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THE NATIONAL ARCHIVES

CERT. NO. 620660

PENSIONER

Elizabeth Wrightstone,

widow

OF

VETERAN

John Wrightstone,

CAN. NO.

51808

BUNDLE NO.

3



DROPPED

Sept 27 1907

Auditor advised of Death.

SEP 27 1909 N.Y.C.

*Jan*

3-732

No. 620,660

Elizabeth  
Widow of  
John W. Knightstone  
Rank Priv  
Company D.  
Regiment 200 Pa. Vol. Inf.

Rate per Month \$ 8  
Commencing Sept. 13, 1905  
Ending \_\_\_\_\_

Pittsburg Agency.  
Issued Jan 14, 1907  
Mailed 11 15, 1907.  
✓ Fee, \$ \_\_\_\_\_

(Order 14-50,000)

**DEAD.**





*Slag* Ex'r.

*J. O.* No. *499553*

Act of June 27, 1890.

*John Wrightstone*  
P. O. *Bowmansdale*  
*Cumberland Co., Pa.*

Service: *G. 166 "Pa Inf*  
*A 200 Pa. Inf*

Enlisted: *Oct. 24*, 1862.

Discharged: *May 30*, 1865.

Application filed: *July 18*, 1895.

Alleges: **REJECTED**

Any other Claim filed: *20, 499,553*

Numerical No. *047*

PA.

OHIO.

MICH.

Attorney: *Geo. E. Lemon*  
P. O. *City*

*copy filed*

Recognized. \_\_\_\_\_ Contract.

Cert. of Dis. Searched for \_\_\_\_\_, 189 .

No.

3-857.

Ex'n

20/246 No. 24/106

Act of June 27, 1890.

19 Notified Sept. 21, 1906

ME. Oct-14-05-  
Clmt. for death - mar. prior or  
remar. Sep. or divorce and  
Dependence prop. cis. 1-5- J.D.B.

Elizabeth Wrightstone  
Boswansdale Pa.  
Wid.

John Wrightstone  
\$ 200 Pa. Inf.  
\$ 164 Pa. Inf.

Died at  
Aug. 29, 1905  
No other claim than

A.C. 961.165

Sept 20, 1905  
Clerk.

June-12-06. Clmt. testifies to  
dependance - rec. or - mar. g.  
VI. Death soldier - 1 wit. to non prior  
marriage - sep. or divorce -  
MASS. J.D.B.

- R. I.
- CONN.
- N. Y.
- N. J.
- PA.
- MICH.
- DEL.

Application filed: Sept. 13, 1905

Attorney: Glassman

P. O.

No.

Red R 17



~~Stagg & Read~~  
[3-218-4]

sent 12/5/90 g.  
9/15/91 ~~at~~ ~~W.D. Leaville Pa.~~

Transg. No. 499553  
Act of June 27, 1890.

John Wrightstone  
P. O. Brownsdale  
Cumberland Co. Pa.  
Service: G. 146 Pa Inf.  
J 200 Pa Inf  
Enlisted: ..... 18  
Discharged: ..... 18  
Application filed: July 14 1890  
Alleges:  
Any other Claim filed:  
**REJECTED**  
Numerical No. 71271

March 29 1892  
Ads. returned for sub.  
report.  
June 25, 1892  
atly & claimant  
notified of rejection.  
March 29, 1893  
OHIO.  
Atty notified that the  
testimony recently filed  
is not sufficient to order  
another ex.  
Sept 27 94 Atty for Prof  
Mich. ~~at~~ ~~Leaville Pa.~~  
~~confused~~

Attorney: G. E. Lemow  
P. O. City  
Recognized: [initials] Contact:  
Cust. of Dis. Searched for: [initials]  
JMR

ATTY

[3-216 a.]

J. Heinicke, Ex'r.

D. Org. No. 449,553

Act of June 27, 1890.

July Oct 6 1894  
16. Bd of Landless Pa  
J. P. [unclear]  
Genl [unclear]  
Jan 2-95. Rejection. Atty Genl [unclear]

John Wrightstone,  
P. O. Newmansdale,  
Cumberland Co., Pa.

Service: 3 200 Pa - Inf.  
3 166 Pa - Inf.

Enlisted: \_\_\_\_\_, 18

Discharged: May 25, 1863

Application filed: Sept. 12, 1894

Alleges: \_\_\_\_\_

Any other Claim filed 20.449,553

Numerical No. \_\_\_\_\_

Aug 3/95  
Atty Lemon, ex Bld.  
Pa. Provision Pa;  
bill service. 916

Mar. 11/96.  
OHIO. Rej: to cluit +  
Atty Lemon with  
capture. OHS

MICH.

Attorney: G. C. Lemon,  
P. O. City

Atty Filed

Recognized. \_\_\_\_\_ Contract.

Cert. of Dis. Searched for \_\_\_\_\_, 189

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



3-2164  
E. B. Smith, EXR.  
D.O. No. 499 553  
Act of June 27, 1890.

Apr. 21/96.  
clerk correct w. also  
rjt. to rcpm. *gws*

John Wrightstone  
P.O. Brownsdale,  
Cumberland Co., Pa.  
Service: G 166 Pa Inf  
I 200 Pa Inf  
Enlisted: Oct 24, 1862  
Discharged: May 20, 1865  
Application filed: Apr 2, 1896  
Alleges:  
Any other Claim filed: D.O. 499 553  
Numerical No.

July 27/96.  
clerk, ex 13d.  
Lawyer, Pa;  
Law Div for J.P. *gws*

Sep 30/96.  
Med. Ref. for opinion.  
*gws*

Ohio.  
Jan 2-47 Clerk  
of ref *gws*

Sep 22/97. atty T.W.  
Carr correct  
to rcpm,  
Mannage *gws*

Attorney: *Clark*  
P.O. *St. Albans*  
*Whitman, City*  
..... Recognized. .... Contract.  
..... Cert. of Dis. Searched for ..... 189

Dec. 10. 97. Atty T.W. *Had* Ex  
Ref of brig. *Hamburg Pa* *gws*  
Mar 4. 98 Atty T.W. to allege  
rheumatism w/ heart disease and  
cont. from date of filing to med. exam.  
and for descriptive list *gws*

Apr. 10/87. 4 York  
Pa. and a  
clerk

June 12, 90. Learn that  
above 4, warrants no  
change of status. J. C. E.

Apr. 1/96.

Atty Lemon for court of  
claim between service  
& existence during 2d  
service. also court for  
85 to present time.

Springer }  
Wiley } - Atty. Lemon

Grover }  
Winglot } PHO

Apr. 12/97.

Atty Taber for existence  
of claim during 2d service  
Springer }  
Wiley } - Atty. Lemon

Sept 22/97. Atty Taber  
Remick } agent - Atty  
Wiley } PHO

Trinity. P. O. Ex'r. INVALID.  
No. 199. 553  
Acts of July 14, 1862, and March 3, 1873.

Wm. Wightman  
Bowmansdale,  
P. O. Cumberland Co. Pa.

Service: 166 Pa. Inf.

Enlisted: Oct 24, 1862

Discharged: REJECTED, 1865

Application filed: Nov 9, 1883

Alleges: Wm. D. Dumb

Re-enlisted: \_\_\_\_\_

12-101

Attorney: Wm. E. Adams

P. O. J. Taber  
City Trinity

Recognized. \_\_\_\_\_ Contract. \_\_\_\_\_

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

11-15-83  
Nov 21/83. A. G. ...  
Nov 21/83. to Atty for Hospital data  
Nov 23/83. Ord to Pa. at York Pa.  
for ...  
11-21-83. h. treatment

Apr 2/84. Dis. filed without call  
Feb 16/84. Rep. Sr. Hood as to pers. dis.  
26/84. blout and other notified of  
rejection and cause.

Apr 24/85. Dale renews to  
Lemon evidence recently  
files visuffic ent. to reopen  
Aug 21/85. Wm. D. Dumb

Nov 23/85. Atty & clmt that  
Lemon failed to discover  
disability. C.

Feb 1/87. Lemon no testy  
filed since Nov 23/85. C.

Nov 14/87. Atty testy of  
Srs. Sechrist & Prumell. does  
not show disability. C.

Nov 2/88. Ex Lebanon Pa. C.  
Bd. Evans



3-1081.

ACT APRIL 19th, 1908.

PENSIONER DROPPED.

United States Pension Agency,  
PITTSBURG, PA.

SEP 22 1909, 190

Certificate No. 620 660

Class WIDOWS

Pensioner Elizabeth Knightstone

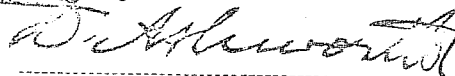
Soldier John

Service Co. D. 200 Ca Inf

The Commissioner of Pensions.

SIR: I have the honor to report that the  
above-named pensioner who was last paid  
at \$12, to Apr 1909  
has been dropped because of death  
April 23, 1909

Very respectfully,



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.

A. L. J.

(3-105.)

Department of the Interior,

BUREAU OF PENSIONS,

Apr. 3, 1889.

Nature of Claim *Orig.*

No. *499 3-3-3*

Soldier: *John Wrighttatum*

Service: *Pvt. 9 166 Pa. Vols*

It is desired in this case that the examination be made with special reference to—

*Chronic Prostatitis*

*Make this a test*

*examination complying*

*with requirements of para*

*3-1 + 3-2 of Genl. Inv. 1887*

*Describe all vital organs*

*and all abnormal*

*conditions found.*

*Cyanine reactions with*

*a speculum*

*Note carefully*

*John Campbell*

Medical Referee.



*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.*

Dr. Bob York

" Geo. Pa-

[OVER.]

ACT OF JUNE 27, 1890, AS AMENDED BY ACT OF MAY 9, 1900.

# WIDOW'S PENSION.

*620660*  
*W. J. H.*

Claimant *Elizabeth Wrightstone*, Soldier *John Wrightstone*  
P. O. *Bowman'sdale*, Rank *Private*, Co. *D*  
County *Cumberland*, State *Pennsylvania*, Regiment *200. Pa. Vol. Inf.*  
Rate, \$8 per month, commencing *September 13, 1905*, and \$~~3~~ additional for each child, as follows:

{	Born, <i>(13)</i>	}	Commencing
{	Sixteen, _____	}	_____
{	Born, _____	}	Commencing
{	Sixteen, _____	}	_____
{	Born, _____	}	Commencing
{	Sixteen, _____	}	_____
{	Born, _____	}	Commencing
{	Sixteen, _____	}	_____
{	Born, _____	}	Commencing
{	Sixteen, _____	}	_____
{	Born, _____	}	Commencing
{	Sixteen, _____	}	_____

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate \_\_\_\_\_, 1 \_\_\_\_\_, date of \_\_\_\_\_

## RECOGNIZED ATTORNEY.

Name *None* Fee, \$ \_\_\_\_\_ Agent to pay.  
P. O. \_\_\_\_\_ Articles filed \_\_\_\_\_, 1 \_\_\_\_\_

## APPROVALS.

Submitted for *adm Jan 5*, 1907 *J. R. Bloodgood*, Examiner.  
Approved for *admission under act June 27, 1890,*  
*as amended by act of May 9, 1900.*

EASTERN

*Jan 7 1907* *W. J. H.* Reviewer. *Jan 11 1907* *admission* Reviewer.  
The soldier was pensioned at \$ *12* per month for *act June 27, 1890.*  
Enlisted *November 10*, 1862, Soldier's app'n filed *Nov 9, 1883.*  
*Nov 2, July 14*, 1890.  
*Nov 28*, 1863, Soldier's app'n under other laws *none*, 1  
Reenlisted *August 25*, 1864, Former marriage of *neither one*, 1  
*May 30*, 1865, Death } of former *none*, 1  
Divorce }  
Died *Aug. 29*, 1905, Cit's marriage to soldier *Oct 2*, 1856  
Declaration filed *Sept 13*, 1905, Cit's *not* remarried *no divorce*  
Claimant *does not* write. *Hon. W. E. Almstedt, M. C.*

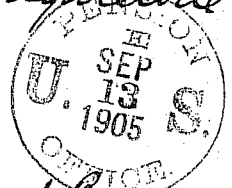
*Order 5-1. O.K. - Cer A. K. L. M. S.*

State of Pennsylvania }  
 County of York } ss.

On this 9<sup>th</sup> day of September A. D. 1905,  
 personally appeared before me James W. Shaffer, a justice  
 of the Peace within and for the county and state aforesaid,  
 Elizabeth Wrightstone, aged 70 years, a resident of  
 Brownandale, county of Cumberland State of Penn-  
 sylvania, who being duly sworn, according to law  
 declares that she is the widow John Wrightstone  
 who enlisted under the name of John Wrightstone  
 in Co. G. 166<sup>th</sup> Regt Pa. Drafted Militia and was honorably  
 discharged at Harrisburg, Pa. July 28<sup>th</sup> 1863 and reenlisted under  
 the name of John Wrightstone in Co. D. 200<sup>th</sup> Regt. Pa.  
 Vol. Inf. and was a private in both services and was honor-  
 ably discharged at Alexandria, Va. May 30<sup>th</sup> 1865.  
 That she was married under the name of Elizabeth  
 Wire to said deceased on the second day of October A. D.  
 1861 at York, Pa. there being no legal barrier to said  
 marriage. That she has not remarried since the death  
 of said deceased. That she is without other means of  
 support. That she has no children under thirty  
 years of age. That her husband has not been employed in  
 the military service of or naval service of the United States  
 otherwise than above stated. That she makes this declaration  
 for the purpose of being placed on the pension roll of the United  
 States under the provision of the Act of June 27. 1890.

Mary Neff  
 Jessie E. Shaffer.

Elizabeth Wrightstone  
 mark



Also personally appeared Mary Neff residing at Brown-  
 andale, Pa. and Jessie E. Shaffer residing at Liddonsburg, Pa.

persons whom I certify to be respectable & entitled to credit and who being by me duly sworn, say they were present & saw Elizabeth Wrightstone, claimant, make her mark to the foregoing declaration, that they have every reason to believe from the appearance of said claimant & their acquaintance with her of 30 years & 25 years, respectively that she is the identical person she represents herself to be & that they have no interest in the prosecution of this claim.

Mary Jeff  
Jessie E. Shaffer.

Sworn to & subscribed before me this 9th day of Sept. A.D. 1905 & I hereby certify that the contents of the above declaration etc were fully made known & explained to the applicant & witnesses before swearing including the words "died August 29" 1905" added & that I have no interest direct or indirect in the prosecution of this claim.

James M. Shaffer, J.P.  
My Commission Expires First Monday in May, 1909.

m. n.

Wm. Wilson Claimant  
no mid, claimant  
J. Jeff. 961165 2. J.  
S. J. John Wrightstone

Co. D. 200 Regiment  
Pa. Inf. Regt  
& G. 166 Pa. Inf.  
P.O. address  
Elizabeth Wrightstone,  
Bromansdale,  
Cumberland Co., Pa.

Validity accepted  
S. A. Cuddy,  
Chief, Law Division.  
per H.W. 9-15

RECEIVED  
SEP 22 1905  
EAST DIV.

RECEIVED  
SEP 16 1905  
DIVISION

RECEIVED  
SEP 15 1905  
M. J. Shaffer



Supplemental Declaration.

Wid. Or. No. 83 + 887.

State of Pa. }  
Co. of York. } ss.

Elizabeth Wrightstone  
John Wrightstone

Co. D, 200 Regt  
Pa. Vol. Inf.

On this 27<sup>th</sup> day of Nov. A. D. 1905

personally appeared Elizabeth Wrightstone, the claimant, before me a Justice of the Peace in ( ) for the state ( ) county aforesaid, ( ) who being duly sworn according to law declares as follows: That said soldier John Wrightstone died leaving no real estate, bonds, stocks or investments, of any kind, ( ) that I have no income from any source, except work, ( ) that there is no person legally bound to provide for my support. ( ) that said soldier, my husband, did not have his life insured, ( ) that I sold no real estate before or since Sept 13<sup>th</sup> 1905 as I did not possess any.

Jessie E. Shaffer.

Elizabeth <sup>sen</sup> Wrightstone  
<sub>mark</sub>

John C. Fortney

Also personally appeared Jessie E. Shaffer residing at Liddonsburg, Pa. ( ) John C. Fortney residing at Liddonsburg Pa persons whom I certify to be respectable ( ) entitled to credit ( ) who being by me duly sworn according to law, saw they were present ( ) saw the claimant make her mark to the foregoing declaration, that they have every reason to believe from the appearance of said claimant ( ) their acquaintance with her of 25 years ( ) 15 years respectively that she is the identical person she represents herself to be ( ) that they have no interest in the prosecution of this claim.



Jessie E. Shaffer.  
John C. Fortney

RECEIVED  
NOV 28 1908  
LAW OFFICE  
JAMES W. SHAFER

I, sworn to (and subscribed) before me this 22<sup>nd</sup> day  
of November A.D. 1908. I hereby certify  
that the contents of the above declaration, etc.,  
were fully made known (and explained) to  
the applicant (and witnesses) before swearing  
including all its contents (and) that I have no interest  
direct or indirect in the prosecution of this claim.

James W. Shafer, J.P.  
Sidonsburg, Pa.  
My Commission Expires First Monday  
in May, 1909.

Elizabeth Wrightstone  
John Wrightstone  
Co. J. 200<sup>th</sup> Regt  
Pa. Vol. Inf.  
Wid. No. # 837587.

Claimants Affidavit

Eastern Dist.  
 Widow Orig. No. 834.887.  
 Elizabeth Wrightstone  
 John Wrightstone  
 Co. H. 200 Regt. Pa. Vol. Inf.

State of Pennsylvania }  
 County of York } eo

On this 1<sup>st</sup> day of January A. D. 1907, personally appeared before me, a Justice of the Peace within and for the state and county aforesaid Peter Kinter aged 66 years a resident of the town of Siddonsburg, county of York state of Pennsylvania and Jacob E. Aker, aged 61 years, a resident of the Township of Monaghan, in the county of York state of Pennsylvania, who being by me duly sworn according to law declare in relation to aforesaid claim as follows We have known the claimant, Elizabeth Wrightstone the widow of John Wrightstone, her husband, since the time of his discharge from the military service of the United States in the war of the Rebellion, have been neighbors of theirs until the day of his death, that they lived together all the time, were never divorced that the said widow is very poor and destitute has to depend on the charity of her friends for a home living as she is getting old. That our Post office address is Siddonsburg county of York state of Pennsylvania

Peter Kinter  
 Jacob E. Aker

Sworn to and subscribed before me this  
 First day of January A. D. 1907

James W. Shaffer  
 Justice of the Peace  
 Siddonsburg, Pa.

My Commission Expires First Monday  
 in May, 1909.



East

Widows Orig.

No. 8-34-887.

Elizabeth Weightstone

John Weightstone

Co. I, 200<sup>th</sup> Regt.

Pa. Vol. Inf.

Affidavit of  
Witnesses.

EAST DIV.  
JAN 3 1907  
RECEIVED.



Elizabeth Wrightstone. Writ. No 834 887.

John Wrightstone  
No. 200 Regt. Pa. Vol. Inf -

State of Pennsylvania }  
County of Cumberland } es.

On this 21 day of November A.D. 1905 personally appeared before me, a Justice of the Peace in and for the State of Pennsylvania, said William Meckling a resident of Upper Allen Township, Cumberland Co. Pa. whose Post Office Address is Mechanicsburg, Pa. R. D. Route # 2, who being duly sworn according to law doth depose & say that he is the Assessor of said Upper Allen Township, (which includes the Town of Brownsdale Pa) that the names of John Wrightstone, dec'd, or of Elizabeth Wrightstone, are not borne on his rolls or lists as having any real estate, & knows them to be in very poor circumstances.

