



Dear Patron:

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THE NATIONAL ARCHIVES

SOLDIERS CERTIFICATE

NO. 508737

VETERAN Barnes Anthony

RANK Private

SERVICE Marine 14th Regt V.H.
at

CAN No. 11071

BUNDLE NO. 29

~~Stuffed~~ [3-2] ~~Albert~~
~~Grandfather~~ ~~INVALID.~~
No. 263.140

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

Barney Anthony
Sappers & Co. Mich.
P. O. Grand Rapids
Ottawa Co. Mich.

Service: 14 M. of 94 Art.

Enlisted: Dec 28, 1863

Discharged: April 22, 1864

Application filed: Nov 21, 1878

Alleges: Disease of lungs at Colman
D. of Jan 12/64

Re-enlisted:

Attorney: W. A. Grills & Co

P. O. Present



Recognized Contract.

Mo. Cert. of Dis. Searched for Dec 1878
(3833-15 M.)

March 1877
N. H. Al. ret'd for report on elements
wholesale from Dec 63 to
April 64.
Exec. Ord. Grand Jur. Mich.

Vt. June 1874 - cent. infd.
awaits R. & ant.
April 27/80
Mass. Atty. Gen. & Co. infd. awaits
ev. of treatment while in the
service & need testimony for
R. I. existence since discharge

Conn. May 28/80
Atty. Gen. & Co. infd. & ev. infd.
chart shd. for two evidence
Y. persons showing disease of
lungs since discharge
J. If there whereabouts of the
surgeon treating him in
in the service is unknown.
Del. and he will for name of the
will for answer

Apr. 27. 80. Atty - awaits treatment

No. C. C. Conditok awaits
R. S. testy Sarah
Seymour in affd. supple
affdot. that he found
July 17/86 awaits stea
above M. M. C.

1 see items to 600
P. M. for the
and
and

May 11/87. Atty. Gen. & Co. infd. & ev. infd.
R. S. testy Dr. Loring & Co. what he found
and he will for name of the
will for answer

[3-216 a.]

Albert
Ex'r,
Orig. No. 263,140

Act of June 27, 1890.

Barney Anthony
P.O. Sollier's Herk
Kent Co., Mich

Service: Pat. Unassigned 14 N.Y.H.C.

Enlisted: Dec 28, 1863

Discharged: ?, 18 ?

Application filed: July 10, 1890

Alleges: disease of heart &
liver & deafness.

Any other Claim filed: #

Numerical No. 38776
19/79

Attorney: Charles K. Gibson
P.O. Grant Rapids Mich

Recognized Contract.

Cert. of Dis. Searched for, 18
(1081-18,000.)

10-11-60
Del. of Grand Reports
ME.

N. H.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

INVALID.

No. 63140

Acts of July 4, 1862, and March 3, 1873.

Barney Anthony

P. O. Winnica

Chambers Co. Mich.

Service: 14 Mo. 9th

Enlisted: Dec 28, 1862

Discharged: April 22, 1864

Application filed: Mar. 21, 1878

Alleges: disease of lungs, at
Albina N.Y. Jan 12/6

Re-enlisted:

DR 157

Wm. H. Kiffin

Attorney: Wm. H. Kiffin

P. O. Winnica

Chambers Co. Mich.

Recognized.

Contract.

no Cert. of Dis. Searched for Dec, 1878

offers offdt.
for dues y^lth
treatment

Dec 20/81
Blumenthal's
Jacob P. M. Nett
Grand Haven. Mich.
May 17/79 rendered lipre
same Surg.

words for
Jan 13/81
Letter to J. W. G. and his friends.
officis appt. 3
Reg. Surg. do 3
did not appear
at
City of ...
dec 20

Oct 21/82. Atty notified no further action
until each of Jan 1/81 case completed

Oct 21/82. Med exp ...
Feb 7/83. W. H. Miller & Co. infmd, cannot be
recognized as attorney, without the
consent of Present attorney, W. H. L.

Dec 7/84
W. H. Miller & Co informed elm
awaits call Jan 13/81. For
Reg. Surgeon or assistant surg.

June 16/84 elm infd reaps
...

Nessler

(3-217.)

INCREASE.

Claim to COMP' OLD LAW CLAIM

No. 508737

Paul Anthony

P. O.,

County,

State,

Application filed, , 18.

State Service,

*May 19/96 Atty for orig
Wrote cert of depresso -
that being dis. Rejected*

Disability. *add. Depress*

Attorney, *Jewell & Nicholson*

P. O., *Washington*

County, , State, *DC.*

(Order to - 100 M.)

[3-405.]
(PENSIONER DROPPED.)

U. S. Pension Agency,

Detroit, Mich.,

May 7 1897

Hon. H. Clay Evans,

Commissioner of Pensions.

Case 73

I hereby report that the name of **Barney Anthony,**
Priv. Unassigned 14 N.Y.Vol.Hy.Art. *who was a pensioner on the rolls*
of this Agency, under Certificate No. **508 737** *and who was last paid*
at \$ **12** *, to* **December 4** *, 1893* *has been dropped*
because of **failure to claim.**

Very respectfully,

J. A. Jones
Pension Agent.

Every name dropped to be thus reported at once.

GENERAL AFFIDAVIT.

State of Michigan, County of Kent, 55

In the matter of The claim of Barry Anthony

ON THIS 23rd day of July A. D., 1886 personally appeared before me, a

Walter Smith in and for the said County, duly authorized to administer oaths,

aged 61 years, whose Post Office address is Grand

Rapids Michigan

who, being duly sworn, declared in relation to said case as follows :

NOTE.—Affiants should state how they gain a knowledge of the

facts to which they testify.

Barry Anthony came to me for an
Examination and treatment about
June the 15th 1886 found him suffering
from Sarangetis of long standing also
torpidity of the liver and a weakness
of the muscular attachments in the
region of the Colon vitality is slowly
ebbing age having much to do
with his general health he
appears to be a candid honorable
man worthy a pension

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

Walter Smith
[Signature of Affiant]

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

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 wordsadded 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.

H. P. Gull
(Official Signature.)
Justice of the Peace
(Official Character.)

I,.....Clerk of the County Court in and for aforesaid County and State do certify that.....Esq., who hath signed his name to the foregoing declaration and affidavit was at the time of so doing..... in and for said County and State, duly commissioned and sworn : and 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.....188 .

Clerk of the.....

NOTE.—This should be sworn to before a CLERK OF COURT, or NOTARY PUBLIC with a Seal. If before a JUSTICE OF THE PEACE, who has no certificate on file in the Pension Office, CLERK OF COUNTY COURT must add his certificate of character hereon.

