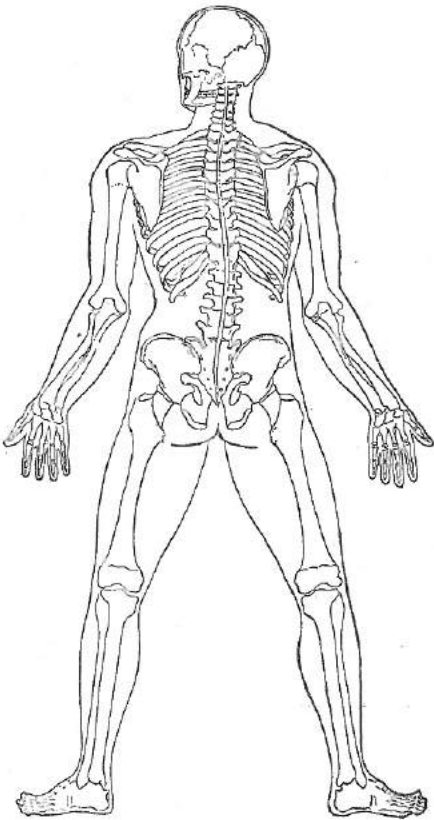
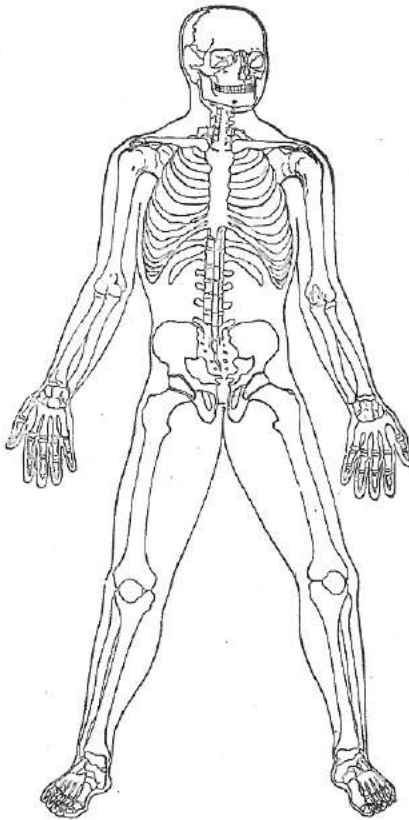
*Jan. 29*, 189*6*.

*W. H. Wood*, Pres.,  
*A. H. Thomas*, Secy.,  
*A. H. Miller*, Treas.,  
BOARD.

Post office, *Boston*  
County, *Sch. Townsh.*  
State, *Mass.*

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

*W. H. Wood*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Oct 31, 1898

Very The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

What can you say, as to presence or absence, of Oedema Cyanosis and dyspnoea, in connection with disease of heart. If necessary <sup>To determine</sup> they recall claimant, see Part 10 of Instructions for 1897

Amended Nov 16 - 1898

We omitted to state what claimant did not have, No Oedema No Cyanosis + No Dyspnoea, Claimant would have dyspnoea if forced to exercise. Very few old soldiers will exercise beyond a slow walk. They claim it hurts them.

J. H. Harris Sec

XIT

J. F. RAUB,  
Medical Referee.

whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Inc Pension Claim No. 649318  
[State above whether for original, increase, or restoration.]  
 Name and rank of claimant. Stephen M Page, Rank, Capt.  
 Company E, Reg't Wis. Inf., Indianola Neb. State, Berkelman Neb.  
[Post office address of the Board]  
 Claimant's post-office address. Oct. 1905, 189 8  
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Loss of teeth & dis. of Gums result of scurvey  
Scratia also rupture & Rheumatism  
 Cause of disability. and that he receives a pension of Eight dollars per month.  
 If a pensioner, fill in the amount; if not, erase the whole line.

He makes the following statement upon which he bases his claim for Inc  
[Original, increase, restoration, &c.]  
 Here give the claimant's statement as briefly and as compactly as possible. Procured all disabilities while in the service  
Rupture hurts him now more than any thing else. Can chow around some, unable to perform manual labor.