William Meckling,  
Sworn to & subscribed before me this 21 day  
of November A.D. 1905

J. T. Brissler  
(J.P.)

My Commission  
Expires May 1908



Elizabeth Wrightstone

John Wrightstone

Co I. 200<sup>th</sup> Regt

Pa Vol Inf.

Grd No. 834887

Affidavit of

William Wechling,

Assessor

GE.  
306.  
111

Elizabeth Wrigglesworth  
 John Wrightstone,  
 Co. I, 200 Regt Pa. Vol. Inf.  
 Wia. Or. 834 887

State of Pennsylvania }  
 County of York. } 20

On this day of Feb. A.D. 1906 personally appeared before me James W. Shaffer, a Justice of the Peace in & for the  
 State of Pennsylvania, aforesaid P. E. James M. D. aged 36  
 years a resident of Bournaudale, county of  
 Cumberland & State of Pennsylvania, who being  
 duly sworn according to law relates in relation to  
 aforesaid claim as follows

I here certify that I treated  
 John Wrightstone for Dropsy and  
 that he died August 29, 1905  
 His Widow is in very needy ~~circum~~  
 circumstances  
 Dr. Beaman

Sworn to & subscribed before me  
 this Fifteenth day of February A.D. 1906.

James W. Shaffer, J. P.  
 My Commission Expires Feb. 15, 1907.  
 15 May, 1907.



20 906  
E.

Claim of <sup>m</sup>  
Elizabeth Wrightstone

John Wrightstone  
Co. D. 200 Regt. Pa. vol. Inf.  
Cert # 834.887.

Affidavit of  
B. E. Gamble M.D.



P-173.

*Mid*

Div.

*EA*

Ex'r.

*Orig. No 499553*

Department of the Interior,

*John Wrightstone,*

BUREAU OF PENSIONS.

Co. *2nd Reg't Calif.*

Washington, D. C., *Sept. 25, 1897.*

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

*John Wrightstone,*  
*Bromansville,*  
*Pa.*

*J. H. Danforth*  
*Actg. Commissioner.*

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

Answer: *Yes, - Elizabeth Ann Wrightstone, Elizabeth Ann Wire.*

No. 2. When, where, and by whom were you married? Answer: *Oct 2<sup>nd</sup> 1856*

*York, York Cos. Pa. - Rev. Feigler*

No. 3. What record of marriage exists? Answer: *Marriage certificate lost,*

*Minister dead - One witness living -*

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: *No.*

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: *Margaret Ellen Wrightstone, born July 13<sup>th</sup>*

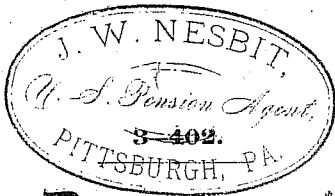
*1858 - George B. Wrightstone born July 8<sup>th</sup> 1864, Jonathan*  
*H. Wrightstone, Mar. 7<sup>th</sup> 1868 -*

Date of reply, *September 25<sup>th</sup>, 1897.*

*Witness present*  
*James H. Shaffer*

0-2

*John H. Wrightstone*  
*(Signature.)*



ACT JUNE 27, 1890.

Certificate No. 961165

Name John Wrightstone

Department of the Interior,  
BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

John Wrightstone  
Brownwoodale  
Cambria Pa.

W. H. Grandt  
Commissioner of Pensions.

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

Answer. Elizabeth Ann Wrightstone, Elizabeth Ann Wire,

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

Answer. Oct 2<sup>nd</sup> 1856, at York, Pa, by Rev. Fuigler

Third. What record of marriage exists?

Answer. Marriage Certificate lost, Witness Living,

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

Answer. No.

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

Answer. Margaret Ellen Shuff <sup>born</sup> July 13<sup>th</sup> 1858, George B. Wrightstone, born July 8<sup>th</sup> 1864, Jonathan K. Wrightstone March 7<sup>th</sup> 1868

Date of reply, July 4<sup>th</sup>, 1898

John Wrightstone  
(Signature.)  
mark

Witness  
J. M. Shaffer

Rec'd Or. No. 834887.

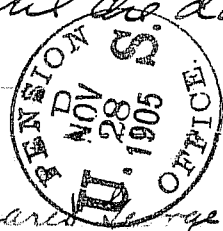
Elizabeth Wrightstone  
 John Wrightstone  
 Co. D. 200 Regt. Pa. Vol. Inf.

State of Pa. }  
 Co. of York } 20

On this 22<sup>nd</sup> day of Nov. A.D. 1905  
 personally appeared before me a Justice of the Peace within &  
 for the state & county aforesaid John F. Wire, aged 65  
 years, a resident of Liburn, county of Cumberland  
 state of Pa. who being duly sworn according to law,  
 declares as follows: That Elizabeth Wrightstone, the  
 claimant in the above mentioned case, was married to  
 the said soldier John Wrightstone about fifty years ago  
 at York, Pa. by Rev. Dinninger at his house, ministers  
 witnesses all being now dead & no certificate or record  
 of said marriage to the best of my knowledge & belief is in  
 existence as I never saw one & was at home with my  
 parents when the said Elizabeth (Wire) Wrightstone was  
 married to said soldier, John Wrightstone, as I am  
 her brother. I further declare that said claimant or  
 soldier were not previously married & that they  
 lived together until the day of the death of said  
 soldier.

John F. Wire

Geo. B. Wrightstone  
 Josephine Joyce



Also personally appeared George B. Wrightstone residing at Liburn  
 Pa. & Josephine Joyce residing near Siddonsburg, Pa. persons whom I certify  
 to be respectable & entitled to credit & who being by me duly sworn say  
 they were present & saw John F. Wire the affiant sign his name to the  
 foregoing declaration, that they have every reason to believe from the  
 appearance of said affiant & their acquaintance with him of 40 years  
 & 20 years respectively that he is the identical person he

represents himself to be, <sup>(and)</sup> that they have no interest in the prosecution of this claim.

Geo. B. Wrightstone  
Josephine E. Joyce



Sworn to <sup>(and)</sup> subscribed before me this 27<sup>th</sup> day of Nov. A.D., 1905 <sup>(and)</sup> I hereby certify that the contents of the foregoing declaration, etc., were fully made known <sup>(and)</sup> explained to the applicant <sup>(and)</sup> witnesses before swearing, including all the contents <sup>(and)</sup> that I have no interest direct or indirect in the prosecution of this claim

James W. Shaffer, J.P.  
Lidowburg, Pa.

*Notary Public for the State of Pennsylvania*

Elizabeth Wrightstone  
John Wrightstone,  
Co. D, 20<sup>th</sup> Regt.,  
Pa. Vol. Inf.,  
Order No. 834887,

Affidavit of  
John F. Wier,  
Lebanon  
Cumber Co., Pa.



906  
Oct 9

Wid. Or. # 834887  
Elizabeth Wrightstone  
John Wrightstone  
Co J. 200 Regt. Pa. Vol. Inf.

State of Pennsylvania }  
County of York } P.O.

On this 16<sup>th</sup> day of February A.D. 1906 personally appeared before me, a Justice of the Peace within & for the state & county aforesaid Aaron B Resetter aged 63 years, a resident of Siddonsburg, York Co, Pa,

George Hostler aged 61 years a resident of Siddonsburg York County Pa — who being duly sworn according to law, declares in relation to the aforesaid claim as follows. That they have known the soldier John Wrightstone & his wife Elizabeth Wrightstone the claimant for forty-five years & forty-five years respectively & during that time they lived together until the day of the death of said soldier John Wrightstone & that the said widow Elizabeth Wrightstone is in very needy circumstances

Aaron B Resetter  
George Hostler

Sworn to & subscribed before me this 16<sup>th</sup> day of February A.D. 1906

James W. Shaffer  
J.P.



---

Claim of  
Elizabeth Wrightstone  
John Wrightstone  
Co. D. 200 Regt. Pa. Vol. Inf.  
Cen. # 834 887

Neighbors Affidavit

---

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

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

Insert character and number of claim. Original Pension Claim No. 497.553.

Name and rank of claimant. Wrightstone John, Rank, Private

Company. 166<sup>th</sup> Reg't Pa. Infantry, York, York Co., Pa. State, Pa.  
(Post office address of the Board.)

Claimant's post office address. Barnsdale, Cambria Co., Pa. May 22<sup>d</sup>, 1887.  
(Date of examination.)

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

Cause of disability. "Chronic Diarrhoea"  
& Rheumat.

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

Pulse rate per minute, 70; respiration, 18; temperature, 99; height, 5 feet 7 inches; weight, 150 pounds; age, 59 years.

Here give the claimant's statement as briefly and as compactly as possible.  
He makes the following statement upon which he bases his claim for Original Pension:  
That the alleged disability, "Chronic Diarrhoea" was contracted in the military service of the United States, at or near Suffolk, Va., in July, 1863; that he was never sent to any hospital for more than three days out that at Washington, D.C.; that he was treated in camp there for; that he has suffered therefrom ever since & that he is unable to pursue any avocation occasionally for a few days or weeks at a time.

Upon examination we find the following objective conditions:

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.  
"Chronic Diarrhoea"  
Skin soft and moist; hands hard and horny and showing steady employment; tongue slightly furred and fissured transversely; slight pharyngitis; uvula elongated; no disease of heart or lungs; alleged epigastric, hepatic and splenic tenderness, but no enlargement of liver or spleen; no swellings of skin or conjunctiva; alleged general abdominal tenderness, but no distension; no hernia; no evidence of syphilis.

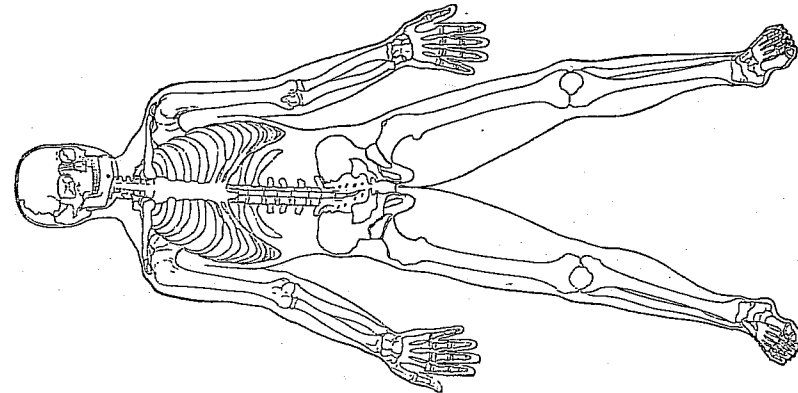
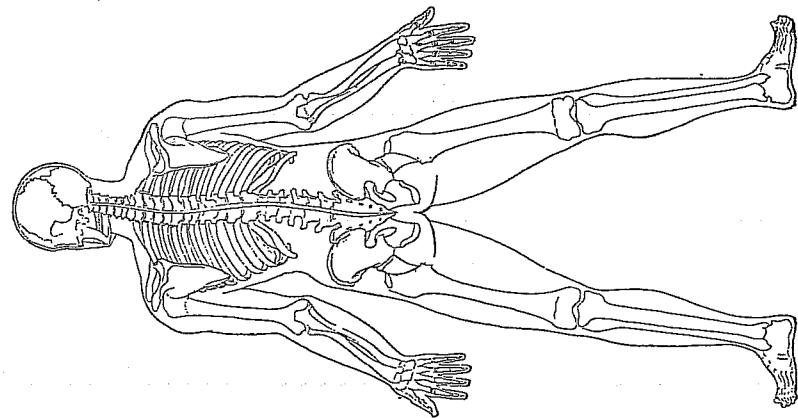
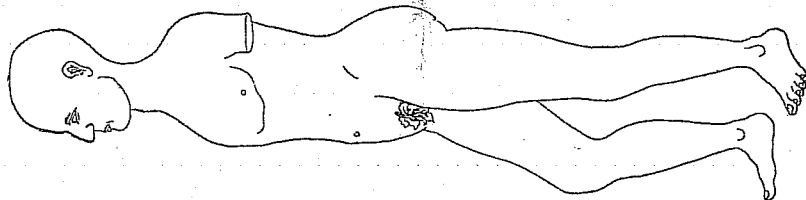
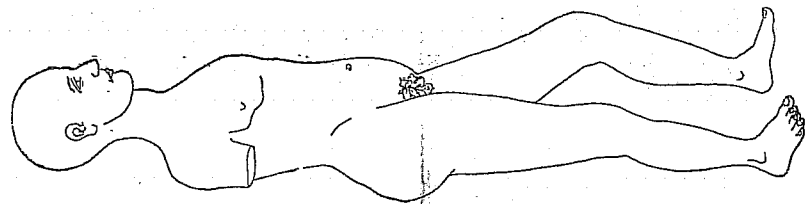
It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.  
Rectum Digital Examination: No hemorrhoids, external or internal; sphincter ani well contracted; no marked tenderness upon examination; no prostate enlargement of the prostate gland.  
Specular Examination: No evidence of hemorrhoids.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a no rating for the disability caused by "Chronic Diarrhoea & Rheumat." for that caused by \_\_\_\_\_, and \_\_\_\_\_ caused by \_\_\_\_\_

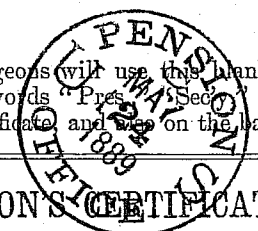
Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

\* See the back.  
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
E. M. Huisenhelder, Pres. Geo. J. Hart, Sec'y. and \_\_\_\_\_, Treas.

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



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



**SURGEON'S CERTIFICATE**

IN CASE OF

*Wrightstone, John*  
 Co. *166th* Reg't *P. Vols.*

**Applicant for** *Gen. Pension.*

*No. 479,553.*

DATE OF EXAMINATION:

*May 22<sup>d</sup>*, 188*9.*

*E. W. Wisenbaker, Pres.,*  
*G. J. Post, Sec'y,* } **BOARD.**  
*and, Treas.,*

*Ry* *York,*  
 Post office,

County, *York,*

State, *Pennsylvania.*

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

*hor of Pictal inflammation or ulceration. —*

*Muscular tissues found  
 well-developed; no em-  
 aciation or debility. —*

*General nutrition  
 excellent. —*

*All evidence  
 as to the existence of the  
 alleged trouble is nega-  
 tive. —*

*No other disability  
 is found. —*

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

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

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

Insert character and number of claim. \_\_\_\_\_ Pension Claim No. 499553

Name and rank of claimant. John August King, Rank, Priv

Company, 966 Reg't Pa. vol., Carlisle Penn State,

Claimant's post-office address. Summersdale, Pa. [Post office address of the Board.] Sept 16, 1896 [Date of examination.]

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

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

He makes the following statement upon which he bases his claim for \_\_\_\_\_ [Original, increase, restoration, &c.]  
Diarrhea first in 1863. Was bad if ever since

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

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 20; temperature, n; height, 5 feet 6 inches; weight, 140 pounds; age, 60 years. no - 36 - Rest - 35 - Temp 34

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

Gen. app. - Weakling - Heart + Lungs normal  
Chronic diarrhea - Tongue coated - Anus tender  
Colon tympanitic - Rectum slightly inflamed  
but no piles - alleges and prefers less than  
3 passages daily. We believe it to be a case  
of sub-acute inflammation of colon.

Except as above normal

Rate for EACH cause of disability. He is, in our opinion, entitled to a 6/16 rating for the disability caused by this Colon, for that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_

W. H. Campbell Pres. J. S. Bunker Sec'y. Geo. Remington Treas.

Continue record of examination here.

Series of horizontal lines for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

*John W. ...*  
Co. 4, 166<sup>th</sup> Reg't Pa. Vol.

Applicant for -

No. 499553

DATE OF EXAMINATION: *Sept. 16*, 1891.

*W. S. ...* Pres.,  
*J. S. ...* Sec'y,  
*Chas. ...* Treas.,  
BOARD.

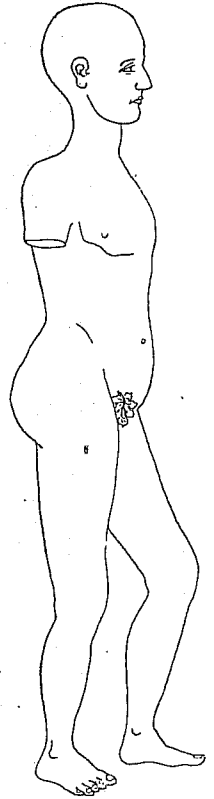
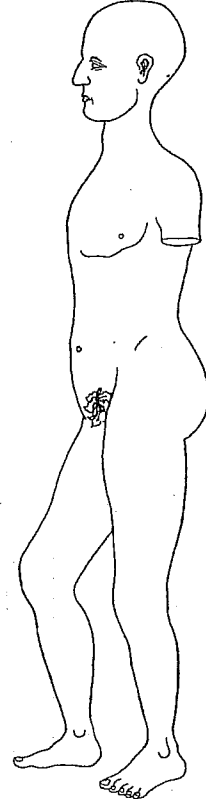
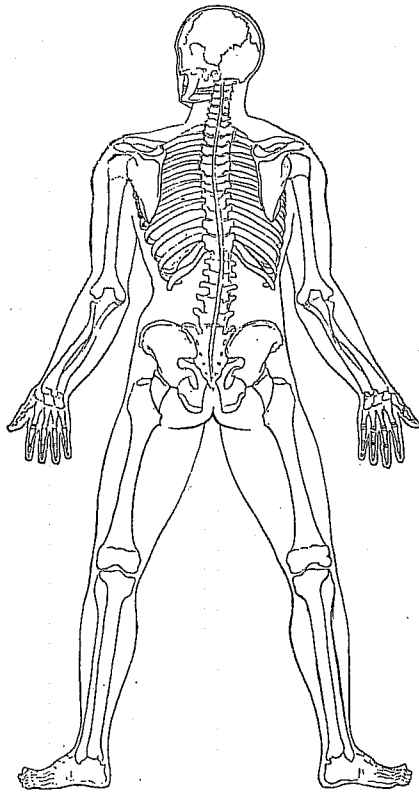
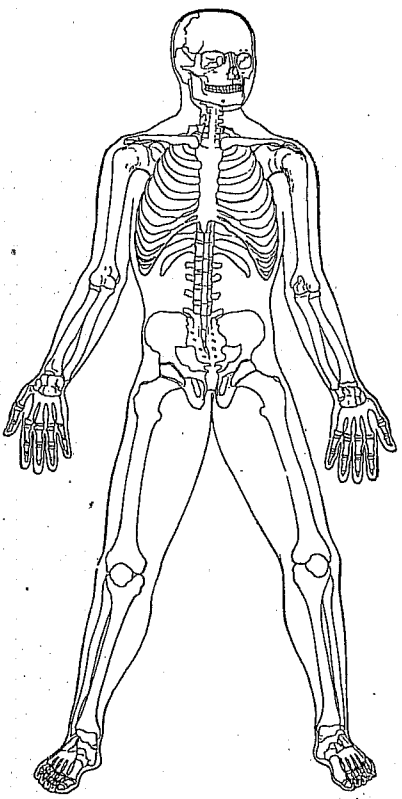
Post office, *Wash.*

County, *Sumnerland*

State, *Ill.*

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

*Orra*



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.]



996 4/18

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

A

INVALID. Roll No. 163 A

Be it known, That I, John Wrightstone, do solemnly swear that I am the identical person named in pension certificate No. 961.165, dated the 18 day of September, 1900, in my possession and now exhibited; that I served in Company "I 200" Regiment, Pa. Volunteers; that my name is inscribed on the rolls of the Philadelphia, Pa. Agency, at the rate of 12 dollars per month

† Describe here any former payments covering the same period, by rates and periods.