Jan. 6th. 5-08. 737. 8i.
ADDITIONAL EVIDENCE.

CLAIM OF

Barney Salmons

Alaspi 14- N. Y. H. A.
~~# 923149~~

AFFIDAVIT OF

D. S. Smith



Filed by

W. H. WILLS & CO,

Washington, D. C.

INVALID (Series _____) ✓

Cert. No. 508137

Name, *Barney Anthony*

Rank, *Pvt.*; Service, *Massachusetts*
14-Reg. Light Art.

Original Roll: *1st*

Agency } Transf'd _____, 18____, to _____

" " _____, 18____, to _____

Issued *Nov. 24* _____, 18____

Mailed *Dec* _____, 18____

Rate and Period, \$ *12*, from *July 10*, 18____

Deductions: _____

Disability: *Slight deafness of both ears and old age*

Issued _____, 18____

Mailed _____, 18____

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

Deductions: _____

Disability: _____

Issue. Class *Disability*
Entered *Jan 10 18*

Issue. Class _____
Entered _____

Issued, _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Issued _____, 18

Mailed _____, 18

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

Deductions: _____

Disability: _____

Entered

Entered

INDORSEMENTS.

5/12/97 P.O. add. to
N.W. Mills & Co. N.K.

DROPPED FROM ROLLS
MAY 7 1897
FAILURE TO CLAIM PENSION

5/12/97 N.W. Mills & Co. adv. of death v. N.W.

ACT OF JUNE 27, 1890.

INVALID PENSION.

508737
Detroit

Claimant, Barney Anthony
P. O., Soldiers Home Rank, Private
Grand Rapids, Kent Co., Unassigned
Mich. 14th N. Y. Vol. I. C.

Rate, \$ 12 per month, commencing July 10, 1890.

DROPPED FROM ROLLS
MAY 7 1897
FAILURE TO CLAIM PENSION

Disabled by Slight deafness of both
ears & old age

RECOGNIZED ATTORNEY.

Name, Chas. H. Nelson Fee, \$ 10. Agent to pay.
P. O., Grand Rapids, Mich. Articles filed, None under new law.

APPROVALS.

Submitted for admission, Nov. 3, 1890. A. W. Albert, Examiner.
Approved for impaired hearing Approved for slight deafness of
of both ears & old age. both ears & old age
Reject claim under Gen. Law \$12 per month.
On the ground of claimant's inability
to show in evidence of alleged disability
in service. Alpham DR
Nov 4, 1890. Legal Referee. Nov 18, 1890. Medical Referee.

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

SERVICE SHOWN BY RECORD.

Enlisted December 28, 1863, honorably discharged April 22, 1864
Re-enlisted _____, 18____, honorably discharged _____, 18____
Declaration filed July 10, 1890, alleges permanent disability, not due to vicious habits,
from disease of heart and liver, and deafness,
blatant signs by marks, M. M. C.

CLAIM FOR Disability Pension

State of Michigan, County of Kent, ss:

ON THIS 7th day of July A. D. 1890, personally appeared before me a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,

Barney Anthony aged 78 years, a resident of Soldiers Home

in the County of Kent and State of _____

whose Post Office address is Soldiers Home Grand Rapids Mich

and who, being duly sworn, declares as follows: that he is the identical Barney Anthony

who served as a private Recruit 14th Regt. N.Y. Artillery Vol.

from December 28 1863, to April 22 1864, when he was honorably discharged

at Albion N.Y. for Ex. of Service

His present description is as follows: age 78 complexion fair hair grey eyes blue 5-7

He further declares that he is now unable to maintain himself by manual labor, on account of the results of _____

Disease of heart Liver, Deafness, ~~stiff~~
sound of left hip - left foot

received as he believes, while in line of duty at or near Watertown N.Y.

on or about July 6th

That his present condition is not the result of any fault of his own, but is the result, as he believes, of his army service,

as stated above. He also declares that he is entirely

dependent upon his daily labor for his support, or upon the charity of others as a result of his impaired health, result of

cause stated above.

~~Is claimant under Ord. # 621,405~~
Has never applied for a pension

He lived before the war at Watertown N.Y. and was then a sound man.

Has lived since the war, as follows: "Watertown N.Y." & Marice
Mich.

He hereby makes this Declaration for the purpose of being placed on the Invalid Pension Roll of the United States, under Act of June 27th 1892

The declarant hereby appoints, with full power of substitution and revocation, CHARLES K. GIBSON, of Grand Rapids, Mich., his attorney, and authorizes him to present and prosecute this claim, and to do any and all acts necessary to effect the purpose of said appointment.

Robert Wigan

Barney Anthony
his
Signature of Claimant.)
mark

Andrew Ceres
(Two witnesses who can write, sign here, if Claimant cannot write.)

Managed by J.A.

Also personally appeared Robert Wilson residing at Soldiers Home
Grand Rapids Mich and Andrew Aird
residing at same place persons whom I certify to be

respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

Barney Anthony

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.

Robert Wilson
Andrew Aird

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

(Signature of Affiants.)

Sworn to and subscribed before me this 7th day of July A. D. 1890;

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.

William W. Lanahan
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

CLAIM FOR

Disability Pension
Barney Anthony
Grand Rapids Mich
Michigan - 14th Regt. U.S. Army

FOR

Act June 27/90
JUL 10 1890

38770

FILED BY

CHARLES K. GIBSON,

SOLICITOR OF PENSIONS,

N. E. Corner Pearl and Ottawa Streets, Room 41, Old Houseman Building,

GRAND RAPIDS, MICH.

W. Loomis & O'nderdonk, Printers, 89 Pearl St.

DISABILITY AFFIDAVIT.

STATE OF Michigan
COUNTY OF Ottawa } SS.

In the Matter of the Original INVALID Pension Claim No. 268140
of Barney Anthony

ON THIS 24th day of April A. D. 1883, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Barney Anthony, aged 71 years, a resident of the Township of Revana in the County of Mustkegon, and State of Michigan, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to his claim for pension as follows: My Post Office Address is.....
Nunica, Ottawa Co, Michigan
[Give present address in full.]

For 8 years immediately preceding my enlistment into the service of the United States on the 28th day of December, 1863, I resided in the following-named places.....Oceola, Lewis County, New York
[Give all the places in which you resided during the period above stated prior to your enlistment.]

and my occupation was that of a Farmer

Since my discharge from said service on the 22 day of April, 1864, I have resided in Oceola, Lewis Co N.Y. three years, thence removed to my present residence in the Township of Revana Mustkegon Co Mich.
[Give the name of each place with date of any change of residence.]

and my occupation has been that of a Farmer

I further state that the disability for which I claim a pension arises from General Debility which was contracted at the Barracks No 3, at the village of Albany State of New York by exposure to inclement weather and sleeping on the damp ground for many nights in succession, resulting in disease of the lungs vertigo and Deafness from which I have not recovered at this time
[Here state the time, place, and all the circumstances under which the disability for which pension is claimed originated.]

