



Stones River National Battlefield

3501 Old Nashville Highway
Murfreesboro, TN 37129

Phone: (615) 893-9501, Fax: (615) 893-9508

Regimental File Donation Form

Donor Name: ROBERT SHEETS

Address: 1123 ~~3~~ BLACK WALNUT ST.

City: HUBBON. State: FL Zipcode: 34669

Phone: 727-856-2096 E-MAIL RSHEETS@CITCOM.COM
Fax:

Significant Person's Name: JOHN SHEETS

Unit: 6TH CO. F. VOL. INF. IN.

List Contents of Donation Below:

DECLARATION FOR INVALID ARMY PENSION.

STATE OF Indiana
 COUNTY OF Jefferson } SS:

On this 9th day of January, A. D. one thousand eight hundred and sixty eight, personally appeared before me, Davis W. Phillips, Clerk of the Circuit Court, within and for the County and State aforesaid, John Sheets aged 23 years, a resident of Madison, in the County of Jefferson, in the State of Indiana, who, being duly sworn, according to law, declares that he is the identical John Sheets, who enlisted in the service of the United States at Madison, County of Jefferson, State of Indiana, on the 11th day of September, in the year 1861, as a Private in Company H, commanded by Captain Glasscock, in the 6th Regiment of Indiana Infantry Vol., in the war of 1861,

and was honorably discharged on the 22nd day of September, in the year 1864; that while in the service aforesaid, and in the line of his duty, at a place called Liberty Gap, in the State of Tennessee, on the 24th day of June, 1863, while in the line of his duty as a soldier and by no fault or negligence on his part, He was shot in the ~~left~~ right-side by a musket ball from the enemy while engaged with the enemy in said Battle, that he is so disabled on account of said wound that he believes himself entitled to a full Pension of Eight Dollars per month as he is unable to perform manual labor

Since leaving the service he has resided in Madison in the County of Jefferson, in the State of Indiana and his occupation has been a laborer a part of the time not having any regular occupation when enrolled he was a laborer. And for the purpose of prosecuting his claim, he hereby appoints Walter S. Roberts, of Madison State of Indiana, his attorney in fact, with power of substitution, and with authority to receive his pension certificate. He requests that his pension be paid at Madison State of Indiana. His Post Office address is Madison County of Jefferson, and State of Indiana.

John Sheets
 Signature of Claimant.

Witnesses: { Ed Hackney
Francis C. Schoolcraft

Declaration for Widows Pension.

ACT OF JUNE 27, 1890.

[To be executed before a court of record or some officer thereof having custody of its seal.]

State of Indiana County of Jefferson ss:

On this 3^d day of January, A. D. one thousand eight hundred and ninety ~~one~~, personally appeared before me M. S. Marshall a Notary Public of the ~~Court~~ Court, the same being a court of record within and for the County and State aforesaid, Mary R. Sheets, aged 42 years, a resident of Madison County of Jefferson State of Indiana who being duly sworn according to law, declares that she is the widow of John Sheets who enlisted under the name of John Sheets at Madison, Indiana on the 26th day of August A. D. 1861, in Co. F 6th Regt. Indiana Infy. Vol. [Here state rank, company and regiment if in military service, or vessel if in navy.] and served at least ninety days in the late war of the rebellion, who was HONORABLY DISCHARGED Twenty Serial Sept-1864 and died December 20th 1890 [The cause of death need not be stated.]

That she was married under the name of Mary Ball to said John Sheets on the 25th day of December 1867 by E. Guin Silas Riskey at Madison Indiana there being no legal barrier to said marriage neither the widow or her said deceased husband had been previously married until they married each other [If there was a former marriage of claimant or her husband state it here and how dissolved.] That she has not remarried since the death of said John Sheets [Name of soldier or sailor.]

That she is without other means of support than her daily labor; that names and dates of birth of all the children now living under sixteen years of age of the soldier are as follows:

<u>Howard</u>	born <u>Feb 17th 1874</u>	born	18
<u>Lance</u>	born <u>April 3 1877</u>	born	18
	born <u>18</u>	born	18

Soldier was drawing a pension for sixty yrs 90.617
That she has not heretofore applied for pension and the number of her application is [Be careful to fill this part of the blank correctly.]

