

Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

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THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 494732

VETERAN

Thomas Leonard

RANK

Pvt

SERVICE

Co. F 57th Inf. Vol. Regt
91 Co. 2. Battalion U.S. P. Co.

CAN No.

10733

BUNDLE NO.

33

Feb. 3/17 Hon. Dudley
 Doolittle, sent blank
 app. Sec. 2 Act Sept. 8/16
 L.A.M. - C.W.D.

(3-230.)

INVALID. (Series _____)

Cert. No. **191722**

Name, *Thomas Seward*

Rank, *Pvt*; Service, *Co F 57 Ma*

1st Regt - 91 Co 2 Ballon V R E

Original Roll *1890*

Agency, *Transf*

DEAD.

Issued *July 31*, 18*90*

Mailed *Aug 1*, 18*90*

Rate and Period, \$ *8*, from *Aug 1*, 18*90*

Deductions:

Disability: *Chr diarrhoea with res disfectum*

Issued *Dec 3, 1900*

Mailed *" 8, 1900*

Rate and Period, \$ *10*, from *Dec 23, 1898*

Deductions: *none*

Disability: *Partial disability*

Class *U. S. Army*
 Issue *1890*
 Entered *1890*

Class *U. S. Army*
 Issue *1900*
 Entered *1900*

Issued, _____, 18

Mailed _____, 18

Rate and Period, \$ _____, from _____, 18

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

Rate and Period, \$ _____, from _____, 18

Deductions: _____

Disability: _____

INDICEMENTS.

Dec. 27/99 *By return of reg.*

DROPPED

Dec 2-3 1905
dead and adv
reported
March 13/05

Montague ^{EXR} No. 2037

INVALID

Acts of July 14, 1862, and March 3, 1873.

Relieved Sept 4/89

IND. ~~Feb. 15/40. N.Y.~~
IOWA ~~Feb. 15 - 90 - Atty. Gen.~~

Thomas Seward

P. O. Anderson

Madison Co. Ind.

Service: "E" 5th Ind. Inf.

Enlisted: Dec 18, 1861

Discharged: 1864

Application filed: Aug. 1, 1889

Cutank of head & scullting

Alleges: Deafness, Chr. Diar.

Inj. back & hips, Lung fever -

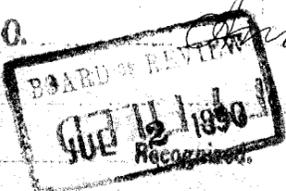
91st Co. 2nd Batln U.S.C.

Re-enlisted; 6/120

- WIS. ~~Capt. H. Comstock~~
- MINN. ~~Letto & Letto~~
- NEBR. ~~R. Mit Anderson~~
- KANS.
- NEV.
- COLO.
- CAL.
- OREGON.
- IND. TY.
- N. MEX.
- DAKOTA.
- WASH.
- UTAH.

Attorney: Newcom & Knowland

P. O. Anderson



IV Ind.

Contract.

Cert. of Dis. Searched for 78

(13611-25,000.)

No.

ROLL No. 50772

(37) Act of June 27, 1890

DANVILLE BRANCH, NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS.

10-4 Jan 1905

FEB 15 1905

DANVILLE, ILL. FEB 13 1905 1905

TO THE UNITED STATES PENSION AGENT:

CHICAGO, ILL. CHICAGO, ILL.

SIR:—In accordance with instructions of the President of the Board of Managers, N. H. D. V. S., I have the honor to transmit,

with enclosed, Pension Certificate No. 494722, of Thomas Deward
late "J" Co., 57 Reg't 3rd Inf., who died at in New Hall, Ill.
on the 17 day of Feb., 1905.

Respectfully yours,



GOVERNOR.

Western Div.
 Ser. No. *494,722*, *RD*, Ex'r.
 Co. *F*, *57* Reg't *Ind. Vol. Inf.*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *Mar. 9th 1900*

SIR:

You are hereby directed to report in person for a medical examination to the Board of Examining

Surgeons *G. F. Chittenden Secy*

(St. and No.) *75 E. Eleventh St.*

Town *Anderson*

County *Madison*, State *Indiana*

within three months from date hereof.

The Board meets at *10 AM* o'clock

every Wednesday in each month.

Read the instructions on the back of this slip, and return it with the date of examination noted below by the secretary of the board making the examination.

Very respectfully, *W. C. Bryant*

Commissioner.

Claimant: *Thomas Seward*

P. O.: *Anderson*

Madison Co. Indiana

Attorney: *James I. Knowland & Son*

P. O.: *Anderson Ind*

Examination made by

Dr. *W. C. Adams*

Dr. *Geo. F. Chittenden*, and

Dr. *R. A. Price*

members of the Board, this *28*

March 1900

Geo. F. Chittenden

Secretary.

The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examinations by Boards of Surgeons. When a claimant ordered before a board finds less than a full board present, he may, if he desires, refuse to be examined, and appear later before the full board. Should he be willing to proceed without a full board, the Secretary of the Board shall specify by name on the certificate of examination the members of the board present, and the applicant shall subscribe a certificate on the same paper as follows: "I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____ the examining surgeons here present."

By such certificate the claimant will be held to have waived the privilege of the statute relative to examination by a full board.

INDIANA
COMMISSIONER OF PENSIONS
OFFICE
INDIANAPOLIS, INDIANA
APR 3 1888
JAMES T. KNOWLAND & SON,
Sole Agents for
NEW ORLEANS, LA.
6-564

2375

**Department of the Interior,
BUREAU OF PENSIONS,**

Washington, D. C., *March 9, 1900*

Mr.

Thomas Seward

late a

Private

Co.

F. 5th Regiment Ind. Vol. Inf.

an applicant for

pension Act June 27-1890

Invalid Pension, No.

494.722

on account of disability from

*chronic
diarrhea, disease of rectum,
rheumatism, lumbago, dispa-
sity of heart, general debility, and
any other disabilities.*

has been directed to report himself to you.

Very respectfully,

H. CLAY EVANS,

Commissioner.

Dr.

G. F. Chittenden Secy

75- E. Eleventh St

at

Anderson - Indiana

CLAIMANT'S POST-OFFICE ADDRESS:

*Anderson
Madison Co. Indiana*

N. B.—Read the inside of this circular before examining a claimant.

Act of June 27, 1890.

Additional
INVALID PENSION.

car
494722
Chicago

Claimant: Thomas Seward (H 494.722)

P. O.: Anderson Rank: Private

County: Madison Company: 7

State: Indiana Regiment: 57 Indiana Vol. Inf.

691 Co. 2 Regt 25th

Rate: \$ 10, per month, commencing March 23rd 1898.

Deduct sub-payments:

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

RECOGNIZED ATTORNEY.

Name: James T. Knowland & Son Fee: \$ 10

P. O.: Anderson - Indiana Agent to pay.

APPROVALS.

Submitted for Adm, Nov. 12, 1900, J. Dugan, Examiner.

Approved for chronic diarrhoea, disease of rectum, rheumatism, lumbago, disease of heart and general debility and heart, lumbago and general debility.

Aggregate of disabilities shown, permanent in character: 210

Nov. 19, 1900, Nov. 26, 1900 W. H. Houghton Legal Reviewer.

Nov. 21, 1900, Nov. 28, 1900 J. C. Spence Re-Reviewer.

Nov 22, 1900 J. H. Rank Medical Referee

Now pensioned under other laws at \$ 8 per month for chronic diarrhoea with resulting disease of rectum

Enlisted Oct. 20, 1861, honorably discharged Nov. 18, 1864

Reenlisted _____, 18 _____, honorably discharged _____, 18 _____

Declaration filed Mar 23, 1898, alleges permanent disability, not due to vicious habits, from chronic diarrhoea; disease of rectum, rheumatism, lumbago, heart disease and general debility

No, M. C. Claimant does X write.

Pensions granted under former laws by Western U.S. C't. No. 494722 to end Mar. 22, 1898. Deduct sub-payments.

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

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

Insert character and number of claim. Original Pension Claim No. 720,517
State above whether for original, increase, or restoration.
 Name and rank of claimant. Thomas Steward, Rank, Post
 Company A, 57th Reg't Ind. Vols., Anderson, Ind., State, Ind.
 Claimant's post-office address. Anderson, Ind. [Post-office address of the Board.] March 5th, 1890. [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: catarrh of head and resulting deafness, chronic diarrhoea, injury of back & left hip, dis. of lungs,
 and that he receives a pension of _____ dollars per month.

