#### 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. ornea, country of San Francises A. D. 1898, personally appeared before me, a in and for the aforesaid County, duly authorized to administer , aged 2 who, being duly sworn according to law, state that I am acquainted with Stephen applicant for Invalid Pension; and know the said Stephen person of that name who enlisted or volunteered as a..... ...Vols, and who was discharged.] on or about the while in the line of his duty, at or near in the State of Pearsy lo and did, on or about 186 3, become disabled in the following manner, viz: 6 converse bring struck by the bear of sand gun on That the facts stated are personally known to the affant by reason of

|                       | 1  |   |                      | • • • •  |                                       |   |
|-----------------------|--|---|----------------------|--|---------------------------------------|---|
|                       |  |   | 0                    |  |                                       |   |
|                       | And denoner                                | nt further state/that   | he is                | well acquainted with   | the claimant, having known            | him for at  |
| la                    | ast tron                                   |   | -                    |  | knowledge of the                      |   |
|                       |  | W /   |                      |  | ,                                     | A9 A  |
| Sta                   | ated                                       |   |                      |  | a membrof Compa                       | ny 77   |
| of                    | f the                                      |   |                      |  | unteers, from the 20                  | u   |
| da                    | ay of Jim                                  | e , 186 /   | , to the $28$        | day of ful   | , 186 5 . An                          | d deponent  |
| fu                    | (/   |   |                      |  | or to enlistment, so far as           |   |
|                       |  | be & totally  | 1.74.79              |  | to chilistincia, so tar as            |   |
| kr                    | new; and that                              | totally   | disinterested in thi | s claim.   | 1.8                                   |   |
| 1 4                   | UNA  | lug   | 6-12                 | Lewis  | A. Neut                               |   |
|                       |  | -//-  |                      | Capte  | 2000 Ctuffout                         | This Vold Inf.  |
| h                     | [If affiant sign by i                      | nark, two persons who ca  | n write sign here.]  |  | [Signatures of affiants.]             |   |
|                       |  | 7   |                      | 8  |                                       |   |
| S                     | TATE OF O                                  | aliforn   | a (a                 | COUNTY OF Dan  | · Hirancises                          | , ss:   |
|                       | Sworn to and                               | N/  |                      | /  | ary, A. D. 1898; a                    |   |
|                       |  |   | /                    |  |                                       |   |
|                       |  |   |                      |  |                                       | , , , , , , , , , , , , , , , , , , ,   |
|                       |  |   | ( /                  | <u> </u>   |                                       |   |
|                       |  | added, and acqua  | inted Zees           | with its contents bef  | ore recute                            | ed the same.  |
| ,                     |  | I further certify th  | nat I am in nowise   | interested in said case,   | nor am I concerned in its I           | prosecution;  |
|                       |  | and that said affia   | nt /J ne             | rsonally known to me   | and that he commerced                 | ible person.  |
|                       |  |   |                      |  | 11/1                                  | r   |
|                       |  |   |                      | 110  | Alleras                               |   |
| 1                     |  |   |                      | notary Pablic in   | [Official Signature]                  |   |
| []                    | L. S.]                                     |   |                      | San Franc  | dans, State of California,            |   |
|                       | Principle Committee of the section for the | replacements about the second growing the first the residence of the second   |                      | and the second s | [Official Character.]                 | man a company of the contract |
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|                       | ONAL                                       | 2   | Wy W                 | OF   |                                       | WASHINGTON, D. Hartman & Cadick, Prs., Washington, D.   |
|                       |  | 04 5  | No.6                 |  | EDE E1818                             | AS  |
|                       |  | 8 11  | XX                   | PR00F  |                                       | Hart Hart   |
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| 1                     | ADD]                                       | Sel Colonial Sel  | A BY                 | PB   |                                       |   |

Opred men . 8

## ACT OF MAY 1, 1920 INCREASE

Cert. No. 6 49 3

|       | Claimant Stephen M. P.                              | 200-   |
|-------|---|--|
|       | P.O. 344 71. Townsend                               | Oh, Rank Presente  |
|       | County Log angeles                                  | Service Gov. Gand W. 6. This main  |
| O     | State California                                    | 1 Infantry   |
|       | Rate, \$ per month, commencing                      | anuary 55 1924   |
|       |   |  |
|       |   |  |
|       | STATE REPRESENTATIVE. MORRE                         |  |
|       | K.P   |  |
|       | Submitted for Med Lay, Jan 18                       | PROVAL  1924 My Ilensing, Examiner.  |
|       | Approved for  | Approved for 72 from Sylvan 23   |
|       |   | Jany 25 1924   |
| ESTON | HOREARE, SECTION &                                  | Mot wowanted from Naine date   |
| DIG   | AOF OF MAY 1, 1920.                                 | Joseph Cart  |
| 91    | 199194  |  |
| A Tu  | 97 No Medical Examination                           |  |
|       | N 160- 1 1 1 1                                      | S AAAAAAA  |
|       | Jun. 19., 1927, N. U. Ceashy Agricur.               | Medical Examiner. Medical Reviewer   |
|       | , 192 , Rereviewer.                                 | Medical Referce.   |
|       | Enlisted 19 b                                       | - B  |
|       |   | onorably discharged, 18, 18  |
|       | Enlisted, 18; h                                     | onorably discharged, 18, 18  |
|       | Length of pensionable service                       | years, days.   |
|       | Pensioned at \$ per month, under                    | AGT OF MAY 1. 1920 , as Civil War veteran.   |
|       |   | The state of the s |
| 1.    | Declaration filed Declaration filed                 | ACT OF MAY 1, 1920   |
| ;     | Declaration filed Sept. 8 Claimant does 25 k write. |  |
|       |   | Mo   |

20 , M. C.

