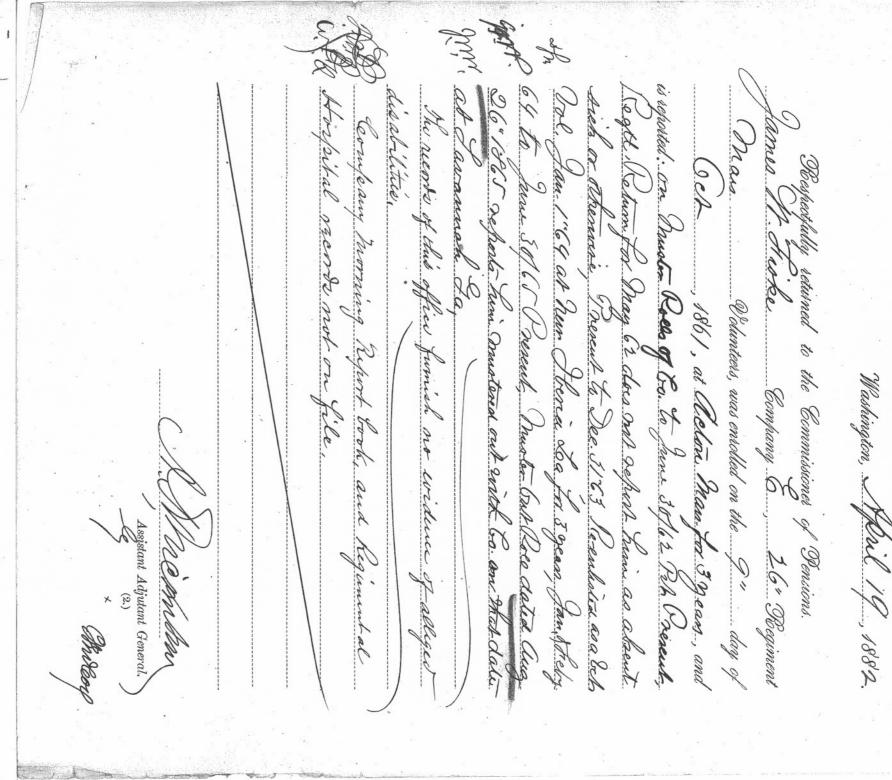
AMES WHEISKE middlesey
ACTONS MASSON IO
2293 REPORT PENSIONER
DEPARTMENT OF THE INTERIOR
DEAD BUREAU OF PENSIONS
Inavilia Cert. No. 229. 389
Pensioner A
Pensioner Soldier Fisher
Service 6 26 mass Ly
Class ACTUT MAY 1, 1920 Group 3
LAW DIVISION
, 192
In the above-described case a declaration filed
in this Division indicates that said pensioner died
, 19
H. P. WILLEY,
Per Chief, Law Division.
DISBURSING DIVISION
JAN 11 1923 192
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72
JAN 11 1923 192
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 Chated Jan 4,1923, Section 7
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 Check No. 4,1923, Section 7 returned by postmaster with information that the
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 Check No. 6908525 \$
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 Check No. 6908525 \$
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DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 Check No. 6908525 \$
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 Check No. 6908525 \$
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 The postmaster with information that the above-described pensioner died E. E. Miller, Disbursing Clerk. FINANCE DIVISION DEC 26 1922 , 192 The name of the above-described pensioner who was last paid at the rate of \$ 72 per month
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 The check No. 6908525 \$ 72 E. E. Miller, Disbursing Clerk. FINANCE DIVISION DEC 26 1922 , 192 The name of the above-described pensioner who was last paid at the rate of \$ 72 per month to DEC 4 1922 , 19 , has this day
DISBURSING DIVISION JAN 11 1923 Check No. 6908525 \$ 72 The check No. 6908525 \$ 72 E. E. Miller, Disbursing Clerk. FINANCE DIVISION DEC 26 1922 , 192 The name of the above-described pensioner who was last paid at the rate of \$ 72 per month to DEC 4 1922 , 19 , has this day
DISBURSING DIVISION JAN 11 1923 Check No. 6 908525 \$ 72 Check No. 6