That I have not been employed or paid in the Army, Navy, or Marine Corps of the United States from the 4th day of August 1900, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and that my post-office address is No. Street, City or Town of County of State of

(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 PENSIONER BEFORE SIGNING OR SWEARING.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

State of County of ss:

Subscribed and sworn to before me this 1905 day of and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.

(The magistrate must certify to any erasures or alterations.) (Magistrate's signature.) (Official character.) (P. O. address.)

Form with decorative border containing receipt information: \$ 36, Received of St. Clair A. Mulholland, U. S. Pension Agent at Philadelphia, Pa. THIRTY-SIX dollars by check No. dated 1905, being for 3 months' and days' pension due me on pension certificate above described, from the 4th day of August, 1905, to the 4th day of November, 1905, for which I have signed duplicate receipts.

THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.

Form with decorative border containing duplicate receipt information: \$ 36, Received of St. Clair A. Mulholland, U. S. Pension Agent at Philadelphia, Pa. THIRTY-SIX dollars by check No. dated 1905, being for 3 months' and days' pension due me on pension certificate above described, from the 4th day of August, 1905, to the 4th day of November, 1905, for which I have signed duplicate receipts.

Asst. Treasurer I. S. at Philadelphia, Pa.

Cert. No. 961.165

WRITE NAME AND P. O. ADDRESS PLAINLY HERE.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City or Village: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

**INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.**

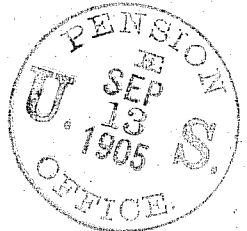
The magistrate must carefully compare this voucher with the pension certificate exhibited to him.

Vouchers 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 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 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 number (when so designated). He will also give his own post-office address after his official title on face of voucher.

No checks will be sent in care of any person.

The officer will be held strictly responsible for the correctness of his certificate of identity of pensioner, in every particular, pursuant to Act of July 7, 1898.



Clerk.

day of \_\_\_\_\_, 190

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss:

I, \_\_\_\_\_, Clerk of the \_\_\_\_\_ Court of the \_\_\_\_\_ County and State aforesaid, do hereby certify that \_\_\_\_\_ is \_\_\_\_\_ duly commissioned and qualified, and that he has authority to administer oaths for general purposes; that his commission was dated on the \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_, and will expire on the \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_, and that his signature within written is genuine.

GIVEN under my hand and the seal of said Court this \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_.

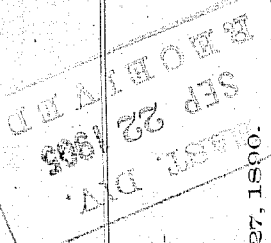
*J. M.*

Roll No. 163

(A.)

Act of June 27, 1900.

ARMY VOUCHER NO.

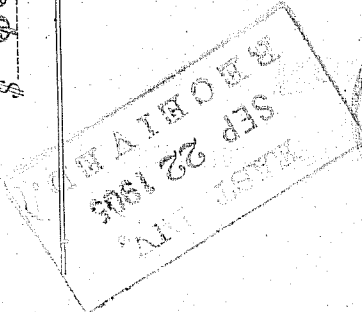


**INVALID.**

*John Knightstone*

\_\_\_\_\_, 1905

\$ **\$30**

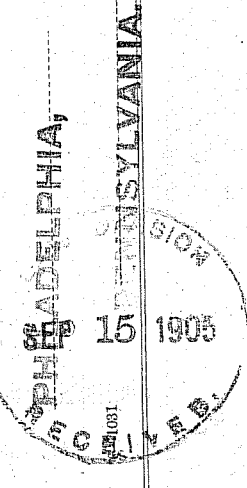


Return this Voucher for payment to

RECORD

SEP 13 1905

U. S. Pension Agent.



163

3-798.

**DROP ORDER AND REPORT.**

**Department of the Interior,  
BUREAU OF PENSIONS,  
FINANCE DIVISION.**

Washington, D. C., Sep 25, 1905

John Knightstone  
(Pensioner.)

961465  
(Certificate number.)

**INVALID.**

(Class.)

Act of June 27, 1890.

(Soldier.)

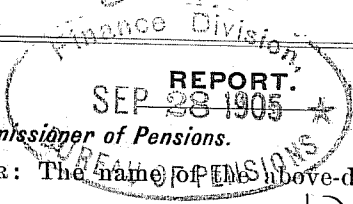
I-200 Ga 79.  
(Service.)

U. S. Pension Agent,

Philadelphia

SIR: You are hereby directed to drop from the roll the name of the above-described pensioner who died Aug 29, 1905

J. Warner  
Commissioner.



Commissioner of Pensions.

SIR: The name of the above-described pensioner, who was last paid at \$ 12 per month to Aug 29, 1905, has this day been dropped from the roll of this agency.

A. Mulholland

U. S. Pension Agent.

SEP 26 1905, 1905

ACT JUNE 27, 1890.

*Reissue.*  **INVALID PENSION.**

Claimant *John Wrightstone*  
 P. O. *Brownsville*  
 County *Cumberland*  
 State *Pennsylvania*  
 Rank *Private*  
 Company *I*  
 Regiment *200th Pa Vol Inf*  
 Rate, \$..... per month, commencing.....

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

RECOGNIZED ATTORNEY.

**REJECTED**  
APR 21 1902

Name *Thomas Sykes*  
 P. O. *Leity*  
 Fee, \$ *2*  
 Agent to pay.

APPROVALS.

Submitted for *March 20*, 1902, *E. D. Tracy*, Examiner.

Approved for *Sensitivity, disease of heart and rheumatism.*  
*No increase pending.*

Approved for *sensitivity, disease of heart and rheumatism.*

*Repeat claim under Act of March 6, 1894; no evidence filed to show a permanent disability as date of filing prior application; subject to hearing March 25, 1902. The undersigned*  
*Apr 3, 1902* *M. Kitchell*  
Legal Reviewer.  
Re-Reviewer.

Aggregate of disabilities shown, permanent in character: \$ *12*.  
*No claim for increase pending.*  
*Former rejections adhered to.*  
*Proposed.* *Approved*  
Medical Examiner. Medical Reviewer.  
*April 5, 1902* *J. H. Raw*  
Medical Referee.

Enlisted *Nov 10*, 1862; honorably discharged *July 28*, 1863  
 Enlisted *Aug 25*, 1864; honorably discharged *May 30*, 1865  
 Pensioned at \$ *12* per month. Last paid to.....

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *Nov 8*, 1901, alleges *Reissue from date of filing original declaration issued at March 6, 1896*

Claimant does *not* write.  
Certificate not filed.

*No*, M. C.

Let. 961, 165  
(B-1456.)

Act of June 7, 1890.

# INVALID PENSION.

961/165  
Phila  
P.

Claimant, Increase  
John Wrighton

P. O., Bowmansdale

County, Lancaster

State, Pennsylvania

Rank, Private

Company, D

Regiment, 200 pa. Vol Inf.

Rate, \$ 12 per month, commencing December 13, 1899

Disabled by Senility, disease of heart & rheumatism

## RECOGNIZED ATTORNEY:

Name, Sabert Whitman # 10

Fee \$ 2, Agent to pay.

P. O. Washington D. C.

Articles filed \_\_\_\_\_, 189

## APPROVALS:

Submitted for Adm August 1, 1900

Alex Bruce, Examiner.

Approved for Senility and disease of heart and rheumatism and diarrhoea New York July 28, 1900

Approved for senility, disease of heart and rheumatism.

Reject caption will not affect rate subject to appeal of Med Ref see slip Aug 27, 1900

Aggregate of disabilities shown - permanent in character, \$12 from December 13, 1899.

Legal Reviewer. Aug 31, 1900

Stanton, M.D. Medical Referee.

Enlisted November 10, 1862 Honorably discharged July 24, 1865 Last paid

to \_\_\_\_\_, at \$ 8, for Senility and disease of heart from January 5, 1898.

Pension under other laws at \$ \_\_\_\_\_, for

ended \_\_\_\_\_

Original declaration, act June 27, 1890, filed \_\_\_\_\_, 189 \_\_\_\_\_; alleged \_\_\_\_\_

## PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 17, 1890, alleges rupture on right side and

heart trouble. Decl. filed May 28, 1900 alleges rheumatism, disease of heart, diarrhoea and totally unable to earn a support by manual labor.

Signs by Mark.

## HISTORY OF CLAIM.

Pensioner, John Wright Stone, Certificate No. 961,165  
 1st service, G 166 Pa. Vol Inf enlisted, Nov 10, 1862; discharged, July 28, 1863  
 2nd service, D 200 " " "; enlisted, Aug 25, 1864; discharged, May 30, 1865

Pensioned from Sept. 12, 1894, at \$6 per month for to January  
5, 1898 and at \$8 thereafter for Debility and disease of  
heart.

Original declaration, Act of July 14, 1862, filed November 9, 1883,  
 alleged chronic diarrhoea contracted in June or  
July 1863. Decln. filed July 14-90 and act June 27-90  
 alleges chronic diarrhoea. Decln. filed Sept. 12-94  
 act June 27-90 alleges chronic diarrhoea, dyspepsia  
disease of heart and rheumatism.  
 Decln. filed July 18-90 under act June 27-90 alleges  
chronic diarrhoea, heart trouble, kidney and  
bladder disease, rheumatism and indigestion.  
 Decln. filed April 2-96, act June 27, 1890, alleges  
chronic diarrhoea.  
 Decln. filed April 23-97, act June 27-90 alleges  
chronic diarrhoea. Off dnt filed Mar, 16, 1898  
 alleges rheumatism and heart trouble.



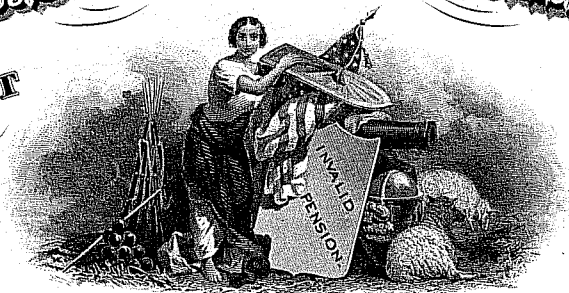
Rec

ACT OF JUNE 27, 1890.

262

No 961165

UNITED STATES DEPARTMENT OF THE INTERIOR



Engraved and Printed at the

Bureau Engraving & Printing.

BUREAU OF PENSIONS

Former payments covering any portion of the same time to be deducted.

It is hereby certified That, in conformity with the laws of the United States, John Wrightstone who was a Private Co. G. 200 Regiment Pennsylvania Volunteer Infantry.

is entitled to a pension under the provisions of the

Act of June 27, 1890.

at the rate of Twelve dollars per month to commence on the thirteenth day of December one thousand eight hundred and ninety nine.

This pension being for inability to earn a support by manual labor.

Given at the Department of the Interior this eighteenth day of September one thousand nine hundred and and of the Independence of the United States of America the one hundred and twenty fifth.

F. L. Campbell

Acting Secretary of the Interior.

Countersigned.

S. C. Caspary

Commissioner of Pensions.

RECEIVED  
SEP 15 1890

EAST. DIV.  
SEP 22 1890

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 a pledge, 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 a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain 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, to receive the same shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

ACT OF JUNE 27, 1890.

No. 961165

PENSION CERTIFICATE OF

John Wrightstone.

Payable Quarterly

by the

U.S. Pension Agent  
at Philadelphia Pa

Greene  
Clerk.

RECEIVED  
SEP 15 1890  
PENSION

2 brief

3-4-13

# ACCRUED PENSION.

Act of March 2, 1895.

EASTERN

Division.

*see Phila.*

Certificate No. 961165- Last issue September 18, 1900

Pensioner John Wrightstone Act June 27, 1890

Date of death, August 29, 1906

Claimant, Elizabeth Wrightstone widow

Bowmansdale

Cumberland county

Pennsylvania

Certificate is filed

Attorney, WWR Fee, Agent to pay.

P. O., WWR Articles filed

Submitted Jan 5, 1907, J. D. Bledgood, Examiner.

## BOARD OF REVIEW.

Approved for Admission

Pay to widow as above.

C. W. Humphreys, Reviewer, Jan 11, 1907

A. W. Knison, Rereviewer, Jan 11, 1907

## CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued \_\_\_\_\_, 190  
Mailed \_\_\_\_\_, 190

Payable to \_\_\_\_\_

M. C., Hon W. E. Alusted Claimant does not writes.

6-541

Warden 5-1. OK

✓



# 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.

State of Pennsylvania  
County of Cumberland SS:

On this 5 day of September, A. D. one thousand eight hundred and ninety-4, personally appeared before me, a Justice of Peace, a John Wrightstone in and for the County and State aforesaid, aged 69 years, a resident

of \_\_\_\_\_, County of Cumberland, State of Pennsylvania who, being duly sworn according to law, declares that he is the identical person, who entered service during the War of the

Rebellion under the name of John Wrightstone on or about the \_\_\_\_\_ day of \_\_\_\_\_, 1864, as \_\_\_\_\_ in company G of the 166 regiment of \_\_\_\_\_ commanded by Daniel Spangler, and was

HONORABLY DISCHARGED at Harrisburg, on or about the 28 day of July, 1868, by reason \_\_\_\_\_

; that his personal description is as follows: Age, 69 years; height, 5 feet 6 inches; complexion, fair; hair, gray; eyes, \_\_\_\_\_ That he is now suffering from chronic diarrhea

& hard disease & dyspepsia any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.) & spermatorrhea

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 not been employed in the military or naval service otherwise than as stated above \_\_\_\_\_

to that stated above, and the dates at which it began and ended.) That since the 28 day of July, A. D. 1868, he has not been employed in the military or naval service of the United States.

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

## GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim; and in consideration of services done, and to be done, in the premises, he hereby agrees to allow his said Attorney, George E. Lemon, a fee of ten dollars, payable only in the event of the allowance of the claim by the Commissioner of Pensions.

That he has not received but applied for a pension 499.553

That his Postoffice address is Brownsville, County of Cumberland State of Pennsylvania

Two witnesses to claimant's signature sign here: John Wrightstone (Claimant's signature.)

- (1) Jonial Miller
- (2) George Dougherty

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

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

ATTY FILED

Also personally appeared John Rightstone, residing at Bourmansdale, and George Daugherty, residing at Bourmansdale, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw John Rightstone (Name of claimant.) the claimant his to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Daniel Miller  
George Daugherty  
(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

- (1) Daniel Miller
- (2) George Daugherty

SWORN TO AND SUBSCRIBED before me this 5 day of September A. D. 1894, 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 erased in the application, enter them here.)

[I. S.] \_\_\_\_\_, erased, and the words \_\_\_\_\_, added;

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

*Mus. 21. 1894*  
*Sept. 21. 1894*  
LAW DIVISION.

Joseph Kimmone  
(Signature.)  
J. Kimmone  
(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.

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:

- U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA, WASHINGTON, D. C., June 12, 1890. It gives me pleasure to recommend George E. Lemon, of this city, to those having professional business, as a reliable and responsible attorney of high character and superior attainments. JOHN J. INGALLS, U. S. S. Respectfully, U. S. SENATE CHAMBER, WASHINGTON, D. C.
- George E. Lemon, Esq., Washington, D. C. My Dear Sir: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting as they do, in an increase of the general business of the city. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem. CHARLES E. MANDERSON, U. S. S. Very truly, yours, U. S. SENATE, WASHINGTON, D. C., June 12, 1890.
- I take pleasure in recommending George E. Lemon, Esq., of Washington City, as a reliable and able attorney who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession. Very truly, G. C. MOODY, U. S. S.
- I regard George E. Lemon as one of the most thoroughly reliable and competent attorneys in Washington. GRANGER A. FRENCH, U. S. S. U. S. SENATE, WASHINGTON, D. C., June 16, 1890.
- I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney, and entirely responsible for all his contracts. Respectfully, S. M. COLLON, U. S. S. U. S. SENATE, WASHINGTON, D. C., June 7, 1890.
- We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney. C. K. DAVIS, U. S. S. W. G. C. SHER, U. S. S. A. S. PATRICK, U. S. S. H. M. TULLER, U. S. S. HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 9, 1890.
- I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurances that it will be well and honestly attended to. L. E. ATKINSON, M. C., 18th Pa. District. HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 9, 1890.
- I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence. Geo. W. E. DORSEY, 3d Dist., Neb. HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
- I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney, and worthy of all confidence. J. C. BURROWS, 4th Dist., Mich. HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
- I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims interested to him, and have never yet heard one complaint against him as a lawyer, and I am fully satisfied that he is a man of high character and superior attainments, and I am glad of the opportunity to assure you of my high esteem. Very respectfully, D. B. HENDERSON, 3d Dist., Iowa. HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
- I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients. JAMES O'DONNELL, 2d Dist., Mich. HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 7, 1890.
- We take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney. Wm. McKinley, Jr., 18th Dist., O. W. W. MILLER, 1st Dist., Mich. P. S. MORTON, 3d Dist., Mich. E. H. FURSTON, 2d Dist., Mich. E. W. PELKINS, 3d Dist., Kan. J. H. KETCHAM, 16th Dist., N. Y. Jno. G. SAVERY, 3rd Dist., N. Y. Chas. S. BAKER, 4th Dist., N. Y. FRANK LAWLER, 2d Dist., Ill. H. TOWNSEND, 1st Dist., Colo. W. S. SCROBBER, 1st Dist., N. Y. W. F. MILES, 4th Dist., Conn. J. M. WILEY, 3rd Dist., N. Y. J. M. WILEY, 3rd Dist., N. Y. JOHN F. LADY, 6th Dist., Iowa. SERENO E. PAYNE, 27th Dist., N. Y. J. H. MCCARTHY, 8th Dist., N. Y. W. B. OWEN, 19th Dist., Ind. J. B. CHEADLE, 9th Dist., Ill. Geo. E. SENEY, 5th Dist., Ohio. J. J. FUGER, 1st Dist., Ohio. E. H. COOPER, 7th Dist., Pa. JOSEPH D. TAYLOR, 17th Dist., O. and others.

499353  
File.

INVALID. 045  
449, 053  
CLAIM FOR PENSION.  
Filed

ACT JUNE 27, 1890.

John Rightstone  
Applicant,  
290 Broadway  
Co. 290 Reg't,  
Vol. 1862

George E. Lemon  
Attorney and Counselor at Law,  
1729 New York Avenue Northwest,  
(Lemon Building)  
B-359 1729  
RECEIVED.

FILED BY  
GEORGE E. LEMON.  
Attorney and Counselor at Law,  
1729 New York Avenue Northwest,  
(Lemon Building)  
B-359 1729  
RECEIVED.



Act of June 27, 1890.

O. J. R.

# INVALID PENSION. 499,553

Claimant, John Wightstone  
P.O., Bowmansdale Rank, Priv  
County, Cumberland Company, "I"  
State, Pa Regiment, 200 Pa Vol Inf  
Rate, \$ \_\_\_\_\_, per month, commencing Sept 12 1844

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

REJECTED

### RECOGNIZED ATTORNEY.

Name, Geo E. Lemon Fee, \$ 10 Agent to pay.  
P.O., City Articles filed, \_\_\_\_\_, 189 \_\_\_\_\_

### APPROVALS.

Submitted for ad 2 Dec 12, 1894. G. J. Heinicke, Examiner.  
Approved for chronic diarrhoea Approved for Rejection - Not notably  
dyspepsia rheumatism & dis disabled for earning a support by  
of heart man labor under act June 27/90  
Stewart Hayes Thos Denton  
Legal Reviewer. Medical Referee.  
Jan 11, 1895. Jan 15, 1895.

not now pensioned under other laws. Last paid to \_\_\_\_\_, 189 \_\_\_\_\_, at \$ \_\_\_\_\_  
Pensioned from \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

### SERVICE SHOWN BY RECORD.

Enlisted Nov 10, 1863 honorably discharged July 28, 1863  
Re-enlisted Aug 25, 1864 honorably discharged May 30, 1865  
Supp Declaration filed Sept 12, 1894, alleges permanent disability, not due to vicious habits,  
from chronic diarrhoea, dyspepsia, disease of heart,  
rheumatism.  
No Mc Waters

Act of June 27, 1890.

