## Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction 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.

THE NATIONAL ARCHIVES

CERT NO. 620660

PENSIONER:

Elizabeth Utaritations Undow OB

John Waistan

FORM NO LOT 18 18

BUNDLE NO.

SEP 27 1909 XXX.

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( ) Mugan of	
John Whight	stone!
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Company O.	1.
Regiment 200 Par Vol.	toff.
	. <i>V</i>
Rate per Month \$	
$\Lambda$ , $\iota$	1000
Commencing Sept. / 3,	1400
Ending	
1211	
Tellshing	Agency.
Issued Jany 1	<u>/</u> 1907
Mailed 11 18	
	, 1907.
Fee, \$	5
(Order 14-50,000.)	<b>*</b>
(Order 14-50,000.)	

REPRODUCED AT THE NATIONAL ARCHIVES

INVALID. (Series. Cert. No. 961165 Wrightstone Rate and Period, \$\_\_\_\_, from Auditor and Pension seas INDORSEMENTS. Accined Pensions, Act of March 2, 1895. Deductions: Accined-Pensian Certificate and Order issued Accided 1490 (Pen. Cir. herewith) Payable to Archive Disability: Fartial inability to Act of June 27, 1890 Deductions:

[3—216 a.] S. O. No. <u>#995-5-3</u> Act of June 27, 1890.

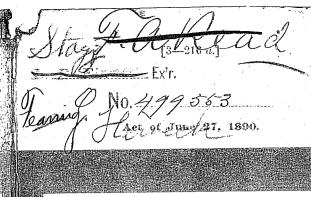
John Wrightstona		
P. O. Bowmansdale		
Cumberland Co, Pa		$\mathbf{P}_{\mathbf{A}}.$
Service: 9 166 "Pa Inf		
d 200 Pa. Inj		
Enlisted: Oct. 24, 1862.		
Discharged: "May 30, 1865."		
Application filed: July 18, 1895.		Оню.
Alleges:		
J-77		
Any other Claim filed: 499,5-5-3		
1 4 J		Місн.
Numerical No		
	, i	/

Ра.

Attorney; Slo. E. Servon
P. O. Coity
Recognized. Contract.
Cert. of Dis. Searched for , 189.

MASS. R. I. CONN. N. Y. Died at N. J. Mother claim. Than Pa. MICH. DEL. Application filed: Sept. 13,1905.

BEDROOF OF AT THE NATIONAL ARCHIV



1941 Mahadaran, tandisla Pa.

John Strightatone
P. O. Bownsensole

Cumberlanco, Ba.

Service: J. 166 Ba Inf.

Jeon & John

Enlisted: 18

Discharged: 18

Application fited: July 14 1870.

Alleges:

Any other Claim filed:

Numerical No. 71271

March 291892

also retorned for sub.

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One 25,1892

atty & claimant

notified of rejection.

March 29,1893

Atty notified that the testimory runtly filed is not sufficient to ander another experiences to a sub-proportion of the testimory of the proportion of the testimory of the

Attorney! G. E. Semond

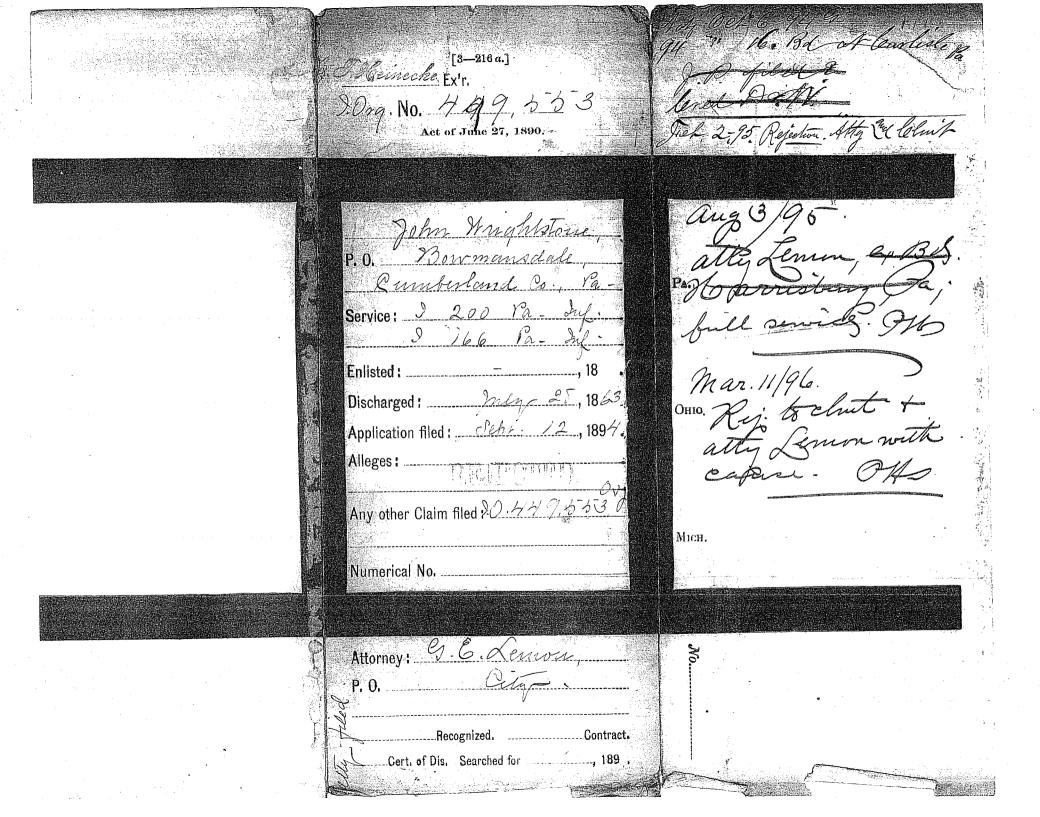
P. O. City

Recognized Go: Contract.

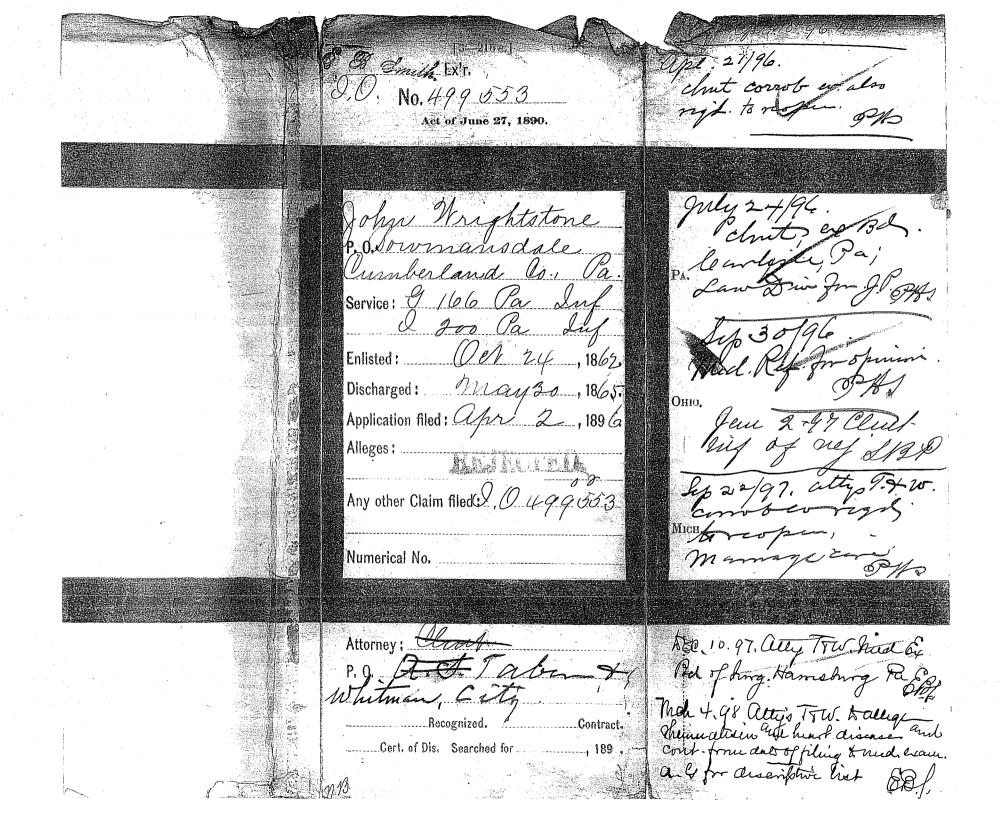
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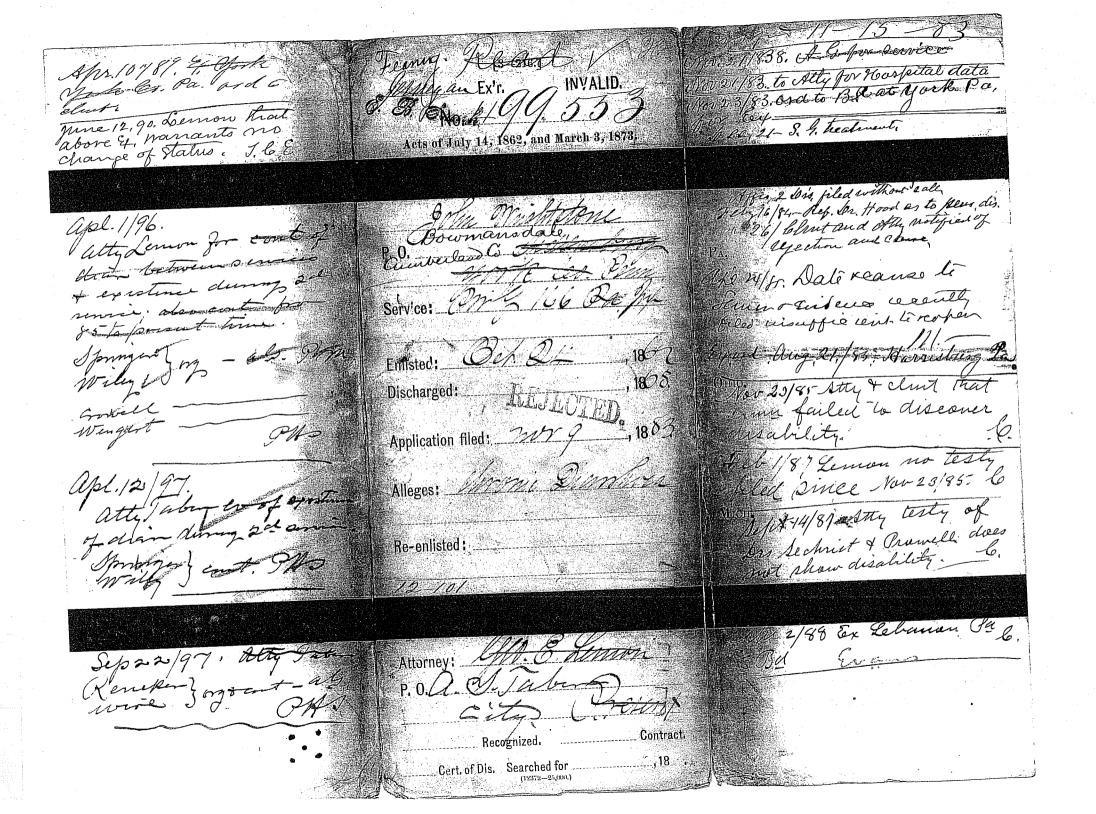
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3-1081. APRIL 19th 1908

PENSIONER DROPPED.

United States Pension Agency, PITTSBURG, PA.

SEP 22 1909 , 190

Certificate No 620 660

Class WIDOWS

Penstolengabeth Hightston

Soldier \_\_\_\_

Service De 2. 200 Ca In

The Commissioner of Pensions.

SIR: I have the honor to report that the

above-named pensioner who was last paid

at \$12 , to 4 apre , 190

has been dropped because of Delil

april 23' 1909

Very respectfully

Deflucion

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

¥10
(3-105.)
Maranatan da 7 at 17 at 17 at
Department of the Interior,
BURI IU OF PENSIONS,
- 1889.
Nature of Claim. Chi.
No. 499 1-3-9
Soldier: John Mnithatone
, , , , , , , , , , , , , , , , , , , ,
It is desired in this case that the examination be made with special reference to—
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3-1+12 of mate, 400 1887
Duscise all offal organ
all all abrormal
Conditions found,
Coxamine wellow with
a openlum
Rate confully
10
,
·
John Sampbell Medical Referee.
Medical Referee.

AGF The Surgeon will detach this slip from the "order" and return it with the centificate of the examination. (13608–20 M.). 0–236

These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

JOHN CAMPBELL,

Medical Referee.

[OVER.]