Upon examination we find the following objective conditions: Pulse rate, 92; respiration, 24; temperature, 98 1/2; height, 5 feet 5 1/2 inches; weight, 150 pounds; age, 66 years. The teeth are all gone except two roots which are loose & decayed. Gums are shrunk away about one half & ulcerated about stumps of teeth. Claimant complains of his Gums getting very sore at times 1/2 for results of Scurvey. Atrophy of muscles are marked in region of both hips but some worse in the left. There is no enlargement of joints or contractions of tendons. Muscles soft, valves firm but not balanced. Claimant states Rheumatism does not trouble him as much as it did. 1/2 for Rheumatism. Hypertrophy of Heart exists area of dulness increased Apex beat 3 in. to inner side & 2 in. below left nipple & is plainly evident to palpation & inspection. Pulse rate standing 112 After exertion walking office floor slowly 119 regular as to time & force 1/2 for Heart trouble. Left iliac oblique inguinal Hernia exists. The tumor descends through both internal & external rings into scrotum. The tumor Claimant wears does not retain Hernia properly. Rings very large & times relaxed. Tumor as big as a large fist. We think it might be retained by a properly fitting truss where Claimant does not exercise much. There is no evidence of syphilis or throat disabilities are due or aggravated by vicious habits 1/2 for Inguinal Hernia that passes through external ring.

Here give a full description of the disabilities, in accordance with Book of Instructions.  
 The actual or probable origin of every existing disability must be fully set forth.  
 Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.  
 Each disability must be rated separately, the act of Congress of March 2, 1896, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

J M Brown, Pres. J E Hathorn, Sec'y. Absent, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

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

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_"

(Signature.)

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

"I, Stephen M. Page, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. J. M. Brown and Dr. J. C. Hathorn, the examining surgeons here present (waiving examination by full board), on this 19<sup>th</sup> day of October, 1898."

(Signature.)

Stephen M. Page



CERTIFICATE

IN CASE OF

Stephen M. Page  
Co. E. & Reg't Wis. Inf.

Applicant for Inc.

No. 649212  
DATE OF EXAMINATION: Oct 19, 1898

J. M. Brown, Pres.,  
J. C. Hathorn, Sec'y,  
Abert, Treas.,

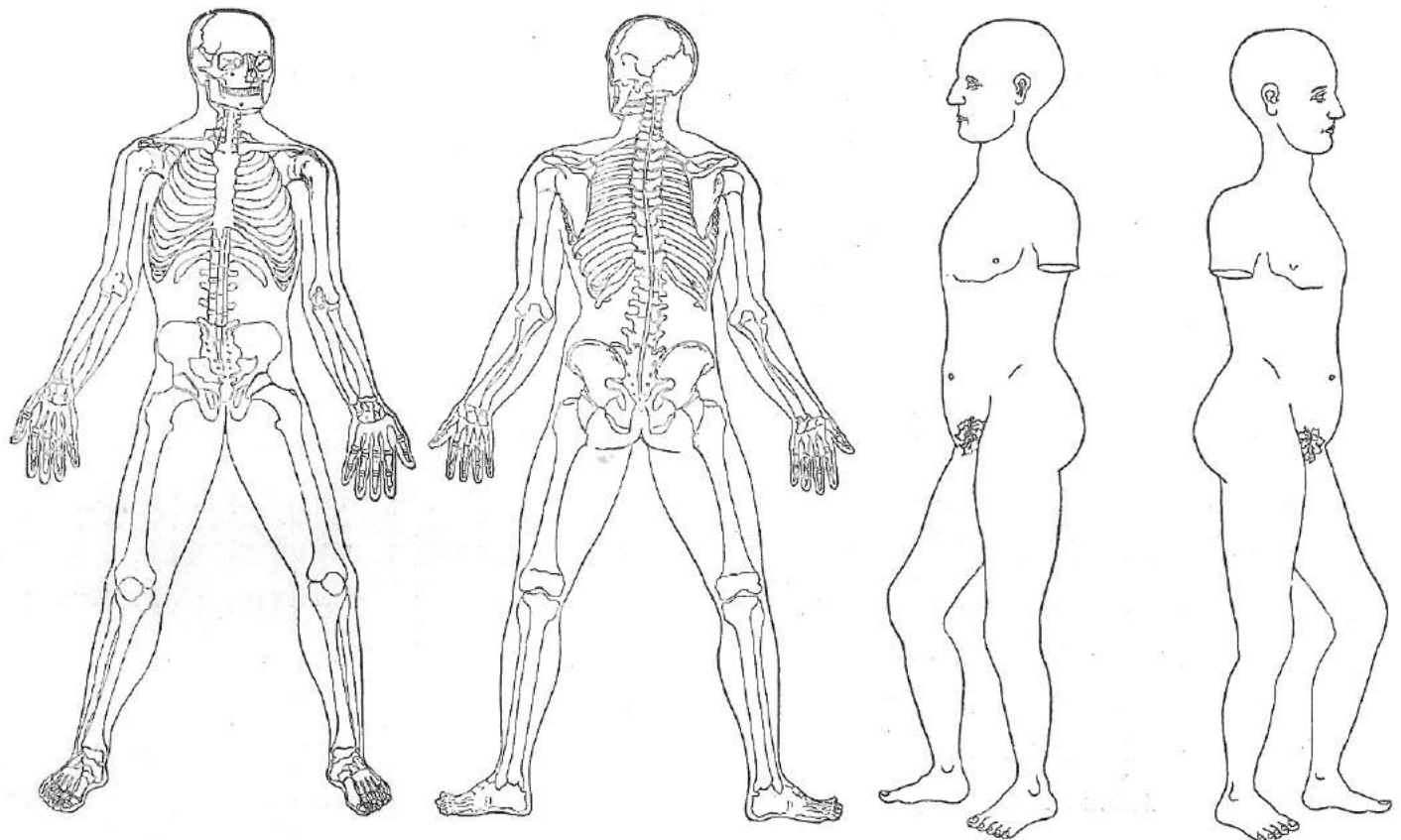
BOARD.