INVALID PENSION.

499553

*M*  
 Claimant, John Wrightstone O. I. R.  
 P.O., Bowmansdale, Rank, Private  
 County, Cumberland, Company, I  
 State, Pa. Regiment, 200 Pa. Vol. Inf.

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

REJECTED.

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

RECOGNIZED ATTORNEY.

Name, Geo. E. Lemon, Fee, \$ \_\_\_\_\_ Agent to pay.  
 P.O., Wash., D.C. Articles filed, \_\_\_\_\_, 189 \_\_\_\_\_

APPROVALS.

Submitted for Rej. Feby 18, 1896 T. H. Stagg, Examiner.  
 Approved for rejection No  
27/60, for Chr. diarrhoea, dis. of heart, Kidney & bladder, rheumatism & indigestion as per stable disability shown  
action of Med. Ref. under Act of June 27, 1890.  
Justice Camp U.S. Feb. 28, 1896  
 Legal Reviewer. Medical Referee.

not now pensioned under other laws. Last paid to \_\_\_\_\_, 189 \_\_\_\_\_, at \$ \_\_\_\_\_

Pensioned from \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

SERVICE SHOWN BY RECORD.

Enlisted Nov. 10, 1862 honorably discharged July 28, 1863  
 Re-enlisted Aug 25, 1864 honorably discharged May 30, 1865  
 Declaration filed July 18, 1895 alleges permanent disability, not due to vicious habits,  
 from Chr. Diarrhoea, heart trouble, Kidney & bladder  
disease, rheumatism and indigestion.  
Writes. No M. E.

Claimant's Affidavit.

\*\*\*\*\*

Act of June 27; 1890,

Filed by Taber & Whitman CO.,

O. I. No. 499,553,

Washington, D. C.

John Wrightstone,

Co. G, 166th Pa. & I, 200th Pa.

State of Pennsylvania,

County of York ~~Westmoreland~~.

S.S.

In matter of the above-described claim for pension, personally appeared before me a Justice of the Peace in and for said county and State John Wrightstone, whose P. O. address is Bowmansdale, county of York ~~Westmoreland~~, State of Pennsylvania, who being duly sworn according to law declares that he is the claimant in the case herein described, and that he first became afflicted with rheumatism and disease of the heart about the year 1897, commencing in the month of May, (a) had to stop working.

That neither of said disabilities is due to vicious habits.

1 J. Shaffer  
 2 J. Wrightstone

(signature of the claimant)

(signatures of two witnesses who write, if the claimant signs by X)

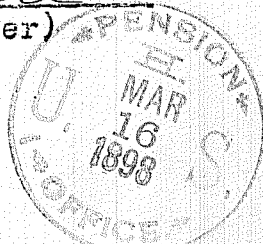
sworn to and subscribed to before me this 10<sup>th</sup> day of March 1898, and I hereby certify that the contents of this affidavit were fully made known to the affiant before swearing thereto, and that I have no interest, direct or indirect, in the prosecution of this claim.

James W. Shaffer  
(signature of officer)

Justice of the Peace  
(official character of officer)

L.S.

FILED TO COVER DATE



# GENERAL AFFIDAVIT.

State of Pennsylvania }  
County of York } ss:

In the matter of claim for John Wrightstone G 166 Pa  
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for  
(Justice, Notary, Judge, Clerk or Deputy Clerk.)  
aforesaid County and State, John Wrightstone, aged 64 years,  
residing at Bowmansdale, County of York, State  
of Pennsylvania, and \_\_\_\_\_, aged \_\_\_\_\_ years,  
residing at \_\_\_\_\_, County of \_\_\_\_\_, State  
of \_\_\_\_\_, who, being duly sworn, declares in relation to the aforesaid case

as follows: The claimant enlisted and was enrolled on the 24<sup>th</sup> day of October, 1862 and was discharged at Hanisburg Pa, July 28<sup>th</sup> 1863 by reason of expiration of term of service. Enlisted as private in Co. G, 166 Regiment Pa. Drafted Militia, Capt. Daniel M. Spangler. Period of service, Nine (9) Months. Enlisted and enrolled as private in Co. D, 200<sup>th</sup> Regiment, Pennsylvania Infantry Volunteers Capt. William E. Karns, on August 25<sup>th</sup> 1864 and was discharged at Alexandria Va, May 30<sup>th</sup> 1865 by order of War Department of May 17<sup>th</sup> 1865. Period of actual service in second enlistment Nine (9) Months. That the above service includes all the service performed for the Military of the United States. Near record in the Navy of the United States.

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

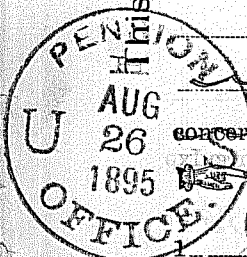
If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

J. M. Zacharias  
(Name of one witness to X mark.)

2 \_\_\_\_\_  
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant.

John Wrightstone



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

SWORN TO AND SUBSCRIBED before me this 21 day of August 1895, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)  
in line \_\_\_\_\_, erased, and in line \_\_\_\_\_, added;

that the affiant is to me well known and is county of credit and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

*May 93*  
*W. E. D.*  
*W. E. D.*  
James W. Chaffey  
(Name of officer before whom executed.)  
Justice of the Peace  
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

The Officer before whom this affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

FILED TO COVER DATE

*see June 27-90*

*Mid.*

DIVISION.

*499553*

U.S. DEPT. OF JUSTICE  
RECEIVED  
JUG 26 1895

Additional Evidence.

CASE OF

*John Wrigglesworth*  
*vs*  
*166 Pa. Inf.*

FOR

*Wig. Ins. Pension*

AFFIDAVIT OF

*Claimant*

FILED BY

**GEORGE E. LEMON,**  
Attorney and Counsellor at Law,

WASHINGTON, D. C.

Medical Applicant  
 & Physicians,

Shepherdstown Pa.  
 April 24<sup>th</sup> 1896

I am 65 years of age and been engaged  
 in practice 43 yrs, and have this day  
 made an examination of John <sup>W.</sup> Highstone  
 and find him afflicted with chronic  
 diarrhoea and rheumatism resulting  
 from age and impaired nutrition,  
 being 65 yrs of age and being  
 disabled to such an extent that he  
 is <sup>not able</sup> to do the labor of an able-bodied  
 man, This is my own written statement  
 of the case, not being aided or prompted  
 by any other persons. And he is the  
 the applicant named in the application for  
 pension

R. W. Ross M.D.

Cumberland Co.  
 State of Pa. } S.S.

Personally  
 appeared before me, a Justice  
 of the Peace in, and for said  
 County, the within named  
 R. W. Ross, M.D., who declares  
 that the within statement is  
 just and true, to the best of his  
 knowledge and belief.

~~Approved~~  
 I Sworn this 28<sup>th</sup> day of April  
 1896. and I further declare  
 that I have no interest in  
 this claim.

J. C. Nesbit  
 J. P.



# GENERAL AFFIDAVIT.

State of Pennsylvania } 88 :  
County of Cumberland

In the matter of claim for Benjamin A. John Wrightstone  
499.553 C. S. 166 Pa. Vol.  
(Character and number of claim.)  
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for  
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforesaid County and State, James Kline of Brownstown Pa.  
(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)  
Cumberland County Pa. - age 57 years

person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

John wrightstone Has worked for me over half his time since 1880 and for the last three years he has not been able to do over half the work that is required for a days labourer, so for mercy sake, I give him work by the job and also his wife, so they can live, or they must depend on the mercy of the people or the courts he is not half the man he was before the war he has not anything to depend but his labour and he is not able to do half what is required for a days work so he works just as he can stand it that is why I give him job work or he couldnt live, If he dont deserve a pension we have none in the Township that does

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

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1. J. Nebitt Signature of Affiant, or of each Affiant.  
(Name of one witness to X mark.)  
2. James Kline  
(Name of other witness to X mark.)

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

Attorney and Counselor at Law  
GEORGE E. LEMON  
117 N. 3rd St. Phila. Pa.

SWORN TO AND SUBSCRIBED before me this

2<sup>nd</sup> day of July

1892; and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

concerned in the prosecution (If any words have been erased in this affidavit, enter them here.)

in lines \_\_\_\_\_, erased, and the words

(If any words have been added in place of any erased, enter them here.)

in lines \_\_\_\_\_, added;

that the affiant is to me well known and is respectable and worthy of full credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

FILED TO COVER DATE

J. C. Nesbitt

(Name of officer before whom executed.)

Justice of the Peace

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.

ACT OF JUNE 27, 1890.

Middle

DIVISION.

Additional Evidence.

No. 499,563

CASE OF

John W. Whitmore

vs. C. G. Webb Reg. Pa. W. C.

FOR

Engl. Inv. Pension

AFFIDAVIT OF

George E. Lemon

FILED BY

GEORGE E. LEMON, Attorney and Counsellor at Law,

WASHINGTON, D. C.

F. G. Lock Box 320

The physician 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.

State of Pennsylvania  
County of Cumberland

SS:

In the pension claim of John Wightstone 499 S.S.S.  
C. S. 166 Pa. Vols.  
(Name of claimant.)  
(Company and Regiment, or Vessel, or other organization or department.)

Personally came before me, a Justice of the Peace, in and for  
(Justice of the Peace or Notary Public, as the case may be.)  
aforesaid County and State, Dr. D. A. Lauck, a resident  
(Name of Physician or Surgeon.)  
of Brownssdale, of the County of Cumberland,  
(City or Village.)

State of Pennsylvania, who, being duly sworn, declares, in relation to the aforesaid case as follows:

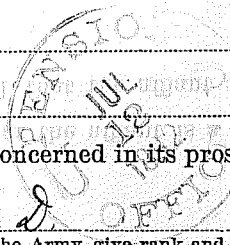
I have been practicing medicine 10 years. I first knew the soldier about 20 years ago,  
1872. I first treated him professionally about Jan 25, 1890.

Chronic Dysentery and intestinal colic.  
I have treated him nine times since  
January 1890. The intestinal colic was  
caused by the inflammation of the mucous  
membrane of the intestines which is  
always present in dysentery, and  
he is suffering more from debility  
every day. I knew nothing of his  
physical condition until I began  
to treat him, I would not  
covert him able to do manual  
labor more than about one  
half of the time, to do himself  
Justice

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

D. A. Lauck, M. D.  
(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.



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

with the word *caused* written at the beginning of a line.

Witness my hand and official seal this 4<sup>th</sup> day of July, 1892

[L. S.]

Sign here *J. C. Nesbit*  
(Justice, Notary or Clerk of Court, as the case may be.)

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 administer oaths for general purposes.

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:

- U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA, WASHINGTON, D. C., June 12, 1890. It gives me pleasure to recommend GEORGE E. LEMON, of this city, to those having the commission, business, and responsible authority of high character and superior attainments. Respectfully, JOHN I. INGALLS, U. S. S.
- U. S. SENATE CHAMBER, WASHINGTON, D. C. GEORGE E. LEMON, Esq., Washington, D. C. MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting as they do in a degree of efficiency that gives to your clients prompt, careful, and successful management of their personal interests. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem. Very truly, yours, CHARLES F. MANDERSON, U. S. S.
- U. S. SENATE, WASHINGTON, D. C., June 12, 1890. I take pleasure in recommending GEORGE E. LEMON, Esq., of Washington, D. C., to those who desire the services of a physician of his profession. Very truly, G. C. MOODY, U. S. S.
- U. S. SENATE, WASHINGTON, D. C., June 10, 1890, and competent attorneys in Washington. I regard GEORGE E. LEMON as one of the most reliable and competent attorneys in Washington. GILBERT A. FINCH, U. S. S.
- U. S. SENATE, WASHINGTON, D. C., June 7, 1890. I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, and entirely responsible for all his contracts. Respectfully, S. M. OULLOM, U. S. S.
- U. S. SENATE, WASHINGTON, D. C., June 7, 1890. We take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney. C. K. DAVIS, U. S. S. PHILETUS SAWYER, U. S. S. A. S. PADDOCK, U. S. S. W. D. WASHINGTON, U. S. S.
- HOUSE OF REPRESENTATIVES, WASHINGTON, D. C. I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurance that it will be well and honestly attended to. L. E. ARLINSON, M. C., 18th P. District.
- HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890. I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence. CHAR. W. E. DORSEY, 3d Dist., Neb.
- HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890. I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, and worthy of all confidence. J. C. DUNAWAY, 4th Dist., Mich.
- HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890. I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney. I have had occasion for years to carefully investigate the treatment of soldiers' claims intrusted to him, and have never yet heard one complaint from his clients. I also personally know of his doing many acts of kindness for soldiers without charge. D. B. HENDERSON, 3d Dist. Iowa.
- HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890. I take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients. JAMES O'DONNELL, 3d Dist., Mich.
- HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 7, 1890. We take pleasure in recommending GEORGE E. LEMON, of this city, as a reliable attorney. WM. MCKINLEY, Jr., 18th Dist., O. EDWARD P. ALLEN, 2d Dist., Mich. S. L. MALLIKEN, 3d Dist., Me. J. LOCAN CHILMAN, 1st Dist., Mich. P. S. POST, 10th Dist., Ill. L. E. PAYSON, 9th Dist., Ill. W. C. STUBBS, 10th Dist., N. Y. W. C. ALANBY, 3d Dist., Ill. FRANK LAWLER, 2d Dist., Ill. W. G. LAIDLAW, 34th Dist., N. Y. I. S. STROBLE, 11th Dist., Iowa. W. G. SPAINHECKER, 14th Dist., N. Y. J. M. WILEY, 3rd Dist., N. Y. JOHN F. JACOBY, 6th Dist., Iowa. BENJAMIN E. FAYNE, 5th Dist., N. Y. W. E. OWEN, 10th Dist., Ind. J. B. GREABLE, 9th Dist., Ind. GEO. E. SENEY, 5th Dist., Ohio. J. J. PUGSLEY, 12th Dist., Ohio. HENRY J. BINGHAM, 1st Dist., Pa. E. H. CONGER, 7th Dist., Iowa. JOSEPH D. TAYLOR, 17th Dist., O. and others.

ACT OF JUNE 27, 1890.

Middle DIVISION.

No. 499533

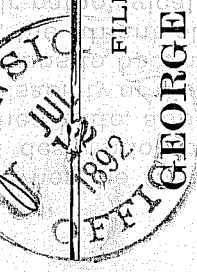
MEDICAL EVIDENCE.

CLAIM OF

*James Wrightstone*  
Co. B., Regt. 166 Pa. Vol.

FOR

*George E. Lemon*



FILED BY  
GEORGE E. LEMON,  
Attorney and Counsellor at Law,

P. O. DRAWER 325. WASHINGTON, D. C.

FILED TO COVER DATA  
GEORGE E. LEMON

*Geo.*

# GENERAL AFFIDAVIT.

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

State of Pennsylvania

County of York

88:

In the matter of claim for Pension of John Wightstone  
(Character and number of claim.)

499.553. C. G. 166 Pa Vol.  
(Full name and relationship of claimant and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for  
(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforsaid County and State, Robert S. Wiley age 59 yrs  
(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

P.O. address Monaghan York Pa

A person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

*i know the claimant for thirty years knew before they war knew him to be a sound able bodied man before he went into the service i know that when he come home that he was sick and has not been a sound man since getting worse every year until he scarcely do one fourth of a days work that a sound man should do*

*my means of knowing this is by living close neighbors for a number of years and seeing him often*

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

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1. George B. Shank  
(Name of one witness to X mark.)

Robert S. Wiley  
Signature of Affiant, or of each Affiant.

2. \_\_\_\_\_  
(Name of other witness to X mark.)



ACT OF JUNE 27, 1896

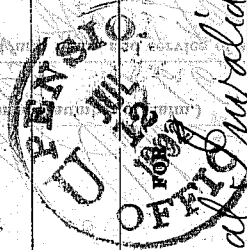
*Middle* DIVISION.

Additional Evidence.

No. *499,553,*

CASE OF

*John Wrightson*  
*vs. G. G. 166<sup>th</sup> Pa. Ave.*



*Original Guadalupe Reson*

AFFIDAVIT OF

*Robert L. Wiley,*

FILED BY

GEORGE E. LEMON,  
Attorney and Counsellor at Law,

WASHINGTON, D. C.

F. O. Lock Box 380

SWORN TO AND SUBSCRIBED before me this

*4<sup>th</sup>* day of *July*

18 *97*, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)

in lines \_\_\_\_\_, erased, and the words *all*

(If any words have been added in place of any erased, enter them here.)

in lines \_\_\_\_\_, added;

that the affiant *is* to me well known and *is* respectable and worthy of full credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

*Wm. A. Myers*

(Name of officer before whom executed.)

[ L. S. ]

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.

FILED TO COVER DATE

The physician 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.

State of Pennsylvania }  
County of York } SS:

In the pension claim of John Knightstone  
(Name of claimant.)  
A. 166th Regt.  
(Company and Regiment, or Vessel, or other organization or department.)

Personally came before me, a Justice of the Peace, in and for  
(Justice of the Peace or Notary Public, as the case may be.)  
aforesaid County and State, Daniel W. Hargrett M.D., a resident  
(Name of Physician or Surgeon.)  
of Monaghan, of the County of York,  
(City or Village.)  
State of Pa., who, being duly sworn, declares, in relation to the aforesaid case as follows:

I have been practicing medicine 38 years. I first knew the soldier about 1858. I first treated him professionally about July, 1863.

I have been acquainted with J. Knightstone 30 years before in military in the late war was an able bodied man was his family physician before and after he enlisted I treated him in July 1863 for Chronic Disease was afflicted with that disease for several months and has been afflicted with said disease more or less during and up to this present time. I treated him at various times will never be cured I examined him July 16<sup>th</sup> 1892 and also find slight Valvular Disease of the Heart there Disease I consider arises from Exposure and was not caused from vicious habits and I consider him as an able bodied man for manual labor unable 3/4

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

D. W. Hargrett  
(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.





Medical evidence of continuance of disability.

State of Pennsylvania:  
County of York: S.S.

In matter of claim for pension, Act of June 27, 1890,

No. 499,553, of John Wrightstone, Co., I, 200th Pa.

Personally appeared before me a Justice of the Peace in and for said County and State, J. M. Wengert M. D., whose P. O. Address is Monaghan County of York State of Pa. who being duly sworn according to law declares in relation to the aforesaid case as follows: That ~~from the 23rd day of April 1897, to the 5th day of January 1898, the said claimant was under my professional care and observation and that during the said period he was afflicted with rheumatism and disease of the heart,~~ I examined the claimant March 10<sup>th</sup> 1898 (and found valvular disease of the heart superseded by rheumatic affections, and that in my opinion he was, during said period, by reason of the said disabilities disabled for the performance of manual labor to the extent of Total Disability (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 affidavit was written in my office and only from my oral statement then made to J. M. Shaffer the 10<sup>th</sup> day of March 1898 and was not aided or procured by any written or printed statements or recital prepared or J. M. Wengert dictated by any other person

(signature of the physician testifying)

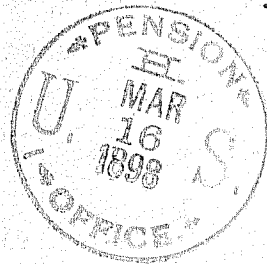
Sworn to and subscribed to before me this 10<sup>th</sup> day of March 1898, and I hereby certify that the affiant is a practicing physician and that I am not concerned in the prosecution of this claim.