ACT OF JUNE 27, 1890, AS AMENDED BY ACT OF MAY 9, 1900. PENSION. Soldier John Pagiment 2 under Commencing Commencing Commencing Commencing. Commencing Commencing Commencing Payments on all former certificates covering any portion of same time to be deducted. All pension to terminate..... ---, 1 ---, date of --RECOGNIZED ATTORNEY. Agent to pay. Articles filed. APPROVALS. /0 , 1867 Soldier's app'n filed N. Z. Ju ., 1 863 Clt's app'n under other laws Row 1862/ Former marriage of Me Thonorably disch'd May 30, 1865, Death Divorce of former 9.29, 1905 Cit's marriage to soldier Qet 13 , 1 905 61't 20 Tremarried Declaration filed. down nut writes

County of york De chis 9th day of September A. D. 1900, personally appeared before me James W. Shaffer, a puties of the Peace within End for the county Rustate aforesis, Elizabeth Wrightstone, aged yo years, a ruident of Boromandale, country of Cumburland Estate of Pen. sylvania, who bring duly swoon, according to law declares that the is the widow John Wrightstone who enlisted under the name of John Wrightstone in les. J. 166" Regx Pa. Drafted Whilitia "d was housently Aucharged Karrieburg, Pa. July 28th 1863 To raculisted under We name of John Urightetone in 60. I. 200th Regt. Pa. Vol. Inf. Edwar a private in both revnew En was liner. ably discharged at alexandria Va. May 35" 186V. By deid guget 29" 1905. I under the name of Elizabeth ) Wire to said deceased on the second day of October a,D. 1861 at York, Pa, there bring no legal barrier to eard marriage. That she has not remarried eince the death of acid deceased. That she is without other means of support That she has no children under Eling years of age. That her heatand has not been employed in The military revoice of or naval service of the United States otherwise than above clated. That she makes this declaration for the purpose of bring places on the Remain roll of delluited Etales ander the provision of the that of June 27. 1890. Elizabeth Mright done Jenie E. Shaffer.

Also personally appeared Mary Neff residing at Boundale, Ja. (a) Jessie & Shaffer residing at lidaousburg, Pa.

2Eb 55 1802

Supplemental Declaration. Clate of Pa. ? es. Ind. On. No.83 4887. Elizabeth It rightstone John Wrightstone Pa. val. Ly. On this 77" day of Nov. a.D. 1900 karonally appeared Elizabach Wrightstone, the claimant hafore me a Justice of the Reace in Ofor the clase & country aforcaid, a who bring duly sworn according to law dellares as follows: That eard coldier John Wrightstone died leaving no real estate bonds, clocks or investments, of any kind, ( What I have no income from any connect except work, & that there is no person legally bound to provide for my support. (2) that said coldier my husband, did not have his life insured, & les I sold av real estate before or since left 13" 1900 as I did evot possess any. Elizabeth Mught elone John le Fortney Also personally appeared Joseie & Shaffer rending at Siddonsburg, Pa, (E) John Ho Fortney acciding at leddonshing Pa persons whom I certify to be respectable Quitibled to credit Dono bring by me duly severe according to law con they were present a ears the damant make her wark to Ou forgoing declaration, that they have every reason to solien from the appearance of said damach Eller as quainsines with her of 25 years (E) to years respectively dish the in the identical person she represents herself to be (Ethat they have as interest in the proceeding of this claim John & Fortney

Swom to Deubscribs before we this 22"day of Mornelar 4.D. 1900 Do harly willy that the contents of the above declaration on. wara fully made Known Doughlamed to applicant Courtness before surving all its antents (a) that I have in will indirect in the Jerneseline of I this dain Commission Expires First Monda

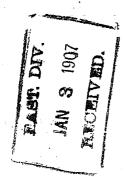
Eastern Dio. Date of Gennsylvania; County of york \eo Widow Orig. No. 834.887. Eelizabith Wrightslove John Wrightstone les, It 200 Regt. Pa. vol Luf. On This 1st day of January A.D. 1907, personally appeared before me a Justice of the Cleace within Enfor the clate & coming aformed Teter Sinter aged 6 year of Pennsylvania & Jacob & AKer ages by years, a resident of the Zownship of Minaghan, in the country of Jork & etate of Com-Eyloania, Dwho bring by sue duly proon according to law declare in relation to aforesis claim as follows We have Known the claimant Elizabeth Mrightstone (2) the soldier John Wrightstone her hurband sie The time of his discharge from the suilitary service of the United States in the war of the Rebellion @ have been neighbor of their until the day of his death, ( What they lived together all the line ( a) were sever devired to that the Laid widow is very poor (a) distitude as has to depend on the charity of her friends for a home to living as she is getting sold. That our Post office oddress is Siddonsburg country of york and state of Remerylvania Beter sinces Joseph 6. aken Swoon to Eduberibed before me this First day of January A.D. 1907 James Wo haffer

JAN JAN S

James To haffer furtie of the Teace Scalaruburg, Ja.,
My Commission Expiles First Monday,
in May, 1909.

Widows Orio.
No. 834.887.
Celizabeth Wrightstone
John Wrightstone
Les. J. 200 Regt.
Pa. Vol., Inf.

Affidavit of Witnesses.



Elizabeth Wrightstown. Wijel, or 834 887. John Wraghtstone Lo D. 200 Regt. Ca. Vol. Suf-State of Pennsylvania (CD. On This 21 day of horneber and. in the for the state Deorning oforsaid Milian Healing a resident of Upper allen Lownship, Comborland les Pa. where Port Office address is Wechaniesburg, Pa. A. D. Route # 2, (E) who being duly eworn seconding to law doth depose Deay that he is the assessor of said topper allen Township, (which includes the Your of Rowmansdale (a) (a) that the name of John Wrightstone, dec'd, or of Elizabeth Unightstone, are not tome on his rollo or lists as having any real estate, ( ) knows there to be in very pour circumstances. William Mechling, Tworn to an entreribad before me this 21 day of horneby A.D. 1900 of T. Brissler pry Commercion Edhinas May 1908

Elizabrith Wrightstone
John Wrightstone
Co J. 200 th Regt
Pa val Suf.
Erans. 834887

Affidavit of
William Methling,
Desessor

To some

REPRODUCED AT THE NATIONAL ARCHIVES Elizabeth the more John Wrightstone, 60. I. 200 Regt Pa, Vol Suf. Wia. Or, 834 887 County of york. On this day of Feb. A.D. 1916 personally appeared by one James of the Peace in En for the Deals Hermity aformand B. E. James le M.D. aged & E years a resident of Bournandale, commenty of Cumberland (2) state of Pennsylvania, who have duly sworn according to law delanes in relation to aforeail dain an follows John Wrightstope for Dropsy and that he Died august 29, 1905 Tis Widow Is In Why needy timesum Circumstances PrBElandle Sivorn to (4) subscribed before ene This Fifteenth day of Hebruary a, D, 1906. James Welhaffer J, 310 May 6 2909,



20 906

Clarin of Celizabeth Wrighteton John Wrightetone Loo, J. 200 Regt, Pa. vol. Suf. Cert # 834.887.

Affidavit of B.E. Jamble M.D.

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Onj No.	499553	The assessment ass	vand af	15 Na a Mandha	, Ex'r.
Ino Win	Sitstone	Departm	esta de la companya		rior,
Co. C. 2000	Regit Call	1. BUF	REAU OF I	PENSIONS,	
12	the state of the s	Washington, 1	D. C., <b>L</b>	ht, 2, 2	r, 189
Sin: Will you ki	ndly answer, at you	ır earliest convenie	nce, the questic		
- 8	iested for future us				
	Very	respectfully,		DX.	
molln	alistan	<u> </u>		1. Williagh	at .
36	omanse	elle		Cletq . Cor	nmissioner.
и от на 1000 да и на <b>вит</b> и и <b>в</b> ей		Dai		PO	
	ou a married man?			, / / A	
. //	, – Eelizab		. /	$\sim$ '1	
No. 2. When	n, where, and by w	hom were you mar	ried? Answer:	1000-2" 18	V 6
90716, 907	Kles, Ja,			Λ	·/· /
No. 3. What	record of marriage  Lead -	exists? Answer:	- onwin	age cerry	reale
			•		
	you previously ma	2	1_	of your former wi	fe and the
date and place of I	her death or divorc	e. Answer:	<i></i>		
No 5 Have	you any children l	iving? If so pleas	ze state their no	amas and the date	c of their
	Margaret			a	1 -
RV - L		rightetone			Jou of
IN Wright	me, Mar, 7				
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	f				
Date of reply, &	leptembe	7, 25", 189.7.	an la		
	/	/	John	Waight	tous
s freent James &	n 12 02.	0-2	1 ena	(Signature.)	
		,	/		

4

ACT JUNE 27, 1890. ment 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, John Wrightelon .. Hales Pa First. Are you married? If so, please state your wife's full name and her maiden name. Answer. Elizabeth and Wrightstone Elizabeth aus Wire Second. When, where, and by whom were you married? Answer. Och 2" 1856, at york, Pa, by Rev. Feigler Third. What record of marriage exists? Answer. Marriage Certificato Cost, Willia 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. Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Lid Or. Mo. 83 4887. Elizabeth Wrightstone John Wrightstone los I. 200 Regt. Pa. Vol. Suf.

State of Pa, ? es

personally appeared before see a furtice of the heare within & forther state Dearwhy aformaid John F. Wine, aged or years, a recident of Lichery, coming of leuchhand Delate of Pa. who hair durly severe according to law, declares as follows: That Elizabeth Wrighterone the claimant in the above secutioned came, was married to the said coldier John Wrighterone about fifty years ago at york Pa, by Row. Divinger at his home, minister & with me existence as I marriage to the best of my knowledge Delate is in existence as I never ease one Duras at home with my knowledge While is in existence as I never ease one Duras at home with my harmied to said soldier, John Mrightstone was married to said soldier, John Mrightstone was lived together with the declare that said claiment or soldier were not previously married & that they lived together with the day of the death of asid forther works together with the day of the death of asid forther with the day of the death of asid forther with the day of the death of asid forther with the day of the death of asid forther with the day of the death of asid

Also perwerelly appeared the fig B. Wright stone visiting at Listen to be suffered to be suffered to be suffered to credit to who bring by me duly evor say they were proceed to saw John F. Wire the afficient ergu his mane to the foregoing bulanching that they have every reason to believe from the appearance of said afficient to she is againstance with him of 40 years to be in years respectively that he is the identical known he

represents himself to be, a track they have no intenst in the proceedion of this clause Lav B. Wrightoliso Josephine Joyce Noon to Casubocrebad before we this 22"day of nor a.D. 1905 De hereby certify that the bully made Known Derplained to Choappiant Broilnesses before Rivaring, including all the contents & that I have no interest durich or indirech in the prosecution of This claim Jourselo Shaffedop Riadouburg. Pa.

Elisabeth Mighton.

Selling Look to Ext.

One 20 4 8 8 7.

One 20 4 8 8 7.

Selling F. M. E.

Lishin F. M. E.

Sunta Go, Go, G.

Ma. Dr. #834887 Elizabeth Mughtstone John Wrightstone Tales Rumsylvania ? p.o. lo J. 200 Regl. Pa. Val. Inf. On this 16" day of February A. 1906 personally appeared before one, a justice of the peace within Efor in state & cominy aformaid Daron B Keneker aged 63 years, a suident of Siddowsburg, York Co, Va! Teorge Heviller aged 61 years a aundent of Seddoneburg York County Pa \_ being duly sworn according to law, declare in relation is the aforeard claim as follows. That they have Known the soldier John Wrightstone & his wife Elizabath Wrightstone the claimant for firtyfive years & forty-five years respectively & during that dince they lived together initial the day of the death of said soldier John Wrightstone & that the said vidow Elizabeth Wrightstone is in very wrely commonnes Aron Breneker Sers of Hostes Swoon to En subscribed before me due 16"
day of Fubmany A. D. 1906,

Janus W. Shaffer



blann of
Elizabeth Worghtstone
John Wrightstone
Leo J. 200 Regt, Pabol, Suf,
Cert #834887

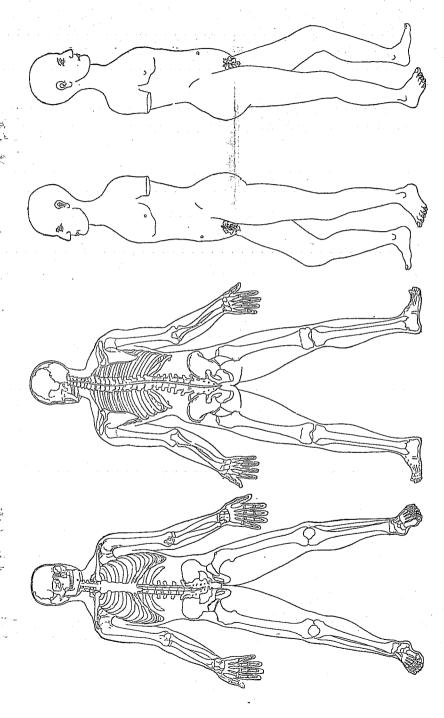
Meighbors Affidavir

Attention is invited to the outlines of the human skeleton and figure up n 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.