Post office, Indianola  
County, Scott Willow  
State, Nebraska

P. S.—Write your Postoffice address plainly and in full.



T



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

**CERTIFICATE OF MEDICAL EXAMINATION.**

Insert character and number of claim.

Certificate

Pension Claim No. 649318

Name of claimant.

Stephen M. Page

Address of Board.

Los Angeles P.O.  
California State.

Claimant's post-office address.

Company D 6 Reg't Wis. Inf.  
344 N. Townsend Street

February 11, 1924  
[Date of examination.]

Names of disabilities.

He receives a pension of 50.00 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Senility, vertigo.

Birthplace, New Hampshire; age, 89 years; height, 5-6; weight, 130 pounds; complexion, medium; color of eyes, blue; color of hair, white; occupation, retired; permanent marks and scars other than those described below, \_\_\_\_\_

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

Pulse rate, 90-96-138; respiration, 20-24-36; temperature, 98;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

/HEART: chronic myocarditis, apex beat 2" below and 2" to left of left nipple. Hypertrophy of left ventricle, areas dullness increased, right border 2" to right of right sternal margin, mitral systolic murmur, transmitted to axilla, marked cyanosis, slight edema of feet and ankles, marked dyspnoea, compensation poor, very intermittent. BLOOD PRESSURE: systolic 180, diastolic 104, thrust 3. There is arterio sclerosis.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

MOUTH: tongue coated, breath foul. NOSE: normal. TEETH: all gone, plates worn. THROAT: chronic pharyngitis. LUNGS: few crepitant and sibilant rales over both upper lobes. CHEST: expiration 33, inspiration 36, at rest 34, abdomen ut umbilicus 3-0.

Act June 5-20, Survivors Spanish War: Estimate incapacity from all causes not due to vicious habits at one-tenth, one-fourth, one-half, three-fourths, or total.

ABDOMEN: normal. SPLEEN: normal. LIVER: normal. STOMACH: normal. HERNIA: left indirect inguinal, tumor 3" by 6" passes external ring into scrotum, not reducible, not retainable by truss which is worn. BLADDER: normal. KIDNEYS: normal. URINALYSIS: specific gravity 1024, color amber, acid reaction, trace of albumin by HNO3, no casts, no sugar by Haines. HYDROCELE: no. VARICOCELE: no. PROSTATE: normal. There is no evidence of syphilis or gonorrhoea. REFLEXES: normal.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits, the opinion of the Board must be stated. When not due to such habits, this fact must be stated.

BRAIN AND NERVOUS SYSTEM: marked nervous debility. SKIN: dry, cyanotic and wrinkled. RHEUMATIC OR GOUTY NATURE: no. UPPER EXTREMITIES: normal. LOWER EXTREMITIES: edema both feet, and ankles. NUTRITIONAL CONDITION: poor. His habits are good. He uses no drugs, no liquor, no tobacco.

§78 Cases: In every instance where aid and attendance is alleged, the Board will state (in so many words) whether the regular aid and attendance of another person is or is not required.

EYES: general condition poor, has diplopia at a distance arcus senilis present, vision of both eyes, 20/200, is not corrected. EARS: no diseases, hearing of left ear total deafness cannot hear shouting at any distance. Right ear: total deafness cannot hear shouting at any distance.