From my said discharge to the present time, I have received the following medical treatment for said disease

I was treated for said complaints by the Physician at the Barracks above named, without improvement, & was treated by two other Physicians one a resident of Oceola, Lewis Co N.Y. the other a resident of Redfield in Oswego Co N.Y. (Both of whom are now deceased) for 3 years after my discharge, without favorable results.
expectation of the lungs with frequent and violent
[Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.]

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases:

affection of the lungs with frequent and violent attacks of coughing and severe pains in my head, almost continually, since my discharge
[Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.]

for which I was treated by Dr. Loomis of Nunica, Ottawa Co, Mich. in 1870
[Name and address and date of treatment.]

since removed to Indiana.

and afterwards by Dr. J. T. Wright for the last 10 years whose address is
And during all of the said time my physical condition and ability to perform manual labor has been as follows:...

~~light manual labor on the farm~~ not good
[State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or periods, including the dates as nearly as possible, you have been prevented from following your usual occupation.]
have been able to perform light manual labor on the farm at short intervals - frequently during the winter and spring since my discharge; being wholly unable to perform any labor whatever and am at this time unable to labor from said cause.

I further state that the entire service rendered by me is as follows: Enlisted in the 1st...
[Here claimant should state the dates of enlistment and discharge of each term of service rendered by him whether in the army or navy, and the company and regiment, or name of vessels, in which he served.]
Regiment New York Artillery December 28th 1863 as Private
done general camp duty until disabled as above stated
and was discharged on the 22nd day of April 1864

and that I have not served in the Army or Navy either prior or subsequent thereto.

John D. Pickett
Jane Wymen
[Two witnesses who can write sign here.]

Barney Anthony
Claimant's Signature.
mark

State of Michigan, County of Ottawa, 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, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution. The following interlineations and erasures were made before executing said affidavit:

John D. Pickett
Official Signature
Justice of the Peace

Note.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE OF THE PEACE, then CLERK OF COUNTY COURT must add his certificate of Official character hereon, and not on a separate slip of paper.

I, George J. Turner, Clerk of the County Court in and for aforesaid County and State, do certify that John D. Pickett Esq., who hath signed his name to the foregoing affidavit was at the time of so doing Justice of the Peace 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.

M. M. J.

[L. S.]

George J. Turner
Clerk of the Circuit Court
Ottawa Mich

DISABILITY AFFIDAVIT.

No. 263140
Claim of Barney Anthony
Recruit 14th Regt York
Art.
For Original
FILED BY W. H. Moore
W. H. Moore
W. H. Moore

CLAIMANT'S AFFIDAVIT.

State of Michigan, County of Kenosha, ss:

In the matter of Original Invalid Claim of Barney Anthony

ON THIS 28th day of May A. D. 1898, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths Barney Anthony aged 70 years, whose Post Office address is Grand Rapids Mich who, being duly sworn, declared in relation to said case as follows: That I enlisted in the

14th Regt New York Artillery, (unassined Company)
that I contracted Lung trouble while in the said
organization. That I was ever treated by the
Regimental Surgeon. That I was treated by
some doctors who are unknown.

I was discharged from the said organization
April 22nd 1864, at Elmira New York

Harding Smith
John J. Dickson
(If affiant sign by mark, two persons who can write sign here.)

Barney ^{his} Anthony
mark (Signature of Affiant.)

STATE OF Michigan COUNTY OF Kent ss.

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



Joseph O. Bellan
(Official Signature.)

Notary Public
(Official Character.)

I.....Clerk of the County Court in and for aforesaid County and State do certify that.....Esq., who hath signed his name to the foregoing declaration and affidavit was at the time of so doing..... in and for said County and State, duly commissioned and sworn: and 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 ..

[SEAL.]

Clerk of the.....COURT.

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE OR NOTARY who has no certificate on file in the Pension Office, CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

CLAIM OF

James Anthony
1411 N. of St. Clair

AFFIDAVIT OF

CLAIMANT.

Orig. # 263, 149.

Filed by

W. H. WILLS & CO.

WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Michigan, County of Ottawa, 55

In the matter of Pension Claims of Barney Anthony

ON THIS 16 day of June A. D., 1886 personally appeared before me, a

Notary Public in and for the said County, duly authorized to administer oaths,

Personally appeared Virgil Seymour 34 years, whose Post Office address is Kumbea

Ottawa Co Mich

who, being duly sworn, declared in relation to said case as follows: I have known Barney

NOTE.—Affiants should state how they gain a knowledge of the

Anthony for the last 25 years and to the best

~~of my knowledge and belief he was a sound~~

~~and healthy man up to the time of his~~

~~expiration, since which time I have not~~

~~been intimately acquainted with him and~~

~~cannot certify as to his having had health~~

~~or any disease~~

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

Virgil Seymour
(Signature of Affiant)

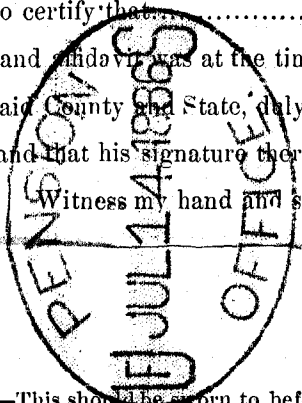
If Affiant sign by mark, two persons who can write sign here.]

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

J. J. Wiseman
(Official Signature.)

Notary Public
(Official Character.)

I,.....Clerk of the County Court in and for aforesaid County and State do certify that.....Esq., who hath signed his name to the foregoing declaration and affidavit was at the time of so doing..... in and for said County and State, duly commissioned and sworn: and 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.....188 .

Clerk of the.....

NOTE.—This should be sworn to before a CLERK OF COURT, or NOTARY PUBLIC with a Seal. If before a JUSTICE OF THE PEACE, who has no certificate on file in the Pension Office, CLERK OF COUNTY COURT must add his certificate of character hereon.

ADDITIONAL EVIDENCE.

CLAIM OF

Barney Anthony
Res - 14 "M. P. Ark.

AFFIDAVIT OF

[Large signature]
Prod. Pension
No 263.140
Lay
Sum

Filed by

W. H. WILLS & CO,

Washington, D. C.

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Sept. 24, 1886.

363.140

Respectfully returned to the Commissioner of Pensions.

