

Dear Patron:

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BEST AVAILABLE COPY.

THE NATIONAL ARCHIVES

CERT. NO. 567,403

PENSIONER:

Elyse J. Wrightstone
Widow OF

VETERAN:

Michael Wrightstone

V. NO.

48,873.

BUNDLE NO.

5

6230
Pitts

Increase INVALID PENSION.

H.T.G.
 Claimant, *Michael Wrightstone*
 P. O., *Mechanicburg* Rank, *Pri*
 County, *Cumberland* Company, *C. in Pa. Inf*
 State, *Pa* Regiment, *166 in Pa. Inf*
 Rate, \$ *12* per month, commencing *July 22, 1896.*

623.659

Disabled by *Rheumatism & paralysis agitans.*

RECOGNIZED ATTORNEY:

Name, _____ Fee \$ _____ Agent to pay.
 P. O., _____ Articles filed _____, 189____

APPROVALS:

Submitted for *As July 29, 1897*
 Approved for *Rheumatism & paralysis agitans (newly alleged) May 21, 1896.*
E. T. Getchell., Examiner.
 Approved for *Rheumatism and paralysis agitans (newly alleged) from July 22, 1896.*

Shirley
Aug. 11, 1897, Medical Referee.

Enlisted *Nov 9-*, 186*2* Honorably discharged *July 28, 1863* Last paid
 to _____, at \$ *6*, for *rheumatism fr*
July 28-90 & arj April 29-93
 Pension under other laws at \$ _____, for

Original declaration, act June 27, 1890, filed *July 28-*, 189*0*, alleged *chronic rheum. & nervousness. Inc Dec Aug 8-91 rheum.*

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *May 21-*, 189*6*, alleges *rheumatism & nervousness*

Squisbymark M.A. Hon G. J. Penner

(3-145 b.)

Act of June 27, 1890.

One INVALID PENSION

Claimant, *Michael Wrightstone* *eff No. 623,659*
 P. O., *Shepherdstown* Rank, *Private*
 County, *Chamberland* Company, *Co. 1*
 State, *Pa* Regiment, *166th Pa Vol Inf*

Rate, \$ _____ per month, commencing _____

Disabled by _____ **REJECTED**

RECOGNIZED ATTORNEY:

Name *J. B. Cralle & Co* Fee \$ *2* Agent to pay.
 P. O., *Washington DC* Articles filed _____, 189 _____

APPROVALS:

Submitted for *April 20th 1893*, Examiner. *R. T. Gerbell*

Approved for *rheumatism* *\$6. no increase*

April 22, 1893, *H. S. Starr*, Legal Reviewer. *April 29, 1893*, *W. D. Dugan*, Medical Referee.

Enlisted *Aug 9th 1862* Honorably discharged *July 28th 1863* Last paid to _____, at \$ *6*, for *rheumatism*.

Pension under other laws at \$ _____, for _____

Original declaration, act June 27, 1890, filed *July 28th 1890*; alleged *rheumatism & nervousness*

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *Aug 8th 1891*, alleges *rheumatism*

Sign by mark *Chas. W. C.*

(3-145 a.)

Act of June 27, 1890.

INVALID PENSION.

623659
Pills.

Claimant, Michael Wrightstone
 P.O. Shepherdstown Rank, pri
 County, Cumberland Company, C
 State, Pa Regiment, 166 Pa Inf
 Rate, \$ 6., per month, commencing July 28, 1890

Disabled by Rheumatism

RECOGNIZED ATTORNEY.

Name, J. B. Cralle & Co Fee, \$ 10 Agent to pay.
 P.O. City Articles filed, _____, 189 .

APPROVALS.

Submitted for admission May 27, 1891, GM Flick Examiner.

Approved for Ad. Rheumatism
\$ 6.

MS.

Denton
Legal Reviewer.

No other disability shown in a notable degree.

W.S. Bu
Medical Referee.

June 12, 1891.

Foster
July 6, 1891.

now pensioned under other laws. Last paid to _____, 189 , at \$ _____
Pensioned from _____, 18____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Nov 9, 1862 honorably discharged July 28, 1863

Re-enlisted _____, 18____, honorably discharged _____, 18____

Declaration filed July 28, 1890, alleges permanent disability, not due to vicious habits, from Chronic rheumatism and nervousness

6-687
Civil makes +

MS MS

3-530

Department of the Interior,
BUREAU OF PENSIONS.

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

W. H. BAYLY,
Chief Clerk.

Mr Division,

Ind- Claim,

etf
No. *623.657*, of

Michael Wightstone
P. O. *Mechanicsburg*
Pa

Hon. *G. J. Bennett*

called up this case *June*, 189*7*,
and should be informed of its adjudication.

E. T. Getchell.

Examiner.

Crossmiff
3-438.
(Old No. 3-562.)

ACCRUED PENSION.

Act of March 2, 1895.

*Ed
Pitts*

EASTERN Division.

✓ Certificate No. *623659* ✓ Last issue *August 26, 1897.*

✓ Pensioner, *Michael Wightstone* ✓ Act. *June 27, 1890.*

✓ Date of death, *November 5, 1903.*

✓ Claimant, *Eliza J. Wightstone (widow,
Mechanicburg,
Cumberland County,
Pennsylvania)*

✓ Certificate is filed.

✓ Submitted for Adm. *February 16, 1904*

M. E. Coleman Examiner.

BOARD OF REVIEW.

Approved for *Admission*

Pay to the widow as above

W. S. Roberts Reviewer, *Feb. 19, 1904*

G. A. Meyers Rereviewer, *Feb. 19, 1904*

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued *Feb. 23, 1904*
Mailed *" 25, 1904*

Payable to *Widow*

Original certificate and voucher

No M. C. Claimant *[Signature]* writes.

110111

APPLICATION FOR ACCRUED PENSION. (WIDOW'S.)

State of Pennsylvania County of Cumberland SS.

On this fifteenth day of November, 1903, personally appeared Ms Eliza J. Wrightstone, who, being duly sworn, declares that she is the lawful widow of Michael Wrightstone, deceased; that he died on the 5th day of November, 1903; that he had been granted a pension by Certificate No. 623,659 which is herewith returned (or if not, state why not)

; that he had been paid the pension by the Pension Agent at Pittsburg up to the 4 day of October, 1903; after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States, except

; that she was married to the said Michael Wrightstone on the 27 day of September, 1864, at Sewisberry York Co in the State of Penn; that her name before said marriage was Eliza J. Kline

; that she had (or had not) been previously married; that her husband had (~~or had~~ not) been previously married; that she hereby makes application for the pension which had accrued on aforesaid certificate to the date of death; and that her residence is No. _____

Street, City of Mechanicsburg, County of Cumberland, State of Penn, and her post-office address is same

(Widow's Signature.) Eliza J. Wrightstone

Also personally appeared Aminty Herschman, residing at Mechanicsburg, Co Pa, and Samuel A. Miller, residing at Mechanicsburg Pa, who, being duly sworn, say they were present and saw Eliza J. Wrightstone sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of Michael Wrightstone, who died on the 5th day of November, 1903; and that their means of knowledge that said parties were husband and wife, and that the husband died on said date, are as follows:

That we both knew the family & were present at the funeral. We were two of his Pall-Bearers & was buried on Sunday the 8th day of November 1903

(Signature of Witnesses.)

Armstrong, Herschman
Samuel A. Miller

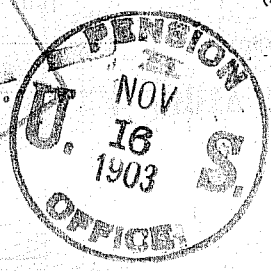
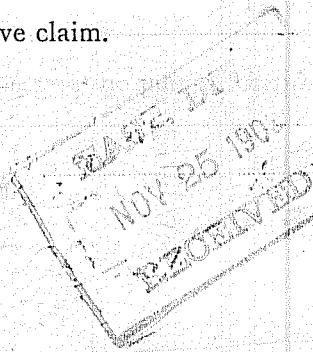
Sworn to and subscribed before me on this 13 day of November 1903, and I certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect in the above claim.

(Signature)

[Signature]

(Official Character.)

JUSTICE OF THE PEACE
Commission Expires
First Monday in May, 1903



State of _____ County of _____ SS.

I, _____, Clerk of the _____ Court of the county aforesaid, do hereby certify that _____

is _____, duly commissioned and qualified; that his commission was dated on the _____ day of _____, 18____, and will expire on the _____ day of _____, 189____, and that his signature within written is genuine.

GIVEN under my hand and the seal of said Court this _____ day of _____, 189____

Clerk.

Evidence upon the following points should accompany the application for accrued pensions :

1st. Proof of marriage.

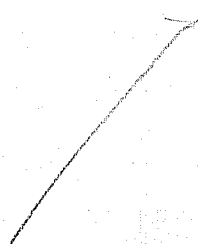
2d. Proof that the widow and the pensioner had never been married before, or if they had been married to other persons, proof of the death of such person, or proof of divorce.

Proof of marriage should be made by copies of any public records of that fact if in existence; if this can not be had, then the sworn statement of the clergyman or magistrate who performed the ceremony, or of two persons who were present at the ceremony; if this proof cannot be made, then the evidence of length of time parties lived together as husband and wife and the testimony of two or more neighbors who know the parties lived together and were recognized as husband and wife.

Proof should be made in the order named above, or satisfactory reason given why the best evidence can not be furnished.

This application _____ should be properly executed and forwarded to the Commissioner of Pensions.