JUNE 27, 1890. INVALID PENSION. Rank U Company Stat Rat Pensioned for inability to earn a support by manual labor RECOGNIZED ATTORNEY. Fee, \$ 2 Agent to pay. APPROVALS. 0 1905 Submitted for Approved for Medical Examiner, Medical Reviewer. Medical Referee. Enlisted 186/..; honorably discharged Enlisted. 186---; honorably discharged. CLAIM, ACT OF JUNE 27, 1890. 1900, alleges aye. Declaration filed Claimant does .....write.

Certificate not filed.

No. 10

# Declaration for Increase of Pensicn Under the Acts of June 27 1890 and Man 9 1999

| State of California, Country of A. D., one thousand nine hundred and Jersenully appeared before me, a. Detail of Rock Country and State adjoesaid. Let have M. Boy and State of Rock Country of State of State of California Wito, being daily sworn according to law, declares he is a pensioner of the United States, enrolled at the Manuary of State of California Wito, being daily sworn according to law, declares he is a pensioner of the United States, enrolled at the Manuary of State of California Wito States of California Wito Wito Wito Wito Wito Wito Wito Wito   |      | Under the Acts of June 27, 1890, and May 9, 1900.  |
|---|------|--|
| ON THIS 1/2 day of January A. D., one thousand nine hundred and personally appeared before me, a Debug County of State of Within and for the County and State altoresaid Attach Learn M. Basel of State of County of State of States, enrolled at the Position Agency at the rate of August of States, enrolled at the County of States and the County of States and States of County of States and States of County of States of States, enrolled at the County of States and States of County of States and States of County of States and States of County of States   | - 1  | Espera of California Son Charales  |
| personally appeared before me, a Debuty of Within and for the County and State aloresaid. The hours M. Bray, a resident of Prospect Park County of Journal of State of Prospect State Office Prospect State of Prospect State Office Prospect State of Prospect State Office Prospect State Offi      | ,    | $a \neq 0$   |
| Afterward Steephern M. Brayer, a resident of Prospect Park Country of Social State of California State of California Who, being duly sworn according to law, declares he is a pensioner of the United States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of California States, carolled at the Pension Agency at the rate of the United States, carolled at the Pension Agency at the rate of the United States, carolled at the Pension Agency at the rate of the United States, carolled at the Pension Agency at the rate of the United States, carolled at the Pension Agency at the rate of the United States, carolled at the Pension Agency at the Pension Agency at the Pension Agency at the Pen  |      |  |
| who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the Pension Agency at the rate of dollars per month, Certificate No. \$\frac{5}{2}\frac{7}{3}\frac{7}\frac{7}{3}\frac{7}{3}\frac{7}{3}\frac{7}{3}\frac{7}{3}\frac{7} |      | Atologo W P  |
| who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the Pension Agency at the rate of dullars per month, Certificate No. \$49, 318; by reason of disability from the declaration of the pension was grancely and the declaration of the pension was grancely and the state of the pension of disability from the party.  That he was a formation of the pension of regiment, Hin the army; vessel, Hin the pavy.)  That he is 70 the years of age, having been born 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.  The state of the full rate allowed by the Act of June 27, 1890, as amended by Act of May 9, 1900.  The state of the full rate allowed by the Act of June 27, 1890, as amended by Act of May 9, 1900.  The state of the full rate allowed by the Act of June 27, 1890, as amended by Act of May 9, 1900.  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, of the full power of substitution and revocation, the full power of substitution and revocation, of the full power of substitution and revocation, the | Ö    | Park ( - Claralles C 1 1 1 1   |
| Pension Agency at the rate of dollars per mouth, Certificato No. 649, 318; by reason of disability from disability for which persion was granted.  And discours of the second of disability from disability for which persion was granted.  And discours of the second of disability for disability for which persion was granted.  That he was a Product in Co. J., Reg't wis. Wols.  That he is 79 + years of age, having been born on the day of December 1, 18 Jk, 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.  The second of the  | V.   |  |
| Certificate No. 579, 378; by reason of disability from the commence of the disability for which pension was granted.)  And the control of the  | )    | 1 a M marca a  |
| That he was a   | ,    |  |
| That he is 70 the years of age, having been born on the day of 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.  The fact of May 9, 1900 the following the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900 the following  | (    | (Here name the disability for which pension was granted.)  |
| That he is 79 + years of age, having been born on the day of 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.  The state of the following th |      | and maine of gums results  |
| That he is 70 the years of age, having been born on the day of 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.  The fact of May 9, 1900 the following the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900 the following  | dia. | sering and seriale and sept  |
| That he is 79 + years of age, having been born on the day of 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.  The state of the following th | ol   | inguine he ma and old age  |
| That he is 7.9 +  | r    | That he was ain Co Reg't Vols. (Here state rank, company, and regiment, if in the army; vessel, if in the navy.) |
| 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,  |      |  |
| 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,  | ,    | That he is 70+ years of age, having been born on the 137k day of   |
| 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.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1900.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, as amended by Act of May 9, 1890.  The fact of June 27, 1890, a | Con  |  |
| 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.  The fact of June 27, 1890, a |      |  |
| right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9, 1900.  The form of the full rate allowed under the Act of June 27, 1890, as amended by Act of May 1900.  The form of the f |      |  |
| 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 Matter of San Angres California  his true and lawful attorney to prosecute his claim.   |      |  |
| 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,  Ciclian Matterney to prosecute his claim.   |      | The their chair American   |
| Wherefore he now tapaged and some all his physical in framework and to save all his physical in framework and to save all his and are to the best of his knowledge and belief permanent.  He hereby appoints, with full power of substitution and revocation,  William Matterney to prosecute his claim.  |      | of pension is well truly and   |
| Wherefore he now taking wants and to save the physical information of the now taking and to save the physical information of the now and the physical and physical and physical information of the physical information and physical information and revocation, with full power of substitution and revocation, will power of substitution and revocation, and physical ph  |      | ligally based on age alone   |
| 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,  Licilian Mattern of Language Californ  his true and lawful attorney to prosecute his claim.   |      | render Execution order 1078  |
| 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,  Lichen Mattern of Sangulas Californ  his true and lawful attorney to prosecute his claim.   |      | Wherefore he now tapuesly  |
| 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,  | 1    | waives all his physical injuis   |
| 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,  Solution Matter of Coliforn  his true and lawful attorney to prosecute his claim.   |      | and to sair delay & annoyance  |
| 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,  Cillian Matter of Sandayelus, Californ  his true and lawful attorney to prosecute his claim.  |      | and repense of a medical   |
| He hereby appoints, with full power of substitution and revocation,  Lichtim Matter of Stangels, Californ  his true and lawful attorney to prosecute his claim.   |      | Examination - he now st  |
| He hereby appoints, with full power of substitution and revocation,  William Matter of Salarytes, Californ  his true and lawful attorney to prosecute his claim.  |      | once declary, his rights   |
| He hereby appoints, with full power of substitution and revocation,  William Matter of South Californ  his true and lawful attorney to prosecute his claim.   |      | as mititlet, by both disability  |
| He hereby appoints, with full power of substitution and revocation,  William Matter of South Californ  his true and lawful attorney to prosecute his claim.   |      | and oll age Their only for age   |
| He hereby appoints, with full power of substitution and revocation,  William Matter of South Californ  his true and lawful attorney to prosecute his claim.   |      |  |
| his true and lawful attorney to prosecute his claim.  |      |  |
| his true and lawful attorney to prosecute his claim.  |      |  |
| Parada at Cante   |      |  |
|   |      | William Mattoon of Sos angeles, Californ   |
| His Post-office address is  |      | his true and lawful attorney to prosecute his claim.   |
| 1905  |      | William Mattoon of Sos angeles, Californ   |
| Wommattoon Steppen Midase   |      | his true and lawful attorney to prosecute his claim.   |
| (Signature of Claimant.)  |      | his true and lawful attorney to prosecute his claim.   |