That she 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.

She hereby appoints Joseph G Marshall of Madison State of Indiana her true and lawful attorneys, with power of substitution, to prosecute her claim. That her post-office address is Madison County of Jefferson State of Indiana Mary R Sheets

[Claimant's Signature.]

Attest by two persons who can write.

Also personally appeared Mollie Lockridge residing at Madison Indiana and Mary Kril residing at Madison Indiana persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Mary R Sheets the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with her of years and years respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

Mollie Lockridge
Mary Kril
[Signatures of Witnesses.]

Clud. no sub-~~scribes~~ June 27 1890.

GENERAL AFFIDAVIT.

State of Indiana County of Jefferson, ss:

In the matter of Mary R Sheets widow of John Sheets late Capt 6th Regt Ind Infy Val widow claimant 498688

ON THIS 5 day of August, A. D. 1892 personally appeared before me Notary Public in and for the aforesaid County duly authorized to administer oaths Mary R Sheets aged claimant years, a resident of Madison in the County of Jefferson and State of Indiana

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 am claimant - above named and
(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)
I certify that my deceased husband John Sheets
was not in the military or naval service of the
United States since the 22nd day of September 1864

Her Post-Office address is Madison Indiana

~~_____~~ further declare that ~~_____~~ no interest in said case and ~~_____~~ not concerned in its prosecution.

Mary R Sheets

11/16/1879
Mary R. Thurtell

11/16/1879

Madras

Madras

Joseph S. Marshall

Filed by

Madras Court # 498633

Madras City Cor

Corporation of 6th Regt.

Madras John Street

Corporation of Madras

Madras Corporation

Act June 27 1880

STATE OF Indiana, COUNTY OF Jefferson, ss.

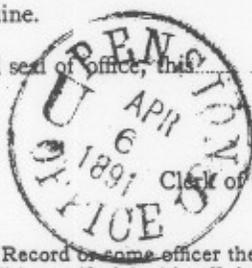
Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added and acquainted her with its contents before she executed the same. I further certify that I am in nowise interested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

M. S. Marshall
[Official Signature.]
Notary Public
[Official Character.]

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 18_____



[L. S.]

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

Widows # 498,688
ADDITIONAL EVIDENCE.

CLAIM OF
Mary R Shuts widow of
John R Shuts Co F 6th Regt
Ind & Infy Val

AFFIDAVIT OF
Mary Grewley
Grinson
Indiana

Filed by
Joseph G Marshall
Madison
Indiana

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

Jacob Sheets

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

(Signatures 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 *Indiana*, COUNTY OF *Jefferson*, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words added, and acquainted *him* with its contents before *me* executed the same.

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me and that *he is a* credible person.

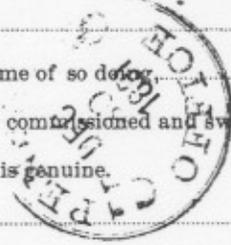
M. S. Marshall
(Official Signature.)

Notary Public
(Official Character.)

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 18_____



[L. S.]

Clerk of the _____

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

Act of June 27, 1890.

NEIGHBORS' AFFIDAVIT.

CLAIM OF

Mary R. Sheets' widow

Nature of Claim *Widow*

Soldier *Wm. Sheets*

Co. *G*, Reg't. *6*

Indiana Vols.

No. *49868*

FILLED BY

Joseph G Marshall
Notary

STATE OF *Indiana*, COUNTY OF *Jefferson*, 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 _____, and the words _____ added, and acquainted *him* with its contents before *she* executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me and that *she is* a credible person

W. S. Marshall
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 18 _____.

[L. S.]

Clerk of the _____

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



ADDITIONAL EVIDENCE.

CLAIM OF

Mary R. Sheets
Co A 6th Regt Ind Infy War
Will claim # 488688

AFFIDAVIT OF

Claimant

FILED BY

Joseph S. Marshall
Notary Public

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

STATE OF Indiana, COUNTY OF Jackson, 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 her

with its contents before her executed the same. I further certify that I am in nowise interested

in said case, for am I concerned in its prosecution; and that said affiant is personally known to

me, and that she is a credible person.