It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.



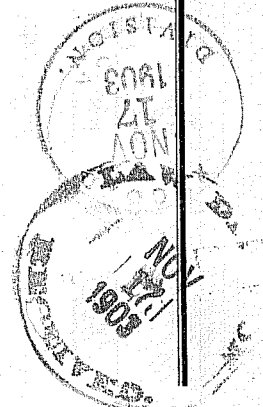
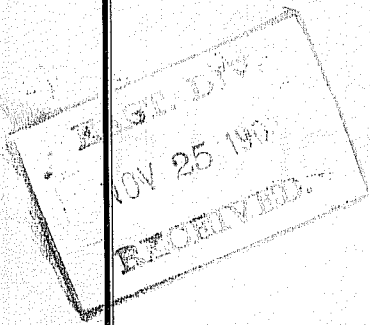
APPLICATION FOR ACCRUED PENSION.

(WIDOWS.)

Certificate No. 623659

Pensioner Michael Mystakos

C. C. 166 Pa. Jols



GENERAL AFFIDAVIT.

RECEIVED
DEC 24 1903

State of Pennsylvania }
County of Cumberland } SS

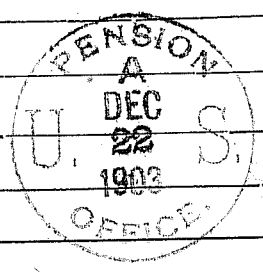
No. 794.722

In the matter of claim for York Dyna Widows, Eliza Wrightstone
Widow of Michael Wrightstone Dead A. C. 106 Pa Vol

Personally came before me a Notary Public in and for the aforesaid county and state
Charles Williams aged 47 years residing at Odelberg
County of York State of Penna and _____
aged _____ years, residing at _____ County of _____

State of _____ who being duly sworn, declares in relating to the afore said case as follows.

That he was intimately acquainted with the Claimant
her late husband Michael Wrightstone, when young
people. & am positive that neither had been married
before they married each other. Knowing them as
well as I did, neither could have been married
before they married each other without me knowing
it. & I have lived within 5 miles from them all
the time & know that they lived together as man & wife
up to date of his death. & were never divorced from
each other during their married life



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

Witness: J. M. Bailey Affiant Sig. Charles Williams
D. W. Peltzer

Sworn to and Subscribed, before me this 21 day of Dec. 1904 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 _____ erased in line _____

and the words _____ added

and that the affiant is to me well known and good citizens and that I have no interest in the prosecution of this claim either direct or indirect, _____

M. J. Bailey
Notary Public
My Commission expires Jan. 2, 1905.

No. _____

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

GENERAL AFFIDAVIT.

State of Pennsylvania
County of Cumberland

} SS

No. _____

In the matter of claim for

*Original Widow's Act - June 27 1890 of Eliza J
Wrightstone Widow of Michael Wrightstone Co 'C' - 166 Pa Vol*

Personally came before me a *Justice of the Peace* in and for the aforesaid county and state

Mary J Mumper aged *53* years residing at *Mechanicsburg*

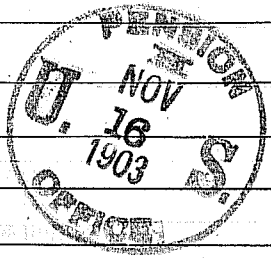
County of *Cumberland* State of *Penna* and *Eliza M. Peterman*

aged *75* years, residing at *Dillsburg* County of *York*

State of *Penna* who being duly sworn, declares in relating to the afore said case as follows.

*Ms Mumper testifies that she was intimately acquainted with the claimant
and her husband Michael Wrightstone. He knew both before they were married
and she sure neither was married before they married each other. I remember
distinctly when ^{they} went to get married. He returned to the Underwood home-
stead where I lived. & they also lived there & worked on the farm. They
never were divorced from each other. He lived together as man and
wife up to the date of his death. which occurred last Thursday
Nov 5th 1903.*

*Ms Peterman states that she had known the claimant
and her husband Michael Wrightstone when they were young
people neither had been married before they married
each other.
I was so well acquainted with them that they could
not possibly been married before they married each
other without me knowing it. they were never di-
-vorced from each other. but lived together as man
& wife up to the date of his death which was November
5th 1903.*



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

Witness:

Affiant Sig. *Mary Jane Mumper*
Eliza M. Peterman

Sworn to and Subscribed, before me this 13 day of November 1903 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 _____ erased in line _____ and the words _____ added and that the affiants are to me well known and reputable citizens and that I have no interest in the prosecution of this claim either direct or indirect, _____

[Handwritten Signature]

JUSTICE OF THE PEACE.
Commission Expires
First Monday in May, 1909.

*744 Pennsylvania
In Case*

Additional Evidence.

No. _____

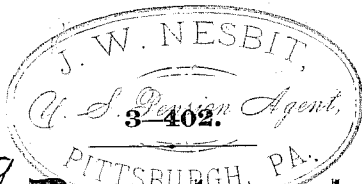
CASE OF

FOR

AFFIDAVIT OF

FILED BY

RECEIVED
NOV 25 1903



ACT JUNE 27 1890

Certificate No. 623.659

Name, Michael 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,

A. C. Hayward

Commissioner of Pensions.

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

Answer. Yes. Eliza Jane Wrightstone. Eliza Jane Kline

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

Answer. September 2nd 1864, at Lewisburg, York Co. Pa. by Solomon Washer

Third. What record of marriage exists?

Answer. Marriage Certificate

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. Yes. Grant Born June 7, 1865. Alfred Born June 11, 1867,

William Born December 7, 1868. Frank Born Jan. 20, 1872

Edwin Born August 20, 1874. Irwin Born July 11, 1878. Maurice

Born Feb. 17, 1890. Ida Born

July 6 1895

Date of reply, March 27, 1898

Michael Wrightstone

(Signature.)

GENERAL AFFIDAVIT.

State of Pennsylvania }
County of Cumberland } SS

No. _____

In the matter of claim for Original Widow's Act June 27 1890. of Eliza J
Wrightstone Widow of Michael Wrightstone Co "C" 166, Pa Vol

Personally came before me a Justice of the Peace in and for the aforesaid county and state

Elizabeth J Underwood aged 73 years residing at Mechanicburg

County of Cumberland State of Penna and _____

aged _____ years, residing at _____ County of _____

State of _____ who being duly sworn, declares in relating to the afore said case as follows.

The Claimant and her Husband Michael Wrightstone
as I have known each other many years they both
worked for us on our farm when young people before
the Civil War, I remember distinctly when they went
from our farm to Lewisburg to be married & remember
that they returned, I do not remember the date, however
there is no question that neither had been married
before they married each other. They were married during
the fall of 1864, & the following spring went
to Home Keeping & from my personal knowledge
have kept House & lived together as man and
wife up to her Husbands death which occurred
Nov-5 1903. They raised a family of 9 Children
& were regarded by all who knew them to be kind
and respectable folks



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

Witness: _____

Affiant Sig. Elizabeth J Underwood

Sworn to and Subscribed, before me this 13 day of November 1905 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 _____ erased in line _____ and the words _____ added and that the affiant is to me well known and a respectable old lady and that I have no interest in the prosecution of this claim either direct or indirect, _____

Handwritten signature

JUSTICE OF THE PEACE
Commission Expires
First Monday in May, 1908.

*70 paid 2nd day
Cohasset*

EAST. DIST.
NOV 25 1905
RECORDED
No. 623657

Additional Evidence.

CASE OF
Elsa J. Kristalove
Widow of Michael Kristalove
Ch. C. 166 Pa. Ind.

FOR

Original

AFFIDAVIT OF

Elizabeth J. Mendenwood

FILED BY

REGISTRAR
NOV 25 1905
ADM

GENERAL AFFIDAVIT

RECEIVED
DEC 24 1903
DIV.

State of Pennsylvania }
County of Cumberland }

No. 794,772
In the matter of claim for Margaret Wilson Quinn, of Eliza Hightstone
Widow of Michael Hightstone Co "C" 166 Pa Vol

Personally came before me a John of the Peace in and for the aforesaid county and state
H. A. Dick aged 54 years residing at Mechanicsburg
County of Cumberland State of Penn and

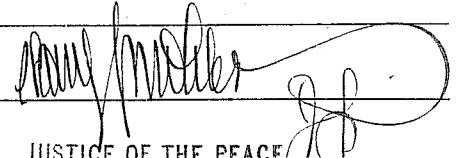
aged _____ years, residing at _____ County of _____
State of _____ who being duly sworn, declares in relating to the afore said case as follows.

I am a resident of Mechanicsburg Pa where
I am conducting and engaged in Undertaking. I had
charge of the Burial of Michael Hightstone Hus-
band of the applicant who died on the
5
day of November 1903. He was buried on
5
day of November 1903. in a Cemetery known as
Fileys in York Co Pa about seven miles south
of Mechanicsburg Pa

PENSION
DEC
22
1903
OFFICE

Witness: _____ further declare that _____ have no interest in said case, and _____ not concerned in its prosecution.
Affiant Sig. H. A. Dick

Sworn to and Subscribed, before me this 21 day of December 1905 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 _____ erased in line _____ and the words _____ added and that the affiant is to me well known and a Reputable Citizen and that I have no interest in the prosecution of this claim either direct or indirect, _____


 JUSTICE OF THE PEACE
 Commission Expires
 First Monday in May, 1908.

No. _____
Additional Evidence.