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

He makes the following statement upon which he bases his claim for original (Original, increase, restoration, &c.)
Contracted catarrh in the army and have had it ever since. It resulted in partial deafness. Am gradually getting worse. Can hear a little better sometimes than other. Have diarrhoea of bowels, have it some all the time, but worse at intervals of two or three months. Was injured by a fall in the army. It hurt left hip, & for disability was put in the invalid corps. Had lung fever after release from liberty prison.

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

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, 80; respiration, 24; temperature, 97; height, 5 feet 11 inches; weight, 151 pounds; age, 49 years. There is considerable emaciation and debility. The skin is jaundiced & cyanotic. Tongue pale and flabby. Stomach depressed but no marked tenderness. The liver is slightly enlarged with tenderness in right hypochondriac, upper part of right lumbar regions. Spleen normal. Area of cardiac dullness not increased. Apex beat in 5" space very evident to inspection. Force of heart's action increased. The rhythm is irregular and abnormal. Pulse accelerated & intermittent. Sounds heard over large portion of chest. No murmurs or valvular lesions. The lungs are normal. There are three or four hemorrhoidal tumors 1/2 inch in diam. Not inflamed. Hemorrhoidal vessels somewhat congested. Rectum is slightly inflamed & sensitive to touch. The whole pharynx, Schneiderian membrane & posterior nares very much inflamed, disease chronic. The eustachian tubes are closed completely. Both external meati are dry & devoid of cerumen. Both meati tympan. normal. Says he can not hear watch with either ear & eust. imp. 40. Hear conversation with some difficulty. No evidence of dis. of hip or back.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by diar. & dis. of rectum, for that caused by _____, and 15/30 for that caused by Slight deafness of both ears.

Geo. F. Chittenden, Pres. J. Steward, Sec'y John C. Leullen, Treas.

Blank lines for recording examination details.



SURGEON'S CERTIFICATE

IN CASE OF

James Spawd
Co. A, 57th Reg't Ind. Vol.

Applicant for *Org.*

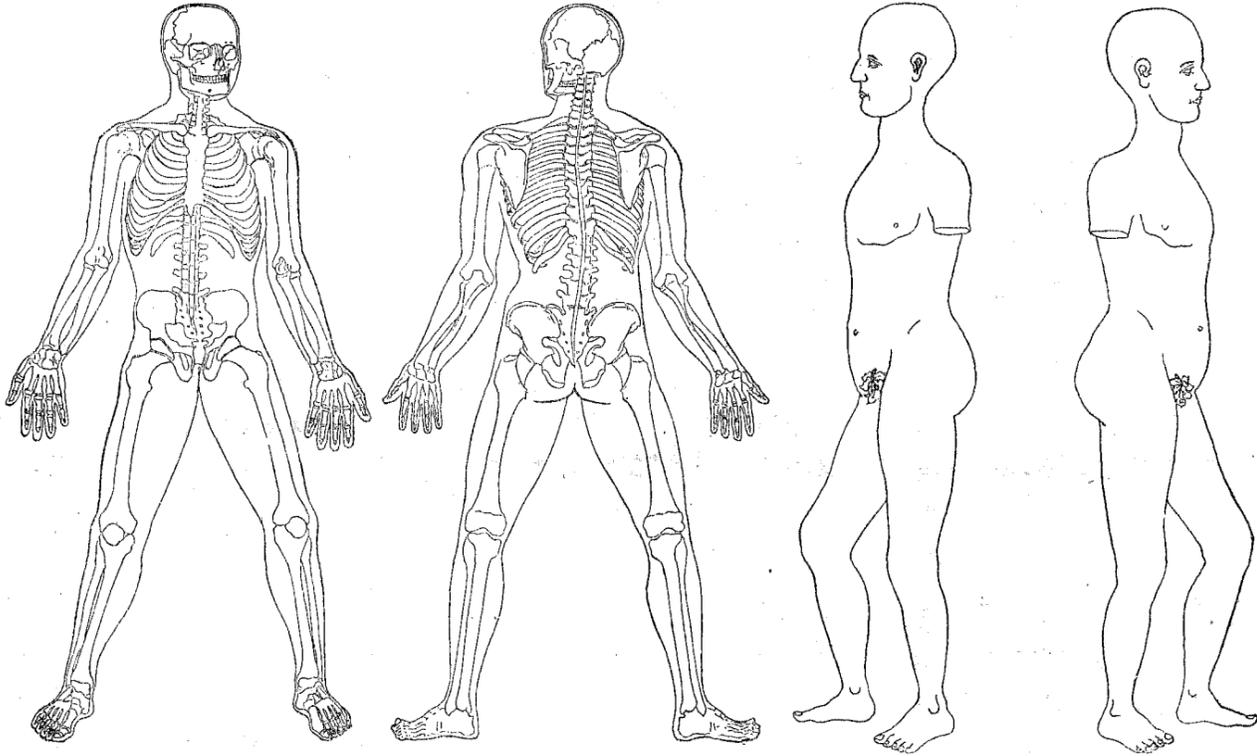
No. *720,517*

DATE OF EXAMINATION:
March 5th, 1890.

W. J. ..., Pres.,
J. Stewart, Sec'y,
John C. ..., Treas.,
BOARD.

Post office, *Anderson*
County, *Madison*
State, *Indiana*

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



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

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

DUDLEY DOOLITTLE
4TH DISTRICT KANSAS

HOME ADDRESS : STRONG CITY
WASHINGTON ADDRESS:
108 HOUSE OFFICE BUILDING

H. G. HOLMES, SECRETARY

HOME ADDRESS
ELMDALE, KANS.

House of Representatives U. S.

MEMBER AGRICULTURE COMMITTEE

Washington, D. C.

January 24, 1917.

Hon. G. M. Saltzgeber,

Commissioner of Pensions,

Washington, D. C.

Dear Mr. Saltzgeber:-

I shall be pleased if you will look up the pension claim of Mrs. Agnes Madren, formerly widow of Thomas Benton Seward, Co. F, 57th Indiana, and advise me fully as to whether it is apparent that she is eligible to receive a pension under any existing law.

Thanking you for your early and full advices regarding this case, I am

Sincerely yours,

Dudley Doolittle

CONGRESSIONAL

DD-CH



NO. 1121 recorded

3-081

CONGRESSIONAL.

No. 494722

NAME OF CLAIMANT:

_____ Mrs. G

P. O. { _____

NAME OF SOLDIER:

Thomas B. Seward

Co. F-57, Reg't Ind. Vol.

91 Co 2 B.V.A.C.

The above-named claimant is, to the best of my knowledge and belief, a bona fide resident of the District which I represent; and this inquiry is not made at the request of any pension attorney or claim agent.

I desire to be advised as to _____

_____, M. C.

_____, 19

These slips are exclusively for the use of Representatives in Congress, and when used by any other person will not receive consideration.

Representatives will greatly aid the Bureau of Pensions in giving them an early answer, if they will fill and use these slips in making calls in pension cases.

G. M. Sargent

Act of June 27, 1890.
50772 11-1081.

PENSIONER DROPPED.

United States Pension Agency,

Chicago, Ill

July 23, 1905

Certificate No. 494722

Class Invalid

Pensioner Thomas Seward

Soldier

Service { A 57 Ind. Inf. and
91 Co 2 Battn VRC

The Commissioner of Pensions.

SIR: I have the honor to report that the
above-named pensioner who was last paid
at \$ 10 to 4 Jan. 1905
has been dropped because of death
July 12, 1905

Very respectfully,

J. Curran
United States Pension Agent. K

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

Declaration for Invalid Pension.

To be Executed Before a Court of Record or Notary Public.

STATE OF Indiana COUNTY OF Madison, SS.

On this 21 day of March, A. D. One Thousand Eight Hundred and Ninety Eight, personally appeared before me

a Notary Public within and for the County and State aforesaid, Thomas Seward, aged 59

years, a resident of the City of Anderson County of Madison State of Indiana, who being duly sworn according to law,

declares that he is the identical Thomas Seward who was enrolled on the 18 day of December, 1861, in Co F 57 Ind vls.

(Here state Rank, Company and Regiment in Military Service, or Vessel if in the Navy.) in the war of the Rebellion, and served at least ninety days, and was honorably discharged at Indianapolis Ind, on the 1 day of Dec, 1864

13 That he is now unable to earn a support by reason of Chronic Diarrhea

14 Dis of Rectum. Rheumatism Lumbago. Dis Heart. (Here name all diseases and injuries from which you are now disabled, whether contracted in the service or not)

15 and a general disability.

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent, Therefore he makes this application to have his name placed upon the list of Invalid Pensioners, under Act of June 27, 1890, and be paid a pension proportionate to the degree of inability to earn a support, as provided for by said Act, reserving his right to claim and receive pension under any other general law or special act of Congress than the one under which this application is made, and that this is his first application under

21 Act of June 27, 1890. That he has ~~not~~ applied for pension under application No. _____

22 That he is a pensioner under Certificate No. 494722 by reason of Chronic Diarrhea & Dis of Rectum

24 at \$ 8 per month. And that he has not been in the military or naval service of the United States

25 except no prior or subsequent service.

