

May 9 - 94
 May 14 - 94
 To atty Morris:
 Mrs Con.
 Messrs Abank Pa.

11/6-94 WD for full mil list
 Atty for nichols & Co.

Apr 9/95 To P.M. for creditability
 of witnesses - 2014.0

OHIO.

MICH.

No.

Act of June 27, 1890.

INVALID PENSION.

894221
Phila. M.

#914 365

Claimant, Joseph Maer
P.O., Coaldale Rank, Prvt.
County, Schuylkill Company, 4
State, Pennsylvania Regiment, 11 Pa. Vol. Inf.
Rate, \$ 0 per month, commencing April 26 1894

Disabled by Rheum & disease of respiratory organs

RECOGNIZED ATTORNEY.

Name, J. H. Morris Fee, \$ 10 Agent to pay.
P.O., City Articles filed, 189

APPROVALS.

M.R.W.

Submitted for Admission July 26, 1895 W. L. O'Keefe Examiner.

Approved for Rheumatism
Strain in back and
shortness of breath

Approved for Rheumatism and
disease of respiratory organs #6

Van Loan
Legal Reviewer.
Aug 13, 1895

No other notable disability shown.
F. L. Coleman Acting W. L. O'Keefe Medical Referee.
Aug 14, 1895

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

SERVICE SHOWN BY RECORD.

Enlisted Oct 15, 1861, honorably discharged July 1, 1865

Re-enlisted 18, honorably discharged 18

Declaration filed April 26, 1894, alleges permanent disability, not due to vicious habits,
from Rheumatism in legs, strain in back and
shortness of breath

M.M.C.

Check write

Application for Re-Issue, under Act of March 6, 1896.

Act of June 27, 1890.

A DECLARATION FOR INVALID PENSION. A

Note.—This is soldier's Application and must be executed with any two persons, soldiers not required, before any officer authorized to administer oaths for general purposes. If such officer is required to use a seal, he must affix the same to his jurat or paper will not be accepted. If he is not required to use a seal, a certificate of his official character, under the hand and seal of a clerk of court or other proper officer must be attached. If certificate is on file in Pension Office, THAT WILL ANSWER. Return to HENRY D. PHILLIPS, P O. Box, 86, Washington, D. C.

STATE OF Pennsylvania }
COUNTY OF Carbon } ss.

On this 12th day of June A. D. one thousand eight hundred and ninety seven personally appeared before me Justice of the Peace Joseph Moser aged 66 years, a resident of the Township of Rahau county of Schuylkill State of Penna who, being duly sworn according to law, declares that he is the identical person who was ENROLLED on the 15th day of October 1861, in Co. A. 11 Regt Penna Vol Inft (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 nearly four years, and was HONORABLE DISCHARGED at Harrisburg on the 11th day of July 1865 That he has not been in any military or naval service U. S. since then. That he is totally unable to earn a support by reason of Partial inability to labor at support of manual labor (Here give name of each wound, injury or disease from which disabled.)

at present am suffering from a state of inflammation in my limbs, disabling me from doing manual labor and that said inflammation in a pensionable degree June 27, 1890. That he makes this application for R-issue of Pension under act of March 6, 1896, which provides:

“That whenever a claim for pension under act of June 27, 1890, has been or shall hereafter be, rejected, suspended, or dismissed, and a new application shall have been, or shall hereafter be, filed, and a pension has been, or shall hereafter be, allowed in such claim, such pension shall date from the time of filing the first application, provided the evidence in the case shall show a pensionable disability to have existed, or to exist, at the time of filing such first application, anything in any law or ruling of the Department to the contrary notwithstanding.”

That his disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent. That he has applied for pension under application No. That he is a pensioner under Certificate No. 894221 (If a pensioner, the Certificate

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of June 27, 1890 number only need be given. If not, give the number of the former application, if one was made.)

He hereby appoints HENRY D. PHILLIPS, of Washington, D. C.

his true and lawful attorney to prosecute his claim; attorney fee to be \$10. That his POST OFFICE ADDRESS is Woodall county of Schuylkill State of Penna

ATTY FILED

Attest Samuel A. Wehr Henry M. Cash Claimant's signature

and Henry M. Park residing at Wood Dale persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw 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 40 years and 40 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.