W. S. Marshall
(Official Signature.)

Notary Public
(Official Character.)

[L. S.]

I....., Clerk of the County Court in and for aforesaid County and State, do certify that....., Esq., who has signed

his name to the foregoing declaration and affidavit, was, at the time of so doing.....

.....in and for said County and State, duly commissioned and sworn;

that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

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

[L. S.]

Clerk of the.....

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

Widow
ADDITIONAL EVIDENCE.

CLAIM OF
Mary R. Shub
Co. 6th Regt
2nd Div 498688

AFFIDAVIT OF
Mary R. Shub
Maasson



FILED BY
Joseph S. Marshall
Maasson
Shub

Printed and For Sale by J. F. Sherry, Claim Blank Printer, 425 D Street, N. W., Washington, D. C.

Sworn to and subscribed before me, this 3^d dau of January 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.

M. S. Marshall
 Notary Public [Signature.]
 [Official Character.]

Certification file

(L. S.)

No.

551822

WIDOW'S CLAIM.

CLAIMANT,

Mary R. Sheets Widener

Soldier John Sheets

Service Co. F 6th Regt. Louisiana
Infy 9th

Address Madison Indiana

Attorney Joseph B. Marshall

Address Madison Indiana

Date of execution

The act of June 27, 1890, requires in widow's case:
 (1) That the soldier served at least ninety days in the war o
 the rebellion and was honorably discharged.
 (2) Proof of soldier's death (death cause need not have been
 due to army service).
 (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
 receipt of application (executed after the passage of act) in Pen-
 sion Bureau.
No other claims than
one 84-90.617 W



Marriage Certificate
of
Mary Shultz wife of
John Shultz 60 of 5th
Regt Indiana Infy
Vol # 498,688



Healey

Joseph S. Mearns
Prattville

Jefferson County
Indiana

No.

Invalid Pension.

CLAIM OF

Anna Sheets of

Capt *Blaircocke*

Co *17th Co* Regt *Quads*,

Artillery, *State*,

P. O. *Madison*

County *Jefferson*

State *Indiana*

Walter H. Roberts

Madison

Jefferson County

Wm. H. Matthews

Attorney for claimant.



further declare that *he has* no interest in said case and *is* not concerned in its prosecution.

John Lockridge

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

(signatures 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 *Indiana*, COUNTY OF *Jefferson*, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words

added, and acquainted *him* with its

contents before *he* executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me and that *he is* a credible person.

M. S. Marshall
(Official Signature.)

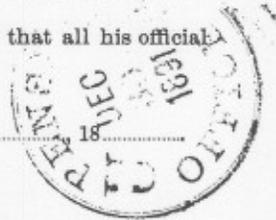
Notary Public
(Official Character.)

[L. S.]

I, _____, Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing,

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

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



[L. S.]

Clerk of the _____

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

Act of June 27, 1890.

NEIGHBORS' AFFIDAVIT.

CLAIM OF

Mary R. Shuto and John Shuto

Nature of Claim *Wid's Pen*
Soldier John Shuto

Co. *H* Reg't. *6*

Indiana *Infy* Vols.
No. *498, 688*

FILED BY

Joseph G. Marshall
Madison
Indiana

STATE OF Indiana, COUNTY OF Jefferson, 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 _____, and the words _____ added, and acquainted him with its contents before she executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

W S Marshall
(Official Signature.)

Notary Public
(Official Character.)

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 18 _____.

[L. S.]

Clerk of the _____

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

NSIO
B
AUG
8
1892
OFFICE

ADDITIONAL EVIDENCE.

CLAIM OF

Mary R. Sherts Widow of John Sherts late Co A 6th Regt Ind Infy 84th Div'd Claim # 498688

AFFIDAVIT OF

John Wilson
Madison
Indiana

FILED BY

Joseph S Marshall
Notary
Ind

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

STATE OF Indiana, COUNTY OF Jefferson, ss:

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

M. S. Marshall
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

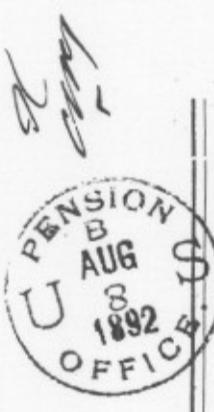
I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled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

Witness my hand and seal of office, this _____ day of _____, 18 _____.