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.

and number of	Pension Claim No. 497. 533.
claim.	Mrightotore John. Ronk Private
ime and rank of claimant.	4011. Th. PA TI 4 1- 11 20 D
	Company T, 166"Reg't la Arofa hul Joy H Grost office address of the Board.)
imant's post	Bonnanssols Combillato, Ta, May 225/. 188 9
lice address.	(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
se of disa-	"Chronic Sionhow"
	EREOURD.
pensioner,fill the amount; not, erase the	and the receives a pention of
hole line.	Pulse rate per minute, 7; respiration, 6; temperature, 77; height, 5
	feetinches; weight, /50 pounds; age, 57 years.
•	
	He makes the following statement upon which he bases his claim for to grandle for some
	Shot the alleged disability - "Chronic Sionshipin was con
	Tracted in the military service of the builted States
egivothe laimant's atement as	atorhan Supple, Ga, his ley 186 8; that he was were
riefly and as empactly as	
ssible.	sunt to any Losfolde for mose than the soys and the
	at woohington, S.C. that he was treated it comp then
5	for that he has suffered thingsom ever hime & that he
0	is unable to burens any aro cotion occasionally for
	a law Joys or Werks at a true
	Upon examination we find the following objective conditions:
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mptom pic- reof the case.	"Chronic Sione Loca".
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resent condi- ion of the	hard and horry and Showing ottory Complay ment:
aiment, _	tongue Slightly formed and Vissuff in trafsvervely.
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ne duty of the orgeon is to eve an opinion	not or purply; accept openion me, around on
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make such a Il particular scription as	ordinging, no normal, no werener of sy puls.
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round for in- lligent opin-	Kectum, Spotal Examination; ho Lamorrhout Ex-
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	20; no worker and warso whom won con the
	Evote Enlorgement of the brostole gland
	Specular Effamination, ho Evidenter of hemorrhand
	There the existing condition and the history of this element or stated by himself it is in any indi-
	From the existing condition and the history of this claimant, as stated by himself, it is, in our judg-
	ment,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
for each	
olonged by	rating for the disability caused by Chrone Dortho Ea, Tr sould: for that caused
ious habits, word not	by, andaused by
ould be used and the	
ason for the asure given.	* Coo the book
	* See the back. † Hero state whether for original, increase, restoration, or renewal, or for a re-rating.
5	. M. hisenhilder, Pres. Deveryast Al Soc'y, and Treas.
	, 1103. Research 1000 y. 11000 y. 11000 y.
	N.B.—Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use this hank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres" "Second "Treas." and "Board" where the words appear, and sign at the foot of the certificate and sign on the lack of the same.

SURGEON SCERTIFICATE	hor of Motal inflamma-
IN CASE OF	tion or olcaration.
Wrightstone, John	huscul or tissues fine
Co. "Hy 166 Reg't La. bolo.	Succe-Sischa per; Lo En-
Applicant for Gy / Engion .	Several infrition
No.499.553.	the tothe existence of the olleged trouble is ungo -
DATE OF EXAMINATION:	Tired.
E.M. hiserheles, Pres.,	is found.
Sent yest, white, Sec'y, BOARD.	
and, Treas.,)	
Post office, Syl	
State, Fanghania.	
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.]

#//

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.

nsert character and number of claim.	Pension Claim No. 499633
	[State above whether for original, Mercada, or restoration.]  Why while my Rank, In
fame and rank of claimant.	1 1/4 Color De la Color Color
	Company 7, 166 Reg't The West State, [Post/office/didress of the Board.]
llaimant's post- office address.	1) MMansaule. Lum Co Lu Lys /6", 1891.
omeo tatti caa.	
	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
Conse of disa-	in the service, viz: Ohmo Olumbum-
bility.	
If a pensioner, fill in the amount;	and that he receives a pension of dollars per month.
if not, erase the whole line.	He makes the following statement upon which he bases his glaim for
	Muniture hist-in 1863- hus had free their
Here give the	- wanter from 1000 four of the fine
claimant's statement as briefly and	
as compactly as possible.	
	Upon examination we find the following objective conditions: Pulse rate, 70 ;
ì	respiration, 20; temperature, 1; height, 5 feet 6 inches; weight, 40
	pounds; age, 60 years. Mo - 36 - Rest-35 p tereso 34
	Here able Wouldhing Would the Lung hound
Here give a full description of	The desire Hara Date Harande Tande
the disabili-	o haware comments of the grant
ance with pars. 5, 6, 51, 52, &c., of Book of In-	wom ympantie- Reegin stryttly inflamme
structions for	mi- no siles alleges how here less their
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Rate for EACH cause of disa-	the Military of the same of th
bility.	by for that caused by
	MA Tanmale Pres. J. S. Buller, Sec. y. Scot Flemming Peress.
	HAVING ENVIRON TES. / C. ICHICAN, Sec. V. SILLE / WITTERS.
	N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Continue rec- ord of examina- tion here.		
bases 1		
U 23 S OFFICE	SURGEON'S CERTIFICATE  IN CASE OF  NO. 499653  NO. 499653  DATE OF EXAMINATION:  LO. Y. 1891.  MARKANAMANATION:  LO. Y. 1891.  M. 1891.  M. 1891.  M. 1891.  Post office, Markelle, Sec.y, BOARD.  County, Lumberle.  State, Markelle.  P. SWrite 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 f. Section 4, Act of Congress approved July 25, 1882.]

## UNLESS THE INSTRUCTIONS ON FACE AND BACK OF THIS VOUGHER ARE SPECIFICALLY FOLLOWED, THE VOUCHER WILL BE RETURNED FOR CORRECTION.

A INVALID.	Roll No. 163 A
180 It brown That I tolm - Wrights ton	2.4
July I HIOWI, The Transfer of	do solemniy swear that I am the Richards
person named in pension certificate No. 96/. 65, wheel the 18 day of	Deptember, 190
in my possession and now exhibited; that I served in Company 200 Regime that my name is inscribed on the rolls of the Philadelphia, Pa. Agency, at the rate	
	or donars per month
<u>†</u>	
† Describe here any former payments covering the same period, by rates and	4th August
That I have not been employed or paid in the Army, Navy, or Marine Corps of the United States from  (1) If the first payment, insert the date of the commencement of the pension. If not the first payment, the	if the (') day of
190_5, to the present time; that I am entitled to the pension described in this voucher; that I hav	
that my post-office address is No,	
County of, State of	<del></del>
(If pensioner signs by mark, or illegibly, two witnesses who can write.)	
(Pensioner's signature.)	(Signature must be written letter for letter as it is written in the
	pension certificate.
OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE P	ENSIONER BEFORE SIGNING OR SWEARING
THE DENIGION CERTIFICATE MUST BE EVUIDITED TO THE MADISTRATE!	WHEN THE VOUCHER IS EXECUTED
State of, County of	
Subscribed and sworn to before me this day of day of pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fu	1905, and I certify that the
he signed the following duplicate receipts in my presence.  (Magistrate's signature,)	
(The magistrate must certify to any erasures or alterations.)	
TOWNSTON I	
36 ·····	1905
Received of St. Clair A. Mulholland , U. S. Pension Agen	Dhiladalahia Da
	tat Fillaucipilla, ra.
THIRTY-SIX	ollars by check No
THIRTY-SIX	ollars by check No
THIRTY-SIX    1905,   1906   3   month	hs' and days' pension due me
THIRTY-SIX    1905	hs' and days' pension due me  August. 1905 , to the
THIRTY-SIX    1905   1905   1906   19	hs' and days' pension due me  August. 1905 , to the
THIRTY-SIX    1905	hs' and days' pension due me  August. 1905 , to the  ned duplicate receipts.
THIRTY-SIX    1905	hs' and days' pension due me  August, 1905 , 4902 , to the
THIRTY-SIX    1905	hs' and days' pension due me  August. 1905 , to the  ned duplicate receipts.
THIRTY-SIX    1905	hs' and days' pension due me  August. 1905 , to the  ned duplicate receipts.
THIRTY-SIX    1905	hs' and days' pension due me  August. 1905 , to the  ned duplicate receipts.
THIRTY-SIX  dated 1905, we being for 3 month on pension certificate above described, from the 4th day of  4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGNTHESE RECEIPTS IN THE PR	August, 1905, to the duplicate receipts.  (Sign name as above.)
THIRTY-SIX  dated 1905, being for 3 month on pension certificate above described, from the 4th day of  4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGNTHESE RECEIPTS IN THE PR	hs' and days' pension due me  August. 1905 , to the  ned duplicate receipts.
THIRTY-SIX  1905, per being for 3 month on pension certificate above described, from the 4th day of 4th day of November, 1905, per for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGNTHESE RECEIPTS IN THE PR	August. 1905, to the med duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE
THIRTY-SIX  dated 1905, being for 3 month on pension certificate above described, from the 4th day of  4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PR  Received of St. Clair A. Mulholland , U. S. Pension Agen	August, 1905, to the med duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE  1905, 1906  1907  Philadelphia, Pa.
THIRTY-SIX  dated 1905, we heing for 8 month on pension certificate above described, from the 4th day of 4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGNTHESE RECEIPTS IN THE PR  Received of St. Clair A. Mulholland, U. S. Pension Agen THIRTY-SIX	August, 1905, to the duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE  1905, 1908  At at Philadelphia, Pa.
THIRTY-SIX  dated 1905, being for 3 month on pension certificate above described, from the 4th day of  4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PR  Received of St. Clair A. Mulholland , U. S. Pension Agen	August, 1905, to the duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE  1905, 1908  At at Philadelphia, Pa.
THIRTY-SIX  dated 1905, being for 3 month on pension certificate above described, from the 4th day of 4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGNTHESE RECEIPTS IN THE PR  Received of St. Clair A. Mulholland , U. S. Pension Agen THIRTY-SIX  THIRTY-SIX  dated 1905, many being for 3 month	days' pension due me  August, 1905, to the  ned duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE  1905, 1908  It at Philadelphia. Pa.  chs' and days' pension due me
THIRTY-SIX  dated 1905, we being for 3 month on pension certificate above described, from the 4th day of  4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGNTHESE RECEIPTS IN THE PR  8 36  (A.)  Received of St. Clair A. Mulholland, U. S. Pension Agen THIRTY-SIX  dated 1905, so being for 3 month on pension certificate above described, from the 4th day of	August, 1905, to the med duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE  1905, The med duplicate receipts.  August, 1905, To the magistrate duplicate receipts.
THIRTY-SIX  dated 1905, we being for 3 month on pension certificate above described, from the 4th day of  4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PR  8 36  (A.)  Received of St. Clair A. Mulholland, U. S. Pension Agen THIRTY-SIX dated 1905, we here for a month on pension certificate above described, from the 4th day of  1905, we here is a month on pension certificate above described, from the 4th day of  1905, we here is a month on pension certificate above described, from the 4th day of  1905, we have the sign of the sign of  1905, we have the sign of  1906 Ather a November, 1905 Ather for which I have sign	August, 1905, to the med duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE  1905, The med duplicate receipts.  August, 1905, To the magistrate duplicate receipts.
THIRTY-SIX  dated 1905, we being for 3 month on pension certificate above described, from the 4th day of  4th day of November, 1905, for which I have sign (Witness who can write.)  THE PENSIONER WILL SIGNTHESE RECEIPTS IN THE PR  (A.)  Received of St. Clair A. Mulholland, U. S. Pension Agen THIRTY-SIX dated 1905, so being for 3 month on pension certificate above described, from the 4th day of	August, 1905, to the med duplicate receipts.  (Sign name as above.)  ESENCE OF THE MAGISTRATE  1905, The med duplicate receipts.  August, 1905, To the magistrate duplicate receipts.

Cert. No. 961. 165

## WRITE NAME AND P. O. ADDRESS PLAINLY HERE.

Name:	en e					• •	
3	Street:						
		City or Village	:				
			county:		 		
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certificate of identity of pensioner, in every particular, pursuant to Act of

The officer will be seen that the correct post-office address of the pensioner; short manner beauty and to be used as seals.

The officer will also see that the correct post-office address of the pensioner is inserted in face and in back of voucher, giving street and after his official title on face of voucher.

The official title on face of any person.

The officer will be sent in care of any person.

The officer will be included a farictly responsible for the correctness of his certificate of identity of pensioner, in every particular, pursuant to Act of certificate of identity of pensioner, in every particular, pursuant to Act of

the proper officer, showing the commencement and termination of his term of office, and his signature, must be filed in this Agency. Vouchers may also be executed before fourth-class postmasters, their mailing stamps to be need as seals

Vonchers may be executed before any officer authorized to administer oaths for general purposes. If he has a seal and is required by law to use it to authenticate his official acts, it must be affixed; if not, a certificate of the particular of the purposes.