Samuel A. Weber

Henry M. Park
(Signature of witnesses.)

Sworn to and subscribed before me this 12th day of June, A. D. 1897

and I hereby certify that the contents of the above declaration, etc., were fully made known and [L. s.] 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, to the prosecution of this claim.



John R. Harris
(Signature.)

Justice of the Peace
(Official character.)

Certificate on file to cover date of execution. Record Division. *om*

LANDS. PATENTS. PENSIONS.
A A
SOLDIER'S APPLICATION.

Name Joseph Moore
Service N. 11 Pa. Inf.
Br. Co. 19421 J.

Application for Re-Issue,

ACT OF MARCH 6, 1896.



HENRY D. PHILLIPS,
LAW OFFICES:
479 LOUISIANA AVENUE,
WASHINGTON, D. C.

LANDS PENSIONS. PATENTS.

This affidavit should, if possible, be in the handwriting of the physician. Marginal Instructions should be carefully read before beginning it.

Medical Evidence, Act of March 6th, 1896.

PHYSICIAN'S AFFIDAVIT.

State of _____, County of _____, ss.:

In the matter of Joseph Mosen 26 1/2 Pa for Pension.

Disability alleged as ground for Pension is Sciatica Rheumatism, rupture of short breast or diaphragm

Personally appeared before me, a Justice of the Peace in and for aforesaid County and

State Dr. E. H. Kieller who, being duly sworn, declares, in relation to aforesaid case, as (Name of Physician.)

follows: That his residence and P. O. Address are as follows: Lampford, Carbon county Pennsylvania that he has been a practicing physician for 28 years, and has

been acquainted with said soldier for about twenty one years; that he has given him treatment and had

knowledge of him and his disability as follows: Rheumatism, Sciatica

Bronchial Catarrh, and irremediable right Inguinal Hernia. Had special knowledge and gave treatment for said diseases during a period of about eight years or since 1889 the said Joseph Mosen is a continuous sufferer, continually becoming more permanently disabled, and has not been able for two years, since January 1896 to earn a support by manual labor.

Affiant further states that since his acquaintance with said Joseph Mosen he always found him a steady industrious and sober man.

The above statement was written by affiant without being prompted by any printed or written statement or dictation by any other person

PHYSICIAN PLEASE READ

This affidavit is for use under Act of March 6, 1896, which provides that pensions under the act of June 27, 1890, shall date from the time of filing the first application, provided the evidence in the case shall show a pensionable disability to have existed, or to exist, at the time of filing such first application, &c.

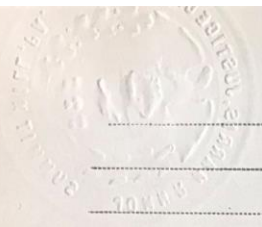
Now you should ascertain from the applicant when he first applied for pension under act of June 27, 1890

Then state his physical condition at that time, in clear and positive terms, state how he was affected, what with, how often he was sick and the frequency and duration of such sickness

Also state whether he was then able to earn a support by manual labor, and if not, the particular reasons why he was unable to. Then give his condition year by year, to the time when his pension was started from under the act of June 27, 1890. You should also state the dates or periods of your treatment of the applicant.

Also state what the applicant's habits were during your acquaintance with him.



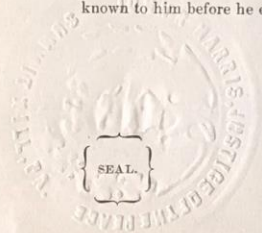


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And he further declares that he has no interest, either directly or indirectly, in the prosecution of this claim.

E. H. Kistler, M.D.
.....
(Physician's Signature.)

Sworn to and subscribed before me this *4th* day of *January* A. D. 18*98* and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above affidavit, &c., were fully made known to him before he executed the same; and that I have no interest, direct or indirect, in the prosecution of this claim.



John P. Harris
.....
(Signature.)

Justice of Peace
.....
(Official Character.)

P
CASE OF

Joseph Moor
'H. H. Oa

at No. 894221

For Pension Under Act of March 6, 1896.

AFFIDAVIT OF

FILED BY

HENRY D. PHILLIPS,

Attorney-at-Law and Solicitor.