Witness my hand and official seal the day and the year above written.

James M. Shaffer  
(official signature)

Justice of the Peace  
(official character)

Filed by Taber & Whitman Co.,  
Attorneys, Washington, D. C.



# GENERAL AFFIDAVIT

*Myer*  
*Mar 30 98*

State of Pennsylvania  
County of York ss:

In the matter of claim for Pension 499553 ACT OF JUNE 27, 1890.

(Character and number of claim.)

John Wrightstone, G 166 Pa.

(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for

(Justice, Notary, Judge, Clerk or Deputy Clerk.)

aforsaid County and State, John Tate, aged 59 years,

residing at Bowmansdale, County of Cumberland, State

of Pennsylvania, and George Daugherty, aged 59 years,

residing at Bowmansdale, County of Cumberland, State

of Pennsylvania, who, being duly sworn, declares in relation to the aforsaid case

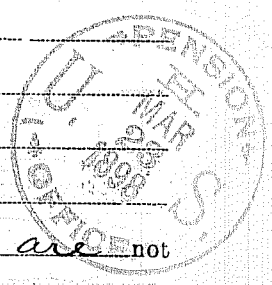
as follows: We are well acquainted with the claimant John Wrightstone, and on or about April 20<sup>th</sup> 1897 he complained to us of rheumatism and pain about his back and had to quit work entirely, and has not been able to do any labor to earn anything at all. We consider him totally disabled to earn any support by manual labor.

We further declare that we have no interest in said case, and and are not concerned in its prosecution.

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 \_\_\_\_\_  
(Name of one witness to X mark.)  
2 \_\_\_\_\_  
(Name of other witness to X mark.)

Signature of Affiant, or of each Affiant. { John Tate  
George Daugherty



SWORN TO AND SUBSCRIBED before me this 18<sup>th</sup> day of March, 1898, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)  
in line \_\_\_\_\_, erased, and in line \_\_\_\_\_, added;

that the affiant are to me well known and are credible persons and that I have no interest, direct or indirect, in the prosecution of this claim.

*The Affiants are persons of good repute, honest, and worthy of full credit.*

[L. S.]

*James W. Shaffer*  
(Name of officer before whom executed.)  
*Justice of the Peace*  
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

The Officer before whom this affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

Important !

The officer ( Clerk of Court, Notary, Justice of the Peace etc.) before whom this affidavit is executed should, in every case where he knows the witnesses to be such, state in his own handwriting over his own signature that the affiant (or affiants where there are two) is (or are) of good repute and worthy of full credit.

DIVISION

No.

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

TABER & WHITMAN CO.,

Attorneys,

LOCK BOX 125. WASHINGTON, D. C.



Act of June 27, 1890.

INVALID PENSION.

Claimant, John Wightstone No. 499 55-2

P.O., Bowmansdale Rank, Private

County, Cumberland Company, D

State, Pa. Regiment, 200<sup>th</sup> Pa. Vol. Inf.

Date, \$ 6, per month, commencing Apr. 2<sup>d</sup> 1896 to Sept. 12, 1894

\$ 8 " " " January 5, 1898

Disabled by Senility & disease of heart

RECOGNIZED ATTORNEY.

Name, Taber & Whitman Fee, \$ 1.00 Agent to pay.

P.O., Washington D.C. Articles filed, \_\_\_\_\_, 189 .

APPROVALS.

Admitted for Actus, Apr. 1<sup>st</sup>, 1898; Myers, Examiner.

Approved for Disease of heart and Approved for Senility (5)

Senility (over 65 - prior to Sep. 12-1894)

Dis. of heart, latter to begin Jan. 5, 1898,

which files should reject diarrhoea &

rheumatism, no dis. sub-

ject to approval of Med. Ref.

See Med. slip.

Thenceforth, no other disabil-

ity affecting rate. Former adven-

ture withdrawn by paymaster vacated

Trisbee, H. Raub (by M.B.)

Apr. 26/98

Legal Reviewer.

Apr. 16, 1898

not now pensioned under other laws. Last paid to \_\_\_\_\_, 189 , at \$ \_\_\_\_\_

Pensioned from \_\_\_\_\_, 18\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

SERVICE SHOWN BY RECORD.

Enlisted Nov 10<sup>th</sup>, 1862, \_\_\_\_\_ honorably discharged July 28, 1868.

Re-enlisted Aug 25<sup>th</sup>, 1864, \_\_\_\_\_ honorably discharged May 30, 1865.

Declaration filed Sept. 12, 1894, alleges diarrhoea, dyspepsia, dis. of heart & rheumatism

Declaration filed Apr 25<sup>th</sup>, 1897, alleges permanent disability, not due to vicious habits,

from chronic diarrhoea. Affid. it. 11<sup>th</sup> Mar 16<sup>th</sup>

1898, alleges rheumatism and "hea

die 2nd Brief

96116  
Pitts

Private

(2)

Apr. 16/98

by M.B.

as M.B.

(3-145 a.)

ACT OF JUNE 27, 1890.

M INVALID PENSION. 499553

Claimant, John Wrightstone, O. I. R.  
P. O., Brownsville, Rank, Private,  
County, Cumberland, Company, I  
State, Pa. Regiment, 200 Pa. Vol. Inf.  
Rate, \$ \_\_\_\_\_, per month, commencing \_\_\_\_\_

REJECTED

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

RECOGNIZED ATTORNEY.

Name, None Fee, \$ \_\_\_\_\_ Agent to pay.  
P. O., \_\_\_\_\_ Articles filed, \_\_\_\_\_, 189 \_\_\_\_\_

APPROVALS.

Submitted for Rej. Nov. 17, 1896, P. H. Stagg, Examiner.

Approved for rejection no ratable  
disability under act June  
27, 1890. from Chr diarrhoea  
Subject to appeal of Med  
Referee. See slip  
Nov 30, 1896  
Watt Legal Reviewer.

Approved for rejection no ratable  
disability under act of June  
27<sup>th</sup> 1890, (see slip)  
Darling, Alk. Medical Referee.  
Dec. 9<sup>th</sup>, 1896

not now pensioned under other laws. Last paid to \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_  
Pensioned from \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

SERVICE SHOWN BY RECORD.

Enlisted Nov. 10, 1862 honorably discharged July 28, 1863.  
Re-enlisted Aug. 25, 1864 honorably discharged May 30, 1865.  
Declaration filed Apr. 2, 1896, alleges permanent disability, not due to vicious habits,  
from Chr. diarrhoea.

Signs by [Signature] No M. Co.

ACT OF JUNE 27, 1890.

Additional Declaration for Invalid Pension and Arrears,

Under the Provisions of the Act of March 6, 1896.

State of Pennsylvania, County of York, ss:

On this 4<sup>th</sup> day of November, A. D. one thousand ~~eight~~ <sup>nine</sup> hundred and ~~eighty~~ <sup>one</sup>

personally appeared before me, James W. Shaffer

a Justice of the Peace within and for the County and State aforesaid

John Wrightstone, aged 71 years a resident of the town

of Bourmansdale County of Punberland State of

Pennsylvania who, being duly sworn according to law, declares that he is the identical

John Wrightstone who was ENROLLED on the 15<sup>th</sup> day of Oct

1867, in Co 1st 106 Pa Infy and later Co 5. 200 Pa Infy  
(Here state rank, company and regiment, if in the Army, or vessel, if in the Navy.)

in the service of the United States in the war of the rebellion, and served at least ninety days, and was HONOR-

ABLY DISCHARGED at Alexandria Va, on the 31<sup>st</sup> day of

May, 1865. That he was disabled from earning a support by manual labor in

a pensionable degree on \_\_\_\_\_, 1890, the date of filing his original declaration, by

reason of the following disabilities: Chronic diarrhea  
(Here name the diseases or

injuries from which disabled.)

\_\_\_\_\_

\_\_\_\_\_

That he is also disabled for earning a support by the following disabilities not heretofore alleged: \_\_\_\_\_  
(Here state all

disabilities incurred since filing your Original Declaration and any which you failed to allege in same.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

That none of said disabilities are due to vicious habits, and all, to the best of his knowledge and belief, are of

a permanent character, and that he is now \_\_\_\_\_ disabled for earning a support by manual

labor in consequence of same. That he has \_\_\_\_\_ applied for pension under application No. \_\_\_\_\_

That he is \_\_\_\_\_ a pensioner under Certificate No. 961.165. That he has not

been employed in the military or naval service of the United States prior to October 16

1867 nor subsequent to May 31 1865. That he

makes this declaration for the purpose of reopening his claim ~~and being placed on the pension roll of the United~~

~~States, under the provisions of the Act of June 27, 1890.~~ He also requests that his original or first claim filed

act June 27-90 under the said Act, be re-examined and considered under the provisions of the Act approved March 6, 1896,

and that he be given an opportunity to show by evidence that his claim, ~~if allowed~~, should date back to the time of

filing his original or first application for pension, under the Act of June 27, 1890.

That he hereby appoints, with full power of substitution and revocation,

Thomas M. Sykes of Washington DC

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

his POST-OFFICE ADDRESS is Bourmansdale, County of

Punberland, State of Pennsylvania

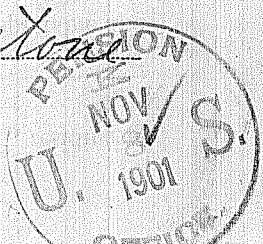
\_\_\_\_\_

1 Jacobson

2 George H. yed

(Two witnesses who write sign here.)

John Wrightstone  
(Claimant's Signature.)  
mark



ATTY FILED



Also personally appeared Jackson Martin, residing at Monaghan, Pa., and George Heyde, residing at Monaghan Pa, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw John Wrightstone, claimant, ~~sign his name~~ (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him of Twenty years and Twenty years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Jackson Martin

George Heyde  
(Signatures of witnesses.)

Sworn to and subscribed before me this 4 day of November, A. D. 1901, and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

*Certificate on file to cover  
of execution: 6  
Record Division.*

James W. Shaffer  
(Signature.)

Justice of the Peace  
(Official Character.)

Act of June 27, 1890.

Additional Declaration  
for Invalid Pension and Arrears.

1890 165 57

Name John Wrightstone

Co. 1166 Regt, Pa Inf Vols.

200th Pa Inf

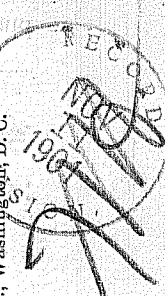
Address Brownsville

Quint Co Pa



J. S. Wrightstone  
Washington DC

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



746

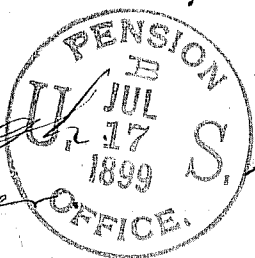
## Application for Increase of Pension

Act of June 27<sup>th</sup> 1890.

State of Pa.

County of York

On this 15<sup>th</sup> day of July A.D. 1899 personally appeared before me a Justice of the Peace within and for the county aforesaid John Waightstone aged 68 years, a resident of Rowmansdale, Cumberland County, Pa. who being duly sworn according to law declares that he is the identical John Waightstone who was enrolled on the 25<sup>th</sup> day of August A.D. 1864 as a Private in Co. I. 200 Regiment of Pa. Vol. Infy. in the service of the United States in the war of the Rebellion, that he is a Pensioner of the United States, enrolled at the Pittsburg, Pa. at the rate of Eight (8) Dollars per month, Certificate No. 961.165 by reason of disability from Partial inability to earn a support by manual labor. That he believes himself entitled to an increase of pension on account of the following disabilities - Rupture on right side and heart trouble. That these disabilities are permanent and are not due to vicious habits. That he feels that his present rating is not commensurate with the degree of his disability. He therefore files this application for Increase of Pension and requests medical examination by a board of examining surgeons to whom special instructions may be issued so that the full extent of his disabilities may be ascertained. That his Post Office address is Siddonsburg, County of York State of Pennsylvania.

John <sup>his</sup> Waightstone  
markJohn H. Gargner  
Jessie E. Shaffer

Also personally appeared John H. Lough, residing near Siddonsburg, York Co., Pa., & Jessie E. Shaffer residing near Siddonsburg, York Co., Pa., persons whom I certify to be respectable & entitled to credit, who being by me duly sworn say they were present & saw John Wightstone the claimant make his mark to the foregoing declaration that they have every reason to believe from the appearance of said claimant & their acquaintance with him for 3 years & 15 years respectively, that he is the identical person he represents himself to be & that they have no interest in the prosecution of this claim

John H. Lough.  
Jessie E. Shaffer.

Sworn & subscribed before me July 15<sup>th</sup> A.D. 1899 & I certify that the contents of the above declaration & were fully made known & explained to the applicant & witnesses before swearing, including all the contents, & that I have no interest direct or indirect in the prosecution of this claim.

James M. Shaffer,  
Justice of the Peace,  
Siddonsburg, York Co., Pa.

Certificate on file to cover date  
of execut.

Records Division

11

Claim of  
John Wightstone  
Late Private in Co. J.  
200 Regt. Pa. Vol. Infy.  
for

Swearer of Pension,  
Cpf. 961165.  
5166 Pa. M



106

# DECLARATION FOR ORIGINAL INVALID PENSION.

~~It~~ MUST be executed before a COURT OF RECORD, or some officer thereof having custody of its seal.

STATE OF Penn  
COUNTY OF Dauphin } SS:

On this 3 day of Nov, A. D. one thousand eight hundred and eighty three  
personally appeared before me Portmurray, of the Census Penn  
Court, a court of record within and for the County and State aforesaid, John Wright Stone  
(Name of Claimant.)  
aged 53 years, a resident of Hillsburg  
(Give Town, County, and State, and if you reside in a city  
County of Jack  
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 Pa, who, being duly sworn according to law, declares that he is the  
from nearest Post-Office.)  
identical John Wright Stone who entered service under the name of  
(Name of claimant.)  
John Wright Stone on or about the 24 day of October  
(Name of claimant.)  
1862 as Private in company \_\_\_\_\_ of the 166 regiment of Pa Mounted Inf  
(Give rank.)  
commanded by \_\_\_\_\_ and was honorably  
(Name of Company's Commander. If upon any General's Staff, state that fact.)  
DISCHARGED at \_\_\_\_\_, on or about the \_\_\_\_\_ day of \_\_\_\_\_  
1865, by reason of Expiration of term of service  
that his personal description is as follows: Age, 53 years; height, 5 feet 8 inches; complexion, \_\_\_\_\_  
; hair, dark; eyes, black That while a member of the organization  
aforesaid, in the service and in the line of his duty at Sumner Junction, in the State of  
Pa, on or about the \_\_\_\_\_ day of Jan 1863, he contracted  
(Here state name or  
Chronic Diarrhoea  
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  
which received.)

That he was treated in hospitals as follows: Washington Dc  
(Here state the names or numbers and the localities of all hospitals in which treated, and  
the dates of treatment.)

That he has not been employed in the military or naval service otherwise than as stated above \_\_\_\_\_  
(Here state  
what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since the \_\_\_\_\_ day of \_\_\_\_\_, A. D. 18\_\_\_\_, he has not been employed in the military  
(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  
\_\_\_\_\_ of \_\_\_\_\_, in the State of \_\_\_\_\_  
(Town or City.)

and his occupation has been that of a Cabrer That prior to his entry into  
the service above named he was a man of good, sound, physical health, being when enrolled a Cabrer

That he is now \_\_\_\_\_ disabled from obtaining his subsistence by manual labor by reason of his  
(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.

He hereby appoints, with full power of substitution and revocation,  
**GEORGE E. LEMON,**

of WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never  
(If previous application has  
received \_\_\_\_\_ applied for a pension. That his Post-office Address is Hillsburg  
been made, give number of claim, if possible.)  
county of Jack, State of Pa

John Wright Stone  
(Claimant's Signature.)

Two witnesses to Claimant's Signature sign here:  
(1) William S Coehline  
(2) Charles F Shuff

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

also personally appeared Thos S. Coclin, residing at Steelton, and Chas J Schuff, residing at Sheepscroftown Pa, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw John Thigbaldstone the claimant sign his name to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

(1) William J Beckler  
(2) Charles J Schuff  
(Signatures of witnesses to identify of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this 3 day of Nov, 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 erased in the application, enter them here.)

[L. S.] \_\_\_\_\_, erased, and the words \_\_\_\_\_ (If any words have been added in place of any erased, enter them here.)

\_\_\_\_\_ added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

E. B. Mitchell  
(Signature.)  
E. B. Mitchell  
(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.

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.

As this may reach the hands of some 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 known throughout the United States:

HOUSE OF REPRESENTATIVES,  
WASHINGTON, D. C., March 1, 1878.  
We, the undersigned, having an acquaintance with Captain George E. LEMON for the past few years, and a knowledge of the systematic manner in which he conducts his extensive business, and of his reliability for fair and honorable dealing connected therewith, cheerfully commend him to claimants generally.

A. V. RICE,  
Chairman, Committee on Invalid Pensions, House Reps.  
W. F. SLEMONS, Member of Congress,  
Second Congressional District of Ark.  
W. P. LYNDE, Member of Congress,  
Fourth Congressional District of Wis.  
E. W. TOWNSHEND, Member of Congress,  
Nineteenth Congressional District of Ill.

BEVERLY, ILLINOIS, October 24, 1878.  
I take great pleasure in recommending Captain GEORGE E. LEMON, now of Washington, D. C., to all persons who may have claims to settle or other business to prosecute before the Departments at Washington. I know him to be thoroughly qualified, well acquainted with the laws and with Department rules in all matters growing out of the late War, especially in the Paymaster's and Quartermaster's offices. I have had occasion to employ him for friends of mine, also, in the soliciting of patents, and have found him very active, well informed, and successful. As a gallant officer during the war, and an honorable and successful practitioner, I recommend him strongly to all who may need his services.

S. A. HURLBUT, Member of Congress,  
Fourth Congressional District, Illinois,  
Late Major-General U. S. Vols.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C.,  
March 3, 1878.  
From several years' acquaintance with Captain GEORGE E. LEMON, of this city, I cheerfully commend him as a gentleman of integrity and worth, and well qualified to attend to the collection of bounty and other claims against the Government. His experience in that line gives him superior advantages.

W. P. SPRAGUE, Member of Congress,  
Fifteenth Congressional District of Ohio.  
JAS. D. STRAWBRIDGE, Member of Congress,  
Thirteenth Congressional District of Penn.

EXECUTIVE MANSION, BOISE CITY,  
IDAHO TERRITORY, September 5, 1878.  
Captain GEORGE E. LEMON, Attorney and Agent for the collection of war claims at Washington City, is a thorough, able, and exceedingly well-informed man of business, of high character, and entirely responsible. I can assure all having war claims requiring adjustment that their interests cannot be placed in safer hands.

M. DEAYMAN,  
Governor of Idaho and late Maj.-Gen. Vols.  
Any person desiring information as to my standing and responsibility will, on request, be furnished with a satisfactory reference in his vicinity or Congressional District.

1 REQUEST POSTAL STAMPS FOR REPLIES AND FOR RETURN OF PAPERS.

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

John Thigbaldstone Applicant.

PENSION DIVISION  
RECEIVED NOV 9 1882  
REGT. CO. 16th REGT. ILL. VOL.  
Pa. Accepted

Enlisted Oct 24, 1862

Discharged, 1864

FILED BY  
GEORGE E. LEMON,  
ATTORNEY AND COUNSELOR AT LAW,  
Offices, No. 615 Fifteenth Street N. W.,  
WASHINGTON, D. C.  
P. O. DRAWER 525,



# GENERAL AFFIDAVIT.

State of Pennsylvania  
County of Cumberland } SS:

In the matter of claim for John Wrightstone  
X 499. 553  
(Character and number of claim.)  
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a Justice of the Peace in and for  
(Justice, Notary, Judge, Clerk or Deputy Clerk.)  
aforesaid County and State, John Wrightstone, aged  
(Here write the name of affiant, or of each affiant, together with Age, Residence and Post-Office address.)