| $OU_{\pi} \cup O$ $\mathcal{D}_{\alpha}$   |
|--|
| Also personally appeared the first the state of the state |
| do Chiques Cal and Melvin Hesler   |
| residing at the Compeles Col, persons whom I certify to be respectable and entitled to gredit, and   |
| who being by me duly sworn, say that they were present and saw Slepher M. Caree (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 years 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. Alberta le Manage  |
| Mehrille lo- Weller  |
| (Ifaffiants sign by mark, two persons who write sign here.)  Sworn to and subscribed before me this day of , 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.  |
| M.C. Walson  |
| [L. S.]  (Official Signature Printy Course Cont.  Los Angeles, Cut.  |
| (Official Character.)  |

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.

Solulier's Application
FOR INCREASE
Under the Acts of June 27, 1880, and May 9, 1900

Co. T. M. C. Reg't

Pension Certificate No. C. 17 7 701s.

FILLED BY

Perluted and forsale by John Weshington, Utalian British Printer, Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. A. S. Printed and forsale by John Weshington, D. W. S. Printed and forsale by John Weshington, D. W. S. Printed and forsale by John Weshington, D. W. S. Printed and forsale by John Weshington, D. W. S. Printed and forsale by John Weshington, D. W. S. Printed and forsale by John Weshington, D. W. S. Printed and Forsale by John Weshington, D. W. S. Printed and John Weshington, D

3-356. Act of June 27, 1890. Rank, inability to earn a support by manual labor. GNIZED ATTORNEY. Agent to pay. APPROVALS. Legal Reviewer. Medical Examiner. Medical Referee.