Mar Aepartment,

ADJUTANT GENERAL'S OFFICE,

ACT OF MAY 1, 1920

DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the Application

	inchusels, County of	Midslesse	883	
		1920, personally appeared before	me, a Justin of the	Peace
within and for the county	and State aforesaid,	nes W. Fiske	, who, being d	luly
sworn according to law, d	leclares that he is_8years of	f age, and a resident of	ctor	
county of Med	lellesep , State	of Massach	selfs and that he is	th+
identical person who was I	ENROLLED at Soc	vell (Camp 6	hase) under the na	am =
of fa	mes M Fiske	on the 18th	day of Oct. 18	6/
as a privale	in 60.6.	26 Rgt		
in the service of the Unite	4 1	ank, and company and regiment in the A	rmy, or vessels if in the Navy.)	
		(State name of war, Civil	r Mexican.)	1
war, and was HONORAB	SLY DISCHARGED at	unning, on the	ay of Cluquet, 18	43
That he also served	(Here give a complete	statement of all other services, if any)		
			<u> </u>	3
That he was not employed	d in the military or naval service of	of the United States otherwise the	in as stated above. That hi perso	onos
description at enlistment v	was as follows: Height.	_feetinches; complex	ion light; color	. 01
eyesUlue; c	color of hair brown; t	hat his occupation was	emaker	
that he was born	<u>'ee</u>	Shrewsbury	Massachusell .	-
That I a	em disabled by	reason of a Sol	with of haralypes	RED.
(State in this space th	he nature of the disability by reason of w	hich the regular personal aid and atter	idance of another person is required)	5
man sin		Retur Man. 18	19 to 1885 in Comed	
That his several place	sees of residence since leaving the sec	rvice have been as follows:		m)
		(State d	ate of each change, as nearly as possible.))
What hada a second	. 2293	89		- 5
	r under Certificate No	That he has	applied for pension under digi	inu
No				5
That he makes this d	declaration for the purpose of being	g placed on the pension roll of the	United States under the provisions	nd.
one free of thay I. 1920.				
	하게 가 집에서 하다면 하나 하는 네스스 네트라		1	
10.26 m	a F. Title	Junes	In First	
1 Horne	e, F. Tuille ture of first witness.)	June?	laimant's signature in full.)	H
100 Horas	e, F. Tuttle ture of first witness.) What	Aunie? Setin	laimant's signature in full.)	
1 10 Horas	Class cess of first witness.	Aunier Action	aimant's signature in full.)	
(Signature (Signature)	ture of first witness.) Case of first witness. Case of first witness.	Aunie? Letter	Haimant's signature in full.)	
(Signature of Address	ress of first witness.) The second witness.) The second witness.)	Actin	aimant's signature in full.)	
(Signature (Address of Address of	collaboration of first witness.) The second witness.) The before me this	day of May	19 ² °, and I her	
(Signature of Address	collaboration of first witness.) The second witness.) The before me this	day of May	19 ² °, and I her	
(Signature of Address	cess of first witness.) The second witness.)	day of May	Man	
(Signature of the control of the con	ress of first witness.) The second witness.)	day of May	1922, and I her the known and explained to the application, add	
(Signature (Address Constitution (Address Constitution (Address Constitution (Address Constitution (Signature (Address Constitution	ress of first witness.) The second witness.)	day of May	1922, and I her the known and explained to the application, add	ea n
(Signature of the control of the con	ress of first witness.) The second witness.)	day of May	1922, and I her the known and explained to the application, add	ea n
(Signature (Address of Subscribed an Subscri	ress of first witness.) The second witness.)	day of May	1922, and I her the known and explained to the application, add	ea n
Affinopy (1) Corac (Signature (Address Subscribed an (L. s.)	ress of first witness.) The second witness.)	day of May	1922, and I here we known and explained to the application of this claim.	ea n
Affinopy (1) Corac (Signature of the Corac (Signature	ress of first witness.) ress of second witness.) rest of the contents of the before swearing, including the reased, and the words and that I have no interest, directly and that I have no interest.	day of May	1922, and I here we known and explained to the application of this claim.	ea n
Affinopy prospective (Signature (Address (Signature (Address (Signature (Address (Ad	ress of first witness.) ress of second witness.) rest of the contents of the before swearing, including the reased, and the words and that I have no interest, directly and that I have no interest.	day of May	1922, and I her te known and explained to the application of this claim. (Signature.)	ea n
SUBSCRIBED an (L. S.] Address (L. S.]	ress of first witness.) ress of second witness.) rest of the contents of the before swearing, including the reased, and the words and that I have no interest, directly and that I have no interest.	day of May	1922, and I her te known and explained to the application of this claim. (Signature.)	ea n