60 years, a Resident of Bownansdale  
Penn<sup>a</sup> P.O. address Bownansdale Penn  
person of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:

I have been affected with Chronic  
Diarrhoea ever since I came back  
from the army, I got wet and  
took a bad cold whilst on a  
march from White House Landing  
out to Hanover Junction, in Va.  
which resulted in Yellow Jaundice  
and Chronic Diarrhoea, and the  
Diarrhoea has affected me ever  
since, some days my bowels trouble  
me very much, my insides are  
very sore, sometimes for a week  
I cannot work, by times I  
suffer a great deal of pain, am  
using Medicine at the present  
time for it, as compared with  
a healthy robust man I cannot  
do more than a half days work,  
The time that I got wet and took  
the cold and the results as above  
stated was on the 6<sup>th</sup> day of July  
1863

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

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

If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.  
1. Mary Horst (Name of one witness to X mark.)  
2. Gertrude Brandt (Name of other witness to X mark.)  
Signature of Affiant, or of each Affiant. John Wrightstone

SWORN TO AND SUBSCRIBED before me this 7<sup>th</sup> day of August, 1890 and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words \_\_\_\_\_  
 \_\_\_\_\_  
 (If any words have been erased in this affidavit, enter them here.)  
 \_\_\_\_\_ in line \_\_\_\_\_, erased, and in line \_\_\_\_\_  
 the words \_\_\_\_\_, added;  
 (If any words have been added in place of any erased, enter them here.)  
 that the affiant is to me well known and is respectable and worthy of full credit, and  
 (is or are.) (is or are.)  
 that I have no interest, direct or indirect, in the prosecution of this claim.

*Justice's Certificate on file in Pension Office Washington D.C.*  
 [L. S.]

*David W. West*  
 (Name of officer before whom executed.)  
*Justice of the Peace*  
 (State whether Justice, Notary, Clerk, or Deputy Clerk.)

The Officer before whom this affidavit is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

READ.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

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

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

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_.  
 [L. S.] \_\_\_\_\_

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

*Madlee* DIVISION.  
 No. *499533*  
 Additional Evidence.  
 CASE OF  
*Miss Wrightstone*  
*Ret. G. 166 Co. D. Ad.*  
 FOR  
*Dr. G. Wrightstone*  
 AFFIDAVIT OF  
 FILED BY  
**GEORGE E. LEMON,**  
 Attorney and Counsellor at Law,  
 Offices 615 Fifteenth St. N. W.,  
 WASHINGTON, D. C.  
 P. O. Box 325.



# ORIGINAL INVALID CLAIM.

Soldier, John Wightstone No. 499.553 *2 Brig*  
 P. O., Brownandale Rank, Private  
 County, Cumberland Company, G.  
 State, Pa Regiment, 166<sup>th</sup> Pa Vol Inf  
 Rates, \$ \_\_\_\_\_ per month, commencing Nov 9<sup>th</sup> 1883

REJECTED  
 May 19, 1898

Pensioned for \_\_\_\_\_

## RECOGNIZED ATTORNEY.

Name, Giles B Stevens & Co Fee, \$ 10, Agent \_\_\_\_\_ to pay.  
 P. O., Washington Pa Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

## APPROVALS.

Approved for Chronic diarrhoea  
 Submitted for Adm Ap 7<sup>th</sup> 1898; \_\_\_\_\_ Yes, Examiner.

Approved for Chronic diarrhoea

Approved for rejection of Chronic diarrhoea on ground of no ratable disability then from them since filing claim.

Naughton, Legal Reviewer. Trisler, Med. Ex. W. H. B., Med. Reviewer.  
Apr. 16, 1898, Re-Reviewer. Apr. 22, 1898, J. S. Raub, Med. Referee.

## IMPORTANT DATES.

Enlisted, Nov 10<sup>th</sup> 1862 ✓ Sub service from Aug 25  
 Mustered \_\_\_\_\_, 18 \_\_\_\_\_ 1864, to May 30<sup>th</sup> 1865, in  
 Discharged July 28<sup>th</sup> 1863 ✓ Co I, 200<sup>th</sup> Pa Inf.  
 Declaration filed Nov 9<sup>th</sup> 1883 ✓ Not in service since May 30<sup>th</sup> 1865.

## BASIS OF CLAIM.

Alleges in Declaration filed Nov 9<sup>th</sup> 1883 chronic diarrhoea contracted about June or July 1863 at Hanover Junction Pa.

# ORIGINAL INVALID PENSION.

Claimant, John Wrightstone  
 P. O., Sidwingsburgh Rank, Private  
 County, York Company, "4."  
 State, Penna. Regiment, 166 Pa Vols.  
 Attorney, George E. Benson, Washington D.C.  
 Fee, \$ \_\_\_\_\_  
 Rate, \$ \_\_\_\_\_ per month, commencing Nov 9, 1883,

Disabled by Chronic Diarrhea  
 Submitted, Rej. Dec 9<sup>th</sup> Feb 30, 1884, by Thos Fernegan, Examiner.

Approved for _____	Approved for <u>rejection</u> <u>He</u> <u>No Pensionable disability</u> <u>from cause alleged since</u> <u>Nov 9<sup>th</sup> 1883.</u>
_____, 188 _____, Reviewer.	<u>JWR</u> <u>Feb 20<sup>th</sup>, 1884,</u> _____, Med. Referee.

Enlisted <u>Nov. 10<sup>th</sup></u> _____, 1863.	<u>No other</u> service from _____
Mustered _____, 18 _____.	18 _____, to _____, 18 _____, in
Discharged <u>July 28<sup>th</sup></u> _____, 1863.	
Declaration filed <u>Nov 9<sup>th</sup></u> _____, 1883.	Not in military or naval service since _____
Last material evidence filed _____, 18 _____.	_____, 18 _____, when discharged.

### BASIS OF CLAIM.

Alleges in declaration filed Nov 9<sup>th</sup>, 1883, that in June or July 1863 at Hanover Junction, Va, he contracted chronic diarrhea.

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. 499553

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

John Wightman

Rank,

Charles Gunn

Company, 7<sup>th</sup> Reg't Pa Vols.

State,

Winnamondale Conn. Co. Pa.

[Post-office address of the Board.]

Claimant's post-office address.

[Date of examination.]

1894

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

Cause of disability.

in the service, viz:

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

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

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

[Original, increase, restoration, &c.]

Wound while in service - Rheumatism 4 yrs.  
Wear. boots 10 yrs.

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

Upon examination we find the following objective conditions: Pulse rate, 48; respiration, 18; temperature, 98; height, 5 feet 5 1/2 inches; weight, 140 pounds; age, 34 years. My 37. Resp. 36 - Temp. 35

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

Gen. App. Healthy. Heart & Lungs normal. Constipation. Tongue Clean. Abdomen normal. No lymphatic glands. No piles. Spleen healthy in appearance. Rhinorrhoea. No enlargement of tonsils. No enlarged or enlarged in motion. Slight tenderness over sacrum & hips. Wear. dis. - Appear not perceptible between 5 & 6 ribs & slightly to right of nipple - first rib slightly flexible. No worms. No any evidence of organic dis.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Very slight - varicose condition of superficial capillaries seen from knee to ankle of left leg; above normal size, occupation laborer - hands slightly calloused & indurated - that he did some manual labor - no evidence of venous habits.

Except as above normal.

Rate for EACH cause of disability.

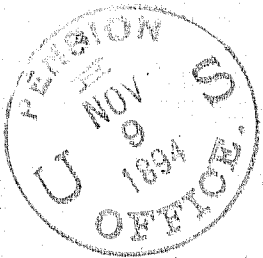
He is, in our opinion, entitled to a \_\_\_\_\_ rating for the disability caused by \_\_\_\_\_, \_\_\_\_\_ for that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_

M. A. Longsdorf, Pres. J. S. Becker, Sec'y. Geo. Hemminger, Treas.

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

Continue record of examination here.

Blank lined area for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF *John Wright-Abner*  
Co. *76* Reg't *Pa. V. Inf.*

Applicant for *Original*

No. *499533*

DATE OF EXAMINATION: *Dec-31*, 189*4*

*W. H. Spang* Pres.,  
*J. D. Beales* Sec'y,  
*Geo. Jennings* Treas., } BOARD.

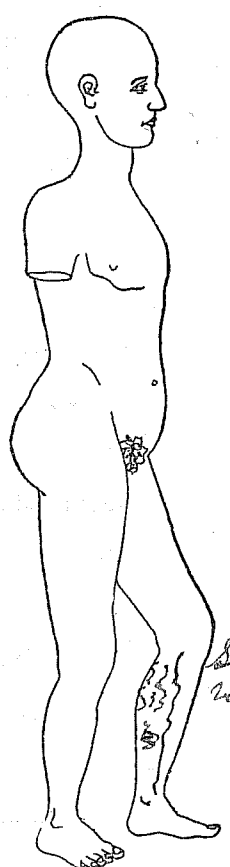
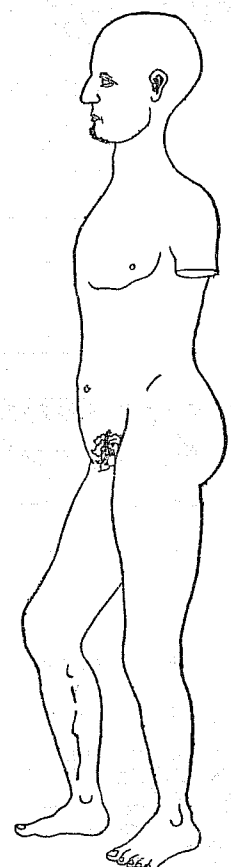
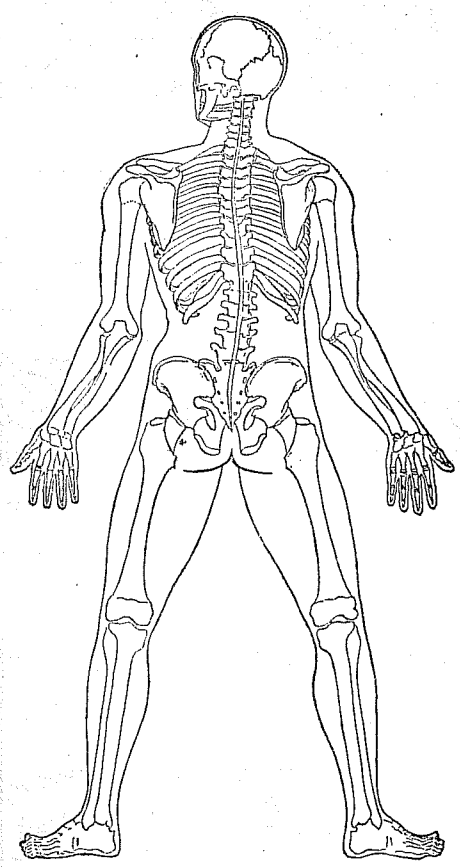
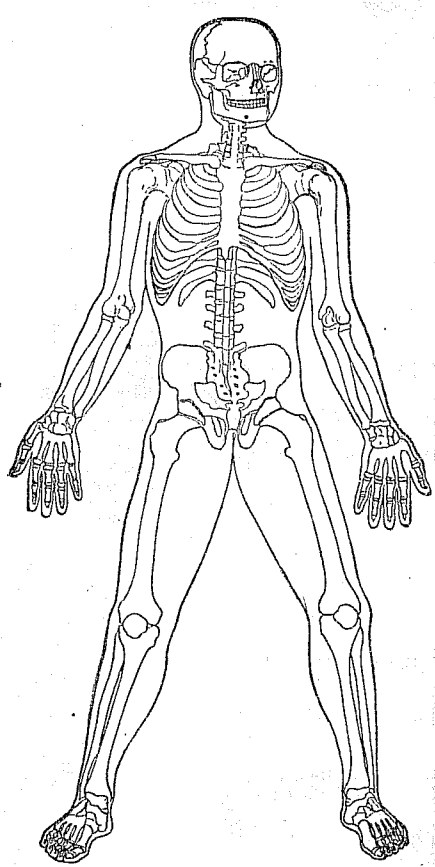
Post office, *Amble*

County, *Dumfries*

State, *Summ.*

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

*Accepted*  
*Nov 19/94*



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

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

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

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

Insert character and number of claim.

Original Pension Claim No. 499 553

Name and rank of claimant.

Jno. Wrightstone, Rank, Private

Claimant's post-office address.

Company I, 200 Reg't P. Inf. Harrisburg Pa. State, Bowman'sdale Pa. Aug. 21 1891

Cause of disability.

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: Chronic diarrhoea and rheumatism. Heart disease

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

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

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

He makes the following statement upon which he bases his claim for Original Chronic diarrhoea Rheumatism and Heart Disease

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

Upon examination we find the following objective conditions: Pulse rate, 78; respiration, 20; temperature, 98 1/2; height, 5 feet 5 inches; weight, 150 pounds; age, 64 years. Heart. Pulse R. 84 Standing 88 On brisk exercise. Sounds normal. Murmurs good. Apex beat 5th space nipple line. Evident to inspection and palpation. Dullness area normal. No Cyanosis, no dyspnoea. Pulse intermittent from ten to twelve times in a minute on resuming erect position Rate - 4/18

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Rheumatism. Alleges pain in right hip no objective symptoms All joints normal Rate - nil

Diarrhoea = Rectal mucous membrane to touch and speculum show surface rough and uneven and covered in spots with slimy purulent discharge No alleges pain or debilitation and frequent stools principally in the morning. Tongue Liver Spleen and Stomach normal Spleen muddy and dry Eyes clear Rate 3/18

Kidney and Bladder = Urine 120 Reaction acid no sugar no albumen no objective symptoms no claim at this time Rate nil

J. H. Fitch, Pres. H. K. Graham, Sec'y. W. L. Zigler, Treas.

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

Continue record of examination here.

Indigestion no organic disease of stomach  
no claim of indigestion by claimant. no  
abstruse symptoms  
No other disabilities



**SURGEON'S CERTIFICATE**

IN CASE OF

*Priv. Wrightstone*  
Co. *4200*, Reg't *100* *Ca. Inf.*

**Applicant for** *Original*

No. *499253*

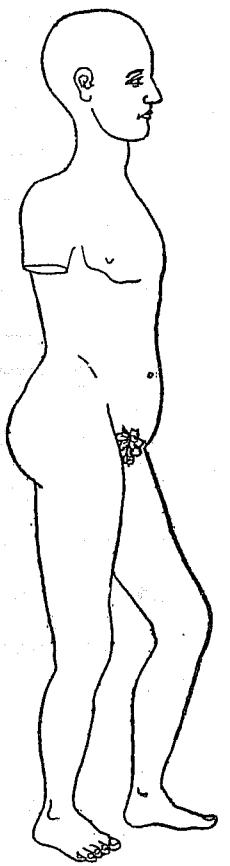
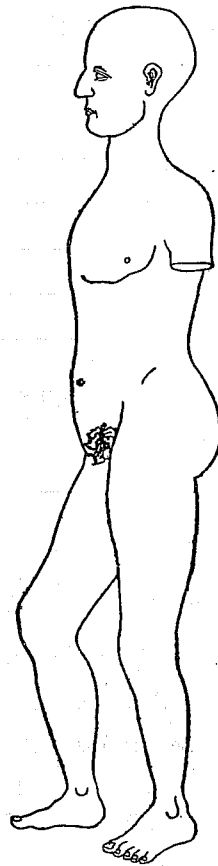
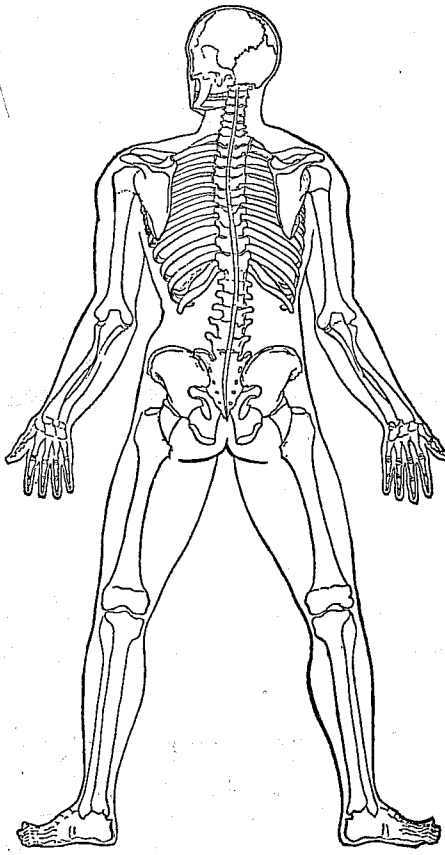
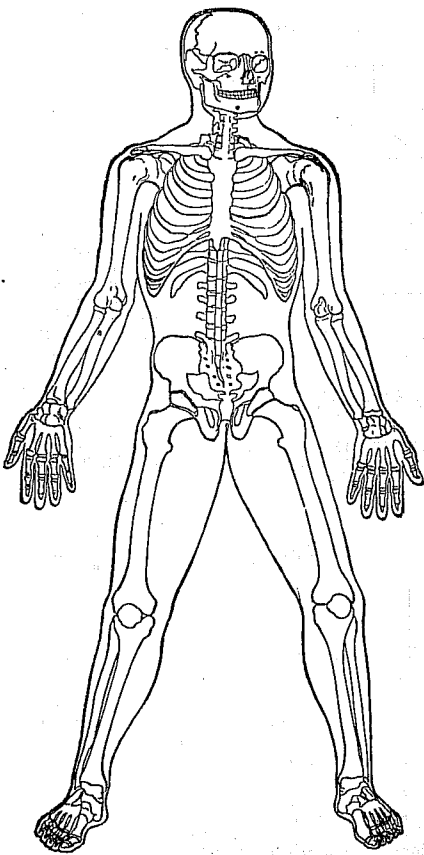
DATE OF EXAMINATION: *Aug 21*, 189*5*.

*July Fitch*, Pres.,  
*W. W. Hall*, Sec'y,  
*W. F. ...*, Treas.,  
BOARD.

Post office, *Warrington*  
County, *Dauphin*  
State, *Pennsylvania*

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

*W.F.*



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, 1832.]

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

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

Insert character and number of claim.

*Original*

Pension Claim No. *499553*

Name and rank of claimant.

*John Wright Stone*

Rank, *Private*

Claimant's post-office address.

Company *G, 166 Reg't Pa Dptd. Mil*  
*Bowmansdale Cumberland Co Pa*

State, *Pennsylvania*

[Post-office address of the Board.]

*Aug 5*, 189*6*

Cause of disability.

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: *Chronic Diarrhoea.*

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

and that he receives a pension of *70* dollars per month.

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

He makes the following statement upon which he bases his claim for *Original*  
*Contracted Chronic Diarrhoea in service, on*  
*march to White House Landing Va.*

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

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *18*; temperature, *98 1/2*; height, *5* feet *5 1/2* inches; weight, *130* pounds; age, *65* years. *Chest measure Rest 35 Insp 36 Exp 34*  
*General Appearance Healthy Heart and Lungs normal Chronic Diarrhoea none Rectum appears healthy no rating for Diarrhoea*  
*Rheumatism marked crepitation in left shoulder and slight in right and slight creaking of knee tenders tender over lumbar region and stoops fair 2/8 for Rheumatism Has an enlarged prostate gland causing frequent and painful urination 4/8 for enlarged prostate Occupation laborer Hands slightly calloused no vicious habits*  
*Except as above normal.*

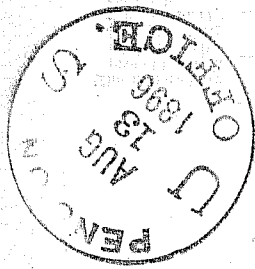
The actual, or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

*W. J. Kasten*, Pres. *Geo. Nemmiger*, Sec'y. *Geo. Peily*, Treas.