[L. S.]

Clerk of the _____

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



ADDITIONAL EVIDENCE.

CLAIM OF

Mary A. Sheets widow of
Wm. Sheets Co. A. 6 1/2 Roy T. Aug 9 1/2
Orcl claim no 498683

AFFIDAVIT OF

John Poel
Madison
Indiana

FILED BY

Joseph G. Newhall
Madison
Indiana

Printed and for sale by J. F. Sherry, Claim Blank Printer, 623 D Street, N. W., Washington, D. C.

Count - *Latent* - *Case name*

GENERAL AFFIDAVIT.

State of Indiana, County of Jefferson, ss:

In the matter of Mary Sheets widow of John Sheets late C. & 6th Regt Ind Infy Vol no 498688

ON THIS 25th day of February, A. D. 1898, personally appeared before me Notary Public in and for the aforesaid County duly authorized to administer oaths Mary R Sheets aged claimant years, a resident of Marrison in the County of Jefferson and State of Indiana 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 am claimant - above named and I certify that
NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.
my child Latent and is commonly called Latent - that
the proper name is Latent. The child is called
Latent Lauer but its proper name is Latent

Her Post-office address is Marrison Indiana

~~_____~~ further declare that ~~_____~~ no interest in said case and ~~_____~~ not concerned in its prosecution.

Mary R Sheets
(Signature of Affiant.)

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

ACT OF JUNE 27, 1890

3-1081.

(Old No. 3-405.)

PENSIONER DROPPED.

United States Pension Agency,
INDIANAPOLIS, IND.

Oct. 30th, 1902.

Certificate No. 380072

Class Widow

Pensioner Mary R. Sheets

Soldier John Sheets

Service P. Co. F. 6th Ind.

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$8⁰⁰ to 4th Aug. 1899
has been dropped because of Failure
to claim for 3 years.

Very respectfully,

A. O. Marsh

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.

Case on being Aug 5-9 - det - news Int. 100

Not June 27 1890

GENERAL AFFIDAVIT.

State of Indiana, County of Jefferson, ss:

In the matter of Mary R. Shuts widow of John Shuts late Co "A"
6th Regt Ind Infy Willows claim #498688

ON THIS 5 day of August, A. D. 1892, personally appeared before me
Notary Public in and for the aforesaid County duly authorized to administer
oaths John Wilson aged 46 years, a resident of Madison
in the County of Jefferson and State of Indiana

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 am well acquainted with the
(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)
claimant Mary R. Shuts and knew her
deceased husband John Shuts and his children
in their life Howard & Lance and I know that
said children are still living and being
cared for by claimant who earns her living
by taking in washing

His Post-Office address is Madison Indiana

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

John Wilson

ACT OF JUNE 27, 1890.

NEIGHBOR'S AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR-NEIGHBORS of soldier (other than relatives), showing his present physical disability, as required, under the provisions of the Act of June 27, 1890.

State of Indiana, County of Jefferson, ss:

In the matter of the application for pension of Mary R Sheets widow of John Sheets late Pvt-Co F 6th Regt Ind Infy Vol War #498688

ON THIS 3rd day of April, A. D. 1891, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths John Cookridge aged 32 years, a resident of Marrison in the County of Jefferson

and State of Indiana, whose Post-office address is Marrison Jefferson Co Indiana, and

aged _____ years, a resident of _____, in the County of _____, and State of _____

whose Post-office address is _____ well known to me to be

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

he have been well and personally acquainted with Mary R Sheets for 40 years, and _____ years respectively, and that he also knew her

deceased husband John Sheets for the past 40 years and have been a near neighbor to claimant from childhood and I know that neither the claimant or her deceased husband John Sheets had been previously married until they married each other and that said Mary R Sheets is still the widow of said John Sheets and that from our acquaintance I would have known it had she resumed marriage relations. The claimant is wholly dependant upon her daily labor for her support and that she depends upon taking in washing to support herself and family. This is from personal knowledge gained from an intimate acquaintance with claimant.