LANDS. PATENTS. PENSIONS.

Act of March 6, 1896.

Get good, reliable witnesses, who can write, if possible.

State of Pennsylvania }
County of Carbon } ss.

In the matter of Joseph Moser, 14. 11. Pa for Pension

Personally came before, a Justice of the Peace in and for
aforesaid County and State John Lewis of Coaldale
(Names of witnesses, two or more)

Schuylkill County Pa. John Scott.
of the same place.

I, who being duly sworn, declares each in relation to aforesaid case as follows:

I have known Joseph Moser the laborer
above named since the year A. D. 1864,
and have known him ever since
being daily around and about him
ever since and for the last twelve
years he was not able to do any
manual labor at all we know
because we lived as neighbors of
his.

TAKE NOTICE.

This affidavit should be from employer, neighbor, or fellow workman. It should state in clear and positive terms what your physical condition was when you first applied for pension, how you were then affected, what with, how often you were sick and the frequency and duration of such sickness. It should show whether you were then able to earn a support by manual labor, and if not, the particular reasons why you were unable to. All these facts should be stated with regard to the time when you first applied. Then your condition should be stated with the same degree of particularity each year to the time when your pension was started from under the act of June 27, 1890.



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He further declares, each, that he has no interest in said case, is not concerned in its prosecution, and is not related to the applicant.*

Two witnesses here to affiant's signature, if by mark.

Harry W. Gewehr
James Kelly

Affiants sign here.

John Lewis age *60* years
P. O. Address *Coaldale Schuylkill Pa.*
John Scott age *46* years
P. O. Address *Coaldale Pa.*

Sworn to and subscribed before me this day; said affidavit was read to affiant before execution; have no interest herein; and said affiant is known to be a credible person.

The magistrate should certify here in writing as to credibility of witness.

Witness my hand and official seal this *sixth* day of *January*, D. 18 *98*

Sign here.

J. J. Werners
(Signature)
P. O. Address *Lansford Pa.*
(Official Character) *Justice of the Peace*



*RELATIVES may be witnesses if no others POSSIBLE. But that FACT, and their RELATIONSHIP must be stated in the affidavit. NOTE—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE, WITH SEAL. If such Magistrate has no seal, then CLERK OF COUNTY COURT MUST ADD HIS CERTIFICATE OF OFFICIAL CHARACTER.

G
CASE OF
Joseph Moore
H. H. Pa.

No. 894221

For Pension Under Act of March 6, 1896.

AFFIDAVIT OF

FILED BY

HENRY D. PHILLIPS,

Attorney-at-Law and Solicitor.

LANDS. PATENTS. PENSIONS.

B

(3-011.)

B

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Pennsylvania } ss:
County of Carbon }

On this 6th day of January, A. D. one thousand eight hundred and ninety-eight personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Joseph Maser, aged 67 years, a resident of the Village of Coaldale, county of Schuylkill State of Penna, who being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Philadelphia Pension Agency at the rate of Six dollars per month, by reason of disability from Partial inability to Earn a Support by Manual Labor incurred in the at Home service of the United States while 26 11 Pa (Here state rank, company, and regiment, if in the Army—vessel if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of Rupture on Right Side Heart Trouble Shortness of Breath and Rheumatism (Here state the reasons for applying for increase.) (If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The date of treatment should be given as nearly as possible.)

ATTY FILED

that he appoints Henry D. Philips, of Washington D.C. county of ... State of ... his true and lawful attorney, to prosecute his claim. That his POST-OFFICE ADDRESS is Coaldale county of Schuylkill, State of Pa.

Claimant's signature: Joseph Maser

Attest: John Lewis
John Scott



89422109 Sak

Also personally appeared John Lewis, residing at Caldale
 and John Scott, residing at Caldale, persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
 _____ 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 prosecu-
 tion of this claim.

John Lewis
John Scott
 (Signatures of witnesses.)

SWORN to and subscribed before me this 6 day of January, A. D. 1898.

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.



FILED TO COVER DATE

J. F. Werner
 (Signature.)
Justice of the Peace
 (Official character.)

13-902

(3-014.)