He hereby appoints, with full power of substitution and revocation. JAMES T. KNOWLAND & SON, of Anderson, Indiana, his true and lawful attorneys to prosecute his claim, and agrees to allow them the fee of \$10.00 as provided for by said Act, if successful. His postoffice address is Anderson County of Madison State of Indiana

Attest: Thomas Seward (Claimant's Signature.)

Also personally appeared Isdel Pigg, residing at Anderson Ind, and Wm R. Blake, residing at Anderson Ind, persons whom I certify to be respectable and entitled to credit,

and who being by me duly sworn, say they were present and saw Thomas Seward the claimant sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 35 years and 35 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Sworn to and subscribed before me this 21 day of March, A. D. 1898, 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 words _____ erased, and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of this claim.

Isdel Pigg
Wm R. Blake
(Signatures of Witnesses.)

Lena M. Knowland
(Official Signature)

Notary Public
(Official Character.)

ATTY FILED



The Act of June 27, 1890, REQUIRES, in case of a Soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the acts are graded from \$6.00 to \$12.00, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Western ⁰
Certificate No. 494722

Dept. No.

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME
Thomas Edward

SERVICE
Co. F. 57 Ind. Vol.

- 2

ADDRESS
Anderson Ind.

FILED BY
**JAMES T. KNOWLAND & SON,
ATTORNEYS AT LAW,
ANDERSON, INDIANA.**

Jacket No.

George McKeown, Printer, Anderson.

If You Cannot Use This Blank, Please Hand it to Some Comrade who Can.

(3-060.)

Western Div.
Cm. Ex'r.
No. 720.517

Department of the Interior,

BUREAU OF PENSIONS,

Invalid

Washington, D. C., Feb. 15, 1890

SIR:

It is alleged that Thomas Sward enlisted Dec. 18, 1861
and served as a Pte. in Co. F, 57 Reg't Ind. Vols
also as a _____ in Co. _____ Reg't _____
transferred to 2^d Bottom V. R. C.

and was discharged at Madison, Ind., _____, 1864

It is also alleged that while on duty at battle of Shiloh
on or about April, 1862, he was disabled by cataract of head, with
resulting deafness -

Also, chronic diarrhoea at some time & place -
and while a prisoner Dec. 1862 & Jan. 1863 was injured in
back & left hip by a fall & contracted lung disease -
and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

By regimental surgeon for diarrhoea and
catarrh - and at G. W. Annapolis, Md., when
a paroled prisoner - transferred to V. R. C. in
January 1864 -

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Geo. S. Row

Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

No. 720.517

WAR DEPARTMENT,
RECORD AND PENSION DIVISION,
FEB 18 1890
Washington, D. C., 18

Respectfully returned to the Commissioner of Pensions.

Thomas B. Seward
Co. F, Regt. 10th Indals.
was enrolled Oct 20, 1861
and Dis (Expiration of serv. Nov 18 1864)
as of 91 Co 2^d Batta V.R. to which
transfd Oct, 31, 63. by reason
of Inj. to hip.
Name Thomas Seward
not borne.
From Dec 31, 1861, to Apr 30, 1863,
he held the rank of Priv.

Write nothing to the left of this line.

and during that period the rolls show him
present except as follows: Dec 31, 62.
Absent Missing in
action, Dec 31, 62 -
Feb. 28, 63. same report
Apr 30 63. Taken
prisoner Stone
River Dec 31, 62 and
paroled. he was
in above action.

Pris. of War Records show
him capt'd at New Freedom
Dec 31/62, confined at
Rich. Va. Jan. 16/63,
paroled at City Point Va.
Jan. 26/63, rept'd at Camp
Parole Md. Jan. 27/63, dispo-
sition not given reported at
Camp Leanington Dnda, and
is rept'd present there Apr 30
/63, and sent to Regt. June '63

Other records furnish nothing
additional bearing upon this case
The medical records show him treated as
follows: As F. B. Seward, etc.,
Feb. 11 '63, Febris Int.; and as
Thomas B. Seward, etc., Feb 11
to Mch. 10 '63, Febris Int., returned
to duty.
Nothing additional found.

19
1890

By authority of the Secretary of War:
F. C. Amisworth
Captain and Ass't Surgeon, U. S. Army.
Per R

JD
3-216 a.

Ex'r.

No. 494,722

Act of June 27, 1890.

Thomas Sward

P. O. Anderson

Madison Co. Indiana

Service: 7 57 Ind. Vol. Inf.

2. Batt. U.S.C.

Enlisted: Oct. 20, 1861

Discharged: Nov. 18, 1864

Application filed: Mch. 23, 1898

Alleges: ^{Chronic disease, disease of} rectum, rheumatism, heart disease, lumbago and general debility.

Any other claim filed:

Numerical No.

Attorney: James J. Knowland & Son

P. O. Anderson - Ind.

Recognized. Contract.

Cert. of Dis. Searched for, 189 .

McL 9-1900 - Med. Ex. Anderson
IND. Ind. Atty notified - J.D.
ILL. June 28-1900 - Clust. Court of
IOWA, rheum. court dir. & general bill
J.D.

Reports of examining surgeons
inspected by Atty: *Keeneland*
Att 5/00 Attorneys' Room:

- WIS.
- MINN.
- NEBR.
- KANS.
- NEV.
- COLO.
- CAL.
- OREGON.
- IND. TY.
- N. MEX.
- DAKOTA.
- WASH.
- UTAH.

No.

AFFIDAVIT FOR ANY PURPOSE.

Act of June 27th, 1890.

State of Indiana, County of Madison, SS:
 In the matter of Claim cft No 494,722 of Thomas
Seward Co 7" 57" Ind rds.
 Personally came before me a Notary Public in and for said County
 and State, Peter Turner, aged 51 years, whose postoffice address is
Auderson, County of Madison, State of Indiana
 and Daniel Stewart, aged 5-8 years, whose postoffice address is
Auderson, County of Madison, State of Indiana

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the
 aforesaid case as follows:

We are personally acquainted with this
claimant and we have known him for the
past 16 yrs. and have lived in the same
neighborhood with him see him quite often
some times almost daily and at other times it
would be probably one month before we would
meet each other. Our acquaintance has been very in-
timate and we have observed his physical
condition. We know from personal knowledge
that he complains of Rheumatism and heart
trouble. He also says to be generally broken
down. He is not able to perform any manual
labor and has not been able to perform any
labor for several years past. He is a man
of good habits and we are fully satisfied that
his disabilities were not caused by vicious
habits.



and that... he... ha... no interest or concern in this matter.
 (If the person making affidavit signs by mark, have two witnesses sign here.)

ATTESTING WITNESSES, {
Peter Turner
Daniel Stewart
 (Signature of Witness.)

Sworn to and subscribed before me this day by the within named affiant *S.*; and I certify that I read said affidavit to said affiant *S.* and acquainted *them* with its contents before *they* executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant *S.* is ~~personally known to me~~; that *they* is a creditable person and so reputed in the community in which ~~he~~ resides.

Witness my hand and official seal, this *9th* day of *July*, 18*90*.



Sign here *Myrtle Sparr* Notary Public, *Anderson, Ind.*
Official Character *Commission expires Mar. 14, 1903.*

NOTE—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO JAMES T. KNOWLAND & SON, ANDERSON, INDIANA.

Western Div.
Department No.
Certificate No. *494, 722*
GENERAL AFFIDAVIT.
Case of *Thomas Leming*
B-F-57 "Land War"
For *Orig. Penn.*
Under Act of June 27, 1890.
Affiant of *Peter Lewis,*
David Stewart,
FILED BY
James T. Knowland & Son,
Successors to
NEWSOM & KNOWLAND,
Anderson, Indiana.
Jacket No. *2375*

Sworn to and subscribed before me this day by the within named affiant...; and I certify that I read said affidavit to said affiant...and acquainted...with its contents before...he...executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant... is.....personally known to me; that...he...is a creditable person and so reputed in the community in which....he....resides.

Witness my hand and official seal, this... 7 ... day of... *April* ... 189*9* *1900*



Sign here... *Lena M. Knowland*

Official Character... *Notary Public, Anderson, Ind.*

NOTE—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO JAMES T. KNOWLAND & SON, ANDERSON, INDIANA.

Western Union

Department No.
Certificate No. *494722*

GENERAL AFFIDAVIT.

