

CERTIFICATE OF DEATH.



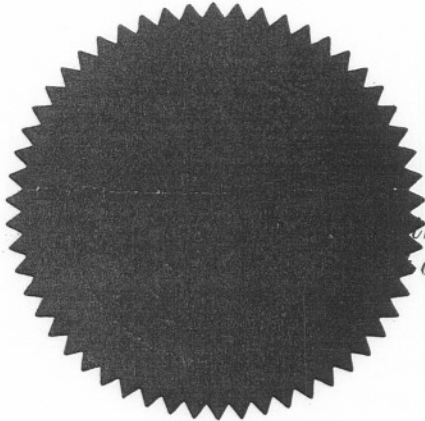
OFFICE HEALTH DEPARTMENT,
CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA,
UNITED STATES OF AMERICA.

No. 2368

San Francisco, Dec 26th 1896

Name *Erwin T Case*
Sex *Male* Book *N* Page *58*
Age *57* years — months — day
Occupation _____
Nativity *New Hamp.*
Physician *Martha T Case*

Previous Res. _____
Place of Death *City Rec. Hospital*
Date of Death *Nov 24th 1896*
Cause of Death *Apoplexy*
Where Buried *Laurel Hill Cemetery*
H. Gray & Co. Undertaker
Edmond Goodhue
Secretary Health Department.



The above is a true abstract from the Mortuary Records in
of the City and County of San Francisco, State of California.

A. S. Lovelace M. D.,
Health Officer.

No. 644988, *W. H. Case*WAR DEPARTMENT,
RECORD AND PENSION DIVISION.Respectfully returned to the Commissioner
of Pensions.

Ervin J. Case
Co. K 9, Reg't N. H. Supt
was enrolled Aug 10, 1862
and M. O. June 10, 1865
with - Co. F to which transf'd
Aug 1, 64.

From *Enr*, 1862, to *M. O.*, 1865
he held the rank of 1st Lt. M. O. Aug
10/62; Capt. M. O. July 31, 64.

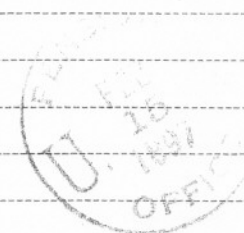
and during that period the rolls show him
present except as follows: Dec. 31, 62
ab. sick & sent to Hosp at
Washington Dec. 29, 62.
Feb. 28, 63 ab. on furlough
extended 30 days from Feb.
6, 63; Apl 30, 63 present:
ret'd from leave of absence
Mch. 5, 63, Oct. 31, 63 ab.

at N. H. on sick leave since
Oct. 15, 63, Dec. 31, 63 same
report; Feb. 29, 64 ab. sick
in Hosp at Louisville, Ky
Apl 30, 64 present: ret'd to
duty - Apl 7, 64; Oct. 31, 64
absent without - leave since
Oct. 10, 64; Dec. 31, 64 pres.
restored to duty Nov. 17, 64
by order of Secy of War.

Med. Certificate on file
dated State of N. H. Nov. 2, 63
shows him with intermittent
fever and diarrhoea;
Others dated Newport N. H.
Nov. 22, Dec. 11, and Dec.
30, 63, with - intermittent
fever and general debility.

The medical records show him
treated as follows: on
E. F. Case, Lt. in Co. K 9th N. H.
Dec. 30, 62 to Jan. 5, 63, Chron.
Diarrhoea, furloughed Jan. 5, 63 for
30 days: Feb. 10 to Mch. 28, 64,
Intermittent fever, ret'd. to duty:
June 17 to 24, 64, Diarrhoea: A medical

certificate dated Oct. 5, 63, shows him
unfit for duty on account of Inter-
mittent fever and Diarrhoea;
Another medical certificate dated
Feb. 8, 64, shows him suffering from
Intermittent fever;
Another medical certificate dated
Oct. 11, 64, shows him suffering
from Intermittent (tertian ague).
Nothing additional found.



By authority of the Secretary of War:

F. C. S. Case
Colonel Major and Surgeon, U. S. Army.

Per *m.*

Date FEB 13 1897

(COMMISSIONER OF PENSIONS.)

Alhambra, Cal -
Oct. 18th 1916.

Commissioner of Pensions,
Washington, D. C.

Dear Sir:-

I have been advised to send you the following data in regard to the increase in pension for Civil War widows.

My Certificate number is 457085

Name Martha Jane Case, born at Meriden, New Hampshire, March 2nd 1837.

My husband was Ervin Thaddeus Case, Captain, Co. F. 9th Regiment; N. H. Volunteer Infantry. My address is 326 So. Cordova St. Alhambra, Cal.

Very truly

- Martha J. Case

STATE OF NEW HAMPSHIRE.

Town of *Greenfield N. H.*

CERTIFICATE OF MARRIAGE

Between *Capt. Ervin T. Case* and *Martha J. Shattuck*
Residence, *Newport N. H.* *Newport N. H.*

*Age, *26* *27*

Color, *White* *White*

Occupation, *Law Student* *Lady*

Birthplace, *Claremont N. H.* *Plainfield N. H.*

No. of Marriage, *1st* *1st*

Father's Name, *Ervin Case* *William Shattuck*

Residence, _____

Age, _____

Color, _____

Occupation, _____

Birthplace, _____

Mother's Name, *Catherine Butterfield* *Delia Presby*

Residence, _____

Age, _____

Color, _____

Occupation, _____

Birthplace, _____

Notice of the intention of marriage between the parties above named was entered by me, according to law, in the records of said town, the _____ day of _____ 188 .

TOWN CLERK.

The parties above named were joined in marriage by me, at *Greenfield* this *4th* day of *Nov.* 188*5*.

And I certify that I am at *clergyman* in good and regular standing, authorized to solemnize marriages by the laws of said state. I reside in the town of *Greenfield* county of *Hillsborough*

Rufus Case.

* At last birthday.
† Insert here your official designation.

A true copy of certificate.
Attest, Fred J. Aiken, Town Clerk.