B **INVALID.** **B**

CLAIM FOR INCREASE.

Joseph Maer, Applicant.

Pa Co., 11 Reg't., Pa Inf Vols.

(PENSION CERTIFICATE NOT REQUIRED.)

51
094221

FILED BY A. S. Kelly
Maer etc

0-2

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 Bureau of Pensions 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.

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.

74

ACT OF MARCH 27, 1890.

3402.

Certificate No. 894221. Department of the Interior,
Name, Moser Joseph. BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

W. C. Brandt
Commissioner.

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

Answer. Yes. Wife's full name is Lydia Ann ^{maiden name} ~~Young~~ ~~Lydia~~ Ann ~~Histe~~

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

Answer. 2nd of February, 1871. In Tamagna Schuyl. Co. Pa. Rev. Julius Kurtz

Third. What record of marriage exists?

Answer. Certificate of Marriage

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

Answer. No sir I was never married before.

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

Answer. I have one son living. Aaron Burkhard
Moser was born September of the 29th 1871.

Date of reply, March 10th, 1898.

Joseph Moser
(Signature.)

0-8

5301b750m1-98

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

Insert character and number of claim. Increase Pension Claim No. 894221
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. Joseph Moore Rank, Private
 Company B, 11 Reg't Pa Inf Potomac Pa State,
 Claimant's post-office address. Coac Dale Sch Co Pa [Post-office address of the Board.]
Aug 3rd [Date of examination.] 1898.

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: Resumation and disease of respiratory organs - catarrh - throat disease - rupture of left ventricle - shortness of breath
 and that he receives a pension of Six \$6.00 dollars per month.

He makes the following statement upon which he bases his claim for increase - "62790"
 [Original, increase, restoration, &c.]
Resumation upwards of ten years - disease of respiratory organs -
for about 5 or 6 years - catarrh of throat same time -
shortness of breath same time -
Disease of the heart - for last 8 or 9 years -
Rupture of left ventricle of being ruptured for last 5 years -

Upon examination we find the following objective conditions: Pulse rate, 110-116 124,
 respiration, 26; temperature, 98.6; height, 5 feet 3 3/4 inches; weight, 170
 pounds; age, 68 years. Chest - 39 1/2 - 37 1/2 - 41 1/2 Sp. - 40 -

Respirations numerous clear + distinct per cough heavy no cough
 no rales no expectoration of mucus action quick + forceful
 Arterial murmur. No intermittent. Has dyspnoea "Cachectic"
 Sclera of eyes no cyanosis. Sclera normal. Sclera
 of dullness normal. Flesh firm, arteries Body well nourished
 Spleen of normal cutaneous. Post nasal catarrh + 4 fourth
 tooth breath. Tumor + Colic normal. No epigastric Almond or
 Colic tenderness. Circulation of the or vessels normal. Food - Bland, soft
 + private. Cecum normal. No pills or evidence of specific
 habits or vicious habits. Sight normal. Hearing normal.

Stenosis of the trachea. Crepitation. Stiffness in all large joints deposits
 in both knee right knee joint one inch thicker than left.
 Deposits in joints of fingers of both hands + wrists. Joints slightly
 lame owing to deposits + thickening right knee joint. Muscles of
 back tend to rigid stops + some spinal difficulty has a small egg
 tumor right side - An inguinal hernia of right side. Uterus size
 of egg. Hard + unyielding. Fossula into Peritoneum, through
 inter ribs. Difficult to reduce + could be kept in place by
 a properly fitting mass which he does not wear owing
 to difficulty of reducing tumor. Peter says admits of
 the tumor - higher + sensitive to touch
 Rating: Resumation 10/10 + resulting heart trouble 9/8.
 Cause of respiratory organs included in above - Catarrh 7/5
 Heart trouble included in above in rating. Complete inguinal
 hernia right side 10/10. Spines breath included above

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

Each disability must be rated separately, the act of Congress of March 2, 1882, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