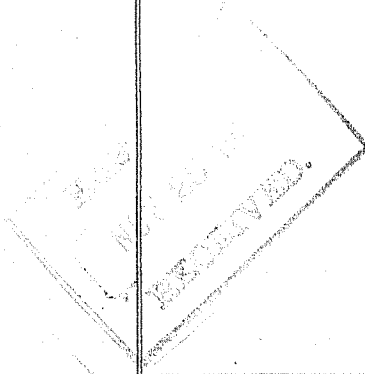
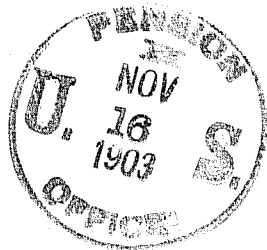
CASE OF _____

 FOR _____
 AFFIDAVIT OF _____
 FILED BY _____

State of Pennsylvania } S. S.
 County of Cumberland }
 I hereby certify that I am the clerk to the County Commissioners of Cumberland County Pa. that we are the legal custodians of the assessment lists of said County. that I have made an examination of the assessment lists of Upper Allen township in which Mrs Eliza Wrightstone resides and that I fail to find any property assessed to her, or her deceased husband Michael Wrightstone.

In witness whereof I have herunto set my hand and affixed the seal of the Commissioners office at Carlisle this 11th day of Nov. A. D. 1903

W. A. Lepperd
 Clerk



GENERAL AFFIDAVIT.

State of Pennsylvania
County of Cumberland

No. 794,772

In the matter of claim for Widow's Pension, Eliza Mynstetone
Widow of Michael Mynstetone late Co. C. 166 Pa. Inf.

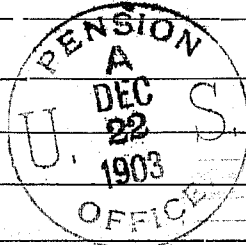
Personally came before me a Justice of the Peace in and for the aforesaid county and state
John M. Underwood aged 67 years residing at Mechanicsburg

County of Cumberland State of Penna and Geo. H. Buffington

aged 65 years, residing at Mechanicsburg County of Cumberland

State of Penna who being duly sworn, declares in relating to the afore said case as follows.

We knew both Claimant & her Husband Michael
Mynstetone for years. The Claimant has not re-mar-
ried since her husband's death, which occurred last-
month (November). We never knew of them owning
any real Property.



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

Witness:

Affiant Sig.

John M. Underwood
George H. Buffington

Sworn to and Subscribed, before me this 19 day of December 1903 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 _____ erased in line _____

_____ and the words _____ added and that the affiant are to me well known and reputable Citizens and that I have no interest in the prosecution of this claim either direct or indirect, _____

[Handwritten Signature]

JUSTICE OF THE PEACE.
Commission Expires
First Monday in May, 1908.

No. _____

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

GENERAL AFFIDAVIT.

EAST. DIV.

DEC 24 1903

RECEIVED.

State of Pennsylvania
County of Cumberland

} SS

No. 794,722

In the matter of claim for Original Widow Pension, Eliza Knightstone
Widow of Michael Knightstone Co. C, 106 Pa. Inf.

Personally came before me a Justice of the Peace in and for the aforesaid county and state
Daniel Morrill aged 65 years residing at Mechanicsburg

County of Cumberland State of Pennsylvania and

aged _____ years, residing at _____ County of _____

State of _____ who being duly sworn, declares in relating to the afore said case as follows.

That the Claimant El I went to the same school
together. I saw the Claimant's husband Michael Knightstone El I were intimate. El
while I do not remember date of their mar-
riage I do know that neither were mar-
ried before they married each other. El I
know that they lived as man and wife up to
date of his death El they were divorced
from each other. I have never know them
to own any Real Estate. but were poor people earning
their living by manual labor. El raised a large family
of children who also are poor El earning their support
by manual labor.



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

Witness: _____ Affiant Sig. Daniel Morrill

Sworn to and Subscribed, before me this 19 day of December 1903 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 _____ erased in line _____ and the words _____ added and that the affiant is to me well known and a reputable Citizen and that I have no interest in the prosecution of this claim either direct or indirect, _____

[Handwritten Signature]

JUSTICE OF THE PEACE.
Commission Expires
First Monday in May, 1908.

No. _____

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

GENERAL AFFIDAVIT.

RECEIVED
DEC 24 1903
D. DIV.

State of Pennsylvania
County of Cumberland

No. 794772

In the matter of claim for Widows Pension, Eliza Wrightstone
Widow of Michael Wrightstone, late Co. C. 166 Pa. Vols

Personally came before me a Justice of the Peace in and for the aforesaid county and state
Eliza Wrightstone aged 65 years residing at near Mechanicsburg
County of Cumberland State of Pennsylvania and

aged _____ years, residing at _____ County of _____

State of _____ who being duly sworn, declares in relating to the afore said case as follows.

There is neither Public nor Church Record of my marriage to
Michael Wrightstone. The Minister who performed the ceremony
has died years ago. The Ministers Wife & Daughter were
present at marriage but wife is dead & his Daughter I
am told lives in California. were married at the Ministers
residence in Lewisburg York Co Pa. Paragraph 1 Civ letter 388-
all the Property I got in this world is my Furniture which is
old & out of date. might sell for \$50 at a public sale. I
sent Certificate from Commissioners Office showing that neither I
nor my Husband owned any Real Property. I have no interest
in any Bonds, stocks or any other securities or investments
I have no one to depend on for a living except my Children
& they are left busy to earn enough for their own sup-
port. My Husband did not have any life insurance. No to
I never had any Real Estate to dispose of before or
since Nov 16 1903.

PENNSYLVANIA
DEC 22 1903
OFFICE

Further declare that _____ have no interest in said case, and _____ not concerned in its prosecution.

Witness: _____ Affiant Sig. Eliza J Wrightstone

Sworn to and Subscribed, before me this 19 day of December 1903 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 _____ erased in line _____ and the words _____ added and that the affiant is to me well known and a reputable & worthy woman and that I have no interest in the prosecution of this claim either direct or indirect, _____

Henry Fisher

JUSTICE OF THE PEACE
Commission Expires
First Monday in May, 1903

No. _____

Additional Evidence.

CASE OF

FOR

AFFIDAVIT OF

FILED BY

[Handwritten signature]

MOM

Declaration for Widow's Pension.

ACT OF JUNE 27, 1890.

State of Pennsylvania County of Cumberland SS:

On this 13th day of November, A. D. 1905, personally appeared before me a Justice of the Peace, within and for the County and State aforesaid, Eliza J. Wrightstone aged 64 years; a resident of Near Mechanicsburg, County of Cumberland, and State of Pennsylvania who, being duly sworn according to law, declares that she is the widow of Michael Wrightstone, who enlisted under the name of Michael Wrightstone at York Pa on the 9th day of October 1862, as a Private in Co. C, of the 166 Regiment of [1] Pennsylvania, Volunteers, in the service of the United States, in the war of the rebellion, and served at least ninety days and was honorably discharged at Harrisburg July 28 1863 and who died at Near Mechanicsburg on the 5th day of November, 1905. That said soldier rendered no other Military or Naval service, otherwise than stated above [2] Co "C" 166 Pa Vol Fifty

That her maiden name was Eliza J. Kline and that she was married on the 27th day of September 1864, to said soldier at Lemberry York Co Pa, there being no legal barrier to said marriage; that neither she nor her husband had been previously married. [X] She has no income from any source & unable to work & is dependent upon others for her support

That she has not remarried since the death of said soldier, and she is without other PRESENT means of support than her own labor. That the names and dates of birth of all the children now living, under sixteen years of age, of the soldier, are as follows :

- _____ , born _____ 18_____
 - _____ , born _____ 18_____
 - _____ , born _____ 18_____
 - _____ , born _____ 18_____
 - _____ , born _____ 18_____
- No children under 16 years of age*

That she has _____ applied for pension under application No 623.659 and she makes this declaration for the purpose of being placed on the pension roll, of the United States, under the provisions of the Act, approved, June 27, 1890. That she hereby appoints,

Herself
her true and lawful attorney to prosecute her claim, and ~~agrees to allow said attorney the fee of TEN DOLLARS, prescribed by law.~~

That her POST OFFICE ADDRESS is Mechanicsburg
County of Cumberland State of Pennsylvania

RECEIVED. NOV 25 1905

U. S. OFFICE NOV 16 1905

Eliza J. Wrightstone
Applicant.

Attesting Witnesses.

Also personally appeared Eliza M. Peterman residing at Dillsburg Pa, and Elizabeth J. Underwood residing at Mechanicburg, persons whom I certify to be respectable and entitled to credit, being by me duly sworn, say they were present and saw Eliza J. Hightstone, the claimant sign her name, (~~or make her mark~~) to the foregoing declaration; that they have every reason to believe from the appearance of claimant, and their acquaintance with her for 50 years and 50 years respectively that she is the identical person she represents herself to be; and that they have no interest in the prosecution of her claim.

Eliza M. Peterman
Elizabeth Underwood
 Signature of Witnesses.

SWORN to and subscribed before me this 13 day of November 1895

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the L. S. words _____, erased and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Official Signature [Signature]
 JUSTICE OF THE PEACE
 Commission Expires
 First Monday in May, 1909.