The magistrate must carefully compare this voucher with the pension certificate exhibited to him.

IS EXECUTED.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER



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Roll No. ARMY	Maria Maria				1801
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3-798.

DROP ORDER AND REPORT.

1

Department of the Interior,
BUREAU OF PENSIONS,
FINANCE DIVISION.
Washington, D. C. Sep 25 1905
Washington, D. C., Sep 25, 1905
John Wrightstone
(Pensioner.)
(Certificate number.)
INVALID.
(Ciass.)
Act of June 27, 1890.
(Soldier.)
$\frac{1}{200}$ $\frac{1}{200}$
/ ( )
U. S. Pension Agent,
Theladel Shea
Sir: You are hereby directed to drop from the
roll the name of the above-described pensioner
who died aug 29, 1905
TATELY:
Commissioner.
SEP 28 1905
Commissioner of Pensions.
Sir: The maine of the libove-described pen-
sioner, who was last paid at \$ 12 per
month to Cug , 1905, has this
day been dropped from the roll of this agency.
Mholand
SEP 26 1905 100
0-6 17791b95m4.05

ACT JUNE 27, 1890.

Meissue, V	INVALID PENSION.
Claimant John Wrightstone	1 port
P.O. Bowmansdale.	Rank Sivile.
County Crubelaul,	Company
	Regiment 200 Parol Suf.
/	
Rate, \$ per month, commencing	
<u> </u>	
ensioned for	inability to earn a support by manual labor
<u></u>	
RECOGNIZEI	O ATTORNEY. RELEGIED 1902
H Mas Sullan	APR 21 1902 Fee, \$ 2
Tame Cho Magazi	Agent to pay.
2. 0	Agent to pay.
APPR	OVALS.
Mah Za V	, 1902, OD Liney , Examiner
approved for Sentity, desine	Approved for seculity, disease
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No June purking.	
Olycos claim und star of	
Maria 6, 1896; her toutene	Aggregate of disabilities shown, permanent in character: \$ / 2
filed to Show a person by	no claim for increase frending
disability of late of feling	Former rejections adhered to.
him offlighting dayles to thing	010
	Andriail Tommo
Legal Reviewer.	Hedical Examiner.  Medical Reviewer.
Market 190 merket Market Marke	Medicul Referee.
Re-Keviewer.	
Enlisted 10 , 1862; ho	onorably discharged sucy 28, 186.5
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(801)、ことには1、ことを対象を奪いている。 かがしばしま	그 그는 사람들이 되었다. 그는 사람들은 생각하는 생각이 되었다면 하는 것이 되었다면 하는데 되었다면 없었다.
Pensioned at \$per month. Last paid to	
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	OF OF TIME OF 1800
PRESENT CLAIM, A	CT OF JUNE 27, 1890.
Declaration filed 1901,	alleges , and all all all all all all all all all al
tiling original declara	alleges Rensingum date of tion Mudwidet Mich 6. 1896
_,	

Claimant does write. Certificate not filed.

Act of June 7, 1890. INVALID PENSION. RECOGNIZED ATTORNEY: Fee \$ 2 Articles filed APPROVALS: 10 Megal Reviewer. 1862 Honorably discharged Original declaration, act June 27, 1890, filed ..... PRESENT CLAIM, ACT OF JUNE 27, 1890.

## HISTORY OF CLAIM.

Pensioner,	Nu Wa	Lolt Ston		Certificate No.4	1,165
				); discharged,	
				x; discharged,	
Pensioned from	Supt. 12	, 1844, at \$ b	per mo	nth forto Januaria	ssan
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Re

> BURDAU OXXBEANSIONS Jorner fayments covering any portion of the same time to be deducted. That in conformity with the laws It is hereby certified of the United States. 200 Regiment Pennsylvania was a Private lo. is entitled to a pension under the provisions of the t of Lune 21,1890. dollars permonth at the rate of to commence on the\_ one thousand nine hundred and rivety nine This pension being for mability Given at the Department of the Interior this eighteeuth day of September Ine,thousand nine,hundred <del>an</del> and of the Independence, of the United States of America the one hundred and twenty fifth. Countersigned. acting Secretary of the Interior :

Commissioner, of Pensions.

202

AGT OF JUNE 27,1890.

CELLED !

SEP 22 1936

SER 15 1905

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

SEC. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as apledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of amisdemeanor, and upon connection thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall return the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon connection thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

PENSION DEPOSITE OF

PORTON DEPOSITE OF

Lythe

M. Dension Agent

M. Dension Agent



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#### ACCRUED PENSION.

hila			Division.	
Certificate No. 9 6	^ <b>-</b>		/	
Pensioner to lun	,	_	//	27,1890
Claimant, Ele	Date of de	eath, Our	just 29	, 1905
Claimant, W	zavem zvr vmansd	gusso	re widor	<u>V</u>
6u	,	de,		
	nsylvan			
Certificate \\ \tag{5}	filed			
Attorney,			Fee, $  $	Agent to may
P.O., W			Articles filed	
Submitted Jans	7 5 190 7	0 2	~ 1	No.
	, 10,0,7,			, Doctorroor.
	BOARD C	F REVIE	EW.	
Approved for	adm	ssco	-	
Pa	& Town	ous as	abox	<b>e</b> •
C 11/1		Reviewer,	Jann,	76, 1907
aprosie		Rereviewer,	Sant 11	1907
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	CERTIFICA	TE DIVIS	SION.	
				, 190
Accrued Pension Ce	ertificate and Orde	$\{Mailed$		, 190
Payable to				

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200_ Div. 3/380.	
	75.7
$Ex^{i}r$ .	
Department of the Interior	
BUREAU OF PENSIONS, OF	
Colle Might Stone	
Washington, D. C., 96 26, 1894	
Return this with your Peply.	
In the claim for tension above intitly the genuineness of the signature and the official character	
In the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above introduce and sentiments of the claim for pension above in the claim for pension and the claim for pension above in the claim for pension and the claim for pension above in the claim for pension and the claim for pension above in the claim above in the claim above in the claim above in the claim for pension above in the claim above	
as Joseph Burnow Country of Burnowland, State	2
	ر 1940 - المنتخبة المحالي
should be certified by the clerk of the county or court of record or other proper officer under the seal of such county court or public officer, which should be in form of the other proper officer under the seal of such county court or public officer, which should be in form of the	
CALLA A moor bo miggod on the tor Themes by the out porsons arms for	
blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the foot hereof, that it may be placed on me for flatter relatively blank at the floot hereof.	
certificate in each case.	
This circular should be returned with your response.	
Very respectfully, pulcehren	
Commissioner.	aloreniao bene

# DECLARATION FOR ORIGINAL INVALID PENSION. UNDER AN ACT GRANTING-PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR, AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

Ť	State of Pennsylvania	*1
*	County of Camberland	
ë	On this 3 day of September, A. D. one thousand eight hundred and	5
Ŋ	ninety-4, personally appeared before me, a Buskice of frace, a	S
his	Solution I and for the County and State aforesaid,	diar
for	(Name of claimant.)	<b>F</b> =
ely	of	Spr
\six	State of	sdə,
xclt	the identical fessor, who entered service during the War of the	arec
<u>s</u>	Rebellion under the name with the day of	200
 ප	(Name under which enlisted.) $2$	<u> </u>
ر. ع	(Give rank.) (Or vessel, if in the Navy.)	C
ပ်	commanded by A A Commander. If upon any General's Staff, state that fact.)	TO L
Ω	HONORABLY DISCHARGED at Mossissian , on or about the	'.  T
ton	28 day of Aug., 1868, by reason 69 years	F
ing	; that his personal description is as follows: Age, 6 years; height, 5 feet 6 inches; complexion, follows: Cornel, hair, feet 6 eyes,	T =
/ask	That he is now suffering from Chorolon Diality felo	CZ
3	(Here state the name and nature of any disease, wound or injury which in	0
4	10 hall Mislaby the Children	$\dashv$
ر, of	any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)	7 W 2
NON, of	any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)  Shlumutan	t Washi
LEMON, of	And that the said disability is of a permanent character, and is not the result of vicious habits, and that	t Washingto
E. LEMON, of	and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension	r Washington,
呵	and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has been employed in	0
	and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent	0
。 日 り	And that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has been employed in	ton, D. C., an
y GEORGE	and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it begin and ended.)  That since the 25 day of help (Give date of last displarge from the service.)	ton, D. C., an
d by GEORGE	and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it begin and ended.)  That since the 28 day of help Act of last displarge from the service.)  (Give date of last displarge from the service.)  military or naval service of the United States.	ton, D. C., an
ed by GEORGE	and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it begin and ended.)  That since the 25 day of help (Give date of last displarge from the service.)	ton, D. C., and is exci
d by GEORGE	And that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has	ton, D. C., and is exclusive
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#### Act of June 27, 1890.

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RECOGNIZED ATTORNE	Υ.
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APPROVALS.	
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Declaration filed July 18, 1895, alleges permanent disabi	ility, not due to vicious habits,
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6-687	(13335—150,000.)
[12] 전 시 2년 - 1년 - 1년 - 1년	네 보다 가다가 하고 있다. 현대 그리 말 하고 됐다.

### Claimant's Affidavit.

Act of June 27; 1890, Filed by Taber & Whitman Co.,	
0. I. No. 499, 553, Washington, D. C.	
John Wrightstone,	
Ge, G, 166th Pa. & I, 200th Pa.	
The Date State Sta	
state of Pennsylvania,	
County of Watnoweland.	
In matter of the above-described claim for pension, personally	•
appeared before me a succe of the Vence in and for said	
county and State John Wrightstone, whose P. O. ad-	
dress is Bowmansdale, county of Westmorelandfork state of	
Pennsylvania , who being duly sworn according to law declares	
	+
that _he is the claimant in the case herein destribed, and that he firs	
became afflicted with rheumatism and disease of the heart about the year	ar
1897, cometime in the anouth of May, (4) had to coop	. <del></del>
working	-r.·re-
That neither of said disabilities is due to vicious habits.	
1 Athaller Voluse Heightston	
(signature of the claimant)	-
(signatures of two witnesses who write, if the claimant signs by X)	
sworn to and subscribed to before me this 10 day of March 11898,	
and I hereby certify that the contents of this affidavit were fully	
made known to the affiant before swearing thereto, and that I have no interest, direct or indirect, in the prosecution of this claim.	
James W. Thatler	PR 1206
Signature of officer	
(official character of officer)	IN.
	MAK
Since a $X$ for $X$ and $X$ for $X$	R

# GENERAL AFFIDAVIT.

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County of.	9571	<u></u>			
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	further_declare_tl	nd	10 interest in said-ec	se, and	<del>Bo</del> l;
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tha	wordst the affiant	in line	(If any words ha	ve been added in pla nown and (is	erased, and	in line  inter them here.)	redif,
	[L. S.]				James State w.	Name of officer betore very the state of the	Alerk, or Deputy Clerk
						\$	TED C
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L DIVISION.	6.03	Evidence,	or or with		Mr. Gusin	1	FILED BY  KORGE E. LEMON,  ey and Counsellor at Law,

Kedical Affidanis dieal Affricaions, Thephendelown Pair. April 24. 1896 e am 6 st years if age and been engaged in practice 43 gis, and have this day made in examination of John Weight Stone and find him offlicted with chronice diarrhoe and chermatism resulting from age and impaired mulsidion, being bigs of age and being disabled to such an extent that he is to do the labor f & an able-bodiece many This is my own written statement of the case, not being aided or prompteer by any other persons And he is the the applicant named in the application for pension R. M. Ross db. S

State of Pa. \ 5.5. Personally appeared before me, a fristice of the Peace in, and for said County, the within named R.M. Ross, M.D. who declares that the within statement is Just and true, to the best of his knowledge and belief. I Swoon this 28th day of April 1896. and I further declare That I have no interest in J. C. Meshit this clan

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$\Xi$ $c$	ounty of Cumberland
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4	In the matter of claim for (wharacter and aumber of claim)
Exclusively	(Full name and selationship of claimant, and name and service of soldier.)
Siv	in and for
olu	Personally came before me, a (Justice Notary, Judge, Clerk or Deputy Clerk)
× a	foresaid County and State, Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)
<b>S</b>	(Here write the name of anian, of or anian, or anian, of or anian, or an
and	Number and many
ត	of lawful age who, being duly sworn, declare in relation to the aforesaid case as follows:
ું _	_person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:
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Blank	owned in its prosecution in any words have been crased in this affiliavit, enter them here.)
Bla	start down by Y mark, two persons who write their names MUST sign here as witnesses thereof.
	The Unit to the affant before swearing thereto, including the Dards
<b>4</b>	
This	1. (Name of one witness to X mark.)