Barney Anthony, a recruit of Company K, 14 Regiment N.Y. 24th Arty Volunteers, was enrolled on the day of 186, at

and is reported:

The records of the Provost Marshal General show that he was received at Draft Rendez Elmira N.Y. Jan'y 8. 1864 as a recruit for the 14 N.Y. 24th Arty, and was rejected April 22. 1864 and discharged by Lt M. F. Greeley 11th W S. Infy.

Respectfully,
Adjutant General.

P.O.

11/2

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., *April 7*, 1879.

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 263140, and to return it herewith, with such information as is furnished by the files of this Office.

It appears from the Rolls on file in this Office that ~~Thomas Southwick~~ was enrolled on the ~~20th~~ day of ~~Dec.~~, 1863, at ~~Camden~~ in ~~Co. the~~, ~~14th~~ Regiment of ~~N.Y. Art.~~ Volunteers, to serve ~~3~~ years or during the war, and mustered into service as a ~~Priv. Rec.~~ on the ~~5th~~ day of ~~July~~, 1864, at ~~Utica~~, in ~~Co. the~~, ~~14th~~ Regiment of ~~N.Y. Art.~~ Volunteers, to serve ~~3~~ years, or during the war. On the Muster Roll of Co ~~_____~~, of that Regiment, for the months of _____, 186 ~~_____~~, he is reported

"Rejected April 22nd 1864 and discharged at Elmira N.Y. Pseudonym on account of over age, 52 years old. His records of this office afford no evidence of disease Jan'y 12/64"

I am, sir, very respectfully,

Your obedient servant,

S. M. P.

Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D. C.

3548 - H - (E.A.) 79

4

3970
1873
DEPARTMENT OF THE INTERIOR
PENSION OFFICE
APR 10 1879

No. 5.

INVALID DIVISION

Department of the Interior,

PENSION OFFICE,

RECEIVED
PER
APR 11 1879
PENSION OFFICE

Jan. 31, 1879

Respectfully requested of the ADJUTANT
GENERAL U. S. A. a report of service and disability

in the case No. 2631219, of

Barney Anthony
114 W. N. Y. Ave.

Disabled by disease of lungs
at Elmira N.Y.

Discharged
July 12, 1864
Apr 22, 1865

Please give full
Military history

J. A. Bentley
Commissioner.

per [signature]

[INVALID.]

(No. 6.)

Department of the Interior,

PENSION OFFICE,

Jan. 31st, 1879.

Sir:

Please furnish this Office a report of hospital treatment in the Claim No. 263116, of Samuel Anthony, late a Private Co. 14th N.Y. Art'y, from the data given below.

1. Disability from disease of lungs at Albion N.Y. Jan. 12/64

2. Treatment, as follows: in Hospital at Albion N.Y. from 12th Jan. to 22d April 1864.

3. The Adjutant General's report shows:

4. Discharged April 22^d, 1864, U.S.

Very respectfully,

J. A. Purdy

Commissioner.

The Surgeon General U. S. A.

WAR DEPARTMENT,
Surgeon General's Office,

Record and Pension Division,

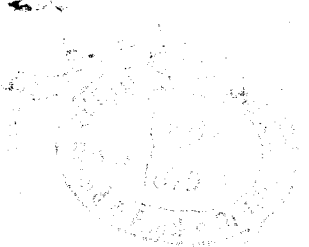
WASHINGTON, D. C. *June 3*, 1879

Respectfully returned to *the*
Commissioner of Pensions

No information bearing upon this inquiry
has been obtained from *the records*
of Elmira N.Y. Dec. 1 1863
to July 1864.

BY ORDER OF THE SURGEON GENERAL:

J. Woodruff
Surgeon, U. S. A.
(16)
Per *J. Woodruff*



Mon. J. S. (3-464.) a 226
DIVISION.

Department of the Interior,
PENSION OFFICE,

Washington, D. C., March 12, 1886.

Respectfully returned to the
Adjutant General U. S. Army
for a report giving all infor-
mation on file relative to
claimant's service and where
abouts from Dec. 1863 to
to April 1864.

263140

Barney Anthony
14. NY, 264. Arty.

John C. Black
Commissioner.



1 EXAMINING SURGEON'S CERTIFICATE 1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 20540

State: Michigan County: Muskegon

Post Office: Muskegon Nov. 15th 1882

We hereby certify That we have carefully examined Barnes Anthony, late a Sergeant Co. 14th Reg't, N.Y. Artill in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from Disease of Lungs

Applicant's service.

Degree of disability.

In our opinion the said Barnes Anthony is not incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before us it is our belief that the said disability did not originate in the service aforesaid in the time of duty.

Probable duration.

The disability is

Particular description.

A more particular description of the applicant's condition is subjoined: Height, 5-9; weight, 163; complexion, light age, 70; pulse, 70; respiration, normal.

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

We can detect nothing abnormal in physical condition of this applicant.

James Cook Pres
Charles P. Gordon Sec
John P. Stoddard M.D. Sec.
Examining Surgeons.

1- SURGEON'S CERTIFICATE I

IN CASE OF

Samuel Anthony
1st Reg't, N.Y. Artl

Application for Pension.