/ D , 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, or a City or County Clerk.

|       | State of California, County of Sos Angelie, 58:  |  |
|-------|--|--|
|       | On this 5 th day of October, A. D. one thousand nine hundred and   |  |
|       | form, personally appeared before me a sofuty County Clark  |  |
| 4     | of the Superior Court within and for the County and State aforesaid,   |  |
| 8     | tephen M. Page , aged 69 1/2 years, a resident of Prospect   |  |
| 0     | Park of County of Sorangeles   |  |
|       |  |  |
|       | State ofwho, 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 Crieste Co. G. 6" Regt (Here state rank in company, and gelment in Military service, or vessel if in Navy.)   |  |
|       | Miscousin Voluntur Enfanty in the service of the   |  |
|       | United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at  |  |
| m     | ashington S.C., on the about 15 day of June, 1865  |  |
|       | That he has been employed in the military or naval service otherwise than as stated  |  |
|       | Asimon Australia htt about to Alexania   |  |
|       | (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 unable to earn a support by manual labor by reason of (Here hame the disease or   |  |
|       | for which person at 18. 18 per minted act of July 18.18  | 6  |
| J     | this claim to be dear him the  | -  |
| 2     | and of about personal signing 2 8 stingung herries   | horas  |
| 2000  | o injurie mon vitros disabled 29, 18 00 to order of the 12 to free my the minutes of the contract of the contr | how  |
| 3     | That said disabilities are not due to his  | hora   |
| 3     | vicious habits, and are to the best of his knowledge and belief permanent. That he has herety  | hora   |
| 36    | vicious habits, and are to the best of his knowledge and belief permanent. That he has here to the best of his knowledge and belief permanent. That he has here to the best of his knowledge and belief permanent. That he is a pensioner under Certificate No.  | how  |
| 3     | vicious habits, and are to the best of his knowledge and belief permanent. That he has herety  | how  |
| 3     | vicious habits, and are to the best of his knowledge and belief permanent. That he has best of his knowledge and belief permanent. That he has best of his knowledge and belief permanent. That he is a pensioner under Certificate No.  | hora   |
| 9000  | applied for pension under application No. That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)   | how  |
| 9000  | applied for pension under application No. That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)  That he makes this declaration for the purpose of being placed on the pension-roll of the United States under  | how  |
| 3000  | applied for pension under application No.  That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give the number of he 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,  | how  |
| 9     | applied for pension under application No.  That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)  That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the act of June 27, 1890, as amended by act of May 9, 1900.  He hereby appoints with full power of substitution and revocation,  of  of  his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That  | how  |
| 9000  | applied for pension under application No.  That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give standard 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,  of  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.  County of   | how  |
| 3000  | applied for pension under application No.  That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give an 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,  of  his true and lawful attorney to prosecute this claim, the fee to be Ten Dollars, as prescribed by law. That   | how  |
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| 30000 | applied for pension under application No.  That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give standard 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,  of  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.  County of   | Sold Sold Sold Sold Sold Sold Sold Sold  |
| 3000  | applied for pension under application No. That he is a pensioner under Certificate No.  That he is a pensioner under Certificate No.  (If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)  That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the act of June 27, 1890, as amended by act of May 9, 1900.  He hereby appoints with full power of substitution and revocation,  of  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  ON A COUNTY of  State of  ON A COUNTY of  ON A COUNTY OF   |  |

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|   | angeles  | load   | , and Mel  | velle C. He  | elin,  |
| residing at.                            | Los au   | geles lo   | al person  | s whom I certify to be re  | espectable and   |
|   |  |  |  | re present and saw   | Ehler  |
| entitled to                             | credit, and who, bei   |  |  | =  |  |
|   |  | Q .  |  | sign his name (or make hi  |  |
| foregoing of                            | leclaration; that the  | y have every reason                                    | to believe from the  | appearance of said claiman   | t and their ac-  |
| quaintance                              | with him of  | yes yes  | ers and  | years respectively   | , that he is the   |
| identical p                             | erson he represents h  | nimself to be; and                                     | that they have no int  | erest in the prosecution of  | this claim.  |
|   |  |  | (Am  | len Inna   | AAA Marka  |
|   |  |  |  |  | and the glassadiple are and the  |
|   |  |  | Med  | wife to the  | sho.   |
|   |  |  | 67   | (Signatures of witnesses.)   |  |
| Swori                                   | n to and subscribed  | l before me this                                       | day  | of Contract,   | A. D. 190  |
| and I do l                              | hereby certify that t  | the contents of the                                    | above declaration, etc   | ., were fully made known   | and explained  |
| to the appl                             | icant and witnesses  | before swearing, in                                    | cluding the words  | STANDARD STA | malitheirallider Fordered of Management 2 and 2, so board one Ved do a 1994 M.   |
| *************************************** | a a palamed in the AM-Market in Princip of the Market in Princip of the |  |  | erased, a  | and the words  |
|   |  |  |  | ad   | ded; and that  |
| I have no                               | interest, direct or in   | direct, in the prose                                   | cution of this claim.  | 11   |  |
| a. Mee v C MC                           |  | , F  | (/   | TO Was   | 1100   |
|   |  |  |  | (Signature.)   | Change of the contract of the  |
| [L. S.]                                 |  |  |  | Lee  | angalos, Ostal   |
|   |  |  | English dates and register of real straight and real   | (Official Character.)  |  |
| support, a                              | nd are not affected l<br>pensioner under pri   | by the rank held.<br>ior laws may apply                | \$6 to \$12, proportion under this one, or a p   | ned to the degree of inab  |  |
| support, a                              | nd are not affected l<br>pensioner under pri   | by the rank held.<br>ior laws may apply                | \$6 to \$12, proportion  | ned to the degree of inab  | ility to earn a  |
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(3-145) INVALID PENSION. 34-649,318 Rank, Company, Regiment, 6, per month, commencing DEC 20 1899 Disabled by Discharged .... Pensioned from . Original declaration filed. ; alleged Arrears allowed from ....., 18 6-221