Case of
Thomas Seward
C. A. & J. Andrews

For
Adm. Proceeds

Under Act of June 27, 1890.

Affidavit of
Nathan Brown
Anderson Ind.

FILED BY
James T. Knowland & Son,
Successors to
NEWSOM & KNOWLAND,
Anderson, Indiana.

Jacket No. *2375*

AFFIDAVIT FOR ANY PURPOSE.

Act of June 27th, 1890.

State of Indiana, County of Madison, SS:

In the matter of Claim Cert 494.722 of
Thomas Seward Co 7 57 Ind vols -

Personally came before me a Noty Public in and for said County
and State, George St. Palingall, aged 45 years, whose postoffice address is
Anderson, County of Madison, State of Indiana

and [Signature], aged [] years, whose postoffice address is
[], County of [], State of []

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the
aforesaid case as follows:

*That he has known Claimant for
about 10 years past. Met him at frequent
intervals during this time. He is a man of
good ordinary habits. He takes an occasional
drink but is not a habitual drinker & does not
abuse him self. He has had malaria
and attacks of Rheumatism. He is a man generally
broken down in health and in his present
Condition he is not able to earn a support
by manual labor. He might go out and do
some work for a short time & then would get down
not able to work at all but he could not do
hard manual labor. His disabilities increase
with age.
I am not related to him*

and that... he... has S no interest or concern in this matter.
(If the person making affidavit signs by mark, have two witnesses sign here.)

ATTESTING
WITNESSES,

Geo. St. Palingall

(Signature of Witness.)



Sworn to and subscribed before me this day by the within named affiant...; and I certify that I read said affidavit to said affiant...and acquainted...with its contents before...he...executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant... is.....personally known to me; that...he...is a creditable person and so reputed in the community in which....he....resides.

Witness my hand and official seal, this 7 day of April, 1900

Sign here Lena M. Knowland



Official Character Notary Public
Anderson, Ind.
Commission expires Dec 22, 1900

NOTE—This should be sworn to before a Clerk of Court, Notary Public or Justice of the Peace. If before a Justice, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO JAMES T. KNOWLAND & SON, ANDERSON, INDIANA.

Western Rev
Department No.....

494722
Certificate No.....

GENERAL AFFIDAVIT.

Case of
Thomas Steward
vs
Ed

For
Admitted Successor

Under Act of June 27, 1890.

Affidavit of
Geo d Ballew
Anderson Ind

FILED BY WESTERN

Successors to
JAMES T. KNOWLAND & SON,
NEWSOM & KNOWLAND,
Anderson, Indiana.

Jacket No.....
2075

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. 494732
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Thomas Seward, Rank, Private

Company A, 57th Reg't Ind. Vols. Monroeville, Indiana State,
[Post-office address of the Board.]

Claimant's post-office address. Anderson, Indiana September 2nd, 1897.
[Date of examination.]

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

in the service, viz: Chronic diarrhea, res. disease of Rectum, Stomach, indigestion & dis. of Liver, pain in back and Lumbago region.

and that he receives a pension of Eight dollars per month.

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

That he has diarrhea nearly all of the time - the discharges are small and painful - has burning pain at the lower end of bowels - has pain in stomach and often spits up his food - has great soreness in both sides and is troubled with lameness of back and can not do stopping work without subjecting himself to severe pains -

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, 98.6; height, 5 feet 11 inches; weight, 148 pounds; age, 52 years.

The tongue is red and furrowed - the conjunctivae are clear - the skin is dingy and pale - he is very tender in both hypochondria and also in Epigastrium - the Spleen and Splenic are not enlarged - the abdomen is tender and tympanitic - The sphincter ani is relaxed and incontinent and his linen is soiled - the mucous membrane of the Rectum, is much congested and highly sensitive but no piles are present - The Heart and Lungs give negative evidences - In both Lumbago regions he is quite tender and he stoops and bends the body with great embarrassment - in nearly all the intercostal spaces he is very sensitive and pressure upon the lower dorsal and all the Lumbago spinous processes produces pain - No other pathological condition is found.

He is, in our opinion, entitled to a 6/8 rating for the disability caused by Diarrhea, 7/8 for that caused by Dis. of Rectum, and 7/8 for that caused by Lumbago and 0 for any other atypical cause

G. W. H. Kempfer Pres. A. H. Ford, Sec'y. J. J. Bowles, Treas.

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

Continue record of examination here.

Series of horizontal lines for recording examination details.

SURGEON'S CERTIFICATE

IN CASE OF

Thomas Seward
Co. *F. 57th* Reg't *Ind. Vols.*

Applicant for Discharge

No. *474, 132*

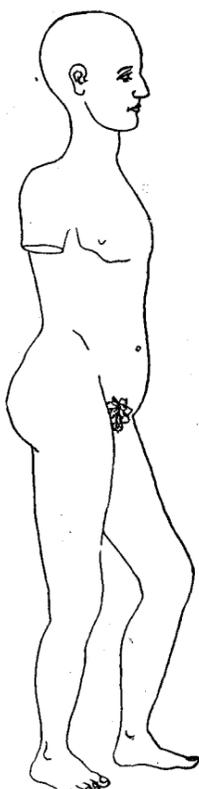
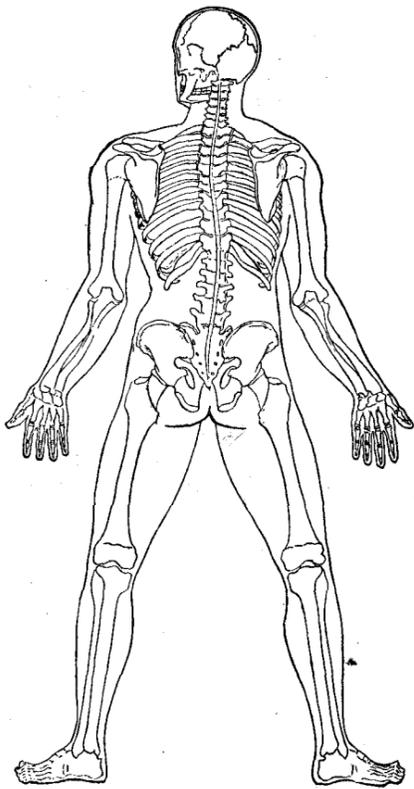
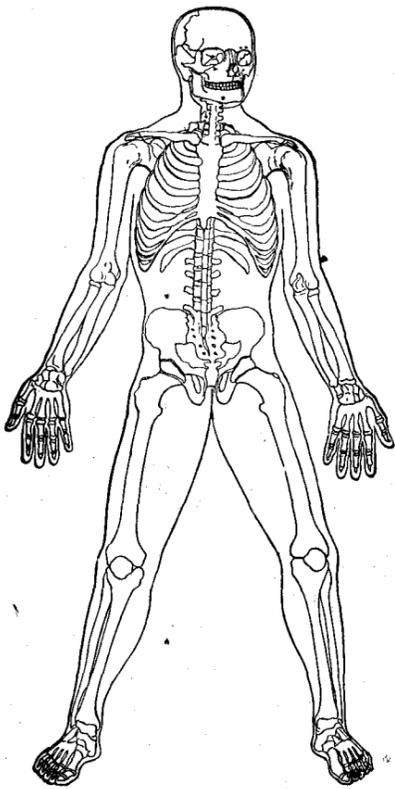
DATE OF EXAMINATION:

September 8th, 189*7*

G. W. H. Bumpus, Pres.,
A. J. ..., Sec'y,
L. J. ..., Treas.,
BOARD.

Post office, *Muncie*
County, *Delaware*
State, *Indiana*

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



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

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

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., *April 6*, 1900,

hls,

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

You should describe the condition in which you now find all joints, muscles, and tendons. See Par. 79, Book of Instructions, on Rheumatism.

Amended April 14, 1900

No rheumatic swelling or disease observed in any joint, muscle, or tendon except as heretofore described in this certificate.

Geo J. Chittenden
Sec

J. F. RAUB,
Medical Referee.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Increase

Pension Claim No. *492722*

G. S. A.

Name of claimant.

Thomas Sward

Address of Board.

Anderson P. O.

Company *7 57 Reg't Ind Duty*

Ind State.

Claimant's post-office address.

Anderson Ind

March 28, 1908

[Date of examination.]

Cause of disability.

*Chronic diarrhoea dis of rectum, rheumatism
lumbago, dis of heart, genl debilit & any other
disability* He receives a pension of *8.00* dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

He makes the following statement upon which he bases his claim for *increase*
*I have some chronic diarrhoea coming on about every
2 weeks, also dis of rectum & piles. Rheumatism
back ache, heart trouble, genl debilit.
cannot do hard manual labor*

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

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, *78 90 110*, respiration, *20 24 30*, temperature, *98*,
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, *5* feet *10 1/2* inches; actual weight, *145* pounds; age, *59* years.