No. *263140*

Date of Examination: *November 15th 1882*

Sam P. Stoddard M.D.
Sec. Board

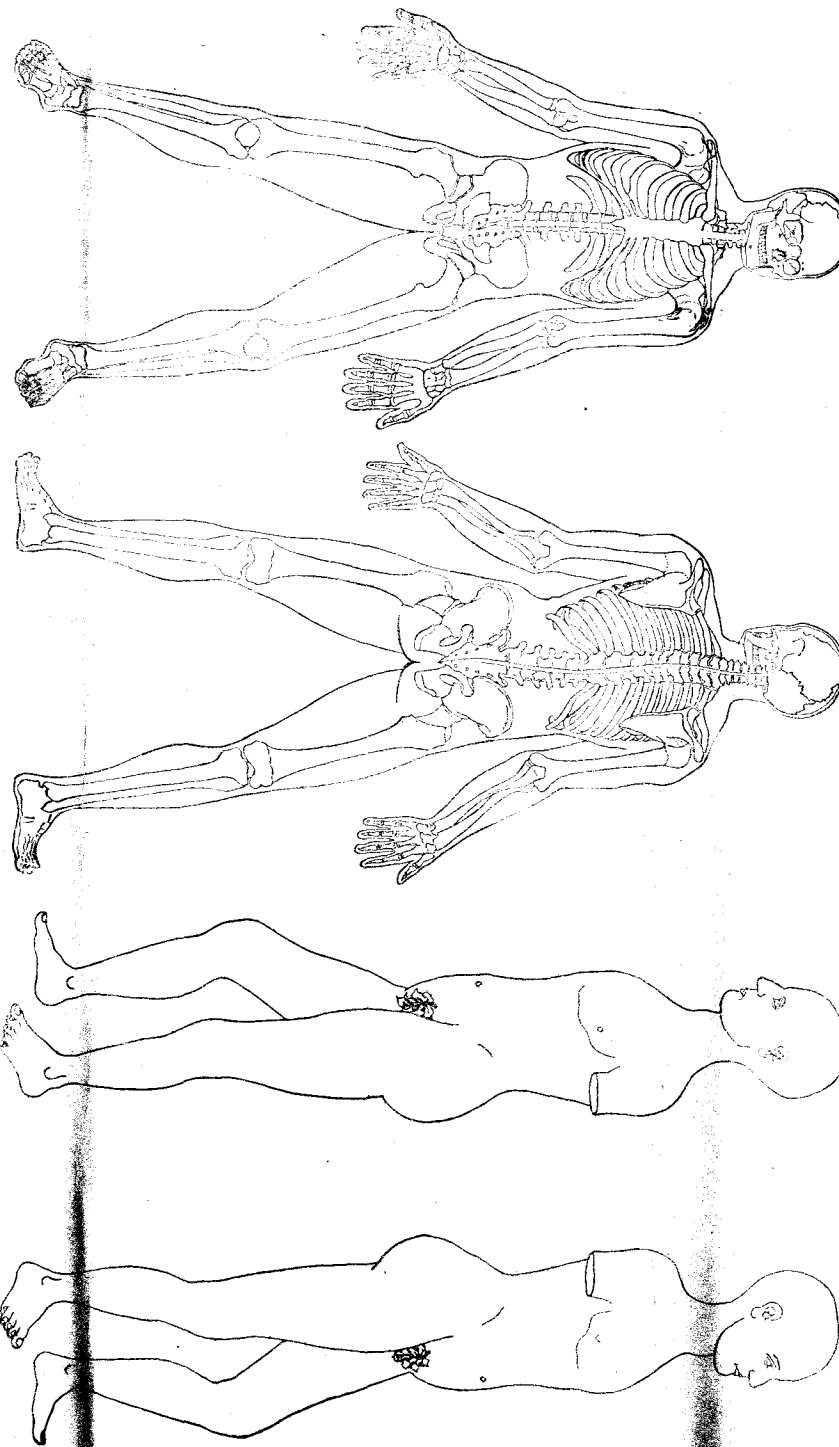
Examining Surgeon

Post Office, *Ann Arbor*

County, *Washtenaw*

State, *Michigan*

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



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

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

Insert character and number of claim. *Original* Pension Claim No. *263140*
Name and rank of claimant. *Barney Anthony*, Rank, *Private*
Company, *1* Reg't *14th N.Y. Heavy* *Grand Rapids Mich* State,
(Post office address of the Board.)
Claimant's post office address. *Grand Rapids Mich* April *7*, 188*6*.
(Date of examination.)

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

Cause of disability. *Disease of lungs result of fever*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of _____ dollars per month.
Pulse rate per minute, *74*; respiration, *18*; temperature, *99*; height, *5*
feet *8* inches; weight, *135* pounds; age, *25* years.

He makes the following statement upon which he bases his claim for *Original Pension*
Sore throat was taken with Pneumonia at Elmira N.Y. sometime in the month of January 1862. Was sick some 4 weeks. Was unable to do duty after until discharged by reason of his disabilities. Has had poor health since and has been entirely disabled for manual labor the last 4 years by reason of cough and debility.

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

Upon examination we find the following objective conditions: *Applicant is a debilitated man, wears tottering, and bowed forward, chest is flattened - Percussion shows dulness over apex of both lungs. Respiratory murmur duller over all parts of both lungs with moist rales over apex of right lung - Epigastrium retracted abdomen prominent. The disability is principally from age. Applicant is unable to do any manual labor.*

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

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

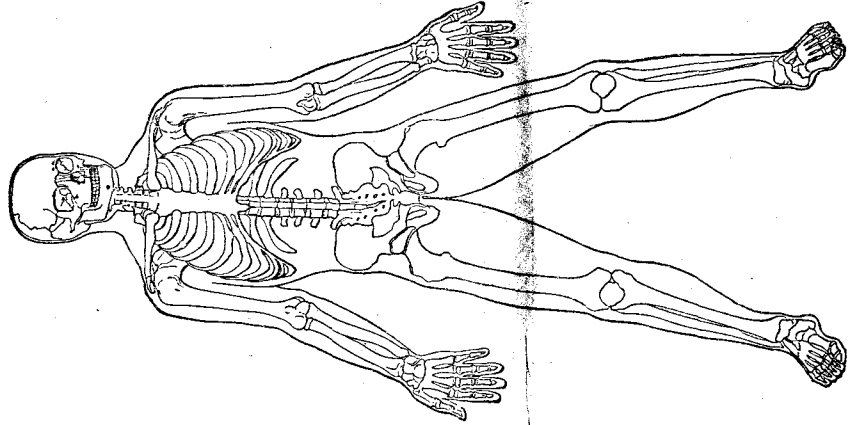
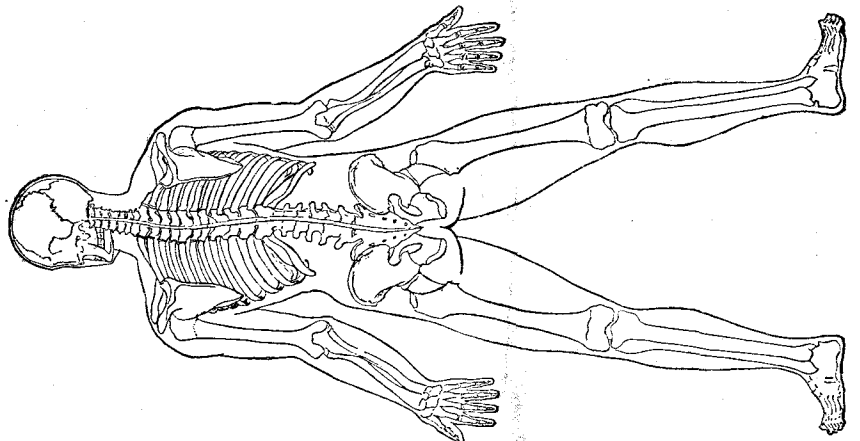
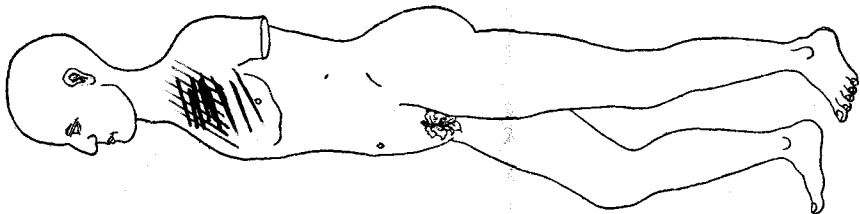
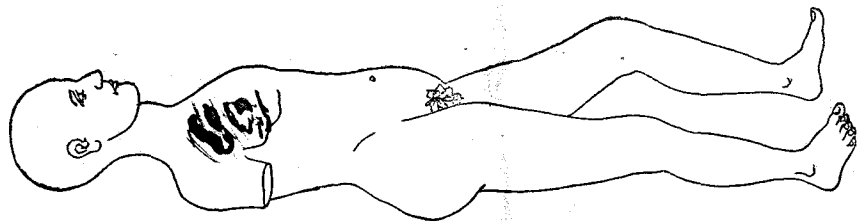
From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *one fourth*