## Act of Jan or, 1000.

#### Declaration for the Increase of an Invalid Pension.

| State of Mebraska, County of Dundy, 35:   |
|---|
| On this day of Decemen, A. D. one thousand eight hundred and  |
| ninety- Seven, personally appeared before me, a Motory Carble within and for the  |
| County and State aforesaid, Stephen M. Tage, aged 63 years, a resident of   |
| the mit of Indian Creak, County of Dundy, State   |
| of Mebraska, who, being duly sworn according to law, declares that he is a pensioner  |
| of the United States, enrolled at the Des Moines La Pension Agency, at the rate of  |
| dollars per month, under Certificate No. 649318, issued under Act of June 27, 1899, by reason   |
| of disability from Loss of teeth and disabilities for which now pensioned, copying statement of same from pension certificate.)   |
| of Scuray and Scratico  |
| 1 1 1   |
| having been in the Malle and service of the United States as a Cornoral (Here state fank, 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   |
| Here state any other reasons for applying for increase. If on account of increase in the dissolity for which already pensioned, the fact  |
| should be stated and the manner and extent of the progression of the disability described.)   |
| tent that I have feet two with an any head  |
| *Application is also hereby made for pension under the provisions of the provisions |
| the following-named   |
| NEW OR ADDITIONAL DISABILITIES,   |
| namely: At a land a land and every existing disability, not due to vicious habits, for which pencion has not been   |
| Acialized Manual San Control of the same.)  granted, including, in cases of wound or injury, a statement of the time, place, and circumstances of the origin or incurrence of the same.)  |
| in a dual 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 DOLLARS, payable as prescribed by law.   |
| That his POST-OFFICE ADDRESS is Lenkelman. County of  |
| Dandy, State of Mebraska  |
| Atthew Milage 310   |
| 1 Morris O Owins (Claimant's signature.)  |
| 2 \$6 Ough  |
| (Two witnesses who write sign here.)  |

| Also personally appeared Morris J. Owens, residing at  |
|--|
| Benkelman, Meb, and J 6 Ough , residing at   |
| Bearkelanan net, 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 Bl. Page   |
| the claimant Angar his Al Carre 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.  |
| morris d. Ocorno   |
| (If either affiant signs by mark, two persons who write sign here.)  (Signatures of Affiants)  |
| Sworn to and subscribed before me this day of December, A. D. 189 7;   |
| and I hereby certify that the contents of the foregoing declaration were fully made known and ex-  |
| plained 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 (Official Signature.)   |
| [L. S.]  |
| 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 |

INVALID.

C.AIM FOR INCREASE.

COOL, 6. Regulfer

COOL, 6. Regulfer

Pension Certificate Noby 9-3/8

Pension Certificate Noby 9-3/8

Pension Certificate Noby 9-3/8

WASHINGTON, D. C.

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

GENERAL AFFIDAVIT. County of..... cercles, A. D. 18 9 7 personally appeared before me, within and for the County and State aforesaid, duly authorized , 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: Lay July 1863, at Hw battle nave known soldier, how often fley have seen him on an average during their acquaintance with would tend by short the basis of their knowledge of the facts to which they testify.

After The C" Wis Inft made how The 2 and Junishpari July nissippri concerned in its prosecutio (If affiant signs by ma

| Sworn to and subscribed before me this 13 day of Decens ( 25)  |
|--|
| A. D. 189 7, by the above named affiant , and I certify that I read said affidavit to said affiant , including |
| the wordserased, and the   |
| 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                |
| personally well known to me, and that he credible person.  |
| Signature)   |
| [L. S.]  (Signature.)  Official Character  |
| Official Character   |
|  |

ADDITIONAL EVIDENCE.

Co. A. C. ROSWING.

AFFIDAVIT OF

FILED BY

FREDERICK BENJAMIN,
Attorney at Law,
WASHINGTON, D. C.

YERAL AFFIDA County of Ma State of , A. D. 187 , personally appeared before me, 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: have known soldier, how often they have seen him on an average during their acquaintance at would tend to show the basis of their knowledge of the facts to which they testify. no interest in said case and further declared that not concerned in its prosecution. (Signatures of affiants.)