OF THIS BLANK SBEFORE USING IT

3_044

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

	The state of the s
STATE OF Mass.	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
COUNTY OF Middlesey	Manager forms of the are the "name same has bed".
2 th	Same and the second of the second of the
On this 30 day of fanuary, A. D. o	one thousand nine hundred and Westly Wire
personally appeared before me, a furtice of the Peace	within and for the County and State aforesaid,
Trank 6 Fishe, aged	years, a resident of
County of County of	Middless , State of
	law, makes the following declaration in order
to obtain reimbursement from the accrued pension for expenses paid (or obligat	and the startiff in the contraction in that all \$7.1.1 IS
222369	, who was a pensioner of the United States by
certificate No, on account of the service of	(Name of soldier or sailor.)
(Describe service by company and regiment, etc., if in the Army, or by the That pension was last paid to	words U. S. Navy, if in the Navy.)
That the answers to questions propounded below are full, complete, and trut	hful to the best of my knowledge, information.
and belief, and that no evidence necessary to a proper adjustment of all claim	in the second se
withheld.	119:1
1. What was the full name of the deceased pensioner?	W. Fiske:
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as invalid Soldier	a widow, minor child, dependent relative, etc.)
3. If decedent was pensioned as an invalid soldier or sailor—	artin to the artist with the contract with the K
(a) Was he ever married? (Answer yes or no.)	O CONTRACTOR OF THE PROPERTY OF THE STATE OF
(b) How many times, and to whom?	maria Smith
to be well a got a set familie of a se mount of the saids of as we as as a	in secondarios
(c) If married, did his wife survive him? (Answer yes or no.)	Sugar other first market and south
(d) If so, is she still living? (Answer yes or no.)	no
(e) If not living, give full names and dates of death of all wives	Maria Fiske
(f) Was he ever divorced? (Answer yes or no.)	
(g) If so, is the divorced wife still living? (Answer yes or no.)	(If living, a copy of the
decree of divorce must be filed.) (h) If not living, give her full name and the date of her death	
(n) If not nying, give her, and hade and the date of her death	
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.)	
5. Is any such child still living? (Answer yes or no.)	
6. Were any sick or death benefits paid on pensioner's account? If so, give nar	ne of society and amount paid 700
	50 - 1/
7. Was there insurance (life, accident, or health) in force on life of pensioner a	t time of death? (Answer yes or no.)
8. If so, give the name of each company in which a policy was carried and	the amount in which each policy was written
grow the section of the section of the grown and the grown an	The state of the s
9. Who was the beneficiary named in each policy?	
9. Who was the beneficiary named in each policy?	
10. What was the relation of each beneficiary to the pensioner?	with the second
11. Were the premiums paid by the deceased pensioner?	S X NO.
12. If not paid by the deceased pensioner, state the amount of premiums pai	d by each person who made payment on that
account	
<u> 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>	1 CO 3 3
	15 10 10 10 10 10 10 10 10 10 10 10 10 10
	6-1572 OF
	PEN-

This is to Certify that I am the regular attendant He is in his 85 " year and has been confined to the house a long time. and Since Sept 1919 when we suppose he had a shock, he has been confined to his room, and to his bed except when we get him nuto a chair beside the bed, to change his position and rest him He is very nervous and gets so tised and uneary that he bego to situla little while but it is very rarely that he can si up more Than half a it might be an hour

then he has to have help to get back into bed. He could not get up and walk across the room if his life depended on it as his left leg is useless and he is too feeble to use a crutch so every thing he has must be brought to him.

The Clammant James W Fisher is too feeble to write and whiches me to say for him what no member of his family served in the late World War. his youngest son is fifty years old and his only grandson was too young to go to war his only in come is his pension.



REPRODUCED AT THE NATIONAL ARCHIVES

I am the Claiments (3) daughter-in law. wife I his youngest son Frank E. Fiske With whom he lives Bertha M. Fiske acton Mass June 17. 1920. Commonwealth of Massachusetts Meddlesog 55. June, 17. 1920. Personally appeared the above named. Bereta M. Fiske and made outh that the statement Subscribed by her is true before me. Horace Fr Tuttle Justice of the Peace MY COMMISSION EXFIRES JAN. 20, 1922