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

*There is a history of severe chronic diarrhoea, returning
about every two weeks. There is marked emaciation
skin is pale and jaundiced, tongue coated, &
furred. Stomach retracted and tender
Liver considerably enlarged and tender
on pressure. Spleen normal, bowels
are flatulent and tender on pressure.*

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

*The rectum is inflamed and ulcerated,
hemorrhoidal vessels are engorged
a mass of internal piles protrude from
the anus. There is frequent severe hemorrhage.
A considerable portion of the time he cannot
walk or stand on his feet.*

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.

*There is also considerable rheumatism
Sometimes his knees and ankle joints
are said to swell, and the back is lame
and weak, both from piles & atrophy of
lumbar muscles.*

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

*area of cardiac dullness increased
apex beat in sixth intercostal space
a mitral murmur is heard over
apex. There is hypertrophy & dilatation,
also severe dyspnoea after exercise
cannot walk fast or climb stairs.
The feet are swollen every evening
no edema.*

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

*There is marked general debilit.
cannot do any manual labor.
no other disability found
no evidence of vicious habits*

S. W. [Signature], Pres. Geo. J. [Signature], Sec'y. R. W. [Signature], Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

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

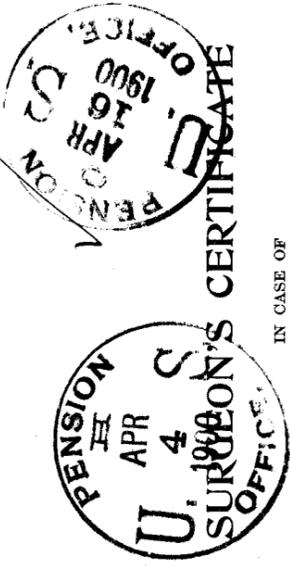
"I hereby certify that Dr. W. G. Edwards, Dr. Geo. F. Schuttman and Dr. R. H. Purce were personally present and actually participated in the examination of Thomas Howard the claimant in this case, on 28 day of March 1900."

(Signature.) Geo. F. Schuttman

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

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

(Signature.) _____



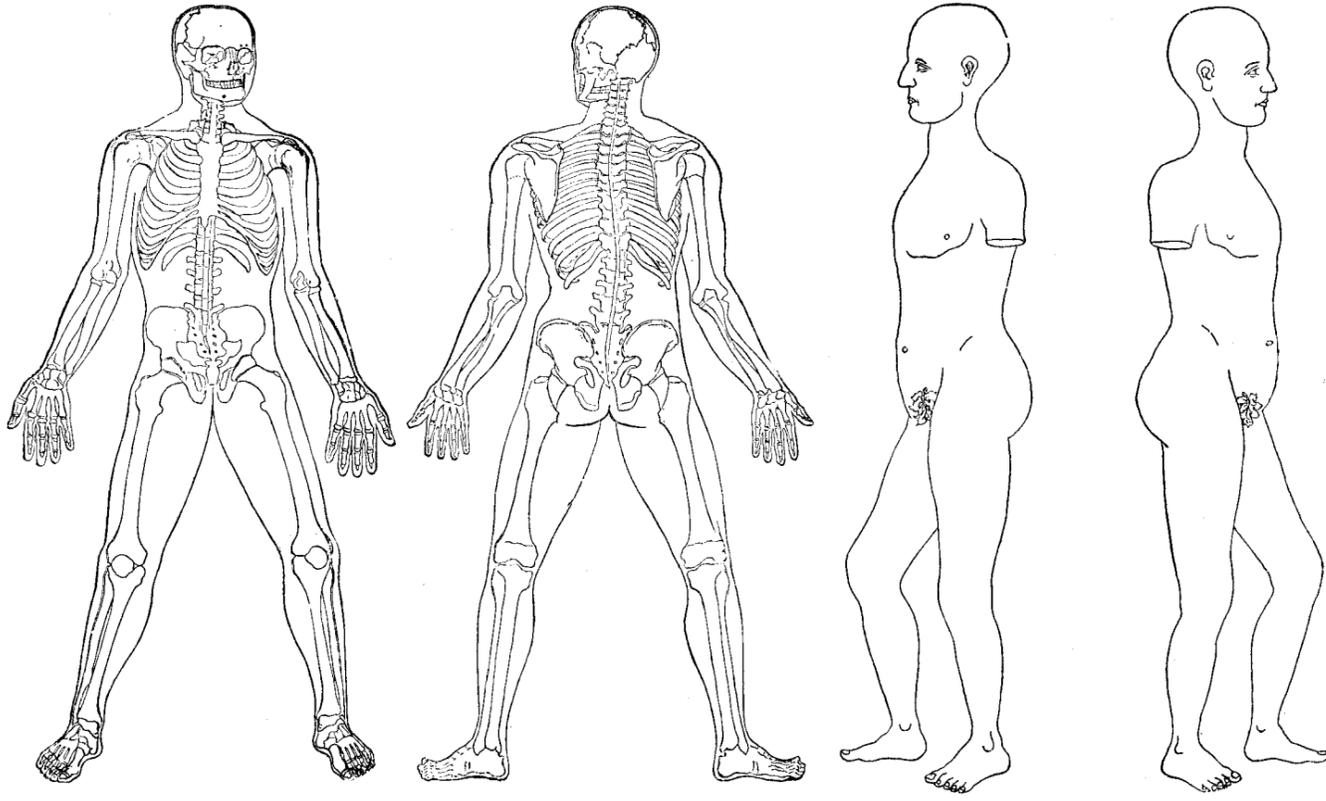
IN CASE OF
Thomas Howard
Co. F, 57 Reg't
Inf. 1st Div.

APPLICANT FOR increase
No. 494 722

DATE OF EXAMINATION:
March 28, 1900
W. G. Edwards, Pres.,
Geo. F. Schuttman, Sec'y,
R. H. Purce, Treas.,
BOARD.

Post office, Acadison
County, Madison
State, Ill.

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



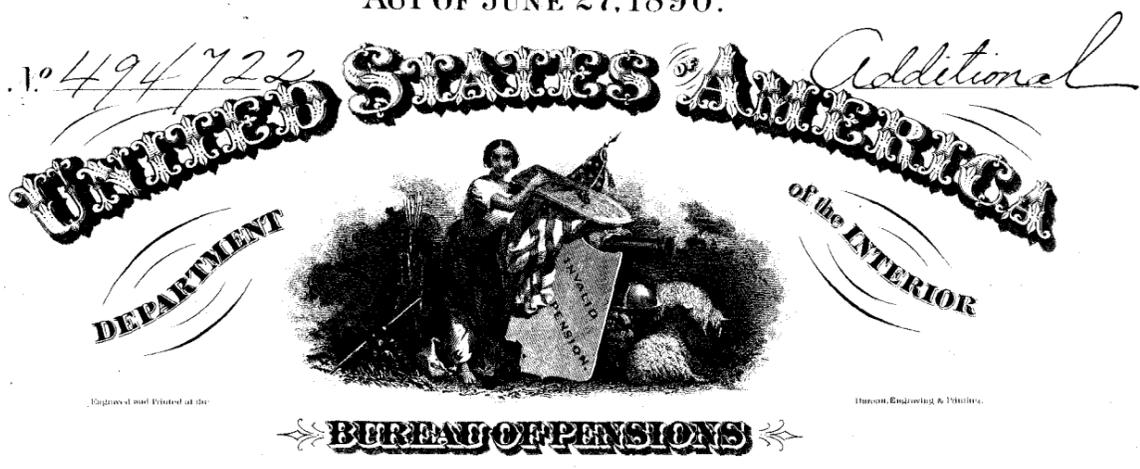
Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"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.]

38324

46986

3797
ACT OF JUNE 27, 1890.



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

It is hereby certified That in conformity with the laws of the United States Thomas Seward who was a Private Co F 57 Reg Indiana Heavy and 91 Co 2 Battalion Veteran Reserve Corps is entitled to a pension under the provisions of the

Act of June 27, 1890.

at the rate of Seven dollars per month to commence on the twenty-third day of March one thousand ^{eight} ~~nine~~ hundred and ninety-eight This pension being for Partial inability to earn a support by manual labor.

March 22-1898

Given at the Department of the Interior this Third day of December one thousand ~~nine~~ hundred and one unit of the Independence of the United States of America the one hundred and twenty-fifth

Countersigned
H. C. Frank
 Commissioner of Pensions.

Secretary of the Interior.