| State of M                            | ebraska                                    | . County of     | Maa                 | lica   | <b></b> , 55;                                       |
|---------------------------------------|--|-----------------|---------------------|--|---|
| Sworn to and subs                     | cribed before me this                      | 29              | day of M            | rver   | ulen  |
| A. D. 189 $m{\delta}$ , by the a      | bove named affiant , and I                 | certify that    | I read said affiday | it to said af  | fiant including                                     |
| the words                             |  |                 |                     |  | erased, and the                                     |
| words                                 |  |                 |                     |  | added and   |
| acquainted free                       | with its contents before                   | e he            | executed the same   | . I further o  | certify that I am                                   |
| in nowise interested i                | n said case, nor am I conc                 | erned in its pr | osecution, and that | said affiant   | is  |
| personally well known                 | to me, and that she                        | io a c          | redible person      |  | 0   |
|                                       |  |                 | -G-N.               | Lun  | leart   |
| [L. S.]                               |  |                 | Matal               | nature.)   | 00  |
| [24, 20]                              |  | ***********     | Official            | Character.)  | Mue   |
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| Ti Ei                                 | 7.00.1                                     |                 |                     | 19   | BY<br>BENJAMIN,<br>tt Law,<br>WASHINGTON, D. C      |
| 7 3NC                                 | 20 22                                      |                 |                     |  | Mor   |
| Div.                                  | 3  |                 |                     |  | JA<br>W,  |
| 3/10 EV                               | OF<br>OF<br>OF<br>OF<br>TO OF              |                 |                     |  | EN<br>Lav   |
| 0 7                                   | LAIM OF  LAIM OF  CRES'THE.                |                 |                     |  | CK BE   |
| NA N                                  | CLAIM OF  LAA M. (  "Reg"tal  AFFIDAVIT OF | 1               |                     |  | FILED BY ERICK BENJ, Attorney at Law, WASHIN        |
| No. 644 9 318 4<br>OITIONAL EVIDENCE. | Jan 1                                      |                 | 14561               | The contract of the contract o | FILED BY DERICK BENJAMI Attorney at Law, WASHINGTOI |
| N DI1                                 | X Es                                       |                 | 1 3                 |  | A   |
| AD                                    | L B  |                 |                     | Service Control of the Control of th | FREI  |
|                                       | Co. 1                                      |                 |                     |  | a. aut 1.5.   |

649318 IN VALID Company, Rate, \$ per month, commencing RECOGNIZED Fee \$ , Agent Articles filed ... , Examiner. Approved for Muchus, Legal Reviewer. 1861, ..., 1865. Last paid to Discharged .. Pensioned from , 1880; alleged. Original declaration filed

...., 18 PRESENT CLAIM

Declaration filed Dec 1/6 , 1895. alleges suphine a Meumotisms

clust: write,

Arrears allowed from .....

no M. C.

, at \$ .....

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 plaimant of the rejection of for Allian and the Lander the Lande

Service G. 6, Wis S.

10629 b -- 20 m

Arrears allowed from ...., 18 PRESENT CLAIM Declaration filed

#### Unrean 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 ${\it Commissioner:}$   |
|---|
| A. W. FISHER, Chief Clerk.  |
| Division, Oy ho' Claim,   |
| Slephen W. Page<br>P. o Benkleman,  |
| 181   |
| Hon. J. J. Liek   |
| called up this case J. N. 20, 1891, and should be informed of its adjudication. |
| Ly Examiner.  |

3737 b—20 m

| Soldier &                              | PRIGIN      | IAL IN              | YALI         | D CL           | AIM.                                    |  |
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| P. 60 1 120                            | Mema        | n /                 | Rank,        | R              | 11 ·                                    | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| County,                                | Lundy       |                     | Company,     | G. 7           |   |  |
| State,                                 |             | M6,                 | Regiment,    | 6, mg          | Solc Try                                | 1-                                     |
| Rates, \$ 2                            |             | per mor             | ith, comm    | encino I       | m 13/                                   | 765                                    |
| and 3                                  | 44-         | Fram                | /z           | rey - C        | 20-18                                   | 8 4                                    |
|  |             | /                   |              | - J            |   |  |
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| fourty's                               | and I       | ciatica             | <i>-</i>     |                |   |  |
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| Name,                                  | H. Kon      | uh-                 |              | Fee, \$ 257    | Agent                                   | to pay.                                |
| P.O., 2                                | iam, son    | va                  |              | Articles filed | Qy, 2.                                  | 5, 1890                                |
| ^                                      |             | APPR                | OVALS.       | . 7            |   |  |
| Approved for                           | Lusory Dem  | US & SI             | Tiski        | 2 Then         | melin                                   |  |
| Submitted                              | Jeg ,1      | 189/;               | m            | Con            | llyz                                    | , Examiner.                            |
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|  | <i>J</i>    |                     | dise         | are of         | gum.                                    | Seaseld                                |
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|  |             |                     | 7/18         | to fully       | , 20th 18                               | 87 aud                                 |
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| ` .                                    |             |                     |              |                |   |  |
| 0.0.000                                | 10/2002     |                     | 1110-        | ```            | A                                       |  |
| July 20, 4%                            | Wheelle     | r., Legal Reviewer. | 11/11/12     | Med. Ex        | r, J. Mark                              | , Med. Reviewer,                       |
| , 189                                  | ,           |                     |              | , 1899,        | XIII JUSTIE                             | , Med. Referee.                        |
| 1.                                     | 11-         | IMPORTA             | NT DA:       | res. (         | Acting                                  |  |
| Enlisted,                              |             | , 186/.             |              |                |   |  |
| Mustered                               | 0.          | , 18                | 18 , to      |                |   | , 18 , in                              |
| Discharged                             | Jun /2      | , 18 <b>6</b>       | <b>}</b>     | (              | 1                                       |  |
| Declaration filed                      | 11 W, 13,!  | ; 188               | Not in servi | ice since      | aff. E                                  | , 186 <i>S</i> .                       |
|  | 7.          | BASIS O             | F CLAI       |                |   | 1                                      |
| July &                                 | Juny Jo     | Und by              | you          | lien,          | acund                                   | umull                                  |
| you for                                | - Hert-     | <i>l</i>            | 3            |                |   |  |
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|  |             |                     |              | í              |   |  |
|  |             | porto               | 5-M          | R              |   |  |
| (3235 - 50,000.)                       | 4)          | •                   |              | , 1            |   | 6—207                                  |