SWORN TO AND SUBSCRIBED before me this

The ph sician will be careful to state the approximate date when he first knew the soldier; what his physical condition was at that time, giving a full description or diagnosis of all disabilities from which he was then suffering. He should then state, approximately, how often he has treated the soldier since that date, and for what disability or disabilities. If treatment has been for a disease or injury that has caused other organs to become affected, or other diseases to result as a sequence of the original disability, the affiant should state clearly what such sequences are when developed, and explain their pathological relation to the original disease or injury.

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

physiciant, bigg I am not interested in the prosecution of this claim, and

(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician; that I am not interested in the prosecution of this claim, and that the affiant acquainted himself with the contents of the affidavit before he executed the same

Witness my hand and official seal this [L. S.] THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE BODY OF THE AFFIDAVIT. READ.—This instrument should be executed before a Justice of the Peace, Notary Public, or any person authorized to aminister oaths for general purposes. JOHN J. INGALLS, U. S. S. I regard George E. Lenov as one of I take pleasure in reton City, as a reliable entrusted with the con his profession. I take pleasure in reliable attorncy, volaims of his clients. We take pleasure I take i

ACT OF JUNE 27, 1850.

Miller DIVISION.

(37 As this may reach the hands of some persons unacquainted

ith this House, I append hereto, as specimens of the testimo

otals in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United

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FOR

GEORGE E. LEMON,

Attorney and Counsellor at Law,

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

(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

This Blank is prepared by GEORGE E. LEMON. of Washington. D. C., and is Exclusively for his use.

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47 As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testimonials in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United States:	Theres:  1. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMNA, WASHINSTON, D. G., Juno 12, 1890, those having professional business, as a reliable and responsible attor- ney of high chiracter and superior attainments.  The Septential S. T. S.	Take pleasure in recommending George L. Eratox, 126, June 12, 1990.  ton City, an a reliable and able attorney wito is in every way worthy to be entrusted which the conductor of those who desire his services in the ine of the profession.  The service in the conductor of the con	Washington, D.C., June 7, 1890.  Washington, D.C., June 7, 1890.  reliable attempts and recommending Georgen E. Irracov, of this city, as a continuous of this city, as a purior of Sawyrin U. S. S.  A. Endough, D. Washington, U. S. S.  W. D. Washington, U. S. S.  H. M. Terlizer, U. S. S.  H. M. M. M. Terlizer, U. S.  H. M.	business with assurances that it will be well and horesty streaded to  L. E. ATELNSON, M. C., 18th Pa. District.  HOUSE OF REPRESENTATIVES.  I take pleasure in recommending Gro. E. LENON, of this city, as a rewardry of confidence.  WASHINGTON, D. C., June 6, 1890.  House of Representative in the presentation of the confidence.  J. C. Durnows, and worthy of all confidence.  J. C. Durnows.	House of Representatives,  I take pleasure in recommending Geo. B. Lerkov, of Liune (4.89).  I take pleasure in recommending Geo. B. Lerkov, of this oity, as retinenced of sections. The normal coension for years to carcular observe his treatment of sections for the company. The normal surface of carcular properties of the company and of the company and of the company and the company of the com	claimble attorney, vigilant, active and diligent in looking attier the claims of his clients.  JAMES O'DONNELL, 3d Digt., Mich.  HOURS OF ERFIESENATUTYS,  WARITMON, D. C., June 7, 1380.  We take pleasure in recommending Geo. E. LEMON, of this city, as reliable attorney.  WA MOKINIENT, 15, 18th Dist., O. H. J. SPOONER, 1st Dist., R. E. N. MORINIENT, 1st Dist., Res.  E. N. MORINIENT, 1st Dist., Res.  E. M. MORINIENT, 1st Dist., Res.  E. M. MORINIENT, 1st Dist., Mich.  F. S. POONER, 1st Dist., Mich.  E. H. LUNSTON, at Dist., Mich.  E. H. LUNSTON, at Dist., Kn.  E. H. W. PERITNS, 3d DIST., Kn.  E. H. W.	JAG G. SAWYER, SIGH DISE, N. Y.  JAG G. SAWYER, SUR DISE, N. Y.  H. TOWNSEND, 18 DISE, CO.  FFEDERICK MILES (HDDISE, CO.  FFEDERICK MILES (HDDISE, CO.  JOSEPH R. REEL, SIL DISE, LOW.  G. A. HILL, SHED DISE, LOW.  J. H. SWENEY 4th DISE, LOW.  ANDRETANON, 18 DISE, 10 W.  G. W. ANTERNSON, 18 DISE, PL.  G. W. ANTERNSON, 18 DISE, PL.  G. W. ANTERNSON, 18 DISE, PL.  G. W. A. CHERNON, R. P. SHIPE, S. D.  BENJ, IDUTERNOOFER, 18 DISE, R.  R. GORGER, 14 DISE, 10 WB.  R. GORGER, 14 DISE, 10 WB.
one unuc s of the lemen of ghout th	Washrettor of Colubert, Washretov, D. C., Juno 12, 1890, Lationen, E. Lizuoxi, of this city, a reliable and responsible attor JOHN, J. ROALIS, U. S. S. U. S. SENATE CLIAIDER, D. C. WASHINGTON, D. C. J. C. WASHINGTON, D. C. J. O. WASHINGTON, D. C. J. O. O. WASHINGTON, D. C. J. O. WASHINGTON, D. C. J. O. WASHINGTON, D. C. J. O. WASHINGTON, CAPILLING SOUND Interests of the resulting sound interests. This is due to the file steem. HARLIES F. MASHERSON, U. S. S.	Take pleasure in recommending Grouge L. Lrayov, Edge, of Washington City Tas reliable and able attorney who is in-every way worthy to heir reservices in the line charactery with the confidence of those who desire his errices in the line his profession.  U. S. Errarra,  I. Regard Gronge E. Lrayov as one of the most thoroughly reliable and competent attorneys in Washington.  Gliber A. Pirices, U. S. S.  U. S. Errarra,  U. S. Err	NATE, D. C. Jun N. of this N. of this Squine, I. En, U. S. NYATIVES ABINGTIVES	ily attend NYATIVES NYATIVES OC. Jun Ft fuls city ful proct ful proct EEY, 3d Di NYATIVES O. G. Jun this city, this city,	NTATIVES  O. C., Junctible oity, citally olywhere never know of know of the NTATIVES NTATIVES NTATIVES N. Of this N. Of this N. Of this N. Of this N. O. C. June N. Of this N. O. C. June N. Of this N. Of this N. Of this N.	looking Li, 3d Dis NTATIVES Ci, June NX, of this Lin, 2d Dist. Lin, 2d Dist. Lin, 2d Dist. Lin, 1st D Lin, 1st	n, 31st Din n, 31st Dist. 1 st Dist. N, 4th Dist. N, 5th Dist. 1 st Dist. 1 st Dist. 2 d Dist. 2 d Dist. 2 d Dist. 2 d Dist. 1 st Dist. 1 d Dist.
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MEDICAL STREET OF JUNE 27, 1822.

MEDICAL STREET OF JUNE 27, 1822.

MEDICAL STREET OF STREET OF

County of In matter of claim for pension, Act of June 27, 1890, \_Co., <u>I, 200th Pa.</u> of John Wrightstone, Yeare in and for said Personally appeared before me a M. D., whose P. O. Ad-County and State,\_\_ State of Pa. dress is Wouaghau County of who being duly sworn according to law decaares in relation to the aforesaid case as follows: That from the 23rday 5h day of January and that during the ratured of the teart referrida by reason of said disabilities disabled for the performance of manual labor to the extent of Jolal Nicability ( 1/2, 3/4 or total as the case may have been). I further certify that I have no interest in the prosecution of this claim. This affideoil was written in my office and orchy of march 1898 and was not aide made to felt shafter this 10 day of march 1898 and was not aide covillar or printed states the dielated by any other /2 (signature of the physician testifying) day of March Sworn to and subscribed to before me this 102 and I hereby certify that the affiant is a practicing physician and that I am not concerned in the prosecution of this claim. Witness my hand and official seal the day and the year above written. Filed by Taber & Whitman Co., Attorneys, Washington, D. C.

Medical evidence of continuance of disability.

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ACT OF JUNE 27, 1890.

M INVALID PENSION. 49955
Claimant, John Wrightstone, O. J. K
P.O. Jown ansdale, Rank, Timate,
County, Cumber Land, Company, C
State, Ja. Regiment, 2000 Ja. Wolf. Sty
Rate, \$, per month, commencing
Disabled by
용하 <u>요요</u>
RECOGNIZED ATTORNEY.
Name, More Fee, \$ Agent to pay.
P. O.,, 189, 189
APPROVALS.
Submitted for My My 17, 1896, Stagg, Examiner. Approved for rejection un valable Approved for rejection no ratable
desablity under ach fine disability under ad of June
27.1840, June Cler diarrhena 27th 18th, (Lu Slip)
Subject to apple of Med
Referre See Clifs Legal Reviewer.  Dayling Ahlo, France Medical Referre.
Referre See Alf Nov 30, 1896 Hatt Dec. 9, 1896
Not pensioned under other laws. Last paid to, 18, at \$
Pensioned from, 18, at \$, for
SERVICE SHOWN BY RECORD.
Enlisted Jun-10, 186,2 honorably discharged July 28, 186 3.
Re-entisted Aug. 23, 18 64 honorably discharged May 30, 18 65.
Declaration filed Apl. 2, 1896, alleges permanent disability, not due to vicious hubits,
from Chr. diantocas:
Signs by L To M. Co.

No. 136.

#### ACT OF JUNE 27, 1890.



### Additional Declaration for Invalid Pension and Arrears,

Under the :	Provisions of the Act of A	farch 6, 1896.
$(\uparrow)$		C for to
State of 10000000	county of	Well ozu
	of Worsellyn, A.D.	ne thousand dight hundred and minety
。""你们们是一种"我们",我们就是我们的,我们就是一个"我们","我们"的"我们","我们"的"我们","我们"的"我们","我们"的"我们","我们"的"我 "我们"的"我们","我们","我们","我们","我们","我们","我们","我们",	peared before me,	그들은 중심하는 그리는 그리고 있는 그 사람들이 그를 가는 말을 하는 것 같습니다.
I wonce of the	Na National Plant State (1997)	and for the County and State aforesaid
John Whishis	Xive, aged 7 / year County of December 1	
Pennsulvania	gram – Paragraphia – 🖊 statistica (1995).	tollaw, declares that he is the identical
In Wrallston		
01862, in la 40166 Pa	outly and later W	o I 200 Ma Justy
of the Life of the Control of the Martine and the control of the	the war of the reballion, and sorve	essel, if in the Navy.)  d at least ninety days, and was HONOR-
		on the days, and was horor-day of
lian,		n earning a support by manual labor in
a pensionable degree on	rije i same dika di kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan kacamatan	late of filing his original declaration, by
reason of the following disabilities:	(1) V	(Here name the diseases or
		(Here name the diseases or
injeries from which disabled.)		
That he is also disabled for earning	a support by the following disabilit	ies not heretofore Hered
That I was also disabled 101 carming	) a support	(Here state all
dispullities incurred since filing your Origin	nal Declaration and any which you failed to al	lege in same.)
요즘 하는 이번에 다른 사람들에게 다른 사람들이 가는 사람들이 가는 사람들이 되었다. 그 사람들이 되었다. 그 사람들이 다른 사람들이 되었다.		
		2
	3	
		best of his knowledge and belief, are of
a permanent character, and that he	is nowdis (½, ¾, ¾ or wholly)	abled for earning a support by manual
a permanent character, and that he labor in consequence of same. That	is nowdis (½, ½, ¾ or wholly) t he hasapplied for pension	abled for earning a support by manual
a permanent character, and that he is labor in consequence of same. That he is a pe	is nowdis (½, ½, ¾ or wholly)  t he hasapplied for pensioner under Certificate No. 96	abled for earning a support by manual on under application No
a permanent character, and that he labor in consequence of same. That he is a permanent character, and that he is a permanent character charact	is nowdis (½, ½, ¾ or wholly)  t he hasapplied for pensioner under Certificate No. 9.6  val service of the United States prio	abled for earning a support by manual on under application No
a permanent character, and that he labor in consequence of same. That he isa permanent character, and the isa permanent character	is nowdis  (½, ½, ¾ or wholly)  t he hasapplied for pension ensioner under Certificate No. 9.6  val service of the United States priot to 3.1	abled for earning a support by manual on under application No.  That he has not to Company to That he
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Deplication for Sucrease of Pension Delate of Pa, Het of June 27" 1890.