INSTRUCTIONS—read carefully. The witnesses must state: 1st. Their respective ages and occupation; the length of time they have known the soldier, and how long during that period they have employed, worked with or for him, or lived in the same neighborhood with him and how near to him. 2d. If they have employed or worked with him they should state where it was and at what business; or if they know him as neighbors only they should state about what distance from him they live; how frequently they see him and converse with him, and how intimate they are with him, and from what disease or disability he is suffering with at present, and whether at any time he is obliged to stop work by reason of his alleged disabilities. In his connection, if the witnesses have been his employers, or have worked with him or for him, they should state about what proportion of a sound-bodied man's work he is able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may be; what his actual earnings are, and whether or not the wages paid him are less in amount, and how much less on account of his inability to labor than is paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities are, and describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully, and show whether or not he is suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits, and the extent which he is incapacitated from the performance of manual labor, or the degree he has been unable to earn support since the filing of his claim.

ACT OF JUNE 27, 1890.

NEIGHBOR'S AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), showing his present physical disability, as required under the provisions of the Act of June 27, 1890.

State of Indiana, County of Jefferson, ss:

In the matter of the application for pension of Mary R Sheets widow of John Sheets Co F 6th Regt Inda Infy Vol Claim No 498688

ON THIS 28th day of November, A. D. 1891, personally appeared before me a Notary Public Jacob Sheets aged 46 years, a resident of Madison, in the County of Jefferson and State of Indiana, whose Post-office address is

aged years, a resident of, in the County of, and State of, whose Post-office address is well known to me to be

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

we have been well and personally acquainted with Mary R Sheets

for 40 years, and years respectively, and that her deceased husband

for 40 years and I know that she nor her

deceased husband John Sheets had either been

previously married until they married

each other and I know that she Mary

R Sheets is still the widow of said John

Sheets and that she has not remarried since

the date of his death and had she remarried

married relations our acquaintance is such

that I would have known it that we are

close neighbors not over one quarter of a

mile of her in the County of Jefferson State of

Indiana for the past forty years last past

I further know that said decedent has

no income whatever that she is dependent

upon taking in washing for her support

and her childrens The above is from

personal knowledge

Office address of Applicant

Madison Indiana

INSTRUCTIONS—read carefully. The witnesses must state: 1st. Their respective ages and occupation; the length of time they have known the soldier, and how long during that period they have employed, worked with or for him, or lived in the same neighborhood with him and how near to him. 2d. If they have employed or worked with him they should state where it was and at what business; or if they know him as neighbors only they should state about what distance from him they live; how frequently they see him and converse with him, and how intimate they are with him, and from what disease or disability he is suffering with at present, and whether at any time he is obliged to stop work by reason of his alleged disabilities. In his connection, if the witnesses have been his employers, or have worked with him or for him, they should state about what proportion of a sound, able-bodied man's work he is able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may be; what his actual earnings are, and whether or not the wages paid him are less in amount, and how much less on account of his inability to labor than is paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities are, and describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully, and how whether or not he is suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits, and the extent which he is incapacitated from the performance of manual labor, or the degree he has been unable to earn support since the filing of his claim.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives), who have known him before his enlistment, or since his discharge and return from the army.

State of Indiana County of Jefferson, ss:

In the matter of the application for pension of Mary R Shuts widow of
John Shuts late Co F 6th Regt Ind Inf War

ON THIS 25 day of February A. D. one thousand eight hundred
and ninety three, personally appeared before me, a Notary Public
in and for the aforesaid County, duly authorized to administer oaths R. H. Brushfield
aged 56 years, a resident of Madison
in the County of Jefferson and State of Indiana
whose Post Office address is Madison Indiana and John
Wilson aged 47 years, a resident of Madison
in the County of Jefferson and State of Indiana
whose Post Office address is Madison Indiana

well known to me to be respectable and entitled to credit, and who being duly sworn declare in relation to the aforesaid case as follows: That we have been well and personally acquainted with Mary R Shuts for 30 years, and 12

years respectively, and that we also knew the said John Shuts in his life time the claimant's own property jointly (a widows title) and which is one third of a piece of property in the suburbs of this City of Madison. and said property she occupies as a resident for herself and children the said property is worth not to exceed Four Hundred Dollars and that she has no income whatever and earns her living for herself and children by her daily labor by taking in washing she has no other income whatever either personal or real estate.