| DECLARATION FOR ORIGINAL INVALID PENSION. A.   |
|--|
| Probe executed before a Court of Record or some officer thereof having custody of its Seal.  |
| State of   |
| County of Clylor   |
| On this  |
| before me,   |
| aforesaid Jettered Light, aged J. Co. years, a resident of the   |
| county of State of who, being duly sworn according to law, declares  |
| that he is the identical. Stafflithe M. C. W. S. who mas ENROLLED on the   |
| day of July 1864 in company of the 52 regiment of Mes Ust 1 Ust a commanded by   |
| to fit Houry & AMatraus. and was honorably DISCHARGED to Mear Me chington on the 12 day  |
| of J. Lane 18.65.; that his personal description is as follows: Age, 30. years; height, for feet 5/2   |
| inches; complexion dord ; hair brown ; eyes That while a member of the organization  |
| aforesaid, in the service and in the line of his duty at   |
| on or about the fust. day of Mule 186 The Country of disease, or the location of wound or injury.  |
| If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)                                |
| tollowed by 1 city   |
| only of Was home of the  |
| the was prous  |
| led as long as the remained in the serie   |
| The from which he has not yet recovered  |
| That he was theated in hospitals as follows:   |
| (Here states the name or numbers, and the localities of all hospites in which treated, and the dates of treatment.)                          |
| of the contraction of the contraction of the   |
| That he has . also been employed in the military or naval service otherwise than as stated above . Ly . Pros.                                |
|  |
| whether prior or subsequent to that stated above, and the dates at which it began and ended.)  |
| July 16 1861 6 700 1 1864  |
| That since leaving the service this applicant has restaed in the Counties of Dubugue Paget bylin the State of                                |
| That prior to his entry  |
| into the service above named he was a man of good, sound, physical health, being when enrolled a Torries                                     |
| That he is now   |
| 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 Unitied States.   |
| He hereby appoints, with full rower of substitution and revocation.  |
| of State of  |
| to prosecute his claim. That he has  |
| POST OFFICE ADDRESS is County of State of State of   |
| Olaimant's signature: O laphon Modage  |
| Attest:  |
| 1000   |
| Also personally appeared for the che residing at deline down and Salem draft   |
| residing at Leafter  |
| being by me duly sworn, say they were present and saw. Itefrheur. M. J. U.S., the claimant, sign his name (or make                           |
| his mark) to the foregoing declaration; that they have every reason to believe, from the of pearance of said claimant and their acquaint     |
| ance 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. V. Heck   |
| (Signatures of witnesses.)   |
| Sworn to and subscribed before me this day of . Feb  |
| and I hereby certify that the contents of the above declartion. &c., were fully made known and   |
| explained to the applicant and witnesses before swearing, including the words  |
| erased, and the words.   |
|  |
| in the prosecution of this claim.  |
| L. M Complete  |
| Clerk of Dist Court  |
| Official character.  |

Claim for Pension.

Original.

Original.

Misered.

Discharged.

M. M. M. M. Applicant.

Discharged.

Discharged.

18.6.5

Hayfar Clayfar (Barlos Taylor 20

State of Troat County of Say lor In the matter of the claim for Pussin do of SM Pale Mis Consuit Vols. Infly Company J. T. Regiment Personally came before me, a Chile of District and in and for aforesaid County and State Of M. E. C. the County of Tay Lor State of entitled to credit, and who being duly sworn, declare in relation to aforesaid claim, That his occupation for 3 yrs ment precious Mesenlistment with service US wood Carpentering - Tuly residence gining that time was: during 1859+ It Wis auf from - elicaso Illo-Since discharge -1865 to 1867 Duringue Co Ju; from 1860 Vale & Da, Arch 1872 to present Taylor B do further says that on or about June Controlled seinvy followed by Sciatica while at undersongrell www first heatment at Charlosta S-6 ab Bottle at Winchester Va 64 when theridad made his ride- sext at Florence S-C probably a sworth later, afficient has not March 1865 chext was by De Bartholomer J-O- Jaylor G In on or afont fan 1876 Fel Continued from there for obout 2 years-J. Dollhoudolobout Continuing till Febry 1879- Men Giraid of Hopkins Mo- Vos physicions in all living - Has had no d'ente attrels of liseose ima his discharge. after discharce worker in plaining will tell 1867 = Run a saw will a little time in 867 and again in 1868 - Since That have live on a farm but have at us, time been oble to do anything month an a little Charing his all principal no interest in said claim, and... Just further declare that..... not concerned in its prosecution. And I, A. J. stateHopkins Normy 3 Mo that my post office address is..... Attest:Sworn to and subscribed before me this day by the above named affigents, and I certify that I read said affidavit to said affiant, and acquainted with its contents before \_\_\_\_\_ executed the same. I further certify that I am in nowise interested in said claim, nor am I concerned in its/prosecution. Clesh of Sistrict Court STATE OF

Clerk 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

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

WITNESS my hand and seal of office, this day of 18

No 348,154

67

CLAIM FOR

CLAIM FOR

Lat Dry His May act gr.