County of your les. Ou Elics 15th day of July A.D. 1899 personally appeared before me a Justice of the Feare within Efor the comily aforeaed John Wrightone aged 68 years, a resident of Bowmansdale, lumber county, Pa, who bring duly evoor according to law declares that he is the identical John Wrightatore who was enrolled on the 25th day of August AD, 186 X as a Private in les. 2. 200 Requirent of Ta, Vol. Ify, in The service of the smiled states in the war of the Rebile ion, that he is a Rensioner of the United States, enrolled at the Pittsburg, Pa, at the ride of Eight (8) Dollars per month larlificate No. 961.165 by reason of disability from Partial mability to earn a support by mannal labor. That he believes timself entibled to an increase of peucion on account of the following disabilities-Rupture on night side to heart house That These disabilities are permanent (a) are not due to vicious habits, That he feels that his present rating is not commensurale with the degree of his disability He therefore files this application for Increase of themsion ( requests medical examination by a board of examining surgeons to whom execial instructions may be resued so that the full extent of his disabilities may be ascertained That his both Office address is Siddonsburg, Comity That his voer opper and of York Delas of Semision John & Waightstone of I and Grand of Semision of John & Waightstone man John of Guide Shaffer CARICE.

Also kersonally appeared John Ho. Lough, residing near Siddoneburg, York leo, Pa, Elessie & Shaffer residing near Siddoneburg, York leo, Pa, persons whom I certify to be respectable Endewilled to credit cold bring by me duly ewon say they were present and saw John Wrighte tone the claiment quale his mark to the foregoing declaration Was they have every reason to believe from the appearance of said Claimanh @ their acquaintance with him for 3 gears (and to year respectively, that he is the identical person he represents timeself to be to that they have no interest in the prosecution of this dain John H. Jaugh. Jessie & Shaffer. Georn Esteribel before we pely N'SD, 1899 & Larlify that the con-Tents of the about declaration I, were fully made Known Enexplained to the applicant Dwitnesses before swaring, including all the content & Wat I have no interest direct or andirect in the prosecution of this claim. James M. Shaffer rulice of the Peace, Certificate on fire to cover date of leo, Pa. of execut Keevin Division

Chair Som Might high the Son of the Son Might high the Son of the

REPRODUCED AT THE NATIONAL ARCHIVES

# ARATION FOR ORIGINAL INVALID PENSION. \*\*MUST bit executed before a COURT OF RECORD, or some officer thereof having custody of its seal.

	Elmann of Paris and
	STATE OF SS:
	COUNTY OF Laufilier)
- O	On this 3 day of DW, A. D. one thousand eight hundred and eighty lines
Ö	personally appeared before me Porthonolary, of the Carrying Leas
ທ	Court of record within and for the County and State aforesaid The Manual State
Ξ	, aged 3 years, a resident of Massaugh
o.	(Give Town, County and State and if you reside in a city
<u></u>	where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles State of, who, being duly sworn according to law, declares that he is the
Ð	from nearest Post-Office.)
Siv	
T T	Name of claimant)  On or about the day of Contest
exe	Name of claimant)  18 Las Mullin company of the 166 regiment of Maffel his  (Give rank.)
Ø	commanded by and was and was
.പ ದ	DISCHARGED at day of
SH SH SH	, 1865, by reason of It fundaming flum of line
	that his personal description is as follows: Age, 3 years; height, 5 feet inches; complexion,
Ö	; hair, dank; eyes, Muck That while a member of the organization
Ä	aforesaid, in the service and in the line of his duty at Santa January, in the State of
Ę,	on or about the day of line fully 863, he Contracted
rton	
E.	nature of disease, or the location of the wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in
S D	which received have been supported to the support of the support o
$\stackrel{>}{\sim}$	
j> C₁;	
Ö	
Z	That he was treated in hospitals as follows: Mushimulion & Company of the company
S	(Here state the names or numbers and the localities of all hospitals in which treated, and
EM	the dates of treatment.)
H	
ſχÌ	
国	род не ца Бал Зовения
Ğ	That he hasbeen employed in the military or naval service otherwise than as stated above
C F	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
H	what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)  That since theday of, A. D. 18, he has not been employed in the military
Q	(Give date of last discharge from the service.) or naval service of the United States. That since leaving the service this applicant has resided in the
ЪУ	of, in the State of
ರ	(Town or City.) and his occupation has been that of a
epared	the service above named he was a man of good, sound, physical health, being when enrolled a Caloner
gQ[e	That he is now as a substance by manual labor by reason of his
pre	(Wholly or in part.) 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.
썯	He hereby appoints, with full power of substitution and revocation,
ank	
M	GEORGE ELLEMON,
his	of Washington, D. C., his true and lawful Attorney, to prosecute his claim. That he has the province application has
,드	received applied for a pension. That his Post-office Address is decomposed in the post-office Address is the post-office Address
	county of Jork, State of John Might glorie
	(Claimant's Signature.)
	The state of the s
	Two witnesses to Claimant's Signature sign here:
	Two witnesses to Claimant's Signature sign here: (1) Where A Shuft

REPRODUCED AT T	HE NATIONAL ARCHIVES  Also personally appeared Thu S. Cockling at, residing at
А.	Steelth and Chas I Schull residing
	at the header of a persons whom I certify to be respectable and entitled to
	eredit, and who, being by me duly sworn, say they were present and sawt him (Name of Chamant.)  the claimant As his Maus to the foregoing declaration; that they have
	(Sign his name or make his mark.) 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 his claim.
	(1) Willeage & Collection
	(2) LONGSON CO. DIMEST. (Signatures of witnesses to identity of applicant.) Two witnesses to signatures of identifying witnesses sign
	here, when either of them signs by mark:
į (i	
	SWORN TO AND SUBSCRIBED before me this day of, A.D.
	1882; 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 thereto, including the words(If any words have been crased in the application,
	antar thom have 1
	[L. s.] , crased, and the words
	(If any words have been added in place of any erased, enter them here.)
	and that I have no interest, direct or indirect, in this claim, and am not con-
	cerned in its prosecution.
g 17	(Stepathre.) Thomston
	(Official character.)  THE OFFICER BEFORE WHOM THIS DECLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.
	This application MUST be acknowledged by the claimant and identifying witnesses before a Judge, Clerk, or Deputy Clerk of a Court of Record under the seal of the Court; if not so acknowledged, it will be WORTHLESS.
. Salah sala	ONE EXCEPTION.—Where an applicant resides more than twenty-five miles from any place at which a court is holden, upon being notified of the fact I will endeavor to have a suitable person-designated, under an authority given to the Commissioner of Pensions for that purpose, before whom the declaration may be made.
	append in our gentle-on and es:  gentle-on and es:  k1, 1879. h Captain edge of the sines, and therewith, force Teps.  ict of Wis. ict of
1 ( ) 1 ( )	ce, we append on and a limits of some wear a gentle finition and a large of the strong
Long d	testimonials of some testimonials in our testimonials in our from several gentle.  United States:  rememeration and United States:  rememeration of States:  rememeration of the several gentle of the several control of the several o
March Ar Ania mars march the bounds of now	persons unacquainted with this House, we append hereto, as specimens of the testimonials in our possession, copies of letters from several gentlemen of political and military distinction and widely know throughout the United States:  House or Representatives, we are administed with Captan General men of political and military distinction and widely know throughout the United States:  House or Representatives, mention of Captan General men which he conducted less extensive business, and chart the mention of maintain generally.  A. V. BLOE,  Ontainment, Committee on Invalid Pensions, House Rep. The Control of Mr. P. SLEMONS, Member of Congress, and Chart of Mr. P. SLEMONS, Member of Congress, and Will be a manual political of Fig. R. W. TOWNSHERDO, Member of Congress, Ninedeault Congressional District of It.  Bearth Congressional District of It.  Bearth Congressional District of It.  We have a several pressure in recommending Captain General Elemons, and which in parametric from the condition of the laws and with Insportment and Spartment of the Congress.  From several pensure in recommending Captain General Elemons, and an oncortal and successful practitioner, I recommend him services.  House for the laws and with Insportment and Carlon Congress, Fourth Congressional District of Congress, and monorable and successful practitioner, I recommend him services.  From several years' acquaintance with Captain General Elemons of the grands of mans and other chains against the Government him as a gentlement of integrity and other chains against the Government him as a gentlement of Demons. Jacob Science Elemons of Congress, of this cry. I cherrylly commend him as a gentlement of Demons. Jacob Science Scie
	s an acquainted with this Ec, as specimens of the testin tion, copies of letters from f political and military of know throughout the Unit honey the past few years, an eneman in which he conducts his extended in which he conducts his expansion from the past few years, and highlify for fair and honorable dealing.  A. V. ELCH, Chair and honorable dealing.  A. V. ELCH, Chair and honorable dealing.  B. W. TOWNSHEND, Wene F. ELTHONS, Merror.  B. W. TOWNSHEND, Wene Fourth Congress, W. P. SLEMONS, Merror.  B. W. TOWNSHEND, Wene Fourth Congress who other business to prosecute before ton. I know him to be thoroughly quently quently and accessful practitione to all who may need his services.  B. A. HUKLIBUT, Member of all the paymast and add accessful practitione to all who may need his services.  B. A. HUKLIBUT, Member of all the med, and accessful practitione to all who may need his services.  B. A. HUKLIBUT, Member of the fellows of patents, and have for any or an accessful practitione.  B. A. HUKLIBUT, Member of the fellows of patents of patents, and have for the hand vell qualified to attend to this any order services.  B. A. HUKLIBUT, Member of the fellows of patents of the hand vell qualified to attend to this any order of the hand vell qualified to attend to this any order of the hand vell qualified to attend to this any order of the hand vell qualified to attend to this development.  B. Any person desiring influence and when the measure all arthrity were calmot the confident of the their interests cannot the condition of the half when the patents of the patents of the patents of the patents.  B. Any person desiring influence of patents of the patents.  B. Any person desiring influence of their interests cannot the condition of the patents.  B. Any person de
	persons unacquainted with the hereto, as specimens of the possession, copies of letters from men of political and milita widely know throughout the House or Be Washington a Granders E. Leavon for the part few ye grandic manner in which he conducts of his reliability for fair and homerable desertably commend him to claimants got his reliability for fair and homerable obsertably commend him to claimants got his reliability for fair and homerable desertably commend him to claimants got his reliability for fair and homerable of the reliability for fair and homerable of hearthly commend him to claimants got his reliability for fair and homerable of the fair of the letters.  I take great pleasure in recommending now of Washington, D. C., to all preson of the soft of the fair was the soliciting of patents, and hower of the late war, acpecially in the Patents of the late war of the late war, acquaintance with and other chims against the Governme into give him superior advantages.  From several years' acquaintance with confident got attend and other chims against the Governme into give him superior advantages.  Any person desirang and responsibility be furnished with a satisfit his vicinity or Congressional international posterior of latents.  I REQUEST POSTAL STAMPS
	sons unacquainted weto, as specimens of session, copies of led of political and elly know throughout the parameter in which he parameter in which he can matter manner in which he can matter manner in which he can be a reliability for fair and hot war. The comment him to claim the can be reliability for fair and hot ready comment him to claim the comment him to claim the comment him to claim the parameter in the can be ready to be ready to the comment him to claim the can be ready to all who may need him to be the late way, I cheer the comment and encession in the soliciting of patents in from the soliciting of patents in from the soliciting of patents in formed, and successful.  House of Represent the Griffs of all who may need him to be the late way, I cheerstally comme worth, and vell qualified to all who may need him formed, and successful.  House of Represent the Griffs of the late way, I cheerstally comme worth, and vell qualified to all who may need him superior advanta.  W. P. SPRAGH.  DAS. D. STRAFA.  Sandling and respond devening a washington of Governor Governor Man.  Governor Governor Man.  Hatti their interests cannor of Governor Governor Governor Governor Man.  Succinity or Congress and the Request Postal Sandling and Pespond Congress of the papers.
v	persons unacquain hereto, as specime possession, copies men of political widely know through factories Leavon for ignored in the green manner in who of which the commend him of his reliability for fair of washington, D. (Sareful of his city, I here him of his hard had be fair the late War, especially of his city, I cheerfully and and monorable and setrongly to all who may if the city is the city of his city, I cheerfully and and other claims at washing and other claims at Washington and other claims at Washington of war claims at Washington and the fair historic at Washington and be furnished with his vicinity or Corlinity or Corlinity or Corlinity or Papers.  I request posses.
7. (2.)	persons unacq hereto, as spe possession, co men of polit widely know widely know widely know of washingto settle or other but washington. I have an ord with the laws and ord with the laws and well informed, and an an honorable strongly to all who well informed, and and an honorable strongly to all who well informed, and well informed other chims at a line gives him sup.  As Captain Grance of war claims at X lingy well-informed responsible. I can ment that their him ingly well-informed responsible. I can ment that their him ingly well-informed responsible. I can ment that their him in him sylcinity or him sylcinity or in REQUES.
	Persona hereto, possess men o widely we, the Gronges systematic or Washington of his released with to out of the ter's office and an Patronely in the city well information of war claims and other line gives my stand other line gives of the city well information of war claims was other line gives and other line gives of war claims with man other line gives here that the man other line gives here that we have claims with the line gives here that we have all the gives here that we have a line gives here that we have the line gives here the line
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	ORIC  ORIC  Sharged  GEORGE  Jinces, No. 615  Drawer 325,
1990 1 - E	CLAIM F CLAIM F CLAIM F CAEORGE  ATTORNEY AND Jifters, No. 618 P. O. DRAWER 325,
	i mai in a chamail ab Adam di af enny grad inggres a -