W. L. Smith Pres. W. J. Smith, Sec'y. A. G. Julian, Treas.

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

How



IN CASE OF
Joseph Moser
Co. *A*, Reg't *Po Luf*
Applicant for *Insurance*

No. *894 221*

DATE OF EXAMINATION:
August 3rd, 189*8*

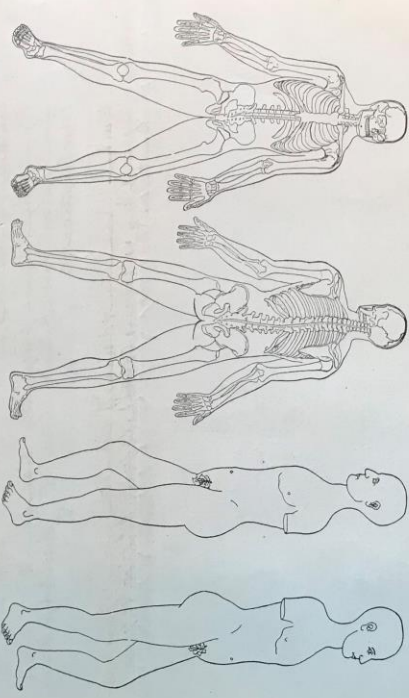
W. H. ... BOARD.
J. ... Treas.

Post office, *Pottsville*
County, *Schuylkill*
State, *Pa*

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

R

This certificate to be filled in and signed by the secretary when full board is present.
I hereby certify that Dr. *W. H. ...* and
Dr. *...* were personally present and actually participated in the
examination of *Joseph Moser* the claimant in this case, on *3rd* day
of *August* 189*8*.
W. H. ... (Signature)
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 (making examination by
full board), on this *3rd* day of *August* 189*8*.
W. H. ... (Signature)



Single surgeons will use this blank, changing "we" to read "I" and "our" to read "my".
They will erase the words "Pres.", "Secy.", "Pens.", 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 certifi-
cate shall contain full description of the physical condition of the claimant at the time, which shall
include a statement of all the structural changes. [Ex-
cept from Section 4, Act of Congress approved July 25, 1862.]

Get good, reliable witnesses, who can write, if possible.

State of Illinois }
County of Carbon } ss.

In the matter of Jos. Moser vs H. H. Poirer for Pension.

Personally came before me, a Justice of the Peace in and for
Joseph Moser aforesaid County and State. (Names of witnesses, two or more.)

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

I first discovered my trouble of right unequal hemiparesis about year 1888 at my work. and found that I could no longer do my manual labor or following my work of labor. I have never during my life been a man of any vicious habits of any kind and my disease has come from hard labor & work and that for the last six years I have been unable to follow any manual labor of any kind whereby I can make my living

PENSION
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U. S.
AUG 29
1899
OFFICE

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He further declares, each, that he has no interest in said case, is not concerned in its prosecution, and is not related to the applicant.*

Two witnesses here
to affiant's signature,
if by mark.

Joseph Mosen
Affiants sign here. *Joseph Mosen* age *68* years
P. O. Address *Coral Dale*
..... age years
P. O. Address

Magistrate

Sworn and subscribed before me this day ; said affidavit was read to affiant before execution ; have no interest herein ; and said
affiant known to be credible person. *I have known Joe Mosen for*
several years and I know him to be reliable
The magistrate should certify here in writing as to credibility of witness.

Witness my hand and official seal this..... day of **AUG 24 1899** A.D. 18

Sign here..... *John D. Phillips* (Signature.)
P. O. Address *Lanefords* (Official Character.)

* RELATIVES may be witnesses if no others POSSIBLE. But that FACT, and their RELATIONSHIP must be stated in affidavit.
NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE, WITH SEAL. If such Magistrate has no seal, then CLERK OF COUNTY COURT MUST ADD HIS CERTIFICATE OF OFFICIAL CHARACTER.



B
CG
CASE OF
Joe Mosen
By H. D. Phillips
No. *cf 894221*

FOR
PENSION.
AFFIDAVIT OF

MIDDLE DIV.
AUG 29 1899
FILED BY

HENRY D. PHILLIPS,
Attorney-at-Law and Solicitor.

LANDS. PATENTS. PENSIONS.

Get good, reliable witnesses, who can write, if possible.

State of Penn }
County of Carb } ss.

In the matter of J. M. Mose H. Pa. for Pension.
Personally came before me, a Justice of the Peace in and for
aforesaid County and State Henry Reinert
(Names of witnesses, two or more.)