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



tion here.



SURGEON'S CERTIFICATE

IN CASE OF

*John Wrightstone*  
Co. *G*, *166* Reg't *Taddy's* *Mail*

Applicant for *Original*

No. *499353*

DATE OF EXAMINATION:

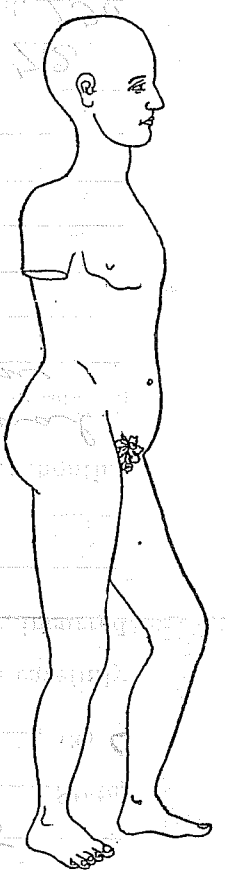
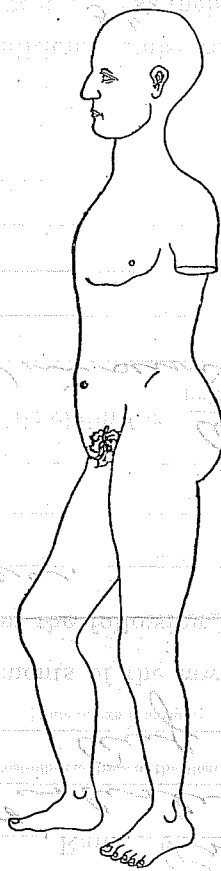
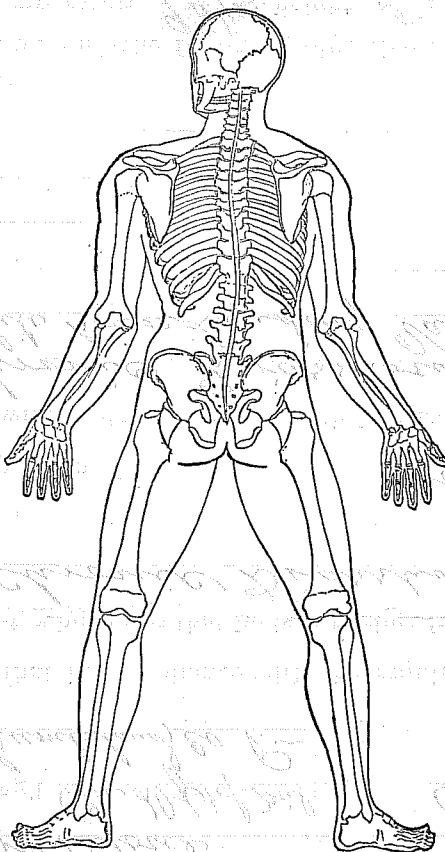
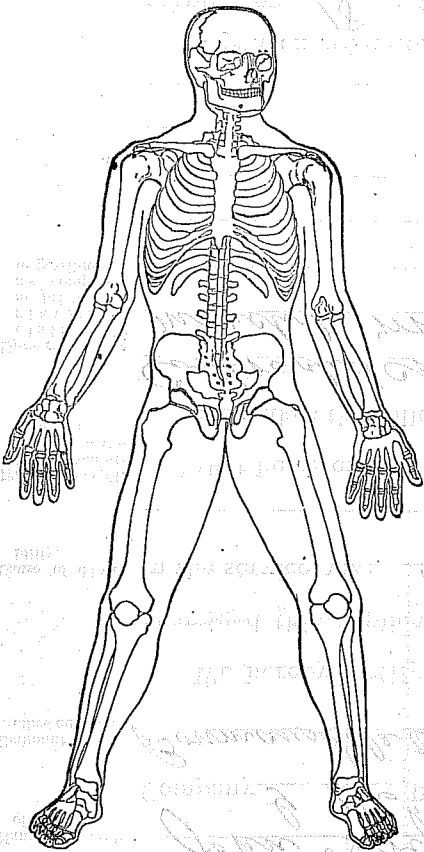
*May 5*, 189*6*

*W. J. Harten*, Pres.,  
*Geo. Munnings*, Sec'y,  
*Robt. Bailey*, Treas.,  
BOARD.

Post office, *Carlisle*  
County, *Cumberland*  
State, *Pa*

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

*Our case*



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, etc.

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

Insert character and number of claim.

Original

Pension Claim No. 499.553

Name and rank of claimant.

[State above whether for original, increase, or restoration.]

John Wrightson, Rank, Priv.

Claimant's post-office address.

Company, 200 Reg't Pa. Inf., Company, Pa. State, [Post-office address of the Board.]

Bowmandale, Cambria Co., Pa., Jan 5th, 1898, [Date of examination.]

Cause of disability.

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: Chr. Deformity. Rheumatism

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

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

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

Chronic Deformity  
Rheumatism  
Similar disability

[Original, increase, restoration, &c.]

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

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 16; temperature, 98 1/2; height, 5 feet 3 1/4 inches; weight, 142 pounds; age, 64 years. Occupation, laborer; well nourished, Erect, not anaemic, hands calloused.

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

Diaphragm above neither tender nor retracted; Lungs, tongue, conjunctiva and rectal walls normal. Rheumatism, slight or epiphyseated in right and left shoulder joints; all are both painful on motion. They even neither tender to touch enlarged, atrophied nor was motion impaired. No muscular contractions. Remaining joints and muscles found normal.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Heart found hypertrophied with dilatation, apex beat, prominent to eye and touch in 5th space and nipple line; a very faint murmur heard during systole of first sound, which in all probability is due to rigidity of mitral valves, 2nd sound normal, action irregular. Pulse stand 78, after exercise 110 with slight dyspnoea; slight cyanosis of feet, no oedema. This arthromatous degeneration of arteries.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Ability similar, has slight tremors of both hands and slightly of head which is evidently due to smilily. Nervous system normal; grasp of right hand less. Left 50; no vicious habits. No other disability.

Justus, Pres. R. K. Gruber, Sec'y. W. L. Ziegler, Treas.

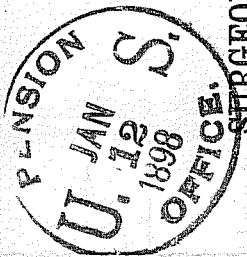
N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

(This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. Fitch, Dr. Graber, and Dr. Joseph were personally present and actually participated in the examination of John Wrightston, the claimant in this case, on 7th day of Jan., 1898  
(Signature.) R. W. Graber

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_."  
(Signature.)



**SURGEON'S CERTIFICATE**

IN CASE OF  
John Wrightston  
Co. D, 200 Reg't 4th Inf

Applicant for Original

No. H 99.5053

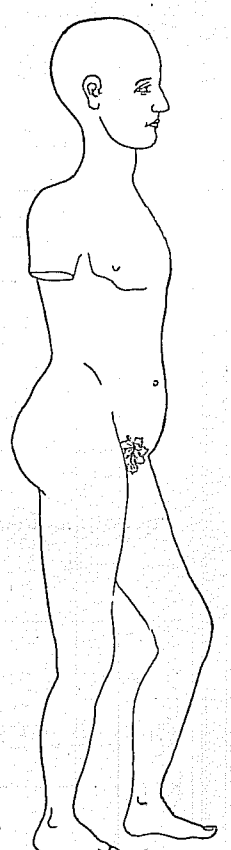
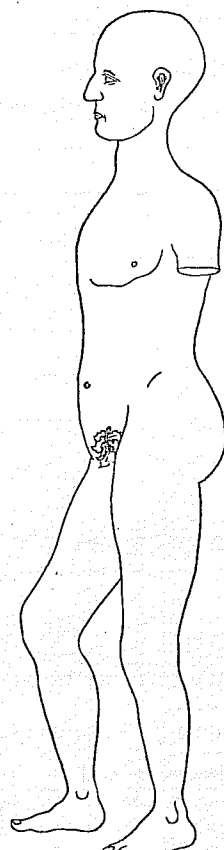
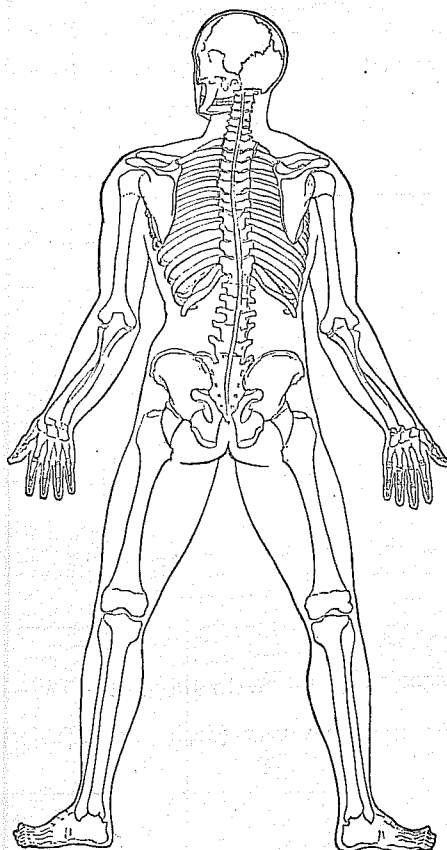
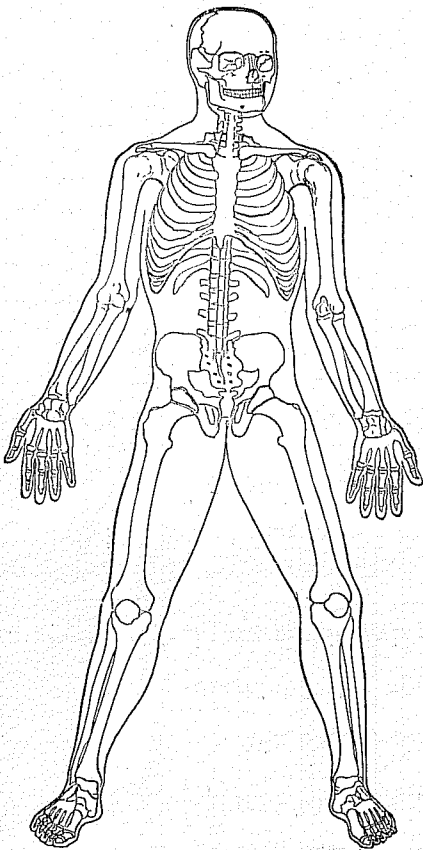
DATE OF EXAMINATION:  
January 7th, 1898

John Fitch, Pres.,  
R. W. Graber, Sec'y,  
W. L. Pieglar, Treas., } BOARD.

Post office, Anniston  
County, Taupke  
State, Ala

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

Examined



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

A.

A.

MEDICAL AFFIDAVIT.

The Affiant should state, in his own handwriting, the 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 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.

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 be given 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—

He will also state what has been the DEGREE of claimant's incapacity for manual labor, by reason of the disabilities on which his claim is based, during each month or year of the period of his treatment; in other words, what has been the average loss of time from labor per month or year; or about what proportion of a sound able-bodied man's work he has been able to perform, whether 1/2, 1/4, 1/3, 1/5, 2/5, 3/5, or 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. 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 contracted in the service, the pathological connection between them should be clearly and fully set forth, together with the reasons upon which his conclusions are based.

State of Pennsylvania }
County of York } SS.
In the Invid Pension Claim of John Wightstone (Name of Claimant.)
Co. G - 166 Pa. Dep. Vol.
personally came before me, a Justice of the Peace in and for
(Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)
D. W. Wenger, M.D. a resident
of Monaghan of the County of York
State of Pennsylvania who being duly sworn, declares in relation to the aforesaid case as follows:
(Here follow closely instructions in the margin. If space should not be sufficient, the Physician should firmly attach a sheet of

I knew John Wightstone some years before the rebellion or before enlisting in the late war knew to be a sound able bodied man was his family physician was intimately acquainted with him before the enlistment in the year of 1861 I was called to see him and found to be afflicted with Chronic Dysentery. I treated him for about four weeks got better better was not cured I gave him the treatment usually given such cases and also gave him treatment for the same disease in the year of 1893 is not likely to obtain a permanent cure of the aforesaid disease

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

D. W. Wenger

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



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

AND SUBSCRIBED before me this day; and I hereby certify that the affiant is a practicing physician in standing; that I am in nowise interested, either directly or indirectly, in the prosecution of this claim; and that I read the foregoing affidavit to the affiant, and acquainted him with its contents before he executed the same.

SEAL.

WITNESS my hand and official seal, this 3<sup>rd</sup> day of August, 1895.

Sign here, James W. Shaffer  
(Justice, Notary, or Clerk of Court, as the case may be.)

The Officer before whom this affidavit is executed must be sure to note in his certificate all erasures and interlineations, as indicated above.

This affidavit may be sworn to before a Notary Public, Justice of the Peace, or any Officer authorized by law to administer oaths for general purposes. The Certificate of the Clerk of a Court of Record need NOT be attached, but will be procured by us, hereafter, if required.

Copy 964,165  
A.

A.

Shuttle DIVISION  
No. 499,553

MEDICAL EVIDENCE.

Claim of  
John W. Brightstone  
Co. "E" 106 "B" Dr. 714

For

Affidavit of

P. O. Address

FILED BY  
MILO B. STEVENS & CO.  
PENSION ATTORNEYS.



B

No. 79.

B

# MEDICAL AFFIDAVIT.

## 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 a thorough 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.

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.

State of Pennsylvania }  
County of York } SS.

In the Supreme Court Pension Claim of John Brightstone  
(Name of Claimant.)

Co. 166 Pa. Inf.  
(Company and Regiment, or Vessel, or other Organization or Department.)

personally came before me, a Justice of the Peace in and for  
(Justice of the Peace, Notary Public, or Clerk of the Court, as the case may be.)

of Stollon a resident  
(Name of Physician or Surgeon.)

of Dauphin  
(City or Village.)

State of Penn. who being duly sworn, declares in relation to the aforesaid case as follows:

Have been a Practising Physician since April 1876  
(Here follow closely instructions in the margin. If space should not be sufficient, the Physician should attach a sheet of paper

firmly to this blank and continue his statement; not omitting, however, to sign this sheet as well as the one he attaches.)

Have this 22<sup>nd</sup> day of Aug 1898 Examined the above

named Claimant and find him affected as

follows:—have known him for over 22 years

and in all that time have treated him up to

1889 for his Chronic Diarrhoea at the present

Examination I find that there is a great tenderness

in the Region of Spine and very much so in the

vertebral Region there is a great tenderness

of Bones all through and the <sup>vertebrae</sup> is very

much increased there is great looseness of Bones

acting two and three times in one hour causing

loosening Extra control of the bones. And as he

is growing older the disease is ~~is~~ getting more

severe: getting considerable now, the last six months

and I really believe will continue growing now

in the next year to come now incapacitating

him from manual labor almost entirely

I am not related to the Claimant nor am I

in any wise interested in the claim or any

benefit in any way by it

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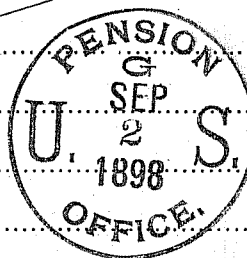
.....

.....

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

W. H. Powell, M.D.  
(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

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





(FROM OTHER SIDE.)

Sworn to and Subscribed before me this day ; and I hereby certify that the affiant is a practicing physician in good professional standing ; that I am not interested pecuniarily in the successful prosecution of this claim ; and that I read the foregoing affidavit to the affiant and acquainted him with its contents before he executed the same.

WITNESS my hand and official seal, this 22<sup>nd</sup> day of August 1898.

[SEAL]

James W. Shaffer  
(Signature of Officer.)  
Justice of the Peace  
(Official Title of Officer.)

The Officer before whom this affidavit is executed must be sure to note in his certificate all erasures and interlineations, as indicated above.

If this affidavit is sworn to before a Magistrate or Notary Public, the Certificate of the Clerk of a Court of Record need NOT be attached, but will be procured hereafter if required.

B

DIVISION

No.

MEDICAL EVIDENCE.

Claim of

For

Affidavit of

W. J. G. [Signature]

P. O. Address

St. Louis, Mo.

FILED BY

MILO B. STEVENS & CO.

PENSION CLAIM ATTORNEYS.

# GENERAL AFFIDAVIT.

STATE OF Pennsylvania }  
COUNTY OF York } SS.

In the matter of the claim for Continuation of Pension  
of John Wrightstone Co. G. 166 Pa. Inf.  
(Character of Claim)  
(Name of Claimant, the Name and Service of Soldier)

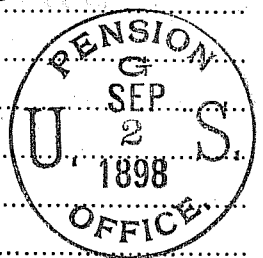
Personally came before me, a Justice of the Peace in and for the  
(Justice, Notary, Judge, Clerk or Deputy Clerk)

County and State aforesaid. David L. Bushey whose Post  
(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)

Office is Siddonsburg, York Co., Pa.  
person of lawful age, who, being duly sworn, declare in relation to the aforesaid claim, as follows:

I have known the Claimant John Wrightstone for twenty years, and heard him often complain of bowel trouble, and as he is getting old, and believe that he is almost totally unable to earn a support by manual labor.

This testimony was written in my presence by James W. Shaffer in his office August 23<sup>rd</sup> 1898 and only from my oral statements then made and was not aided or prompted by any written or printed statement, or recital prepared or dictated by any other person, and was attached as an exhibit to this testimony.



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

If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 Jessie E. Shaffer (Name of one witness to X mark)
2 (Name of other witness to X mark)

Signature of Affiant or of each Affiant.

D. L. Bushey

Sworn to and subscribed before me, this 23rd day of August 1898 near Siddonsburg, in the County York State of Pennsylvania and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in the affidavit, enter them here)

erased and the words

(If any words have been added in place of any erased, enter them here)

added: that the affiant is to me well known and is respectable & credible; and (Is or are) (Is or are) (Here state whether respectable and credible)

I fully certify that I have no interest, direct or indirect, in the prosecution of this claim.

James H. Shaffer (Name of Officer before whom executed) Justice of the Peace (State whether Justice, Notary, Clerk or Deputy Clerk)

[L. S.]

The Officer before whom this Affidavit is Executed must note in his Certificate all Erasures and Interlineations, as indicated above.

NOTE - This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of the Court need not be attached; but will be procured when called for by the department. In numerous instances the official character of the Notary or Magistrate is already officially known at the Department.

4-20-98. 10M.

No.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

MILO B. STEVENS & CO., SOLICITORS OF CLAIMS.

# GENERAL AFFIDAVIT.

STATE OF Pennsylvania }  
COUNTY OF York } SS.

In the matter of the claim for Increase of Pension  
of John Wrightston les. G. 166" Pa Armd  
(Name of Claimant, the Name and Service of Soldier)

Personally came before me, a Justice of the Peace in and for the  
(Justice, Notary, Judge, Clerk or Deputy Clerk)  
County and State aforesaid Jacob A Moore whose Post  
(Here write the Name of the Affiant or of each Affiant, together with the Postoffice address)

Office address is Siddonsburg York Pa  
person of lawful age, who, being duly sworn, declare in relation to the aforesaid claim, as follows:

I have known the claimant John Wrightston  
he has worked for me different times in  
the last twenty six years and I can  
say that he has complained different times  
of lerrnic disease. As he is getting old  
I do believe that he is not able to do much  
manual labor.