## GENERAL AFFIDAVIT.

State of Verreyfram	
County of County of County of	
In the matter of claim for Character and number of claim.)	
(Full name and relationship of claimant, and name and service of soldier.)	
Personally came before me a standard of the Free in and for	
(Justice, Notary, Judge, Clerk or Deputy Clerk.)	
aforesaid County and State, (Here write the name of afflant, or of each afflant, together with Age, Residence and Post-Office address.)	
3 60 years a Resident of Boundardal	
ferm till ages tout where the	_
person of lawful age, who, being duly sworn, declare o in relation to the aforesaid case as follows:  There of the affect with Chrose and beaute back.  There is a company of and well and the constant of the	
I have been affected with Chrone	
3 Diaritien ever fund Came back	and the same of th
of from the army I got wet our	C
= march from white House Canding	
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and the second of the second	
I further declare that I have no interest in said case, and Que no	
concerned in its prosecution.	
If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.	
10 1 2 1 1 Sich 81016	9
(Name of one witness to X-mark.)  Signature of Affiant, or of	12
Name of wher winers to Months	

	SWORN TO AND SUBSCRIBED before me this.	7 to day of the	eure f
	18 and I hereby certify that the contents of the forego		wn and
	explained to the affiant before swearing thereto, including t		
	(If any words have been crased in this affidavit		1 1/4
	and the control of th		
	the words (If any words have been added in place of any	erased, enter them here.)	naueur;
	that the affiant to me well known and is or are.)	respectable and worthy of full cree	lit, and
	that I have no interest, direct or indirect, in the prosecution of	this claim.	
			Annan Property
			· · · · · · · · · · · · · · · · · · ·
20 Sept 5 Sept 6		er the u	
grat	tice certificate on	David M. More	f-
Bit	Le ou Person Office	(Name of officer before whom executed.)	)
Ne	esternation &	(State whether Justice Notary, Clerk, or Deputy C	COC
Services The The The Services Whitelets	The Officer before whom this affidavit is execut		%.
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9/455 9/55 9/57 9/67 9/67 9/67	ame to the foregoing jurat, was at the time of so doing a	(Justice of the Peace or Notary-Public.)	1n
arset Sort	and for said County and State, duly commissioned and sworn		itled to
	full faith and credit, and that his signature thereto is genuine.		And the second s
	. Witness my hand and seal of office this	day of ,18	
TEN	[L. S.]		
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(12389—50 M.)

claimant with

ELECTRO'S. (11385-75,000.)

## JINAL INVALID PENSION.

Claimant, John Wrights Tone	
Claimant, John Wrightstone P. O., Stalvas burgh	Rank, Private
County, Galx	Company, "J."
State, Pen	na, Regiment, 166 Pa Vola
Attorney, George E. Cernon, M	
Fee, \$	
Rate, \$ per mon	oth, commencing Nov-9, 1883,
Disabled by Chronic Diarkea	
Submitted, Rej. Dra. 92, Febry 30, , 18	84, by Thos Jimegan, Examiner.
Approved for	Approved for refection for
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Enlisted Nov 10th 186	18 , to
Mustered	. 18 , to
Discharged Silly 28 th 186	
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Last material evidence filed	
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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.	Pension Claim No. 499.553.
Name and rank of claimant.	Company, 7 & Reg't Pal Vols - Unlish Farms State,
Daimant's post- office address.	Boundary and Cum. Or. Sa [Post-office address of the Board.]  [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 disa- bility.	in the service, viz:
fa pensioner, fill in the amount; if not, erase the whole line.	and that he receives a pension ofdollars per month.  He makes the following statement upon which he bases his claim for
Here give the claimant's statement as briefly and as compactly	Manhen Myle in Almier - Munimalism 4 yrs- Wearf- works 10 /rs-
as possible.	
	Upon examination we find the following objective conditions: Pulse rate,; respiration,; temperature,; height,; feet; polydas; age,
Here give a full description of the disabilities, in accordance with Book of	Curtibation, Inque Clear- Almagen hound.
Instructions.	Rhymapin- no Crepetatorin of Jamilderst. Int-enlarger
	of tayated in within Alight underness in salition
	Heart- dio- User my sereephble belirein 5 + 6 pilot
The actual or probable brigin of every existing disability	Mis-
ing disability must be fully set forth. Whenever a disa- bility is shown, or is believed to be due to or	anthumono blus hom Rome, to ankle of left-legi/4
aggravated by vicious habits the opinion of the board must be stated.  When not due	april pound fige, bely salign faprier- nando Alightly
to such habits this fact must be stated.	Lulia - Ma Cadlasic de Manora Mario:
	Elect as abu. humal.
Rate for EACH cause of disability.	rating for the disability caused by, for that caused by for that caused by
	MH Longsdorf, Pres. J. & Beller, Sec'y Glow Hemming Preas.

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

(9480—200,000.) 6-552

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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	Uniquia Pension Claim No. 4499. 5-5-3
claim.	(State above whether for original, increase, or restoration.)  Rank, Rank, Rank,
Name and rank of claimant.	7 0 2 0 2 1 2/
	Company (, State, Post-office address of the Board)
Claimant's post- office address.	Bowmansdale Ja. (lug-2/ Det , 1895 -
	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 disa- bility.	in the service, viz: Thronic diarrhala and when
	matism. Heart disease
If a pensioner, fill	and that he receives a pension of dollars per month.
in the amount; if not, erase the whole line.	
whole line.	He makes the following statement upon which he bases his claim for [Original, increase, restoration, &c.]
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Here give the claimant's statement	Aleur Disogse
as briefly and as compactly as possible.	
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	Upon examination we find the following objective conditions: Pulse rate, 78;
N <sub>i</sub>	respiration, ; temperature, 5; height, 5 feet 5 inches; weight, 5
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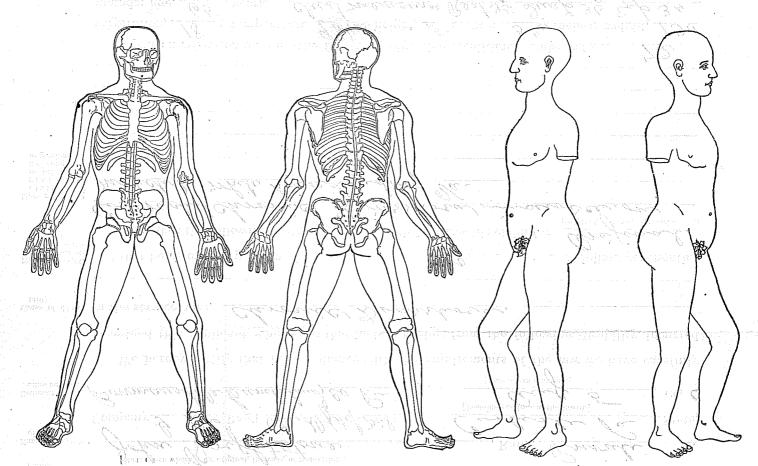
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PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

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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.

Rank, Private of claimant.  Company J. 166 Reg't Pad ptof mid Prost-office adjuses of the Board.  Company J. 166 Reg't Pad ptof mid Prost-office adjuses of the Board.  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 and that he receives a pension of Prostrational Contractor Cont	Insert character and number of claim.		rigina	L	Pens	sion Claim N	o. 499	333	
Company 1 166 Reg. Carlother Mile Carlother Mile Company 1 166 Reg. Carlother Mile Carlother	•	State apove v		7 // I'	ion.] V	e angele	(	$\mathcal{O}_{\cdot}$ . $I$	<u>, , , , , , , , , , , , , , , , , , , </u>
We herein 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 that the receives a pension of	of claimant.	Company	1668	" (Pa. d)-	ttol mil	0	l. si	w Pa	State
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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.]

whenever it i	ention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. note of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indersed tificate.
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Claimant's post- office address.	Company, 200 Reg't Pa Inf (Post-office address of the Board.]  Source address of the Board.]  [Post-office address of the Board.]  [Date of examination.]
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Cause of disa- bility.	examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:
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 the private of th
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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.]

#### INSTRUCTIONS |

The Affiant should state, in his own handwriting, the facts following:

I. Length of time he has been practicing medicine.

2. Whether or not he knew the soldier before enlistment If he did know him, for how long a period he knew him, how intimately, and what his opinion is as to said soldier's soundness at enlistment, adding, if true, that he was sound, and particularly that he was free from the disability on which he claims pension.

3. If he treated the soldier, during his enlistment, either as his regimental surgeon or while he may have been at home on furlough, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.

said soldier since his discharge.

charge. If he has, he should state—

[1.] At about what date he first treated him.

[2.] What his physical condition was when he first treated him, giving a full description or diagnosis of his disability.

[3.] Period during which he has treated him, giving approximate dates where exact dates can not be given; and if dates of prescriptions or visits cannot begiven he should state why, and how often, upon an average, he has treated the soldier each month or year during the period.

5. Very important—

### MEDICAL AFFIDAVIT

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory. He should read the instructions very carefully before undertaking to prepare his Affidavit, and embody therein all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the disease, wounds or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injuries incurred, or disease conclusions are based.

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

(Signature of Physician or Surgeon. If ever in the Army or Navy, give rank and service.)

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The Physician, in filling out this Blank, should not refer to the marginal instructions by numbers, but should vrite his statement in narrative form. (SEE OTHER SIDE.)

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#### INSTRUCTIONS

The Affiant should state in his own handwriting the facts following:

1. Length of time he has been practicing medicine.

2. State the fact and date of his making athorough and impartial examination of the soldier, by means of which he arrives at the conclusions set forth herein.

3. Give a full and complete description of the disease or diseases, wound or wounds, which constitute the soldier's present disability. Describe the present physical signs, symptoms and structural changes of disease, in general and in particular. If a wound or wounds, name the part or parts injured and the character and extent of the injury or injuries.

4. Estimate and state the present degree of the soldier's ability to perform continuous manual labor as compared with that of a sound and healthy man.

5. State whether the disease or diseases, wound or wounds, in their present condition, are progressive in character, and whether in fact the disability, in his opinion, has increased during the last six months; and whether, too, judging from the present condition, there will probably be a continued increase of disability during the next six months.

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### MEDICAL AFFIDAVIT.

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory; therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the disease, wounds or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injuries incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which his conclusions are based.

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The Physician, in filling out this Blank, should not refer to the marginal instructions by numbers, but should 2-16-98-5M.

Write his statement in narrative form.

(SEE OTHER SIDE.)

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# GENERAL AFFIDAVIT.

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In the matter of the claim for
of John Worghtelove Co. K. 166 Pa Drft
(Character of Claim)  (Name of Claimant, the Name and Service of Soldier)  Personally came before me, a (Notary, Judge, Clay) or Departy Clerk)  County and State aforesaid.  (Here writesthe Name of the Affiant or of each Affiant, together with the Postoffice address)
County and State aforesaid Ward State aforesaid
(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)
County and State aloresaid.  (Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)  person of lawful age, who, being duly sworn, declare in relation to the aforesaid claim, as follows:
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Office August 23" 1898 ( only fram
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	GENERAL AFFIDAVIT.	
	STATE OF Semeglorica	
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ě	In the matter of the claim for.  (Character of Claim)	
	of John Wrightstom les. 9, 166" Pa Mythet  (Name of Claimant, the Name and Service of Soldier)	
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	County and State aforesaid (Justice, Notary, Julye, Clerk or Deputy Clerk)	
	Office address is addonstring for the Affiant or of each Affiant, together with the Postoffice address)	
	person of lawful age, who, being duly sworn, declare in relation to the aforesaid claim, as follows:	
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	r Affiant signs by		sons who write th MUST sign here :	eir as witnesses the		•			
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	(Name of other w	vitness to X mark	 s)	each Affia	j				
						* #			
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regr l	edder	abeu	<b>9</b> , in the	County	I hereby see	rify that	ne contents	of the fore	ate of
	e fully made								
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### EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No.499	EXAMINING SURGEON'S ADDRESS  Post office,  County,  State,  Date of examination, Johnson, 257
no its	
Name of claimant, // 14/1/5028, your,	ENAMINING SURGEON'S ADDRESS
Rank. Pirate	Post office,
Company	County
Primary 166th South	State Relative
Regiment, 100 ii. 27 og, as 200 cao,	State, , , , , , , , , , , , , , , , , , ,
State, / Mana	Date of examination, Jaganssam 307. 1004.
VYrD hereby certify	That In have carefully examined this
applicant, who claims that while in	the service of the United States, at or near a
place named "White Howse &	and while in line of duty,
Cause of disability and the de- on or about the forthe day	of July, 1863, he incurred
Cause of disability and the de- on or about the fourth day gree.	~Lova, and that
	Lisabled for earning his subsistence by manual labor.
Particular de Hoe states that he is 54	years of age, that he weighs 155
scription. bounds and that he is	net inches in height.
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It must be borne in mind that	
the duty of the Surgeon is to From the condition and history given opinion	up of the claimant, it is of opinion the
ordisability, as	the service as claimed, and that it is not aggra-
through the vated or protracted by vicious habits.	
dollars and	rs above described to entitle him to
make such a rating. Thursday, Thursday, and the full particular description as	Elv. James of Corr
will afford to this Office the ground for in-	Examining Surgeon 8

Always forward a certificate of examination whether a disability is found the xist or not.