8-1 Aug 89

ACT OF JUNE 27, 1890.
No. 494,722
PENSION CERTIFICATE OF

Thomas Seward

Payable Quarterly

by the

U.S. Pension Agent
at Chicago

Clerk

a.c.
Adm. Serv. Aug. 20, 1906



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

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

Approved February 28, 1889.

Civil War Division.

LAM/EJA.



February 3, 1917.

Hon. Dudley Doolittle,
House of Representatives,
Washington, D. C.

My dear Mr. Doolittle:-

In response to your communication, relative to case, certificate number 492,752, Thomas Seward, deceased, Company F, 54th Indiana Infantry, I have the honor to inform you that the records of this Bureau fail to show a claim filed by Agnes Madren, as formerly widow of the above-named soldier.

If the provisions of the 2nd Section of the Act of September 8, 1916, as shown by the attached copy thereof are applicable to her case, Mrs. Madren is at liberty to execute and file the enclosed blank application thereunder.

Very truly yours,

Commissioner.

Carbon copy
for your files.

Thomas
INVALID PENSION.

Claimant,

Thomas Steward
P.O., *Audubon* Rank, *John*
County, *Madison* Company, *A*
State, *Ind* Regiment, *57th Ind Vol. Inf.*

Rate, \$ _____ per month, commencing _____

REJECTED

Disabled by

RECOGNIZED ATTORNEY:

Name, *Anderson & Humphreys* Fee \$ *10*, Agent _____ to pay.
P.O., *Audubon, Ind* Articles filed _____, 18 _____

APPROVALS:

Submitted for *Am. Dec 6, 91*, 18 _____, Examiner.

Approved for *Chronic disease with no disease of return* Approved for *Chronic disease not resulting disease of return 18 (no increase)*
Alleged results to Med. Ref. *Alleged results included in approved rate. O/E.*
Dec. 10, 1891, *Wilson*, Legal Reviewer. Dec. 13, 1892, _____, Medical Referee.

Discharged *Nov 18*, 18 *64* Last paid to _____, at \$ *18*.

Pensioned from *July 1*, 1891, at \$ *8.1*, for *Chronic disease*

Original declaration filed *July 1*, 1891; alleged *Catastroph of head of neck & hips by lung fever*

Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Declaration filed *Oct 3*, 1890. *Same as per. Increase*

ORIGINAL INVALID CLAIM.

Soldier,

Thomas Edward

P. O.,

Anderson

Rank,

Pr.

County,

Madison

Company,

F

State,

Ind.

Regiment,

57th Ind. Vol. Inf.

Rates, \$

per month, commencing

Aug. 1. 1889

Pensioned for

Chronic diarrhoea with resulting disease of rectum

RECOGNIZED ATTORNEY.

Name,

Newton D Knowland

Fee, \$

25.00 to pay.

P. O.,

Anderson, Ind.

Articles filed

Aug. 1 - 1889

APPROVALS.

Approved for

Chronic diarrhoea

Ruling #97

Submitted

ad. June 24, 1890

Montague

Examiner.

Approved for

Chronic diarrhoea
Keenan
Ruling 97

Approved for

Chronic Diarrhoea
with resulting Disease of
Rectum 8/18

Legal Reviewer.

Keenan

Med. Ex'r.

J. Mead

Med. Reviewer.

Re-Reviewer.

July 14, 1890

Med. Referee.

W. S. Ingram

Med. Referee.

IMPORTANT DATES.

Enlisted,

Oct. 20

1861

service from

Mustered

18

18

to

18

in

Discharged

Nov. 15

1864

Declaration filed

Aug. 1

1889

Not in service since

18

BASIS OF CLAIM.

At Shiloh, Tenn, in Apl. 1862 he contracted catarrh of head and resulting deafness of both ears - Also at some time & place contracted Chr. diarrhoea - Was captured at Stone River, Dec. 1862 & while a prisoner rec'd an injury to his back & hip, & after parole had the lung fever - Writen - No M. C.

Declaration for the Increase of an Invalid Pension.

STATE OF Indiana, COUNTY OF Madison, SS:

On this 30 day of Sept., A. D., One Thousand Eight Hundred and Ninety

personally appeared before me, a Just. of Peace Court within and for the County and State aforesaid, Thomas Seward, aged 51

years, whose post office address is Anderson, County of Madison

State of Indiana, who being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Indianapolis Pension Agency at the rate of 8.

dollars per month, under Certificate No. 494.722, by reason of disability from

Chronic diarrhoea and resulting disease of rectum

Military service of the United States while a private in Co

H 578 Ind Inf. Vols.

That he believes himself entitled to an increase of pension on account of a too low rating

for, and an increase disability from chronic diarrhoea and resulting disease of rectum

that his chronic diarrhoea had resulted in a general derangement of his stomach and whole digestive apparatus as well as an affection of his liver, and that his resulting disease of rectum is greatly on the increase and when at its worst, he suffers with severe pains across the small of his back over the lumbar region. He requests a thorough medical examination by some Board of Surgeons with full instructions to examine him thoroughly in order that his present degree of disability may be clearly shown.

That he appoints NEWSOM & KNOWLAND, of Anderson, County of Madison, State of Indiana, his true and lawful attorneys to prosecute his claim. That his Postoffice address is Anderson

County of Madison, State of Indiana

Claimant's signature, Thomas Seward

Attest Isdel Riggs
Wm a Linch

Also personally appeared Isdell Riggs, residing at
Auderson, and Wm A Finch, residing at
Auderson, persons whom I certify to be respectable and entitled to credit,
and who being by me duly sworn, say they were present and saw Thomas Seward
the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to
believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he
represents himself to be; and that they have no interest in the prosecution of this claim.

Isdell Riggs
Wm A Finch
[Signatures of two witnesses.]

Sworn to and subscribed before me this 30 day of Sept, A. D., 1890, and I
hereby certify that the contents of the above declaration, &c., were fully made known
and fully 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.

Geo J. McClinton
[Signature.]
Clk Circuit Court
[Official character.]

6.

4

Certificate No. 494.722.

INVALID.

CLAIM FOR INCREASE.

Appr. Thomas Seward

Co. "F" 57 Reg't.

Ind. Inf. Volunteers.



FILED BY

NEWSOM & KNOWLAND,

ANDERSON, INDIANA.

George McKeown, Steam Job Printer, Anderson, Ind.

The Postoffice Address (naming street and number in all large cities) of the applicant, attorney and witnesses should be embodied in or accompany every application, and all evidence in each claim, and each change of residence of said parties, while communicating with the Pension Office on the pension agents, should be stated. Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim. If executed before any officer other than a Clerk of a Court of Record, the certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached, or such officer should state that his authority to act had been previously filed in the Pension Office.

AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana, County of Madison, ss:

In the matter of Claim No. 720,517. of Co F 57th Ind Light Vols. Thomas Seward

Personally came before me, a Notary Public in and for said County and State, Thomas Seward, aged 48 years whose Postoffice address is Anderson, County of Madison State of Ind

, well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows: I am the claimant in the above entitled claim for pension, I do not believe I can furnish the evidence of a Reg Surg to show treatment in the service, for the reason that I was not acquainted with either of them before enlistment did not make their acquaintance during the service, only by attending sick call, and have not seen or heard of them since my discharge and I do not think they kept any record of my ailments, and even if they did said fact ought to be with the hospital records of the Regiment in the Surgeon General's office at Washington. I have furnished the evidence of Dr Daniel Cook showing treatment in 1864 and since that time I have employed no physicians but have treated myself by using local remedies. For the reasons stated above I can furnish no further medical evidence in my case, and ask that the same be adjudicated on the evidence of Comrades and neighbors now on file

and 2 further say that knowledge of the above facts is obtained from the following sources, viz:

and that he has no interest or concern in this matter.

(If the person making affidavit signs by mark, have two witnesses sign here.)

Witnesses' Signatures.

Thomas Seward

Sworn to and subscribed before me this day by the within named affiant ; and I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal, this 31st day of October 1889

cf on file

Sign here B. C. Goodrich
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

b.

Jacket No. 2178

Department No. 720.517

GENERAL AFFIDAVIT.

CASE OF

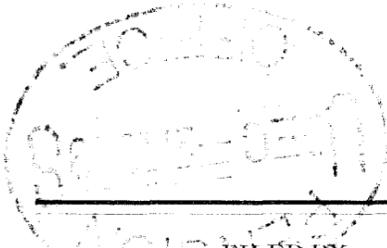
Thomas Seward
Co. "F" 57 Ind. Inf. Vol

FOR

Original Pension

AFFIDAVIT OF

claimant,
Anderson, Ind.



FILED BY

NEWSOM & KNOWLAND,
ANDERSON, INDIANA.

AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies.

Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana, County of Madison, ss:
In the matter of Claim no 720.517 of Thomas Seward
Private Co. F. 57" Indiana Vol
Personally came before me, a Notary Public in and for said
County and State, Bapt John H. Bent, aged 50 years
whose Postoffice address is Dundellin, County of Madison
State of Indiana, well known to me to be reputable and entitled to credit,

and who being duly sworn, declares in relation to the aforesaid case as follows: That I was Capt of Co F 57" Ind Vol Inf and that I was well acquainted with claimant Thomas Seward, a Private of said Co, and I clearly remember that said Seward was troubled with jaundice in his head and also had Diarrhea. which became chronic. and my knowledge of said facts was obtained by frequently reporting him to the Regal Physician he, at the time a Capt in said Co, he was captured at the Battle of Stone River and was never back to the Co but after being exchanged was transferred to Veteran Reserve Corps.

4

and he further says that his knowledge of the above facts is obtained from the following sources, viz: being present with Co at the time

and that he has no interest or concern in this matter.
(If the person making affidavit signs by mark, have two witnesses sign here.)

Witnesses' Signatures. { John H. Bent
late Capt Co F 57" Ind

He wrote said
Sworn to and subscribed before me this day by the within named affiant ; and I certify ~~that I read said~~
~~affidavit to said affiant and acquainted h with its contents before he~~ executed the same. I further
certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is
personally known to me; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal, this 28th day of September 1889

off on file

Sign here *B. E. Goodrich*
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

b.

Jacket No. ~~2578~~

Department No. 720,577

GENERAL AFFIDAVIT.

CASE OF

Thomas Seward
lev. "A" 57 Ind. Vols.

FOR

Original Pension

AFFIDAVIT OF

Capt. John W. Rent
Pendleton, Ind.

FILED BY

NEWSOM & KNOWLAND,
ANDERSON, INDIANA.

AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana, County of Madison, ss:

In the matter of Claim no 720 517 of Thomas Bernard
Private F. 57th Ind vols

Personally came before me, a Notary Public in and for said
County and State, Dewitt C. Markle, aged 51 years

whose Postoffice address is Markleville, County of Madison
State of Indiana, well known to me to be reputable and entitled to credit,

and who being duly sworn, declares in relation to the aforesaid case as follows:

I was a member of Co. F. 57th Ind. and claimant was member of the same company and Regt. While we were at Shiloh Tenn April 1862. nearly all the Regt had Chronic diarrhoea but I do not now remember whether claimant ^{was} among the number. but afterwards while at the Battle of Stone River Dec 1862. he claimant was complaining of being troubled with diarrhoea. About Aug or Sept. 1863 while I was on detached duty at Indianapolis Ind. claimant came to see me and was complaining of an injury to his hip and back, which he said he had received while crossing a bridge, shortly after he was liberated from a rebel prison.

and I further say that my knowledge of the above facts is obtained from the following sources,

viz: Serving in same company

and that he had no interest or concern in this matter.

(If the person making affidavit signs by mark, have two witnesses sign here.)

Witnesses' Signatures.

Dewitt C. Markle

Sworn to and subscribed before me this day by the within named affiant ; and I certify that I read said affidavit to said affiant and acquainted ~~him~~ with its contents before ~~he~~ executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal, this 24th day of September 18

C. H. Jones

Sign here *B. E. Goodrich*
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

6.

Jacket No. 2178

Department No. 720.517

GENERAL AFFIDAVIT.

CASE OF

Thomas Seward
Co. "F" 57 Ind. Vols

FOR

Original Pension

AFFIDAVIT OF

Dewitt C. Markle
Markleville, Ind.

FILED BY

NEWSOM & KNOWLAND,
ANDERSON, INDIANA.

Declaration for Invalid Army Pension.

STATE OF Indiana, COUNTY OF Madison, SS:

On this 29 day of July, One Thousand Eight Hundred and Eighty 9 personally appeared before me, Jas J. Nettroille, Clerk of the Circuit Court, a Court of Record, within and for the County and State aforesaid. Thomas Seward (Name of Claimant as it is on discharge.)

aged 48 years, whose postoffice address is Anderson, in the County of Madison, in the State of Indiana, who, being duly sworn according to law, declares that he is the identical Thomas Seward, who enlisted in the service of the United States at Ovid, County of Madison, State of Indiana, on the 18 day of December, 1861, as a Private in Company F of the 57th Regiment of Ind. Vols. Inf., commanded by Capt. Bradford, and was honorably discharged at Madison State of Indiana, on the _____ day of _____, 1864.

That his present personal description is as follows: Age, 48 years; height, 6 feet, 0 inches; complexion, Light; hair, Light; eyes, Grey. That while a member of the organization aforesaid, in the service and in the line of his duty, at or near a place called Shiloh State of Tenn, on or about the 15 day of April, 1862

(D) (Here state the nature or name of the disease, or the location of the wound or injury. If disabled by disease, state fully its cause, if by wound or injury, the precise manner in which received.)
From exposure and extreme hardships, prior and subsequent to the battle of Shiloh Tenn. he contracted Catarrh of head, which has now resulted in severe deafness of both ears.
2nd At the same time and place, he contracted Chronic diarrhoea
3rd That at the battle of Stone River Tenn. in Dec 1862, he was captured and was confined in Libby Prison Va for about one month and when liberated and in coming out of prison he fell off a hand bridge, sustaining a severe injury to his back and left hip. And that when he got to Pabole Camp Annapolis Maryland he had a severe spell of lining fever.

That he was treated in hospitals, as follows: He was treated by Reg. Surg. for diarrhoea. In hospital at Annapolis Md. for about six weeks or two months, and transferred to 2nd Battalion I.R. Co. July 14th, 1864, on account of above stated diseases. (Here state the names or numbers, and the location of all hospitals in which treated, and dates of treatment, whether Regimental, Brigade, Division, or General Hospital.)

That he has not been employed in the military or naval service otherwise than as stated above (Except as follows.)
No other service, except as above stated

Since leaving the service he has resided in Indiana and his occupation has been that of a Farmer. That prior to his entry into the service above named, he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now Partially disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, **NEWSOM & KNOWLAND**, of **ANDERSON**, State of **INDIANA**, his true and lawful attorneys to prosecute his claim. That he has not received any applied for a pension. His postoffice address is Anderson County of Madison, State of Indiana

(1) Thomas Seward
(Signature of Claimant.)

Two witnesses who can write. (2) Jesse Shimer
(1) Isaac N Shimer

Also personally appeared Jesse Shimer
P. O. Markleville, County of Madison, State of Ind
and Isaac N Shimer, P. O. Chatterfield
County of Madison, and State of Ind., persons whom I certify

to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Thomas Seward, the claimant sign his name (make his mark) to the foregoing declaration and power of attorney; and they further swear that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have known him for 20 + 10 years last past; that his habits have been uniformly good, and his occupation has been that of a Farmer and that they have no interest in the prosecution of this claim.

When signed by mark, two persons must sign as witnesses to mark. Signatures of two identifying witnesses. (2) Jesse Shimer
Isaac N Shimer

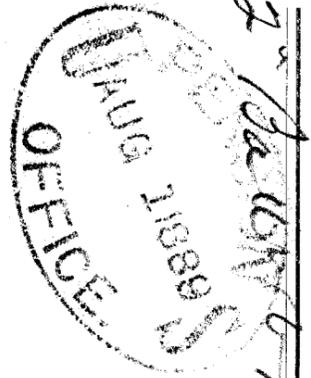
Sworn to, acknowledged and subscribed before me, this 29 day of July 1889 and I hereby certify that the contents of the foregoing declaration of claimant and affidavit of witnesses was made known to each of them before administering the oath; and that I have no interest, direct or indirect, in the prosecution of this claim.

Official Signature. (3) Geo J Netterville
Madison Co Ind

The law requires that this application must be executed before a Clerk or Judge of a Court of Record. This is imperative.

(1) State all the circumstances under which disabled, and just how you was wounded, or how disease was contracted, naming the disease or wound, and then state just how your disability has affected you since first contracted. Then follow with the names, dates and localities of all hospitals in which you was treated, and your full history from the time you was wounded or diseased, to the date of your discharge.

FILED BY
NEWSOM & KNOWLAND,
ANDERSON, INDIANA,
Attorneys for Claimant.



ORIGINAL CLAIM OF
Thomas Seward
of Capt. Bradford
Co. 57 Regt.
Ind. Inf. Vols.
Enlisted Dec. 1861
Discharged 1864

INVALID PENSION.

No. 6.
Jacket No. 2178.

AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana, County of Madison, ss:
In the matter of Claim 720,517 of Thomas Seward
Out let .7. 57" ind vold
Personally came before me, Notary Public in and for said
County and State, Thomas J. Ginn, aged 56 years
whose Postoffice address is Anderson, County of Madison
State of Indiana, well known to me to be reputable and entitled to credit,
and who being duly sworn, declares in relation to the aforesaid case as follows:

I was a member of same company and Regt as that of Claimant.
I remember that a short time after the Battle of Shiloh, some time in April 1862, that Claimant was sick with catarrh of the head, and also chronic diarrhoea.
I have been acquainted with him ever since his discharge and have seen him about four times each year, and during all of these years, I have reason to believe that he has been a constant sufferer from catarrh and chronic diarrhoea. From the fact that he has frequently complained of these diseases and also he is troubled with deopness. I noticed his deopness just about two years ago, and this Claimant has continued to suffer from deopness ever since I think him disabled to the extent of at least 1/2.

and I further say that my knowledge of the above facts is obtained from the following sources, viz: Serving in same company and knowing him since

and that he has no interest or concern in this matter.
(If the person making affidavit signs by mark, have two witnesses sign here.)

Witnesses' Signatures. {
Thomas J. Ginn

Sworn to and subscribed before me this day by the within named affiant ; and I certify that I read said affidavit to said affiant and acquainted ~~him~~ with its contents before ~~he~~ executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal, this 24th day of Sept 1889

Cft on file

Sign here B. O. Goodrich
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

6. Jacket No. 2178
Department No. 720.517

GENERAL AFFIDAVIT.

CASE OF
Thomas Sward
Co. F " 57 Ind. Vols.

FOR
Original Pension

AFFIDAVIT OF
Thomas J. Ginn
Anderson, Ind.

FILED BY
NEWSOM & KNOWLAND,
ANDERSON, INDIANA.



AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how ability is and how it is affected the while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana, County of Madison, ss:

In the matter of James M. ...

Personally came before me, a Notary Public in and for said

County and State, Dr Daniel Cook, aged 61 years

whose Postoffice address is Fishersburg, County of Madison

State of Indiana, well known to me to be reputable and entitled to credit,

and who being duly sworn, declares in relation to the aforesaid case as follows: I veto
Mr Seward when a small boy
till he volunteered and
treated him for Camp Fisher
while in the service and
immediately after he came home
I moved from his neighborhood
soon after the war and have
not bin acquainted with him
since my opinion is that he is
not able to perform manual
labor

Daniel Cook M.D.

at above

8

and further say that knowledge of the above facts is obtained from the following sources, viz:

and that he has no interest or concern in this matter.

(If the person making affidavit signs by mark, have two witnesses sign here.)

Witnesses' Signatures.

Sworn to and subscribed before me this day by the within named affiant ; and I certify that I read said affidavit to said affiant and acquainted ~~him~~ with its contents before ~~he~~ executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal, this 30th day of Sept 1889

cert on file

Sign here W. H. Walker
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

b.
Jacket No. 217
Department No. 757

GENERAL AFFIDAVIT.

CASE OF

Thomas Demand
vs. F. J. Ind. Inf.

FOR

Original Pardon

AFFIDAVIT OF

Dr. Daniel Cook
Fishersburg, Ind.

FILED BY

NEWSOM & KNOWLAND,
ANDERSON, INDIANA.



AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana, County of Madison, ss:
In the matter of Claim no 720517 of Thomas Seward
Print-Co 7.57" Ind vols
Personally came before me, a Notary Public in and for said
County and State, Samuel Harden, aged 57 years
whose Postoffice address is Anderson, County of Madison
State of Indiana, well known to me to be reputable and entitled to credit,

and who being duly sworn, declares in relation to the aforesaid case as follows: I knew the claimant right away from his return from the army, and have known him ever since when he came home from the army he was much reduced in flesh, and was at the time complaining of catarrh and deafness. also chronic diarrhoea. About 1886 the claimant complained of catarrh and deafness. From observation and from conversing with him I believe the claimant has been a constant sufferer from the above named diseases all of the time above mentioned. In my opinion he is disabled to the extent of at least 1/2.

5

and I further say that my knowledge of the above facts is obtained from the following sources, viz: personal knowledge

and that he has no interest or concern in this matter.
(If the person making affidavit signs by mark, have two witnesses sign here.)

Samuel Harden

Witnesses' Signatures.

Sworn to and subscribed before me this day by the within named affiant ; and I certify that I read said affidavit to said affiant and acquainted ~~him~~ with its contents before ~~he~~ executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that ^{he} is a creditable person and so reputed in the community, in which he resides.

Witness my hand and official seal, this 26th day of Sept 1889

copy on file

Sign here B. E. Goodrich
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

Jacket No. 2178
Department No. 720.517

GENERAL AFFIDAVIT.

CASE OF

Thomas Seward
vs. F. J. Ind. Vol.

FOR

Original Pensions

AFFIDAVIT OF

Samuel Hardin
Anderson, Ind.

FILED BY
NEWSOM & KNOWLAND,
ANDERSON, INDIANA.

AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana County of Madison ss:
In the matter of Claim no 720.517 of Thos. Seward
Avali Co #. 57" Ind vols
Personally came before me, a Notary Public in and for said
County and State, William Cox, aged 66 years
whose Postoffice address is Ovid, County of Madison
State of Indiana, well known to me to be reputable and entitled to credit,

and who being duly sworn, declares in relation to the aforesaid case as follows:
I have known claimant ever since he was discharged from the army when he first came home. He had to use a cane and part of the time a crutch on acct of an injury to his back as he informed me this condition continued for about one year. During the other years I frequently heard him complain of the injury to his back, and also have many times heard him complain of partial deafness. I noticed myself that when in conversation with him I had to talk in a rather loud tone of voice. I saw him during the yrs mentioned as often on an average of at least once a month and think him disabled to the extent of 1/2

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and I further say that my knowledge of the above facts is obtained from the following sources, viz: personal knowledge

and that he has no interest or concern in this matter.
(If the person making affidavit signs by mark, have two witnesses sign here.)

Witnesses' Signatures. William Cox

Sworn to and subscribed before me this day by the within named affiant ; and I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal, this 28th day of September 1889

Cpt on file

Sign here C. E. Goodrich
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

C.
Jacket No. 2178
Department No. 720.517

GENERAL AFFIDAVIT.

CASE OF

Thomas Arward
Co. F 57 Ind. Vol.

FOR

Original Pension

AFFIDAVIT OF

William Cox
Orid, Ind.

FILED BY
NEWSOM & KNOWLAND,
ANDERSON, INDIANA.

AFFIDAVIT FOR ANY PURPOSE

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies. Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

State of Indiana, County of Madison, ss:

In the matter of Claim no 720517 of Thomas Seward
Private Co F. 57" Indiana Vols

Personally came before me, a Natary Public in and for said
County and State, James Cole, aged 48 years
whose Postoffice address is Lapel, County of Madison
State of Indiana, well known to me to be reputable and entitled to credit,

and who being duly sworn, declares in relation to the aforesaid case as follows:

I have been personally acquainted with the claimant since 1868 and lived a neighbor to him all of the time except from June 1886 to May 1889. I have frequently heard him complain of pain in his back and chronic diarrhoea, and I know that he has been a sufferer from catarrh of the head and deafness. My knowledge of knowing that he is troubled with catarrh is from personal observation, and deafness from conversing with him I have been compelled to raise my voice above an ordinary tone in order to make him hear. I have seen him on an average of about twice a month. I would think him disabled to the extent of fully 1/2.

R

and I further say that my knowledge of the above facts is obtained from the following sources, viz: personal knowledge

and that he has no interest or concern in this matter.
(If the person making affidavit signs by mark, have two witnesses sign here.)

James R. Cole

Witnesses' Signatures.



Sworn to and subscribed before me this day by the within named affiant ; and I certify that I read said affidavit to said affiant and acquainted ~~him~~ with its contents before ~~he~~ executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that he is a creditable person and so reputed in the community, in which he resides.

Witness my hand and official seal, this 19th day of September 1889

copy on file

Sign here

L. E. Goudin
Notary Public

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a Justice or Notary, then Clerk of County Court must add his certificate of character on back thereof, and not on a separate piece of paper.

RETURN TO NEWSOM & KNOWLAND, ANDERSON, INDIANA.

to.
Jacket No. 2178

Department No. 720, 517

GENERAL AFFIDAVIT.

CASE OF

Thomas Demand

Co. F 57 Ind. Volo.

FOR

Original Pension

AFFIDAVIT OF

James Cole
Lapel, Ind.

FILED BY
NEWSOM & KNOWLAND,
ANDERSON, INDIANA.