INSTRUCTIONS: [1] Give militia service or name of vessel if in the Navy. [2] If soldier rendered any other service, give Company and Regiment, or name of Vessel. [3] If either the claimant or soldier had been previously married, state how dissolved.
 The Act of June 27, 1890, REQUIRES in a widow's case; 1. That soldier served at least 90 days and was honorably discharged. 2. Proof of the date and place of soldier's death. 3. That widow is "without other means of support than her daily labor." 4. That widow was married to soldier prior to June 27, 1890, date of the Act. 5. That all pensions under this act commence from date of filing.

Widow's Application.
 Act of June 27, 1890.
Eliza J. Hightstone
 Widow of
Michael Hightstone
 Co. C, 166 Regt.
Pa Vol's.
 ANo 623659

no widow's claim
18/09
 RECEIVED
 NOV 25 1895
 W. D. P.

FILED BY Merrel
 RECEIVED
 NOV 25 1895
 Printed and kept for sale at the SENTINEL Office, Carlisle, Pa.

GENERAL AFFIDAVIT.

State of Pennsylvania }
County of Allegheney } s.s.

In the matter of the claim for Increase Under act of June 1890 no 623.659
Michael Wrightstone Co "B" 166 Penna Drafted Militia
(Name of Claimant, the Name and Service of Soldier.)

Personally came before me, a Justice of the Peace in and for the
County and State aforesaid George Fulmer of Mechanisms
County of Allegheney State of Pennsylvania

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

I have this day carefully examined Mr
Michael Wrightstone, having been a Private in Co
B 166 Pa Volunteer Militia
I find him suffering with Chronic Rheumatism
and exceedingly nervous. that it is with great
difficulty that he can put a glass of water
to his lips without turning it on himself
and at this time he is incapacitated from
performing any hard manual labor
by which he can support himself and
wife
and that his disability are not due to any
vicious habits

The above affidavit was written by myself on the 20th day
of May, 1896, at my Office in my presence as I dictated it to h
and I did not use and was not aided or prompted by any written or printed statement or recital prepared or dic-
tated by any other person.

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

Witness George Fulmer M.D. Affiant
sworn to and subscribed before me this 20 day of May, 1896, and I certify
that the contents of the foregoing affidavit were fully made known to the affiant before swearing thereto and I
certify that I have no interest in the prosecution of this claim.

SEAL.

George Fulmer
Justice of the Peace.

Certificate on file to cover
Date of execution.
Law Division.
M

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

WIDOW'S PENSION.

5670
Pitts

Claimant Eliza J. Wrightstone Soldier (Michael Wrightstone)
 P. O. Mechanicsburg Rank Private Co. B.
 County Cumberland, State Pennsylvania Regiment 166 Pa. Vol. Infy.
 Rate, \$8 per month, commencing November 16, 1903 and ~~\$2 additional for each child, as follows:~~

①

- { Born, _____ }
{ Sixteen, _____ } Commencing _____
- { Born, _____ }
{ Sixteen, _____ } Commencing _____
- { Born, _____ }
{ Sixteen, _____ } Commencing _____
- { Born, _____ }
{ Sixteen, _____ } Commencing _____
- { Born, _____ }
{ Sixteen, _____ } Commencing _____
- { Born, _____ }
{ Sixteen, _____ } Commencing _____
- { Born, _____ }
{ Sixteen, _____ } Commencing _____

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

All pension to terminate _____, 190____, date of _____

RECOGNIZED ATTORNEY.

Name No attorney Fee, \$ _____ Agent to pay.
 P. O. _____ Articles filed _____, 189____

APPROVALS.

Submitted for adm. February 16, 1904 M. C. Coleman, Examiner.

Approved for A discharge under the Act of June 27, 1890 as amended by the Act of May 9, 1900.

Feb 17, 1904 M. S. Roberts Reviewer. | Feb 19, 1904 C. A. Meyers Rereviewer.

The soldier was pensioned at \$ 12 per month for rheumatism paralysis etc.

Enlisted November 9, 1862 Soldier's app'n filed July 28, 1890

honorably disch'd July 28, 1863 Clt's app'n under other laws none, 1 _____

Reenlisted No other service, 18 _____ Former marriage of neither, 18 _____

honorably disch'd _____, 18 _____ Death of former none, 18 _____

Died November 5, 1903 Clt's marriage to soldier September 27, 1864

Declaration filed November 16, 1903 Clt's not remarried No divorce, 1 _____

Claimant [Signature] writes. No _____, M. C.

550

(3-105.)

Jm

Department of the Interior,

BUREAU OF PENSIONS,

Feb 11, 1890

Nature of Claim. *Orig*No. *519991*Soldier: *Wm D. Wooster*Service: *Co. D, 15th Reg. Inf.*

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

Rupture and disease of lungs and heart. Make a very careful examination in compliance with par 59, 60, 70, 71, 72, & 73 instructions for 1889, and give a full description of the pathological condition resulting from said causes. Does her mitral tumor pass through extended ring? Is it reducible? and retainable? Is there any disease of lungs? of heart?

Rate separately all disabilities found.

Please reply to each question in par 59.

J. D. Ingram

Medical Referee.

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

6-236

3-1081.

ACT APRIL 19th, 1908.

PENSIONER DROPPED

United States Pension Agency,

PITTSBURGH, PA.

Jan. 25, 1909.

Certificate No. 567,603.

Class Widow

Pensioner Eliza J. Hrightstone

Soldier Michael Hrightstone

Service Co. C. 166 Pa. Inf.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at \$ 12, to 4 July, 1908 has been dropped because of death, died Aug. 7, 1908.

Very respectfully,

[Handwritten Signature]

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.

26.

✓

Flick [3-216 a.] Exp

20/23

No. 886595

Act of June 27, 1890.

Michael Wrightstone
P. O. Sheperdstown
Cumb. Co Pa
Service: Post C 166 Pa Inf

Enlisted: Oct 9, 1862

Discharged: July 28, 1863

Application filed: July 28, 1890

Alleges:

Any other Claim filed: No

20/13

Numerical No. 231 623

Attorney: J B Cralle & Co

P. O. City

MAY 23 1891
Recognized

Contract.

Cert. of Dis. Searched for 18

April 3-91 - Am. H. - Atty Cralle & Co
Sub. Ser. & Ex. Bd. at
"4" Carlisle, Pa.

noted 8/12/15/95 Ed

PA.

OHIO.

MICH.

No.

(3-230.)

Act of June 27, 1890.

INVALID. (Series.....)

Cert. No. 623659

Name, Michael Wrightstone

Rank, Pt; Service, Co C 166 Pa Vol Inf

Original Roll: Pitts
Agency Transf'd, 18, to
" , 18, to

Issued July 16, 1891

Mailed " 25, 1891

Rate and Period, \$ 6, from July 28, 1890

Action complete by Board of Revision
H. P. Schuyler, Nov. 5. 22. 91

Deductions:

Disability: Rheumatism

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Deductions:

Disability:

Issue. Class Entered
Oreg
Se. 70

Issue. Class Entered

See accrued.

228

3-857.

Column Ex'r.

No.

794772

20'226

Act of June 27, 1890.

Eliza P. Wrightstone
Mechanicsburg, Pa.
Wid.

Michael Wrightstone
Co 146 Pa. Inf.

Died at *Mechanicsburg, Pa.*
Nov. 3, 1903.

No other claim than
Gov. Off. 623,639^J

Nov 21, 1903

6-123

Clerk.

Application filed: *Nov. 16*, 1903

Attorney: *claimant.*

P. O. _____

68

(6)

FINANCE DIV. NOTIFIED OF DEATH

Notified *Nov 21*, 1903

No. 15703 ~~death~~ *insurance*
~~income~~ *support* ~~property~~
~~estate~~ *life* *ins.* *M. E. L.*

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

3-1081.

~~NOT JUNE 27 1890~~
PENSIONER DROPPED.

W.O. 794,772

United States Pension Agency,
PITTSBURG, PA.

DEC 12 1903, 1903

Certificate No. 623659
Class Invalid
Pensioner Michael Lightstone
Soldier
Service Pvt C 166 Pa Inf

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$ 12, to 4 Oct, 1903
has been dropped because of death

Date - Nov 5th 1903

Very respectfully,

J. H. Nesbitt
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.

CLAIMANT'S AFFIDAVIT.

State of Penna, County of Cumhd

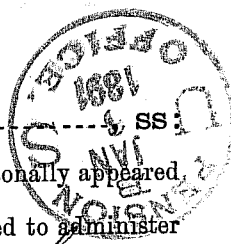
On this 10 day of Decr A. D., 189 0, personally appeared

before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths Michael Wrightson aged years, late Co. 6

Reg't. of 166 Vols., applicant for Pension No.

a resident of Shepherdstown County of Cumhd State of Pa

whose Postoffice address is Shepherdstown and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:



[NOTE.—Affiant should state his means of knowing the facts to which he testifies.]

I am nervous at present, and have been ever since I was in the service from being on the foot and camp ground, also contracted Rheumatism from the same cause

M. V. Mohler
J. L. Bonman
Affiant signs by mark, two persons who can write sign here.

Michael Wrightson
Signature of Affiant.

mm

State of Pa, County of Allegheny, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added, and acquainted _____ with its contents before _____ executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant _____ personally known to me, and that _____ credible person.

J. B. Bowman
Official Signature.

Official Character.

[L. S.]

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 declaration and affidavit, was at the time of so doing _____ in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____ 189 .

[L. S.]

Clerk of the _____

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

Self
ADDITIONAL EVIDENCE.

CLAIM OF

Late _____ *in Co.* _____ *Reg't.*

of _____ *Vols.*

Character of Claim.