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

I have known Joseph Mose since 1876 up to the present time. We lived together in the same community and we worked together and during this time I have known him to be a man of good habits and I know that his complaint is not from vicious habits of any kind. I gain this knowledge from the fact that we came in contact with each other almost daily during this time.

PENNSYLVANIA
U. S. OFFICE
I
AUG
29
1899

Get good, reliable witnesses, who can write, if possible.

State of Illinois }
County of Carroll } ss.

In the matter of Jos. Muse App. Pa. for Pension.

Personally came before me, a Justice of the Peace in and for
aforesaid County and State Henry M. Cook
(Names of witnesses, two or more.)

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

I have know Jos. Muse since 1859 and I have been intimately acquainted with him and I know him to be a man of good moral habits. Since I became acquainted with and I now know him to be a man of vicious habits of any kind. I gain my knowledge from the fact that we have worked together and lived in the same community and we served together in the same company during the war and we have lived together since the war up to this date.



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He further declares, each, that he has no interest in said case, is not concerned in its prosecution, and is not related to the applicant.*

Two witnesses here to witness signature, if by mark.

Affiants sign here, { Henry M. Doherty age 56 years
P. O. Address Lowell Mass
P. O. Address

Sworn and subscribed before me this day ; said affidavit was read to affiant before execution ; have no interest herein ; and said affiant known to be credible person. I know this man to be reliable

The magistrate should certify here in writing as to credibility of witness.

Witness my hand and official seal this..... day of AUG 24 1899 A.D. 18

Sign here..... John L. ... (Signature)
P. O. Address Lowell (Official Character)

* RELATIVES may be witnesses if no others POSSIBLE. But that FACT, and their RELATIONSHIP must be stated in affidavit.
NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE, WITH SEAL. If such Magistrate has no seal, then CLERK OF COUNTY COURT MUST ADD HIS CERTIFICATE OF OFFICIAL CHARACTER.

B. G
CASE OF
No. 894231
FOR
PENSION.
AFFIDAVIT OF
FILED BY
HENRY D. PHILLIPS,
Attorney-at-Law and Solicitor.
LANDS. PATENTS. PENSIONS.





He further declares, each, that he has no interest in said case, is not concerned in its prosecution, and is not related to the applicant.*

Two witnesses here to affiant's signature, if by name.

Affiants sign here. <i>Joseph Moore</i> age <i>68</i> years P. O. Address <i>Coal Dale</i>	P. O. Address age years P. O. Address
--	---

Sworn and subscribed before me this day ; said affidavit was read to affiant before execution ; have no interest herein ; and said affiant known to be credible person.

I know this man to be reliable

The magistrate should certify here in writing as to credibility of witness.

Witness my hand and official seal this *7th* day of *Sept* A.D. 18 *99*

Sign here *John R. Phillips*
 (Signature)
Justice of the Peace
 (Official Character.)

P. O. Address *Lawsford pa*

* RELATIVES may be witnesses if no others POSSIBLE. But that FACT, and their RELATIONSHIP must be stated in affidavit. NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE, WITH SEAL. If such Magistrate has no seal, then CLERK OF COUNTY COURT MUST ADD HIS CERTIFICATE OF OFFICIAL CHARACTER.

*13702
8-305*

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CASE OF

Joe Moran

No. 17 8942 st.

FOR

PENSION.

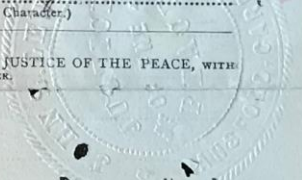
AFFIDAVIT OF

FILED BY

HENRY D. PHILLIPS,
Attorney-at-Law and Solicitor.

LANDS. PATENTS. PENSIONS.

FILED TO COVER DEBT



Get good, reliable witnesses, who can write, if possible.

State of Penn a } ss.

County of Carbon }

In the matter of Joseph Moser for Pension.

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

aforesaid County and State Joseph Moser
(Names of witnesses, two or more.)

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

It is impossible for me to obtain two witnesses showing when & where I incurred hernia for the reason that the doctor who attended to me is now dead and he would be the only witness I could have if he were living.