Instructions—read carefully.
The witnesses must state:
1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.
2d. If they knew him before his enlistment what his physical condition was at that time, that he was then sound and free from disability, and especially free from the diseases for which he claims pension.
3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{4}$, $\frac{2}{4}$, $\frac{3}{4}$, $\frac{1}{2}$, $\frac{3}{8}$, $\frac{5}{8}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work.
They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

Every name dropped to be thus reported at once.

Henry
Pension Agent

Very respectfully,

Wounds through body

because of death

at \$12, to H. ... 1890, has been dropped
of this Agency, under Certificate No 90617, and who was last paid

who was a pensioner on the rolls

I hereby report that the name of *John Shea*

is

Commissioner of Pensions.

John Andrew Anderson

John Shea, 1893

John Shea

U. S. Pension Agency,

(PENSIONER DROPPED.)

[3-405.]

11-19-74 - [unclear]

GENERAL AFFIDAVIT.

State of Indiana, County of Jefferson ss:

In the matter of Mary R Sheets Widow of John Sheets being Co "F" 6th Regt Ind Infy Vol Wid # 498688

ON THIS 2 day of April A. D. 1891, personally appeared before me Notary Public in and for the aforesaid County duly authorized to administer oaths Mary Gouley aged 61 years, a resident of Madison in the County of Jefferson and State of Indiana 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 am well acquainted with Mary R Sheets
[Note.—Affiants should state how they gain a knowledge of the facts to which they testify.]
all her life since she was a child and I was present at the birth of her child Howard which was born February 17 1874 my son who was born April 3 1877 each of these children were born in this city of Madison Ind I know of the dates from the dates being near the dates of birth of my own children and from a long and continued intimacy with the family and being a neighbor each year since her childhood days.



Her Post-Office address is Madison Indiana
I further declare that I have no interest in said case and I am not concerned in its prosecution.

Mary Gouley

Dec 20 - 91

OFFICE OF CITY CLERK,
MADISON, INDIANA.

This is to Certify that, the Public Mortality Record of the City of Madison, shows that
of John Shute died on 20th day of Dec. 1891
of Apoplexy and was interred in Springdale Cemetery.
The death certificate was signed by G. W. Hewitt M. D. and burial
permit was issued to Geo. C. Vail & Son undertakers.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said city this
21st day of Dec. 1891

John A. Zucko, City Clerk.

1

7

Marriage License

State of Indiana, Jefferson County, Sct.

THE STATE OF INDIANA TO ANY PERSON EMPOWERED BY LAW TO SOLEMNIZE MARRIAGE IN SAID COUNTY, GREETING:

You are hereby duly authorized to join together as

Husband and Wife

John Sheets and Mary R. Roll

In Testimony Whereof, I, ~~William H. Matthews~~, Clerk of Jefferson Circuit Court, have hereunto set my hand and fixed the seal of said Court,

at Madison, this 24 day of Dec, 1867

David G. Phillips Clerk.

State of Indiana, Jefferson County, Sct.

I, _____, a _____

in said County, do certify that on the 25th day of Dec, 1867, I joined together as Husband and Wife

John Sheets and Mary R. Roll

Given under my hand, this 26th day of Dec, 1867.

Silas Ritchie, Justice

State of Indiana, Jefferson County, s. s.

I, WILLIAM H. MATTHEWS, Clerk of the Jefferson Circuit Court, and Custodian of the Marriage Records of said County, DO HEREBY CERTIFY, that the above and foregoing is a true, full and complete transcript from the Marriage Records of said County, of the Marriage License issued to

John Sheets and Mary R. Roll

and also of the Certificate of Marriage of said parties, and that the same now so stands of record in my office.

IN TESTIMONY WHEREOF, I hereunto subscribe my name, and affix the Seal of said Court, now in my office at the City of Madison, on this the 12th day of March A. D. 1891

W. H. Matthews Clerk, J. C. C.