No. _____

CLAIMANT'S AFFIDAVIT.

FILED BY

J. B. CRALLE & CO.,

U. S. Claim Attorneys

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

CLAIMANT'S AFFIDAVIT.

State of Pennsylvania, County of Cumberland

On this 31 day of March A. D., 1897 personally appeared

before me a Justice of the Peace in and for the aforesaid County, duly authorized to administer

oaths Michael Wrightstone aged years, late 1st Co. C 166

Reg't. of Pa. I. M. Vols., applicant for Grants Pension No. 886,595

a resident of Shepherdstown County of Cumberland State of Pa

whose Postoffice address is the same and well known to me to be

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

I that he is the claimant in the above

[NOTE.—Affiant should state his means of knowing the facts to which he testifies.]

described case and that he has not been in
the Military or Naval service of the
United States since the 28 day of

July 1863
I only belonged to the 6th Co + 1 Regt.

I contracted Rheumatism in July 1863 at
Suffolk by lying out in the cold & wet. Some
times laid up in the water and became nervous
from exposure

W. E. Stary

J. B. Bowman

Affiant signs by mark, two persons who can write sign here.

Michael X Wrightstone

Signature of Affiant.

mark

State of Penna County of Cumberland, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including ^{all} the words _____ erased, and ^{all} the words _____ added, and acquainted ^{him} with its contents before ^{he} executed the same. I further certify that I am in nowise interested insaid case, nor am I concerned in its prosecution; and that said affiant ^{is} personally known to me, and that ^{he is a} credible person.

J. L. Bowman
Official Signature

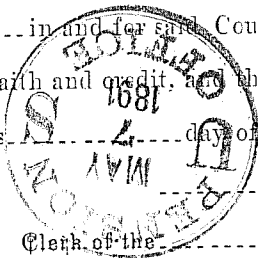
Official Character.

[L. S.]

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 declaration and affidavit, was at the time of so doing _____

_____ in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____ 189 _____



[L. S.]

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

ADDITIONAL EVIDENCE.

CLAIM OF
Michael Mighetto
Late *AK* in Co. *C* 166 Reg't.
of *Penn. A.M.* Vols.

Character of Claim.

Original Claim
No. *886590*

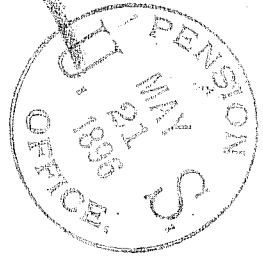
CLAIMANT'S AFFIDAVIT.

FILED BY

J. B. CRALLE & CO.,
U. S. Claim Attorneys
CRALLE BUILDING,
108 C St., N. W., WASHINGTON, D. C.

DECLARATION FOR THE INCREASE OF INVALID PENSION.

Act June 27, 1890.



STATE OF PENNSYLVANIA, }
COUNTY OF CUMBERLAND, } SS:

On this 20 day of May 1896 Personally appeared before me a Justice of the Peace in and for the State and County aforesaid Michael Writstone aged 67 years a resident of Mechanicsburg County of Cumberland State of Pennsylvania who being duly sworn according to law declares that he is a Pensioner of the United States, enrolled at the Pittsburg Pension agency, at the rate of \$ 6- per month, by reason of Disability from Rheumatism incurred in the time his service of the United States; while a Private in Co "6" 166 Pa Volunteer Militia.

that he believes himself entitled to an increase of Pension on account of Rheumatism. Which has increased in severity - Certificate No 623,659

2. Application is also made for further additional pension on account of the following disabilities for which he has not heretofore been pensioned: nervousness to such an extent that he is unable to clothe himself. or to feed himself on account of it. Considering his age. he believes himself entitled to a higher rating

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

that his Post Office address is Mechanicsburg
County of Cumberland State of Penna

Attest Samuel Stopp
William H. Wilson

Michael Writstone affiant
mark

Also personally appeared Samuel Shopp of Wethersbury
and William H Wilson of Wethersbury persons

whom I certify to be responsible and entitled to credit, and whom, being by me sworn, says that they were present and saw
Michael Wrightstone the claimant, ~~sign his name~~ (make his mark) to the foregoing
declaration, that they have every reason to believe, from the appearance of the 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 the claim.

Samuel Shopp
William H Wilson

Sworn to and subscribed before me this 20th day of May 1896 and I hereby certify that the
contents of the above Declaration were fully made known and explained to the Affiant and witnesses before swearing,
and that I have no interest in the claim either directly or indirectly.

Samuel Shopp

Certificate on file to cover
date of execution.
Law Division.

am

RECORDED
MAY 22 1896
RECEIVED

LAW DIVISION
B. MAY 22 1896
RECEIVED

Michael Wrightstone
C 166 Pa. shof. 5
J. Off. 623,659

20/23

J

2

Act of June 27, 1890.
NEIGHBORS' AFFIDAVIT.

State of Pa County of Lancaster, SS:

In the matter of the application for pension of Michael Brightstone

On this 12 day of Decr A. D., 1890, personally appeared

before me, a Judge of the Peace in and for the aforesaid County, duly authorized to administer

oaths C. B. Underwood aged 69 years, a resident of Medanicsbury

in the County of Lancaster and State of Pa whose

Postoffice address is Medanicsbury

and Washington Williams aged 60 years, a resident of Upper Allenburg

in the County of Lancaster and State of Pa whose

Postoffice address is Shippensburg well known to me to be

reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case as follows:

That they have been well and personally acquainted with Michael Brightstone

for 30 years, and 30 years, respectively, and that the said soldier

worked for us and that he worked with ease, but

has been getting worse every year since age at this

time work appears to go hard with him, and at

this time is very nervous, which in our opinion is

the result of several diseases, and do not think

that he is not able to do more than 1/2 of manual

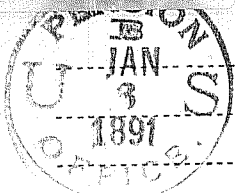
labor. And this is not the of any vicious habits

Important!

1st. State your occupations and that of the claimant; how near you reside to him, and how often you see him, and whether or not you have ever employed him, worked with him, or for him.

2d. State all physical or mental disabilities of a permanent character from which the claimant now suffers; describe the symptoms of his disabilities, and just how he is affected thereby, and state how you know him to be suffering from them, and to what extent you consider him disabled for performing manual labor (hard work) by reason of said disabilities, whether $\frac{1}{2}$, $\frac{3}{4}$, or entirely, as the case may be.

3d. Also state, without fail, that the claimant's disabilities are not due to vicious habits, if, as a matter of fact, they are not.



I, me further declare that no man no interest in said case not concerned in its prosecution.

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

F. B. Underwood
Washington Williams
(Signature of Affiants.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person and have the blank filled out and properly executed.

State of Pa, County of Cumbe, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added, and acquainted with its contents before _____ executed the same. I further certify that I am nowise interested in said case, nor am I concerned in its prosecution; and that said affiant _____ personally known to me, and that _____ credible person.

J. H. [Signature]
(Official Signature.)

(Official Character.)

[L. S.]

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 declaration and affidavit, was at the time of so doing _____ in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____ 1891.

[L. S.]

Clerk of the _____

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

80 886595-
ACT OF MARCH 3, 1890.

Neighbors Affidavit.

CLAIM OF

Michael Straight
Estate of George W. [Signature] in Co. Ch. 166 Reg't.
of Pa. D. D. [Signature] Vols.

FOR

ORIGINAL INVALID PENSION.

No. _____

Chas. [Signature] Filed July 26/90.

FILED BY

J. B. Cralle & Co.,
U. S. Claim Attorneys

CRALLE BUILDING,
108 C St., N. W., WASHINGTON, D. C.

20/23

PHYSICIAN'S AFFIDAVIT. PROOF OF PHYSICAL OR MENTAL DISABILITY. Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

State of Penna, County of Cumby, SS:
In the matter of the application for pension of Michael Wrightstone

On this 13 day of Dec. A. D., 1890, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths Robt. J. Long aged _____ years, a resident of Mechanicburg in the County of Cumby and State of Pa whose Postoffice address is Mechanicburg and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

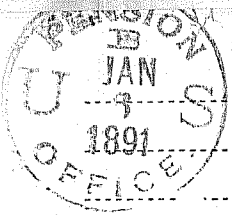
Instructions!
Read
Carefully.

The physician making a statement on this blank should state fully and explicitly all the disabilities of a permanent character, either mental or physical, from which the claimant is now suffering, and to what extent, in his opinion, the claimant is disabled by reason of said disabilities for the performance of manual labor (hard work), whether $\frac{1}{2}$, $\frac{1}{3}$, or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

*That I have this day examined the
Mr Michael Wrightstone - former in Co C
166th Regt. Dragoon and find him suffering
from Shaking Palsy, and Rheumatism
and find that the disability is of a
permanent character. The disease has
not been caused by any vicious habits.
That the applicant is disabled to the
extent of $\frac{3}{4}$ from manual labor.*

109 C 20 7 11 1170311031 7 11 C



He further declares that he has practiced medicine 12 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Wm. H. Long
(Affiant's Signature.)

Sworn to and subscribed before me, this 13 day of Dec, A. D., 1890, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words _____ erased, and the words _____ added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

J. B. Cralle
(Official Signature.)
(Official Character.)

[L. S.]

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 declaration and affidavit, was at the time of so doing _____ in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____ 189 .

[L. S.]

Clerk of the _____

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

ACT OF JUNE 27, 1890.
PHYSICIAN'S AFFIDAVIT.