He is very senile and feeble, has marked vertigo and falls very frequently and easily. He requires the constant assistance of another person in dressing and attending to the calls of nature because of his feebleness and he cannot go around with out assistance because of weakness and falling. He feeds himself but the food has to be served to him.

It is the opinion of the board that applicant is totally incapacitated for earning a support by manual labor and recommend a pension of \$72.00 per month.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

\_\_\_\_\_, Pres. J. A. Foyler, Sec'y. \_\_\_\_\_, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

(SECRETARY'S CERTIFICATION.—To be filled and signed when the examination is made by the full board of three surgeons.)

"I hereby certify that Dr. \_\_\_\_\_ Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_."

(Signature.)

(CLAIMANT'S WAIVER, to be filled by the member acting as secretary, and signed by the applicant, when the examination is made by two members of the board.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_."

Witnesses to mark.

(Signature of Applicant.)

Jan 26 1924

HOME

ACT OF MAY 1, 1920,

CERTIFICATE OF MEDICAL EXAMINATION

IN CASE OF

Stephen M Page

Co. D, 6 Reg't Wis. Inf.

APPLICANT FOR Certificate

Ct.f. No. 649318

DATE OF EXAMINATION:

February 11, 1924

Pres., F.A. Foye; Sec'y, F.A. Foye; Treas., F.A. Foye; BOARD #2

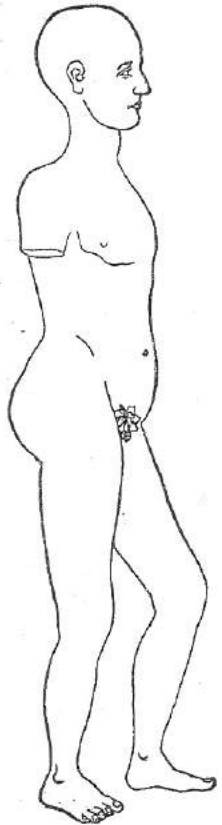
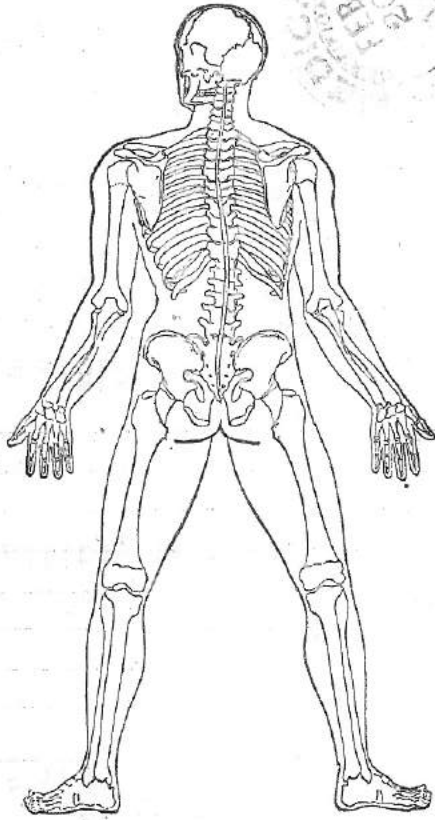
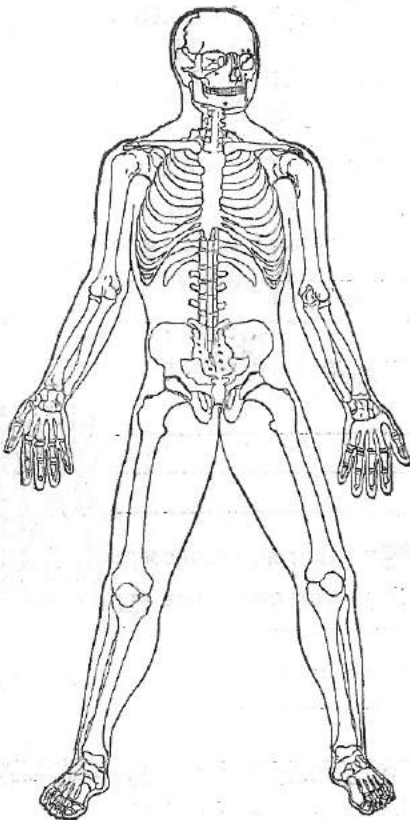
Post office, 405 South Hill

County, Los Angeles

State, California.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552a

FEB 27 1924



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

Home. 2nd St. Los Angeles, Calif. Jan 25<sup>th</sup> 1884

Yonkers