ACT OF FEDRUARY 8, 1907. May 11, 1912

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass.
County of Middlesey 88.
On this 18 day of May, A. D. one thousand nine hundred and twelve,
personally appeared before me, a fustice of the Peace within and for the county
and State aforesaid, James W. Fiske, who, being duly sworn according to law,
declares that he is vears of age, and a resident of Action
county of Middleses, State of Mass; and that he is the identical person who was ENROLLED at Lowell under the name of
identical person who was ENROLLED at Lowell under the name of James W. Fiske, on the 9 day of October, 186/
as a Privale in 60 6 26 Regiment M. V. M.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
in the service of the United States, in the Cuul war, and was HONORABLY DISCHARGED
at Sarannah Georgia (State name of war, Civil or Mexican.) day of August 1865
That he also served
(Here give a complete statement of all other services, if any.)
That he was not employed in the military or naval service of the United States otherwise than as stated
above. That his personal description at enlistment was as follows: Height, 5 feet // inches;
complexion, light; color of eyes, Blue; color of hair, Brown; that his occupation was Bootmaker; that he was born Dec 1 1835
pation was Bootmaker; that he was born Dec / 1835
at Shrewsbury Mass
That his several places of residence since leaving the service have been as follows:
Milford 1863-1866. Holleston 1866-1868 Actor 1868 to 1879
Concord 1879 - 1885 Action 1885 to date
That he is a pensioner. That he has heretofore applied for pension
(If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.)
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 February 6, 1907. Of Com 11, 1912
He hereby appoints F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (Without fee);
That his post-office address is Actor , county of Muldlesep
State of Ass.
Deines I Liesky
Attest: (1) (Claimant's signature in full.)
$\bigcirc \qquad \bigcirc \qquad$
Also personally appeared Jobie M. Dujice, residing in Action
and Oyrus Pickard, residing in Actor persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were
present and saw famus // Tiske , the claimant, sign his name (or make his mark)
to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant
and their acquaintance with him of 32 years and 32 years, respectively, that he is the identical
person he represents himself town and that they have no interest in the prosecution of this claim.
1). 1912) John M. Duhee
OFFICE Commist Prokerd
(Signatures of witnesses.)
Subscribed and sworn to before me this & day of May, A. D. 19/2,
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,
including the words , erased, and the words , added;
and that I have no interest, direct or indirect, in the prosecution of this claim. The erasure under the raismer of Job W Dupee was made by me before suring 76 F. J. Horne. F. Twelle
Une erasure under the name of for 11 a uper a as made of
Il det Emin 76 F. J. Thoras Fr (1) 1116.
S. A. CUDDY. (Signature.)
beford the gring 76 F. J. S. A. CUDDY, Gerlefication of the Peace (Official character.)

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass.
County of Middlesel \ss.
On this 5th day of December, A. D. one thousand nine hundred and Lew,
On this day of section , A. D. one thousand nine hundred and section , personally appeared before me, a fustive of the leave within and for the county
personally appeared before me, a fusing distribution within and for the county
and State aforesaid, James W. Fiske, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Actor
county of Muddlesey, State of Massachusetts; and that he is the
identical person who was ENROLLED at Camp Chase Sowell Mass under the name of
Tames. N. Fiske on the 9th day of October 1861
as a firevate, in 60 6 26th Regiment SM. V. J.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
in the service of the United States, in the 6 in the war, and was Honorably Discharged
at Savannah Georgia, on the 26 day of Jugust 1865
That he also served no other service (Here give a complete statement of all other services, if any.)
That he was not employed in the military or naval service of the United States otherwise than as stated
above. That his personal description at enlistment was as follows: Height, feet inches;
complexion, light; color of eyes, the ; color of hair, bruin; that his occu-
pation was the maker; that he was born december 1855
at Threwsbury Mass.
That his several places of residence since leaving the service have been as follows: Action Sept. 1865 - Det 1865 - Melford 1866 - 1866 Holliston Wass, 1866-1868
State date of chich change, as nearly as possible)
Acton Mass. 1868-1879 Concord Mass 1879-1885 Acton Mass 1885-1910
That he is a pensioner. That he has heretofore applied for pension
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)
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 February 6, 1907.
He hereby appoints F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State
House, Boston, his true and lawful attorney to prosecute his claim (Without fee);
That his post-office address is Action , county of Middleses ,
State of Chaimant's signature in full.)
Attest: (1)
(2)
Also personally appeared That the residing in Actor
and Robort. Tragne, residing in Action, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were
present and saw ames. Whisher the claimant, sign his name (or make his mark)
to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant
and their acquaintance with him of 45 years and 55 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.
Subscribed and sworn to before me this day of December, A. D. 19/0, 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,
o Curdy wilson Rabert Way ne
Chief, Law III (Signatures of witnesses.)
Subscribed and sworn to before me this day of December, A. D. 19/0,
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 Mass 21 of Line , added;
extincted of black of bouls and that I have no interest, direct or indirect, in the prosecution of this claim.
Morning J. Juille
great of Pensions DEC S. (Signature.)
Vaskinglori S.C. (Official character.)