#### SURGEON'S CERTIFICATE

IN CASE OF

Michtotone, John, co. "J", 166-Reg't Pa. Doytho Lilita,

### Application for Pension

No.4199.553.

Date of Examination:

Ken Roland Shreisen Lelder,

Post Office, York

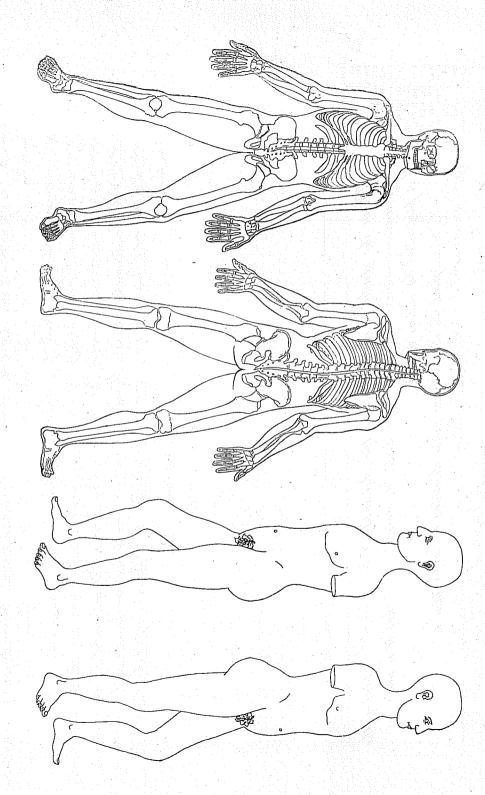
County. Sor/

State, Ferneybranical.

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

"10,000-100 M.] ELECTRO'S.





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Department of the Interior,
PENSION OFFICE,
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July 30" 1885
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No. The state of t
Galdina (May al tatoria)
Soldier: John ///ughmone,
Service: Wema
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It is desired in this case that the examin-
ation be made with special reference to-
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John Mary L
ALMO IV A DECEMBER OF THE PERSON OF THE PERS
Medical Referee.
AT THE SURGEON WILL DETACH THIS SLIP FROM THE "ORDER" AND RETURN IT WITH THE CERTIFICATE OF THE EXAMINATION.
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These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

T. B. HOOD,

Medical Referee.

[OVER.]

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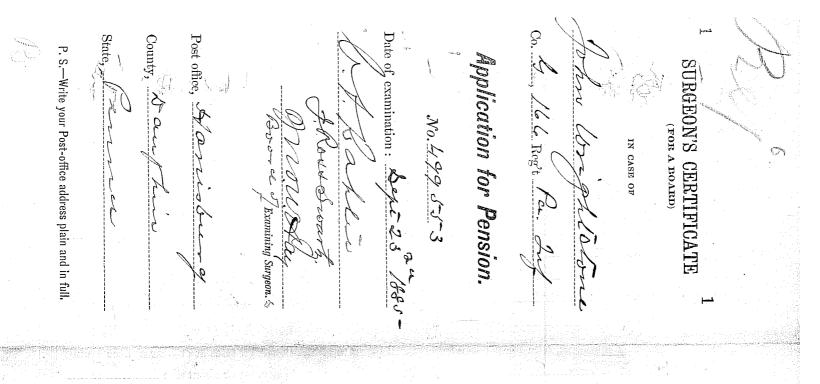
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### ORIGINAL.

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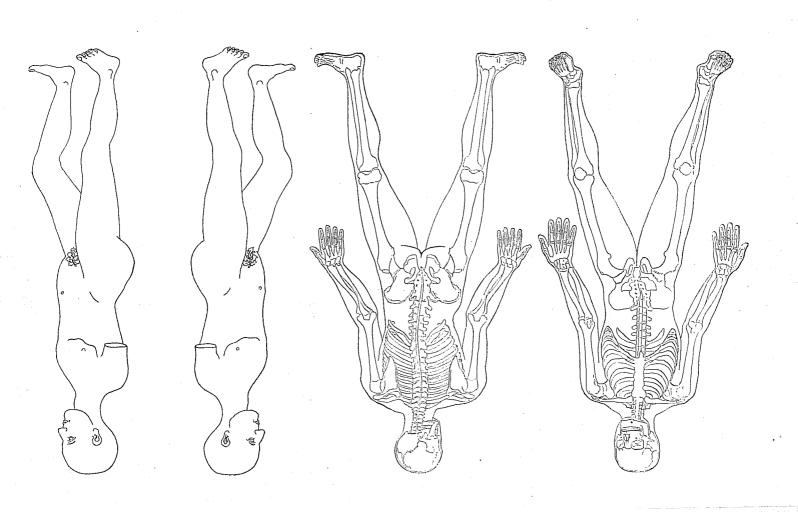
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Name of th	
Rank,	ADDRESS OF THE BOARD:
,	Post office, I am burg
Company,	County, Dungton
Regiment,	
Post-office a	ddress, Downandale, La Date of examination, Dent 33, 1880.
	WE HEREBY CERTIFY that in compliance with the requirements of the law * we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named and the service of duty, on or about the
Cause of disability.	day of frey , 1863, he incurred 6 horsie Doronhore
Degree of disability.	and that in consequence thereof he is disabled for earning his subsistence by manual labor.  His pulse-rate is disabled for earning his subsistence by manual labor; his pulse-rate is disabled for earning his subsistence by manual labor; his pulse-rate is disabled for earning his subsistence by manual labor; his pulse-rate is disabled for earning his subsistence by manual labor.  His pulse-rate is disabled for earning his subsistence by manual labor; his height is disabled for earning his subsistence by manual labor.
	is 55 years of age.
Here give the statement of the claimant fully, but as compactly as possible.	Touching the cause and degree of the disability for which he claims a pension, he makes the following statement: That he was called ker rush  Accord how while an acuty at A answer  Jenetian very but That he remained
	Junctury & marchere to White House  Junctury Was Likew from there to  Good Gover, There to Washington and  from There to the anisburg Pa and  discharges There in Holepilie but  went home from 14 anisburg + was as
	went home from It amobile + wo as
	he suppose from 4 to values every your & love for
Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.	The examination reveals the following objective facts in support of his statements:  Let fine no objective outpour to support  List Claim. Long of learn, he one, lange
·	healthy lowking; body were nounched to muscles fairly firm. Abolomen of north former for the lender and off the specimen on Examination by Annual on Shows no evalue of
Here give ra-	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 aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a 2000.
Here give rating for each cause of disability, and state the aggregate.	the sum of which aggregates
	Los Swarz., Pres., BOARD.



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.]

(460—100 M.)





#### instructions.

The Affiant should state in his own handwriting these facts following:

1. Length of time he has been practicing medicine.

2. Whether, or not, he knew the soldier before enlistment. If he did know him, for how long a period ne knew him, for how intimately, and what his opinion is as to said soldier's soundness a tenlist ment; adding, if true, that he was sound, and particularly that he was free from the disability on which he claims pension, or any tendency thereto.

3. If he treated the soldier during his enlistment, either as his regimental surgeon or white he may have been at home on furlough, he will state his physical condition at such times, the nature and duration of his disability, and the dates of treatment.

4. Whether he has breated said soldier since

his discharge. If he have heshould state—
(1) At about

what date he first treated him. What

his physical condition was when he rim, giving a full description or diagnosis of his

disability.
(3) Period during which he has treated him, giving approximate dates where exact dates given, and if dates of prescriptions or visits cannot be given, he should state

why.
5. Very Important.— He will also state what has been THE DEGREE of claimant's incapacity for manual labor, by rea-son of the disabilities on which his claim is claim is vased, during each month or year month or year of the period of his treatment; in other words, what has been the average loss of time from labor, per labor, per month or year, or about what propor-tion of a sound ablesound able-bodied man's work he has been able to perform, whither %, %, %, %, %, %, %, %, %, wo as the case may have been.

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin or it will not be considered by the Pension Office as satisfactory. Therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the diseases, wounds, or injuries. even though they be not technically named. Where the disability is the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between

FORE OF Jenso	
ountror Jayle,	Jatha Wrightson
In the pension claim of	(Name of claimant.)
Company and	Regiment, or Vessel, or other organization or department.)
Personally came before me, a fust (Just oresaid County and State. Land	ice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
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ate of Penus	, who, being duly sworn, declares in relation to the aforesaid case as
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	o interest in said case, and is not concerned in its prosecution

THE PHYSICIAN IN FILLING THIS BLANK, SHOULD NOT REFER TO THE MARGINAL INSTRUCTIONS BY NUMBERS, BUT SHOULD WRITE HIS STATEMENT INSTRUCTIONS BY

(EPRODUCED AT 1	sician in Good professional standing; that I am in nowise interested, either circcity or indirectly, in the
	prosecution of this claim; and that I read the foregoing affidavit to the affiant, and acquainted him of its
	contents before he executed the same.
	Witness my hand and official seal this 11 day of September 188 4
	[L. S.] Sign here Polin Eichon Cherver P. Peus
	(Justice, Notary, or Clerk of Court, as the case may be.)
sarija polivija. Prima polivija Prima postalija	ERASURES AND INTERLINEATIONS WHICH MAY BE MADE IN THE SOUTH The seal should be impressed on
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	COUNTY OF
antiku jakaying Taja yan wa	I, Clerk of the County Court in and for aforesaid
arti Tuga kilika Tugakarti sa	County and State, do certify that
period dans Tibaer Liga	name to the foregoing jurat, was at the time of so doing a
ing a mengelapak per Managaran mengalapak Japan mengelapak	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 thereto is genuine.
	Witness my hand and seal of office this
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hereto, as specimens of the testimonial possession. Popies of letters from several men of political and military distinct widely known throughout the United St Washawaya, D. Washawayaya, D. Washawaya, Julinous, Octob Bellyndra, Julinous, Octob As this may reach the har

I take great pleasure in recommending Captain Geond arov of Washington, D. O, to all persons who may his settle or other business to prosecute before the Dep Washington. I know him to be disordedly qualified, we with the laws and with the bryathy qualified, we with the laws and with bepartment rules in all natiout of the late War, especially in the Paymaster's and tor's affices. I have had occasion to employ him for friends, in the soliciting of patents, and have found him well informed, and successful. As a gallant officer dustand an honorable and successful practitioner, I receivengty to all who may need his services.

From several years' acquaintance with Captain Groce of this city, I cheerfully commend him as a gentleman and worth, and well qualified to attend to the gollectic and other claims against the Government. His experimengies.

W. P. SPRAGTUE, Member of Congress Feffenth, Congressional Distriction of STRAWBRIDGE, Member of Tityreenth Congressional Distriction of War Claims at Washington City, is a thorough, able, ingly well-informed man of business, of high character, responsible. I can assure all invining war claims required in their interests cannot be confided to safer has trees.

be furnished with a satisfactory rehis vicinity or Congressional District. M. BRAYMA.
Governor of Idaho and late. Any person desiring inform my standing and responsibility will

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### Department of the Interior,

PENSION OFFICE, dOlCZ1, 1883. Please furnish this Office a report of hospital treatment in the Claim No. 499, 553, of the data given below. Disability from Chronic Dianher Contracted at 2. Treatment, as follows: In hospital, Washing ton LOG, "on his way home"- Soldier can give no other data, 3. The Adjutant General's report shows: 4. Discharged July 28 , 1863, Very respectfully,

The Surgeon General M. S. A.

[10,399—75,000.]

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

Washington, D. C. March 21,4884

Respectfully returned to the Commissioner of Pensions.

No information bearing upon this inquiry has been obtained from helorals officed die Offic

BY ORDER OF THE SURGEON GENERAL:

Per III

lestistant Surgeon, J. S. Army (106)