Rate for each cause of disability. rating for the disability caused by *disease of lungs, that 2/4*, for that caused by *Age*, and _____ caused by _____

If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.
E. H. Board, Pres. *J. H. Board*, Sec'y. *J. D. Boardfield*, Treas.

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



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

SURGEON'S CERTIFICATE

IN CASE OF

Barney Anthony
Co. *14* Reg't *K. Y. Heavy Arty*

Applicant for *Original*

No. *263,140*

DATE OF EXAMINATION:

April 7th, 188*6*

E. H. Hebard, Pres.,
J. O. Inorick, Sec'y,
T. D. Bradford, Treas., } BOARD.

Post office, *Ground Rapids*

County, *Kent*

State, *Michigan*

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

PROVIDE 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 mental signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

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

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

Insert character and number of claim. Original Pension Claim No. 263,140
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. Barney Anthony, Rank, Private
 Company 14 Reg't M. H. A. Michigan State,
Michigan Soldiers Home Grand Rapids [Post-office address of the Board.]
 Claimant's post-office address. Oct. 77, 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: Disease of lungs, liver & throat
and deafness

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

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

Here give the claimant's statement as briefly and as compactly as possible.
Myself took care at Elmira N. Y. in 1864. Was very ill for one month, and was then detailed to cook, then went to the front. The cook was followed by cough. Since then he has had pain across his stomach, and in his sides - He has more some strong pain - He has been becoming deaf for 3 or 4 years. He now hears very imperfectly

Upon examination we find the following objective conditions: Pulse rate, 65; respiration, 16; temperature, 98 1/10; height, 5 feet 7 inches; weight, 100 pounds; age, 35 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889.
Applicant is an invalid of the Michigan Soldiers Home. He is a pale colored man. He is, by reason of his general weakness, unable to perform any manual labor - His chest is full, but he is coughed forward. Respiratory murmur is rarer than through-out both lungs, and there are no rales. Area of hepatic dullness is not increased. Skin is clear, and there are no other physical signs of disease of liver. Heart's action is slow and slightly irregular, and occasionally intermittent, but rhythm is sound and regular. There is slight catarrh of the nasal part of ear - but communication is heard at ear & ear in n. ear, and in d. ear. Ten + 1.

Rate for EACH cause of disability. He is, in our opinion, entitled to a 15/30 rating for the disability caused by dis. of lungs, None for that caused by dis. of liver, and None for that caused by dis. of throat. 15/30 for deafness. Tot. 7 1/2 % of pay &orage
A. J. Hubbard, Pres. R. J. Hubbard, Sec'y. _____, Treas.

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

Continue record of examination here.

Lined area for continuing the record of examination.



SURGEON'S CERTIFICATE

IN CASE OF

Barney Anthony,
Co. 14 Reg't N. Y. H. A.

Applicant for Original

No. *263, 140*

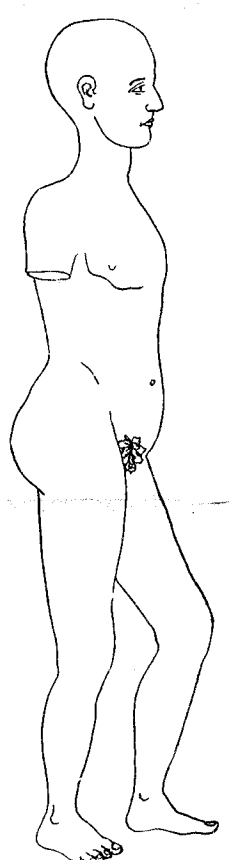
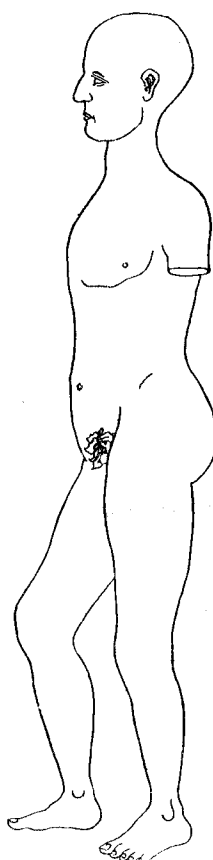
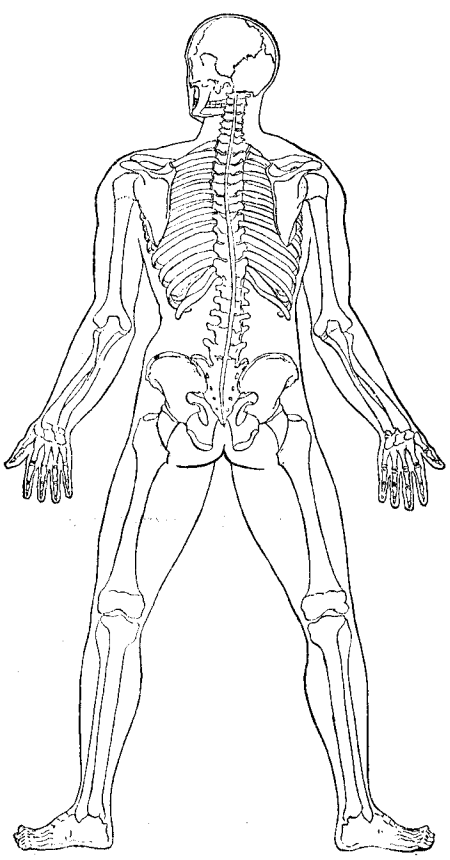
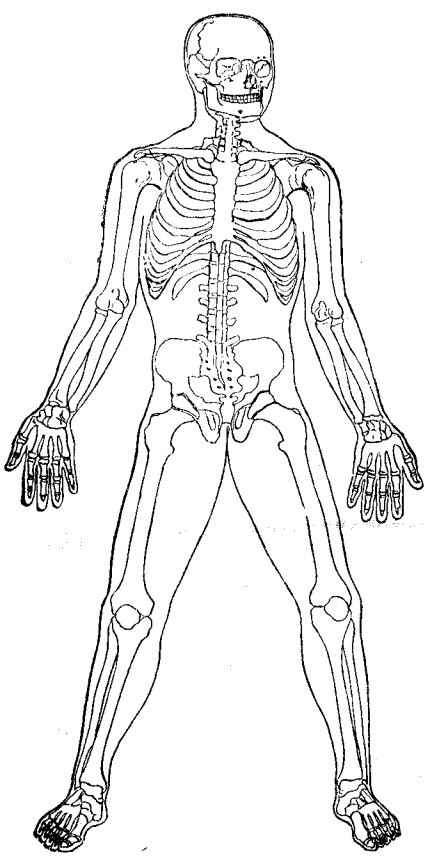
DATE OF EXAMINATION:

Oct. 22nd, 1890.

J. B. Griswold, Pres.,
R. J. Kirkland, Sec'y, BOARD.
John Brady, Treas.,

Post office *Grand Rapids,*
County, *Stent,*
State, *Mich.*

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.]

DECLARATION FOR ORIGINAL INVALID PENSION.

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Michigan, County of Kent, ss:

On this 26th day of December, A. D. one thousand eight hundred and eighty nine personally appeared before me, Clerk of the Circuit Court, a court of record within and for the County and State aforesaid, Barney Anthony aged 77 years, a resident of Revanna County of Muskegon State of Michigan, who, being duly sworn according to law, declares that he is the identical Barney Anthony who was ENROLLED on the 28th day of December, 1863, in Company — of the 14th Regiment of New York Art. Vols., commanded by Capt. John Crow and was honorably DISCHARGED at Elmira, N. Y. on the 2nd day of April, 1864; That while a member of the organization aforesaid, in the service and in the line of his duty at Elmira, in the State of New York on or about the — day of January, 1864, he contracted deafness and disease of lungs caused by exposure and hardships. [Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes, if by wound or injury, the precise manner in which received.]

That he was treated in hospitals as follows: None. Was treated by the Regimental Surgeon. [Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.]

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

That since leaving the service this applicant has resided in Revanna, in the State of Michigan, 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 greatly disabled from obtaining his subsistence by manual labor by reason of the disability, 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, JEWELL & NICHOLSON, of Washington, D. C., his true and lawful attorneys to prosecute his claim. That his POST-OFFICE ADDRESS is Crochry County of Ottawa State of Michigan.

ATTEST: Ernestus Snow
Nathl G. Smith
Two witnesses to Claimant's Signature.

Barney Anthony
Claimant's Signature.
mark

Also persons named Erastus Snow, residing at Grand Rapids, Mich
 and A. Smit, residing at the same place, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Erney Anthony, the claimant, sign his name (or make his mark) to the fore-
 going 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.

Erastus Snow
Walter G. Smith
 [Signatures of Witnesses.]

Sworn to and subscribed before me this 26th day of December
 A. D. 1889, 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 _____

[SEAL.]

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

Cornelius L. Barry
 [Signature.]
Clerk Circuit Court
 [Official Signature.]
Kent Co. Mich

Erney Anthony

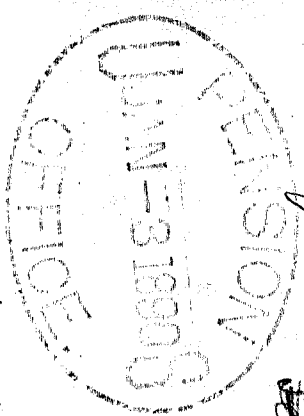
IN V ALID.

CLAIM FOR PENSION

ORIGINAL.

CLAIM OF

Erney Anthony
 Late Prof. in Co. of the 14 Regt.
of New York Art. Vols.



See Ser. of New York 508737

JEWELL & NICHOLSON,

Corcoran Building,
 WASHINGTON, D. C.

FILED BY

This declaration **MUST** be executed before the Clerk of a Court of Record or some officer having custody of the Seal of the Court. If executed before a Notary or Justice the paper will be worthless.

The claimant's identity must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity under oath or affirmation.

The Post-Office address (naming street and number in all large cities) of the applicant 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 or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Quint. of Office for CO. Jan. 21 1890.

A.

DECLARATION FOR ORIGINAL INVALID PENSION.

A.

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

State of Michigan }
County of Muskegon } ss:

On this 3 day of October, A. D. one thousand eight hundred and seventy-eight personally appeared before me, Clerk of the Circuit Court, a court of record within and for the county and State aforesaid, Barney Anthony, aged 65 years, a resident of the town of Ravenna, county of Muskegon State of Michigan, who, being duly sworn according to law, declares that he is the identical Barney Anthony who was ENROLLED on the 28th day of December, 1863, in company of the 14th regiment of New York Artillery commanded by...

Elmira N. Y. on the 22 day of April, 1864; that his personal description is as follows: Age, 44 years; height, 5 feet 10 inches; complexion, fair; hair, dark; eyes, dark. That while a member of the organization aforesaid, in the service and in the line of his duty at Elmira, in the State of New York on or about the 12 day of January, 1864, he caught a severe cold that he had a fever which finally settled on his lungs - that this has continued until the present time. As so to render him unfit for labor. That he is dependant upon his labor for his support - -

That he was treated in hospitals as follows: The Hospital at Elmira New York from the 12th of Jan 1864 to the 22 of April 1864.

That he has never been employed in the military or naval service otherwise than as stated above

That since leaving the service this applicant has resided in the town of Ravenna in the State of Michigan, 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 nearly 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, Henry N. Holl of Muskegon, State of Michigan, his true and lawful attorney to prosecute his claim. That he has never received ever applied for a pension. That his Post OFFICE ADDRESS is Munica, county of Ottawa State of Michigan

Claimant's signature: Barney Anthony

Attest: J. B. Adams
A. F. Woolaver

Also personally appeared J Baker, residing at Newburgh Mich and Nicholas F. Woodman, residing at Newburgh, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Benny Anthony, 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.

J Baker
Nicholas F. Woodman
(Signatures of witnesses.)