CLAIM OF

State _____ in Co. _____ Reg't.
of _____ Vols.

FOR
ORIGINAL INVALID PENSION.

No. _____

FILLED BY

J. B. Cralle & Co.,
U. S. Claim Attorneys
CRALLE BUILDING,
108 C ST., N. W., WASHINGTON, D. C.

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

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

Insert character and number of claim.

Increase

Pension Claim No.

623,659

Name and rank of claimant.

Michael Wrightstone

Rank,

Pvt.

Claimant's post-office address.

Company C, 166 Reg't Pa. Vol. Inf

Harrisburg Pa. State,

Shepherdstown Cumberland Co. Pa.

[Post-office address of the Board.]

Nov. 2, 1892

[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: Rheumatism

Cause of disability.

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

and that he receives a pension of Six (6) dollars per month.

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

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

"Rheumatism is getting worse. Has had to wear glasses for 2 years. Has been somewhat nervous for several years."

Upon examination we find the following objective conditions: Pulse rate, 108; respiration, 20; temperature, 98 3/5; height, 5 feet 7 inches; weight, 154 pounds; age, 47 years.

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

Rheumatism. Heart size and sounds are normal, but its action is rapid and irritable, slight exercise brought pulse to 120. Marked crepitation was present in shoulders and knees but no other physical signs of rheumatism were present, and joints were not enlarged, stiffened nor painful. Claimant is well nourished, muscles are firm and hands callous. No evidence of any nervousness was present except a slight tremor of hands common to one of his age. Vis. Six-eighteenth Vm R. S. C. = 20/x. Claimant is myopic and with refraction corrected Vm = 20/xx partly. Dis. mic. No other disability was found.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/8 rating for the disability caused by Rheumatism, for that caused by _____, and _____ for that caused by _____

W. M. H. Mowbray, Pres. Service & Funds, Sec'y. Harry Stone, Treas.

Continue record of examination here.

Blank lined area for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Michael Wightstone
Co. C, 104 Reg't Pa. Vol. Inf.

Applicant for *Querease*

No. *623.654*

DATE OF EXAMINATION:
Nov. 2, 189*2*.

Proctor, Pres.,
David S. ..., Sec'y,
Henry ..., Treas.,
BOARD.

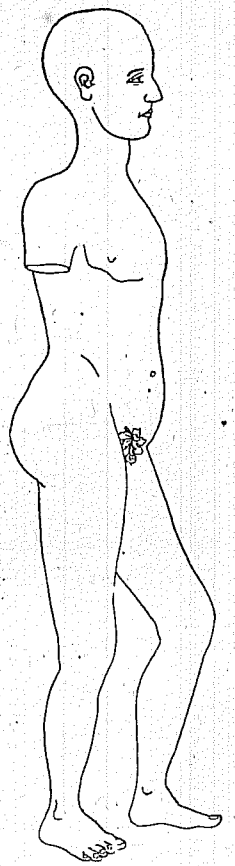
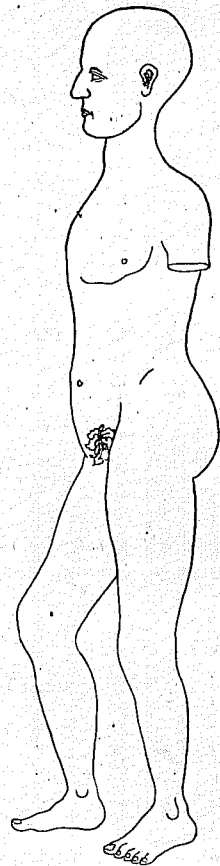
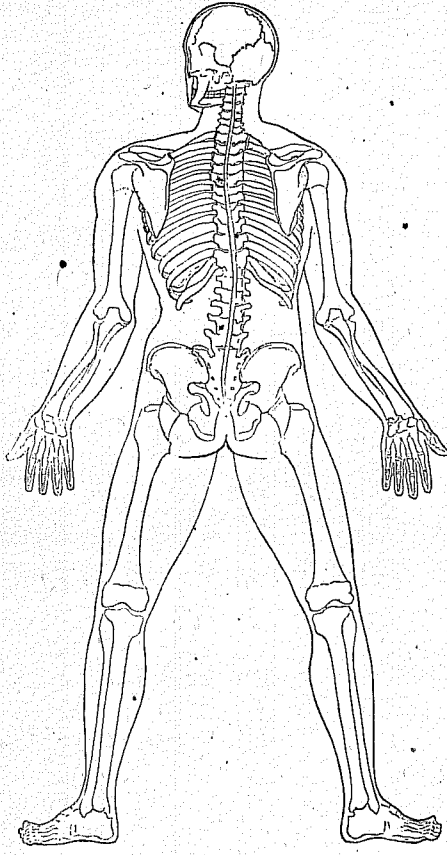
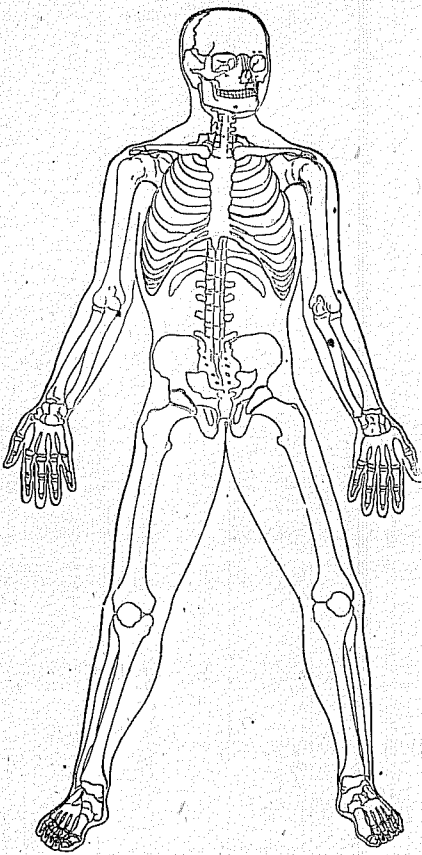
Post office, *Harrisburg*

County, *Dauphin*

State, *Pennsylvania*

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

Proctor



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.

Increase

Pension Claim No. 623659

Name and rank of claimant.

Michael Nightstone

Rank, Private

Claimant's post-office address.

Company C, 166 Reg't Pa Inf Mechanicsburg, Pa.

Mechanicsburg Pa State,

[Post-office address of the Board,]

July 22d, 1896

[Date of examination.]

Cause of disability.

I hereby certify that in compliance with the requirements of the law I have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Rheumatism and Nervousness -

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

and that he receives a pension of \$6 dollars per month.

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

[Original, increase, restoration, &c.]

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

On account of increased disability from the effects of Chronic rheumatism and Nervousness, not able to earn a livelihood by performing manual labor

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

Upon examination I find the following objective conditions: Pulse rate, 64-Weak; respiration, 16; temperature, 99.5; height, 5 feet 7 1/2 inches; weight, 170 pounds; age, 68 years.

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

Rheumatism from a personal knowledge of Michael Nightstone. I do know that he has been suffering from the effects of chronic rheumatism in the left shoulder elbow and wrist joints for the last five (5) years. The weak and painful condition of the affected joints are aggravated by the movement of the left arm when the muscles of the left shoulder elbow and wrist joints are called into action. Unable to raise the left arm above the level of the shoulder joint. For disability caused by rheumatism 8/18.

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.

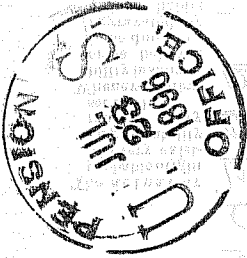
Nervousness - The claimant is now suffering from the effects of Partial Paralysis Agitans. Especially of arms and hands. Symptoms at present are a constant and uncontrollable trembling of arms and hands - with an occasional shaking of the left leg. For disability caused by Nervousness Partial Paralysis Agitans 8/18

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

Robert H. Short, M.D., U.S. Surgeon

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

ord of examina-
tion here.



23

SURGEON'S CERTIFICATE

IN CASE OF

Michael Frightstone
Co. *C. 166* Reg't *Pa. Inf.*

Applicant for *Increase*

No. *623.639*

DATE OF EXAMINATION:

July 22d, 189*6*
Robert H. Horton, M.D.
U.S. Examining Surgeon,

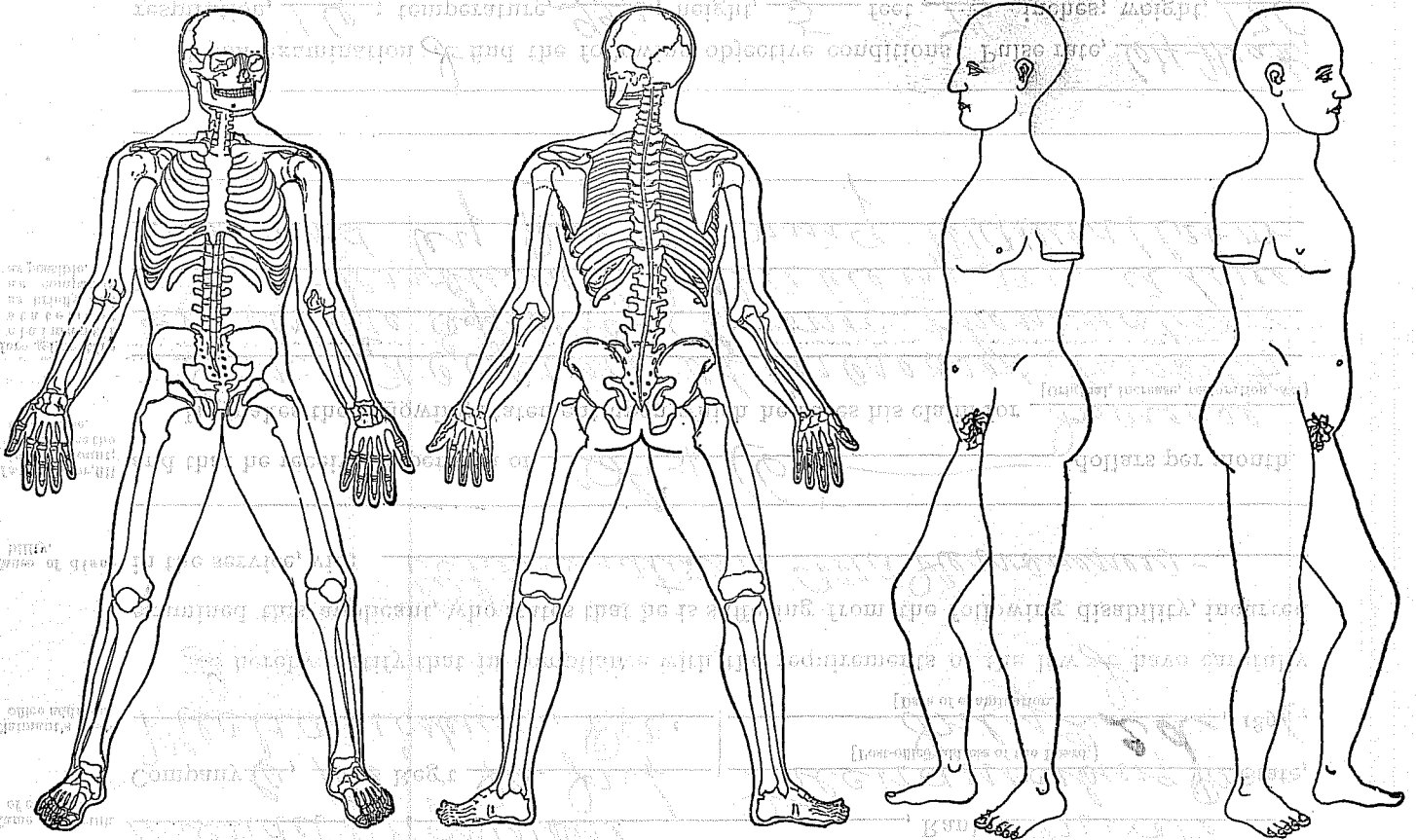
Post office, *Mechanicburg.*

County, *Cumberland*

State, *Pennsylvania*

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

J. H. [Signature]



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.]

ACT JUNE 3rd 1890.

No. 567603

Eliza J. Mightstone

DEAD.

Widow of

Michael Mightstone

Rank Private

Company C

Regiment 166th Pa. Vol. Inf.

Rate per Month \$ 8

Commencing Nov. 16, 1903

Ending

Pittsburg Agency.

Issued Feb. 23, 1904.

Mailed " 25, 1904.

Rec'd by name

(383-25,000)

C

DROPPED

Jan 25 1909
Auditor advised of Death.

JAN 29 1909 N-N-K.

Issue.	Class	Entered	Fee, \$	.....
		Disability:	.....	.....
		Deductions:	.....	.....
Rate and Period, \$	.....	from	.....	18
Mailed	.....	.....	.....	18
Issued	.....	.....	.....	18

Issue.	Class	Entered	Fee, \$	.....
		Disability:	.....	.....
		Deductions:	.....	.....
Rate and Period, \$	.....	from	.....	18
Mailed	.....	.....	.....	18
Issued	.....	.....	.....	18

**Accrued Pensions,
ACT OF MARCH 2, 1895.**

Accrued Pension Certificate and
Order issued Feb 23 1904.
(Pen. Cif. is herewith)

Payable to wid

Mailed Feb 25 1904

INDORSEMENTS.

*Nov. 30, 1903. - Auditor & Gen. Agt.
adv. of death. - E.S.C.*

DROPPED

*Dec 12 1903
death [unclear]*

See wid. Ctf. 5167603

3-464 aa.

Middle Division
U.S.A.

RECORD & PENSION OFFICE
JUL 16 9 11 AM
1366583
1896
WAR DEPARTMENT.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *July 14* 189*6*

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical history

(Descriptive list.)

of the soldier.

Please examine all records likely to afford
any information as to diseases, wounds, or
injuries incurred by him while in the service.

No other report on file.

Claim No. *623 659*
Name *Michael Dougherty*
Co. *C 106* Reg't. *Tenn. Inf.*

D. J. Murphy
Commissioner.

Address, "Chief of the Record and Pension Office,
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Michael Wrightstone

Co. C, 166 Reg't *P. Inf*

was enrolled *Nov 9*, 1862,

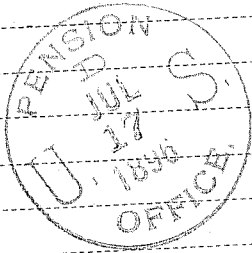
and *no. July 28*, 1863.

From *Nov 9*, 1862, to *July 28*, 1863,
he held the rank of *priv*

and during that period the rolls show him present
except as follows

The medical records show him treated as follows:
As M. Wrightstone, rank, Co. C, 166 Pa. Inf., Feby 5/63, Rev. Remit. i As M. Wrightstone 4, June 2/63, Rheumatism. Nothing additional found.

11



BY AUTHORITY OF THE SECRETARY OF WAR:

Albin
Colonel, U. S. Army, Chief of Office.

Per *D*

JUL 16 1898

Washington, D. C.,

(COMMISSIONER OF PENSIONS.)

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Michael Wrightstone

Middle Div. Bureau of Pensions, C. S. D. Ex'r. No. 886,595 April 3, 1891

SIR:

It is alleged that the above-named man enlisted Oct. 9, 1862, and served as a Pvt. in Co. C, 166 Reg't Pa. Vol. Inf. also as a in Co. and was discharged at Harrisburg, Pa. on July 28, 1863.

No. of prior claim

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully, Charles Davidson Acting Commissioner.

THE OFFICER IN CHARGE OF THE RECORD AND PENSION DIVISION, WAR DEPARTMENT.

0-4

War Department,

Record and Pension Division,

APR 4 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

Michael Wrightstone mentioned in the preceding indorsement, was enrolled Nov. 9, 1862, and M.C. July 28, 1863



BY AUTHORITY OF THE SECRETARY OF WAR:

D. Cairnsworth Captain and Asst Surgeon, U. S. Army. Per Major

8855 b-50 m

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.

Orig.

Pension Claim No. *886 595*

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

Name and rank of claimant.

Michael Wightstone

Rank, *Serjeant*

Claimant's post-office address.

Company *C, 166 Reg't Pa Colo-*
Shepherdson Gunn Co Pa

Warwick Penna

State,

[Post-office address of the Board.]

April 23

189 *7*.

[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 Rheumatism & Nervousness*

Cause of disability.

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 *Orig.*

[Original, increase, restoration, &c.]

Rheumatism soon after he came from the Army. Had not work at all during entire winter. Nervousness while in service

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

Upon examination we find the following objective conditions: Pulse rate, *62*; respiration, *18*; temperature, *n*; height, *5* feet *8* inches; weight, *160* pounds; age, *65* years. *Ins 39. Rest 38. Temp 37.*

Gen apt. No emphy. No conf. & lungs normal. Rheumatism. Severe crepitation of right knee tender over lumbar region. Complaints of pains over entire muscular system. We believe it to be a case of rheumatism of neuralgic character. No enlargement or limitation of motion. Urea Amber Kane Acid S.G. 1.020. Sug & alt. none

recd - as above. all organs normal

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *8/18* rating for the disability caused by *Rheumatism*, _____ for that caused by *Nervousness*, and _____ for that caused by _____

M. H. Langford, Pres. *J. S. Bender*, Sec'y. *Geo. Hemmings*, Treas.

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

Continue record of examination here.

Blank lines for continuing the record of examination.



Edmund Munting

SURGEON'S CERTIFICATE

IN CASE OF

Michael Progholman

Co. *C*, 166 Reg't *Pa. Vol.*

Applicant for *Orgy.*

No. *886595*

DATE OF EXAMINATION:

April 23, 1891.