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

If either Affiant signs by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 Jessie E. Shaffer (Name of one witness to X mark)
2 (Name of other witness to X mark)

Signature of Affiant or of each Affiant.

Jacob A. Moore

Sworn to and subscribed before me, this 23rd day of August 1898 at near Seddonsburg, in the County of York, State of Pennsylvania and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in the affidavit, enter them here)

added: that the affiant is to me well known and is respectable & credible and (Is or are) (Is or are) (Here state whether respectable and credible)

I fully certify that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

James W. Shaffer (Name of Officer before Whom executed) Justice of the Peace (State whether Justice, Notary, Clerk or Deputy Clerk)

The Officer before whom this Affidavit is Executed must note in his Certificate all Erasures and Interlineations, as indicated above.

NOTE: This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of the Court need not be attached; but will be procured when called for by the department. In numerous instances the official character of the Notary or Magistrate is already officially known at the Department.

4-20-98. 10M.

Off. no. 461.165

CASE OF

John S. Shaffer

vs. John B. Ba wols

FOR

AFFIDAVIT OF

FILED BY

MILO B. STEVENS & CO., SOLICITORS OF CLAIMS.

# EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. 499.553.

Name of claimant, Mightstone, John,  
 Rank, Private,  
 Company, "G"  
 Regiment, 166<sup>th</sup> Drafted Infantry,  
 State, Pennsylvania.

EXAMINING SURGEON'S ADDRESS  
 Post office, York,  
 County, York,  
 State, Pennsylvania.  
 Date of examination, January 25<sup>th</sup>, 1884.

We hereby certify That we have carefully examined this applicant, who claims that while in the service of the United States, at or near a place named "White House Landing, Va., and while in line of duty, on or about the fourth day of July, 1863, he incurred "Chronic Diarrhoea", and that in consequence thereof he is disabled for earning his subsistence by manual labor.

Particular description. He states that he is 54 years of age, that he weighs 155 pounds, and that he is 5 feet 8 inches in height. His pulse-rate per minute is 68, his respiration 20, and his temperature 98.2. P. C. Siddonsburgh, Occupation, laborer.

The examination reveals the following facts:

Give the rational and physical signs so fully that how and why and how much the claimant is disabled shall clearly appear. When there are neither structural changes nor physical nor rational signs in support of the claim, that fact should be stated. Thereafter should be made in compliance with the "Instructions."

"Chronic Diarrhoea"; Alleges that this disease was contracted on or about the above-named time & place; that it was induced by exposure to cold & wet; that he was in a Washington Hospital for 3 or 4 days, when on his way home, & that he suffered therefrom at the time of his discharge. Alleges that he has had 3 or 4 attacks every year, of a pretty severe character, since his discharge. Each attack lasts from three days to two weeks, with from three to six passages daily, thin, dark, slimy, occasionally bloody, with pain at the anus. Muscular (tissued) firm & general appearance excellent. Tongue slightly furred & fissured; no abdominal tenderness or distension; no tenderness or enlargement of liver or spleen; no piles or any other evidence of rectal disease.

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

From the condition and history of the claimant, it is our opinion the disability was not incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.

We find the disability as above described to entitle him to no rating. Edmund W. Heisenhelder.  
Wm. S. Roland James H. Ross  
 Examining Surgeon S.



1

# SURGEON'S CERTIFICATE

1

IN CASE OF

*Wrightstone, John*  
Co. "G", 166<sup>th</sup> Reg't Pen. Depot, Phila.

## Application for Pension

*No. 499,553.*

Date of Examination: \_\_\_\_\_

*January 30<sup>th</sup>, 1884*

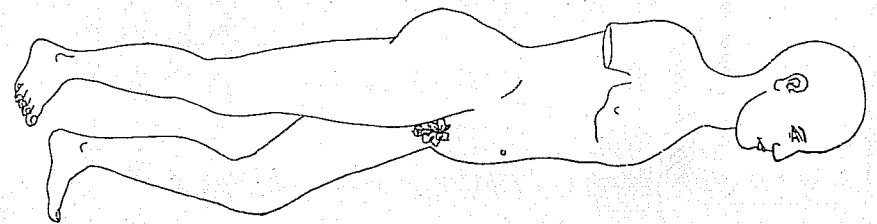
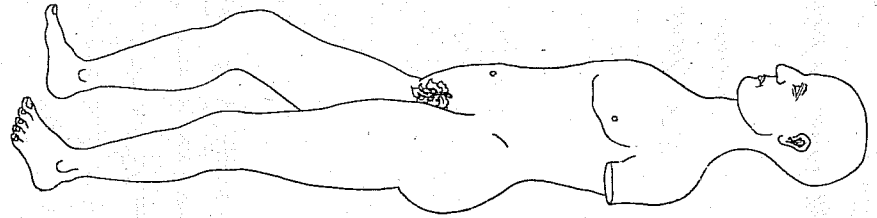
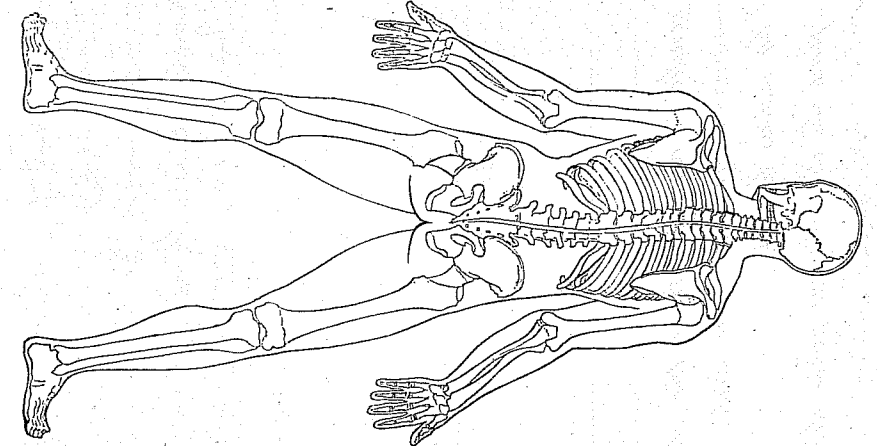
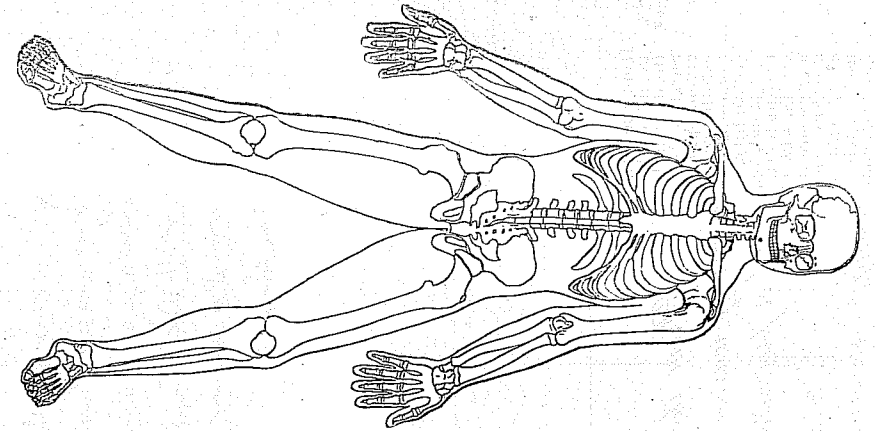
*Gen. Roland H. Hise, Lt. Col.*  
Examining Surgeon S.

Post Office, *York,*

County, *York,*

State, *Pennsylvania.*

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

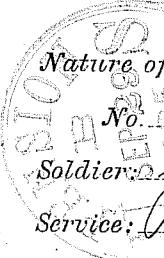


*O.E.*

(3-105.)

Department of the Interior,  
PENSION OFFICE,

July 30<sup>th</sup> 1885.



Nature of Claim *Original.*  
No. *499,553.*  
Soldier: *John Wrightstone.*  
Service: *Pennia.*

It is desired in this case that the examination be made with special reference to—

*Chronic diarrhoea.*

*Please examine very carefully and report all physical and rational signs of said disease. Describe the appearance of tongue and skin, condition of muscles, digestive organs and rectum. Also give the condition of abdomen as to tenderness, tension, firmness.*

*[Signature]*

Medical Referee.

THE SURGEON WILL DETACH THIS SLIP FROM THE "ORDER" AND RETURN IT WITH THE CERTIFICATE OF THE EXAMINATION.

*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.*

Dr. *B. D. Harrisburgh*

[1690-20 M.]

*Penn*

[OVER.]



Page 6

1 SURGEON'S CERTIFICATE 1  
(FOR A BOARD)

IN CASE OF

*John Washington*  
Co. 4 166 Reg't Pa. Inf

Application for Pension.

No. 499553

Date of examination: Sept 23<sup>rd</sup> 1885-

*A. H. Berlin*  
*A. Rowland*  
*Ormsby*  
Assistant Examining Surgeon.

Post office, *Harrisburg*

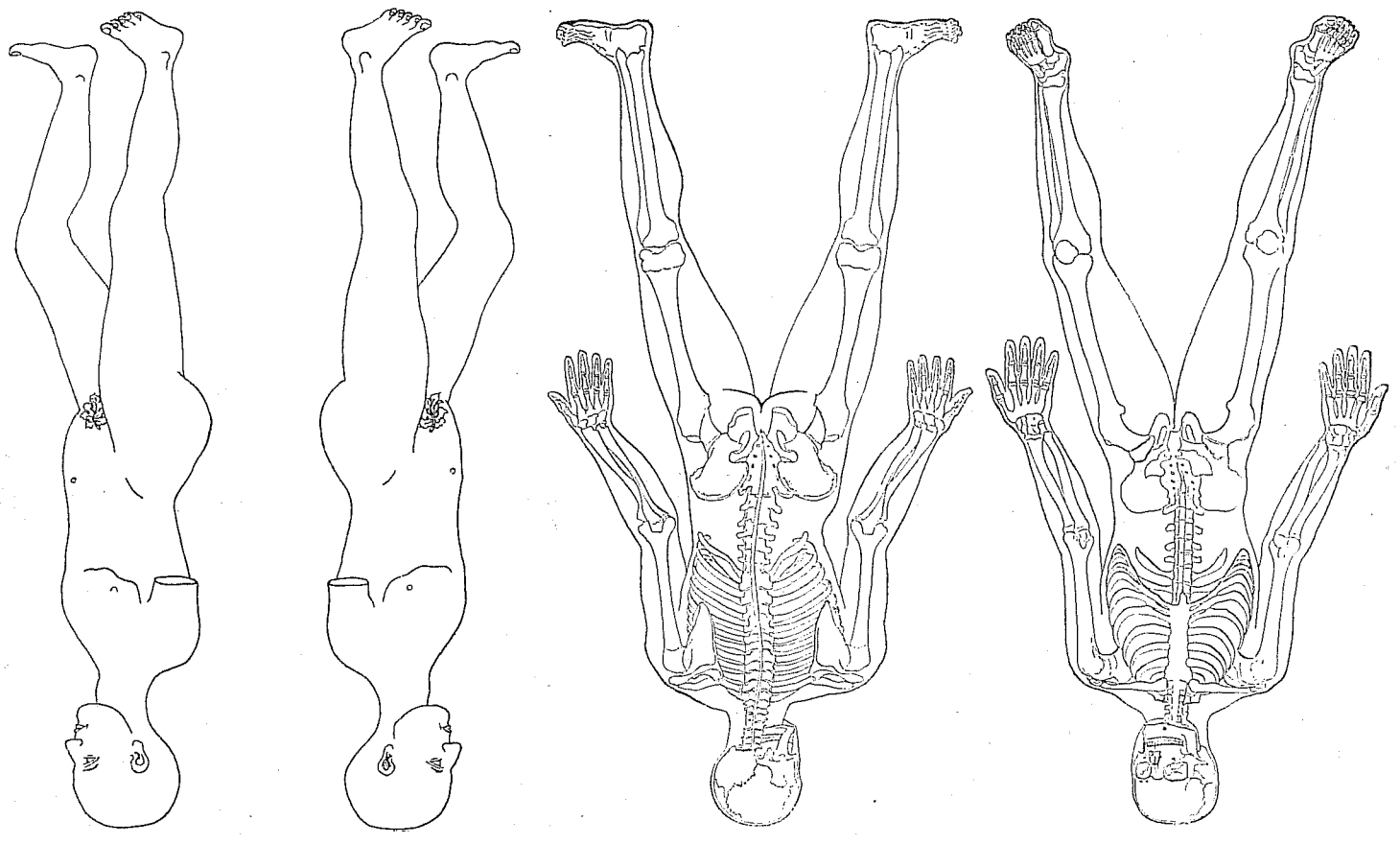
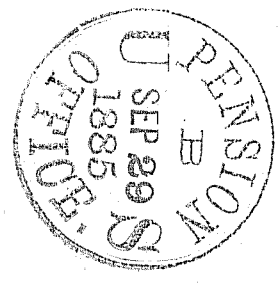
County, *Dauphin*

State, *Penn*

P. S.—Write your Post-office address plain 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.]

(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 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, or any tendency thereto.
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.
4. Whether he has treated said soldier since his discharge. If he have, 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 cannot be 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 reason of the disabilities on which his claim is based, during each month or year of the period of his treatment; in other words, what has been the average loss of time from labor, per month or year, or about what proportion of a sound able-bodied man's work he has been able to perform, whether  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ ,  $\frac{1}{8}$ ,  $\frac{3}{8}$ ,  $\frac{1}{2}$ , or 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 them must be clearly and fully set forth, together with the reasons upon which he bases his conclusions.

STATE OF Penn }  
 COUNTY OF York, } SS:  
 In the pension claim of John Wrightson  
 (Name of claimant.)

Personally came before me, a Justice of the Peace in and for  
 (Justice of the Peace, Notary Public, or Clerk of Court, as the case may be.)  
 aforesaid County and State. Daniel W. Wengert, a resident  
 (Name of Physician or Surgeon.)  
 of Bedfordburg, of the County of York,  
 (City or Village.)

State of Penn, who, being duly sworn, declares in relation to the aforesaid case as follows: I have been practicing Medice  
 (Here follow closely instructions in the margin. If space be not sufficient, the Physician should firmly attach a sheet of paper to this

blank, and continue his statement.)  
am 31 or 32 years and have known  
John Wrightson for five  
years before the beginning of late  
war and was his Medical  
Physician before enlisting in  
the Army and know him to be  
a sound man perfectly free  
from Syphilis at all times. I did  
not treat the Soldier while in  
the Army but after his discharge  
which was on the 28<sup>th</sup> July 1863  
I was called to visit him on the  
31<sup>st</sup> day after his discharge by eye  
matter found have a general attack  
of Chronic Disease with a torpid  
condition of the Liver I visit and  
treated him Daily for 4 weeks  
that that disease and have treated  
very frequently since that for the  
same disease depriving of  
manual labor to the best of  
my judgment about 1/2

And he further declares that he has no interest in said case, and is not concerned in its prosecution  
Daniel W Wengert M.D  
 (Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

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

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



and subscribed before me this day; and I hereby certify that the affiant is a practicing physician in good professional standing; that I am in nowise interested, either directly 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<sup>th</sup> day of September 1884

[L. S.]

Sign here *John E. Scherger, J. Peace*  
(Justice, Notary, or Clerk of Court, as the case may be.)

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.—It is preferable that this instrument should be executed before a Clerk of Court. The seal should be impressed on the original paper, either direct or through the paper on which the jurat is made, if that be a separate paper. When executed before a Justice of the Peace or Notary Public, a certificate from the Clerk of the Court must be attached, certifying that the Justice of the Peace or Notary Public had authority to act as such, except in cases where the Justice of the Peace or Notary Public has filed his commission, or certified copy thereof, in the Office of the Commissioner of Pensions.

STATE OF

COUNTY OF

SS:

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

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 1884

[L. S.]

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

DIVISION

*Notary Public*

MEDICAL EVIDENCE.

*John E. Scherger*  
166 Pa. D. P. Office Mil

CLAIM OF

*George E. Lemon*

FOR

*Aug Pension*

FILED BY

GEORGE E. LEMON,  
Attorney and Counsellor at Law.

Offices, No. 615 Fifteenth Street N. W.

P. O. Lock Box 325. WASHINGTON, D. C.

As this may reach the hands of some 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 known throughout the United States:

- WASHINGTON, D. C., March 1, 1879.
- W. F. SLEMONS, Member of Congress, Second Congressional District of Ark.
- W. P. LYNDE, Member of Congress, Fourth Congressional District of Wis.
- R. W. TOWNSHEND, Member of Congress, Nineteenth Congressional District of Ill.
- BELVIDERE, ILLINOIS, October 24, 1875.

I take great pleasure in recommending Captain George E. Lemon, now of Washington, D. C., to all persons who may have claims to settle or other business to prosecute before the Departments at Washington. I know him to be thoroughly qualified, well acquainted with the laws and with Department rules in all matters growing out of the late War, especially in the Paymaster's and Quartermaster's offices. I have had occasion to employ him for friends of mine, also, in the soliciting of patents, and have found him very active, well informed, and successful. As a gallant officer during the war, and an honorable and successful practitioner, I recommend him strongly to all who may need his services.

S. A. HURLBUT, Member of Congress, Fourth Congressional District, Illinois, Late Major-General U. S. Vol.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., March 5, 1876. From several years' acquaintance with Captain George E. Lemon, of this city, I cheerfully commend him as a gentleman of integrity and worth, and well qualified to attend to the collection of bounty and other claims against the Government. His experience in that line gives him superior advantages.

W. F. SPRAGUE, Member of Congress, Fifteenth Congressional District of Ohio. JAS. D. STRAWBRIDGE, Member of Congress, Thirteenth Congressional District of Penn.

EXECUTIVE MANSION, HOSE CITY, IDAHO TERRITORY, September 5, 1876. Captain GEORGE E. LEMON, Attorney and Agent for the collection of war claims at Washington City, is a thorough, able, and exceedingly well-informed man of business, of high character, and entirely responsible. I can assure all having war claims requiring adjustment that their interests cannot be better cared for.

M. BRAYMAN, Governor of Idaho and late Maj.-Gen. Vols. Any person desiring information as to my standing and responsibility will, on request, be furnished with a satisfactory reference in his vicinity or Congressional District.

*Mid Spw*  
(INVALID.) *J.F.*

(7-062.)

Department of the Interior,  
PENSION OFFICE,

*Dec 21, 1883.*

*Sir:*

Please furnish this Office a report of hospital treatment in the Claim No. 499,553, of *John Wrightstone*, late a *Pvt* Co. *166 Pa Vols*, from the data given below.

1. Disability from *Chronic Diarrhea contracted at Harpers Junction Va June or July 1863.*

2. Treatment, as follows: *in hospital Washington D.C. "on his way home" - Soldier can give no other data.*

3. The Adjutant General's report shows: \_\_\_\_\_

4. Discharged *July 28<sup>th</sup>, 1863,*

*Very respectfully,*

*J. M. Dudley*  
Commissioner.

The Surgeon General U. S. A.

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

Washington, D. C. *March 24*, 1884

Respectfully returned to the Commissioner of Pen-  
sions.

No information bearing upon this inquiry has been  
obtained from records of Med. Dir. Off.  
Dept. of Washington (embracing  
admissions to hospitals there)  
May 1 to July 28, 1862. See records  
of the Regiment's archives.

BY ORDER OF THE SURGEON GENERAL:

*B. J. Pope*  
Assistant Surgeon, U. S. Army.  
(106)

Per

*LLB*  
*[Signature]*

✓  
R. & P. DIV.  
1884 234620  
DEC 28  
U. S. A. O.

PENSION  
OFFICE  
MAR 24  
1884