201/28 His May Cant gr.

AFFIDAVITS:

Naplicens as his

realment which will his

J. afore,

FILED BY
J. E. HUSTON,

Attorney,

Bedford, : lowa.

Attomesy,
Bedford, : low

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| . ;      | For Increase of Invalid Pension.  |
|----------|---|
|          | STATE OF Schraska   |
| ı        | COUNTY OF Sundy SS  |
|          | On this 2 day of Farmy A. D. 1892, personally appeared before me,   |
| 6        | Williams Distributed of the same being a Court of Record in the County and State  |
|          | aforesaid, wears, a resident of the   |
|          | County of String, and State of hebraska, who being duly sworn   |
|          | according to law, deposes as follows, to-wit:   |
|          | I am a pensioner of the United States, duly enrolled at the Les Moires Pension Agency,  |
|          | at the rate of Dollars per month, by reason of disability incurred in the military  |
|          | service of the United States while a member of Company G. Regiment of Wise Infly  |
|          | 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 leeth   |
|          | and disease of gums a result of Deursez and Sciatica  |
|          | atrophy of left leg. He dlow suffers from Rheumstin   |
|          | and as a redult of the Robermation, and the wasted  |
|          | condition of the housels of the leg be is often   |
|          | disabled from the perfernance of work   |
|          | Herria compelling him to ware a brufs, 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 Wenkelman   |
|          | County of Durely State of Neb, and the number of my certificate   |
|          | is 649-318 Claimant's Signature, Staphen, Me, Page  |
|          | Attest: two Witnesses: Trank Reelie   |
|          | 6 Po Charlet  |
|          | Be to le  |
|          | Also personally appeared , residing at Belenkelman Island and , residing at Belenkelman Island persons whom   |
|          | and, residing at Vlustohnan Bhass persons whom  |
|          | I certify to be respectable and emitted to credit, and who being duly sworn say they were present and   |
|          | saw the land. Sage, 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   |
| 1        | have no interest, direct or indirect, in the prosecution of this claim.   |
|          | Frank Leelig  |
| 10       | Signatures of Witnesses: E. Rohales   |
| 5        | This declaration may be made before a Notary or Justice, provided that the Certificate of Clerk of Court is attached,   |
| 15.65.97 | showing the official capacity of such Notary or Justice.  |

|  | d before me this that the contents o                  | f the above de                          | claration, &c., w   | vere fully m   | ade known ai   | nd explain  | ed to                                 |
|--|---|---|---|--|--|---|---------------------------------------|
| SEAL   | ***************************************               |   | erased,   | and the wor  | ds   | · · · · · · · · · · · · · · · · · · ·   |                                       |
|  |   |   | added,  | and that I   | have no int  | erest, dire   | ct or                                 |
|  | indirect, in the pro-                                 | osecution of th                         | 1 21 × 1/   |  |  |   |                                       |
|  |   | Signature.]                             | ) tilling   | our  | 0  | 1   |                                       |
|  |   | [Official                               | character.]   | Tarko  | antino   | 1000  | al                                    |
| /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | เล่นว่าสายความการแกรงการกระทางการกับความการกับความการ | Comorai                                 | CHATACTET.]   |  | ~~~~~~~~~  | ~~~   | · · · · · · · · · · · · · · · · · · · |
|  |   |   | Marie | The state of the s | and the same of th | 1000  |                                       |
| I certify that   |   | ,                                       | befor   | re whom th   | is declaratio  | n was swo   | rn to                                 |
|  |   |   |   |  |  |   | n sai                                 |
|  | of administering said                                 | doaths, and I                           | further certify   | that his sign  | nature is genu   | nine. I a   | m no                                  |
| terested in this claim   |   | oulde Cionetum                          | .7  |  |  | · ·   |                                       |
|  | , [CI   | erk's Signatur                          | e]  |  |  |   |                                       |
|  |   | [O:                                     | fficial Capacity]   |  |  |   |                                       |
|  |   |   |   |  |  |   |                                       |
| ;<br>;<br>;<br>;   |   |   | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;  |  | *********************  | \/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | w/k/\/>>                              |
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|  | Please Ord  | er her                                  |   | - Da   |  |   |                                       |
|  | Blease Ord  | er him                                  |   |  |  |   |                                       |
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| H<br>H<br>H  | Blease Ord<br>to Sto of the<br>Chyanna to<br>Kans     | er him                                  | Certificate Sto.  |  | Rejedson   |   | INVAL                                 |
| TI TI.   | Blease Ord  | er him                                  |   |  | Refeden  | PENSION   | INVALL                                |
| THE H  | Blease Ord  | er him                                  |   |  | Rejedson. B  | PENSION   | INVALLU                               |
|  | Blease Ord  | er him                                  |   |  | Alejedson. M.  | PENSION   | INVALLU                               |
|  | Blease Ord  | er him                                  |   |  | Alegadeen. Mr. O.  | PENSION   | INVALIDOL                             |
| b P M A A  | Blease Ord  | er him                                  |   |  | Alexander M. Capplicant  | PENSION   | INVALID CLA                           |