W. S. G. [unclear] Pres.,
J. S. [unclear] Sec'y,
Geo. [unclear] Treas., BOARD.

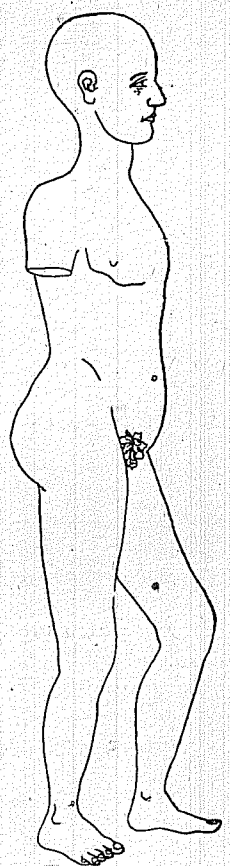
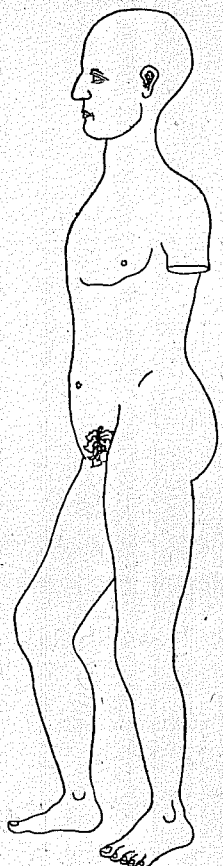
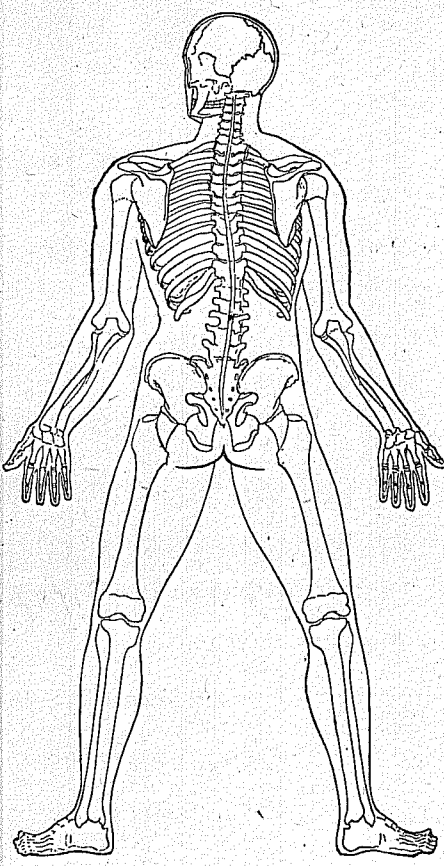
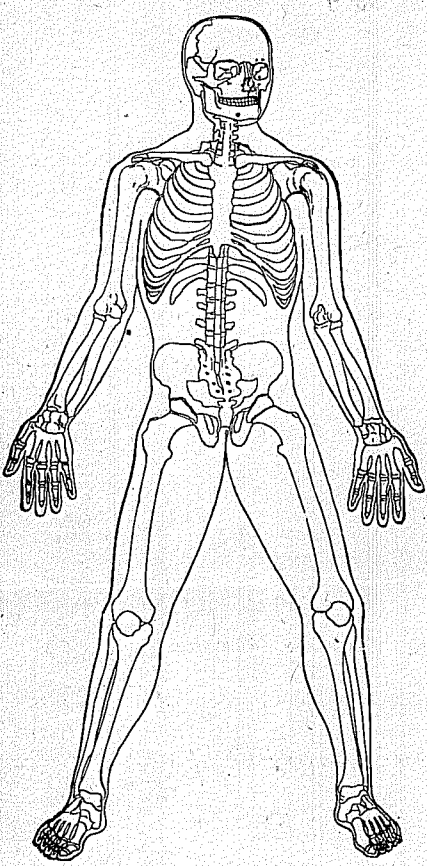
Post office, *Carthage*

County, *Lumbard*

State, *Ill.*

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

J. C. [unclear]



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.]

For an Increase of Invalid Pension. UNDER ACT OF JUNE 27, 1890.

STATE OF Pennsylvania }
COUNTY OF Cumberland } SS:

On this 6 day of August A. D., 1891, personally appeared before me a Justice of the Peace within and for the County and State aforesaid Michael Wrightstone late Private of the 16th Reg't. of P. Art. Mil Vols., aged 64 years, a resident of the County of Cumberland State of Penna.

who being duly sworn, according to law, deposes as follows, to wit:
I am a pensioner of the United States, duly enrolled at the Pittsburgh Pa. pension agency, at the rate of 6 dollars per month, under Act of June 27, 1890, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for

Rheumatism
[State here the disability or disabilities for which you are pensioned, just as they are written in your Pension certificate.]

I also suffer from the following disabilities for which I do not draw pension I have not got the use of my arms I am not able to put them up to my head
If you have any disability or disabilities for which you are not pensioned, no matter whether they were incurred in the service or since your is charge therefrom, write them on above lines.

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE & CO., OF WASHINGTON, D. C., my true and lawful Attorneys, to prosecute my claim: and do hereby agree to allow said attorneys the sum of \$10 if they succeed in securing me an increase of my rate; but no portion of this amount is to be paid unless said attorneys are successful. My Postoffice address is Shepherdstown County of Cumberland State of Penna. and the number of my Certificate is 623659

Attest
two
witnesses.

A. J. Mohler Michael Wrightstone
J. B. Underwood [Claimant's Signature.]
H. S. Mohler & J. B. Underwood persons whom

Also personally appeared Michael Wrightstone the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses: { A. J. Mohler
J. B. Underwood

Sworn to and subscribed before me this 6th day of August A. D., 1891, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Joseph Leas
(Signature.)
Justice of the Peace
(Official Character.)



J

DEPT

ACT OF JUNE 27, 1890.

CLAIM FOR INCREASE OF INVALID PENSION.

Michael Lightstone Applicant.

Pa Co. *166* Reg't.

Pa 166 Volunteers.

Certificate No. *1623659*



FILED BY

J. B. Cralle & Co.,
Claimant's Attorneys,
Cralle Building,
108 C Street, Northwest,
WASHINGTON, D. C.

Act of JUNE 27, 1890.

DECLARATION FOR INVALID PENSION.

Under Act of July 1, 1890, this application may be executed before a Clerk of Court, or before a Notary Public, or any officer authorized to administer oaths who uses a seal. It may also be executed before any officer who does not use a seal; but in such a case the certificate of a Clerk of Court must be attached to the paper, showing the official character of the executing officer. A general certificate on file in the Pension Office will not answer.

STATE OF Pennsylvania }
COUNTY OF Cumberland } ss.

On this 21st day of July, A. D., one thousand eight hundred and ninety
personally appeared before me, a Justice of the Peace Court; a court of record within and for the county and State aforesaid, Michael Wrightstone

aged 57 years, a resident of Upper Allen Twp county of Cumberland

State of Pennsylvania who, being duly sworn according to law, declares that he is the identical Michael Wrightstone

who was Enrolled on the 9th day of October 1862 in Co. C. 166th Regt Pennsylvania

Drafted Militia (Private)

in the War of the Rebellion and served at least ninety days, and was Honorably Discharged at Harrisburg Pa on the 28th day of July 1863

That he is Partially unable to earn a support by reason of Chronic Rheumatism and Nervousness, which keeps me from work a great portion of my time. Sometimes 2 weeks - at a stretch, and suffer pain all the time

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent. That he has not applied for pension under application No. That he is not a pensioner under Certificate No.

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of JUNE 27, 1890.

He hereby appoints J. B. CRALLE & CO., U. S. Pension Attorneys, Cralle Building, 108 C Street, N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim; and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars for their services when his pension is allowed.

That his Post Office address is Shepherdstown Pa county of Cumberland

State of Pennsylvania

Attest R. H. Lamb (1st witness sign here) S. R. Coover (2d witness sign here) Michael Wrightstone his Signature

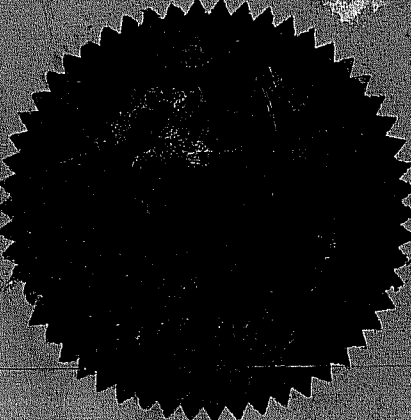
STATE OF PENNSYLVANIA, ss.
Cambria County.

W. Beaudy Depy
Official signature of Magistrate.

I, *MILLARD E. THOMPSON*, Clerk of the Court of Quarter Sessions of the Peace, in and for said County, do certify that *David H. Morst*, Esquire, before whom the foregoing *oath* was made, and whose genuine signature appears thereto, was at the date thereof, and now is an acting Justice of the Peace, in and for said County, duly commissioned and qualified, and authorized by the laws of this State to administer oaths and take the acknowledgment of deeds and other Instruments; to all of whose official acts full faith and credit are due, (and that his commission dates from the first Monday of May, A. D. 1887, and will expire on the first Monday of May, A. D. 1892)

Witness my hand and the seal of said Court, at Carlisle, the *22* day of *July*, A. D. 189*0*

W. Beaudy Depy
Clerk Quarter Sessions, &c.



Sworn to and subscribed before me this *21* day of *July*, A. D. 189*0*

and I hereby certify that the contents of the above declaration, &c., were fully made known

(L. S.) and explained to the applicant and witnesses before swearing, including the words

..... *all* erased, and the words *all*

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

David H. Morst
(Signature.)

Justice of the Peace
(Official Character.)

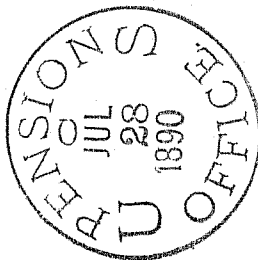
Declaration for Invalid Pension.

Act of JUNE 27, 1890.

Name *Michael Magistone*

Rank *Private* Co. *E.* 166 Reg't

Residence *Brookton, Milford, Pa.* Vol'ts.



FILED BY

J. B. CRALLE & CO.

U. S. PENSION ATTORNEYS,

Cralle Building, 108 C Street, N. W.

WASHINGTON, D. C.

MR CRALLE