SWORN to and subscribed before me this 3rd day of October, A. D. 1878, 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 [L. s.] (14) (New York), erased, and the words (4) (Michigan), added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Sturges Wheeler
(Signature.)
Judge of the Circuit Court
(Official Character.)
Michigan

A. **INVALID.** A. **CLAIM FOR PENSION.**

ORIGINAL.

Benny Anthony, Applicant.

Co., Regt., Vols.

Enlisted 18

Discharged 18

FILED BY Benny H. Doll

Michigan

Mich.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

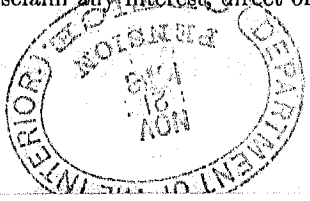
Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The Post Office 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 or the pension agents, should be stated.

The fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

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.



STATE OF MICHIGAN,

County of Leuk

} ss.

In the matter of the claim for Invalid Pension of Barney Anthony

of Company 14 Regiment N.Y. Heavy Art Vols:

Personally came before me, a Notary Public in and for
aforesaid County and State, Barney Anthony
of Grand Rapids
in the County of Leuk, State of Michigan

reputable and entitled to credit; and who, being duly sworn, declares in relation to the aforesaid claim as follows:

My Post Office address is Soldiers Home Grand Rapids Mich

My age is 75 years, In reply to letter from Pension Office. I declare that I do not know and cannot ascertain the whereabouts of any Surgeon or Assistant Surgeon who was a member of my Regiment when I was.

The only living doctor who has treated me since my discharge is Dr. Wright of Nunica Ottawa Co. Mich. who first treated me for lung disease about nine years ago.

The affidavit of said Dr. Wright is only medical evidence I can obtain in my case

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

Attest—when any affiant signs by mark, (2 persons.)
Adolph Mason
Joseph O. Bellair

Signature of Affiants.

his
Barney Anthony
mark

Sworn to and subscribed before me this day by the above named affiant ; and I certify that I read said affidavit to said affiant , and acquainted h.c.c.a. with its contents before.....he executed the same. I further certify that I am in nowise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this 11th day of May 1886
(Add seal here.) Notary's Official Certificate on File, (Sign here.) A. D. P. Mason
Notary Public

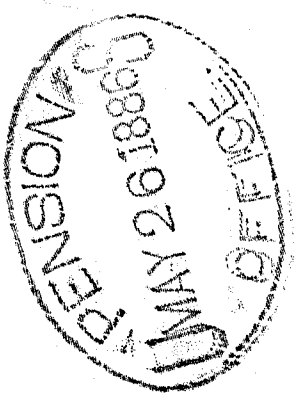
NOTE.—This should be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If before a Notary or Justice, then Clerk of County Court must add his certificate of character on the back hereof, and not on a separate slip of paper.

STATE OF MICHIGAN, }
County of _____ } SS.

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

Witness my hand and seal of office, this _____ day of _____ 188

Clerk of the _____



ADDITIONAL EVIDENCE
CLAIM FOR
Burney, Anthony

at unassigned
Deerfield Co. 14th Reg't
W. M. Ant
No. 263,140

[Signature]
AFFIDAVIT
OF

FILED BY
[Signature]
CYRUS E. PERKINS
ATTORNEY FOR CLAIMANT
Washington
GRAND RAPIDS, MICHIGAN.
I. S. Dygert, Printer, Grand Rapids, Mich.

GENERAL AFFIDAVIT.

State of Michigan County of Ottawa , ss

In the matter of Benny Anthony

ON THIS 30th day of August A. D., 1886, personally appeared before me, a

Notary Public in and for the said County, duly authorized to administer oaths,
Sarah L. Seymour aged 43 years, whose Post Office address is Ann Arbor
Ottawa Michigan

who, being duly sworn, declared in relation to said case as follows: that she has known said Benny
NOTE—Affiants should state how they gain a knowledge of the

Anthony ever since his return from the war. Knows that
at the time of his discharge he has not been in good
health and not been able to do manual labor

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

L. S. Wiseman

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

Sarah L. Seymour

[Signature of Affiant]

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... *Sarah L. Seymour* ...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.

J. J. Wiseman
 (Official Signature.)

Notary Public
 (Official Character.)

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

Clerk of the.....


NOTE.—This should be sworn to before a CLERK OF COURT, or NOTARY PUBLIC with a Seal. If before a JUSTICE OF THE PEACE, who has no certificate on file in the Pension Office, CLERK OF COUNTY COURT must add his certificate of character hereon.

ADDITIONAL EVIDENCE.

CLAIM OF

Barney Anthony
Co. 1. 14. 1864

AFFIDAVIT OF

Clerk of the Court
No. 263. 1860


Filed by
 W. H. MILLS & CO,
 Washington, D. C.

GENERAL AFFIDAVIT.

State of Michigan, County of Muskegon, 55

In the matter of Barnes Peterson

~~Elizabetta Conklin~~

ON THIS 24th day of August A. D., 1886, personally appeared before me, a

Notary Public in and for the said County, duly authorized to administer oaths,
Elizabetta Conklin aged 36 years, whose Post Office address is Palmyra

who, being duly sworn, declared in relation to said case as follows: that she lived in his

family at the time she testifies about. knows

that at the time he returned from the war he
was afflicted with lung disease so he could not
do anything and hardly get about for months. he
recovered so he could get about for light work, but
never seemed to well as he used to be before the
war.

further declare that she has no interest in said case and is not
concerned in its prosecution

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

Elizabetta Conklin
[Signature of Affiant]

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 *Elisabetha Cooper*.....erased, and the words.....added and acquainted *WV*.....with its contents before *WV*.....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.

Thos D. Smith
.....
(Official Signature.)

Notary Public
.....
(Official Character.)

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

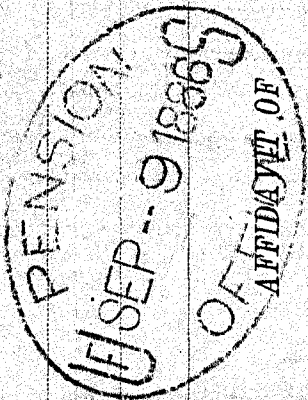
Witness my hand and seal of office, this.....day of.....188 .

Clerk of the.....

NOTE.—This should be sworn to before a CLERK OF COURT, or NOTARY PUBLIC with a Seal. If before a JUSTICE OF THE PEACE, who has no certificate on file in the Pension Office, CLERK OF COUNTY COURT must add his certificate of character hereon.

ADDITIONAL EVIDENCE.

CLAIM OF



Filed by
W. H. WILLS & CO,
Washington, D. C.