229 38 1	ORIGINAL	INVA	LID PEI	NSION.	
221	James W.	Q:	- L		
Claimant,	fames W.	Ols	Rank, Cr	- +	<u> </u>
P. O.,(_/_	acton			7	
County,	Middlese		Company,	-6 Mass	a Mala
State,	mass		Regiment,	-6 //Vuu	o pore
	laimant.	·			
Fee, \$	1	2	. 1	want 2	2 1865
Rate, \$	ре	r month, con	imencing .Co	irguer e	H 1000
	Ind \$ 6-				
Disabled by 2	malarial ad February 2	1/000 3, 1883;	onnig V	Sproess	er, Examiner.
Approved for 1	reslavial zwisoning		Approved for -	Malmud 1/2 to Ju	ly 12 1882
				3/4 Ahree	rfter
Teb. 27	, 1883, A. Strecker.,	Reviewer.	Mah. 5	188 3 Grephirich 6	MoMed. Referce.
Enlisted (ctober 9	1861		service from	
Mustered.		18	15 to	serres from	18 in
Discharged 1	August 26	1865	, , ,		
Declaration file	d Danuary 3	1880	Not in military	or naval service s	ince
Last material ev	d January 3 vidence filed	, 18 .	aug 26	, 1865, when	discharged.
				odlelan	
-	laration filed as abo	SIS OF		+ 2 . 4	01.11.1
Alleges in dec	laration filed as als	ove tha	tat Jo	V Damt	Omelins !
La m	May 1862 f	re contr	acied o	ences as	ia gever
from N	which he ha	a mu	ur rec	overed.	
			,		
				T. J	

0

ELECTRO'S. [10,473—50 M.]

" saved - Brice then had the Higun Lake

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 Massachusetts.	1 1
	Sulfille & SS.	d B.
	Suffice Country,	10 25
	On this day of Allowy Mr., A. D. one thousand eight hundred and seventy walkly	1/2:
	personally appeared before me, a court of the full finding for a court of	18.0
	record within and for the County and State aforesaid, James M. Jako aged	1.3.
	43 years, a resident of the town of action, county of Magdale	1981
		12 1
	that he is the identical	38
	the day of Ctoler , 1864 , in Company of the Regiment	300
	of Mass. Vola commanded by	3.6
	and was honorably DISCHARGED at Santannah Ta. on the day	all in
	of	3 / St
	5. feet inches; complexion, Jan; hair, Lby Brown; eyes, blue	6 2
	That while a member of the organization aforesaid, in the service and in the line of his duty at Annual	86
	Middlefil., in the State of Dear from or about the day	2.5
	of	27 7
	distanta contracted chills Hever quas treated by keythong disease, state fully its causes; if by wound or injury, the precise manner in which received.	fa 2
	(Bradt + again in New Orleans La in July or and thent	13
	Reat & ford Laboutte Square" Odd Fellower Holl" represente	of The
	The months of they returned duty but had some trouble at various	The a
-	times - While of Savannah Fanni or about Oune (Not had inter	1 1 18
	authent Lever twee in same Gent Hoxte there about there weeks	6 32
	treated for same houle after joined la by ask Swa Fee J. Bulan	19/2
	Here state the names or numbers, and the localities of all hospitals in which treated, and the dates	2000
	of treatment.	Will B
	forwarded withother malide & joined Kegt at Falloupe Down	0.0
	That he has A.A.L. 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.	
	- 1 mill show	,
	That since leaving the service this applicant has resided in the . It. W of allows Mangalan Toplasts	Tu,
5)	in the State of, and his occupation has been that of a Live thursaklus	
	That prior to his entry into the service above named he was a man of good, sound, physical health, being when	
	enrolled a handle the That he is now handled 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 there- fore 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,	i.
À.	of	
	to prosecute his claim. That he has M.M. D. received M.M. applied for a Pension. That his	
	POST OFFICE ADDRESS is althu county of Alleddella	
	State of MUANA	
	Claimant's signature, Dances W Printer	
	Cullmant 8 signature,	Mary
	ATTEST:	
	Commence (Commence of the Commence of the Comm	3
		7

James W. Fishe, in answer to attached letter 26 th Avril, state as Jollans: hired in milford and action for three years before enlisted in U occupation but making; since discharge hvid in milford six months, thence to Holliston for about year and a half, thence to masters for about three months, thence to below remaining until Sec. 1879. when removed to bonesed, three miles from Action, his former Sesidence, occupation as far as able lighter parts boot with till may, 1879, when had to abandon it, since then kept a news sland-Contracted disability as follows: While at Firt St. Phillips, La, mi of about may, 1862, by reason of exprosure in malarial districts, contracted chills I firet and malarial poison, for which to results I now claim pension, for detailed harticulars I refer to my declaration mon on file dated Dec. 8, 18 99 wherein a true statement is made I contraction, treatment &c. Time discharge Thave received heatment from Sh. Teland since dec d, Dr. Jake whose testimony is maile, Dr. bowdry, deceased, and Dr. Sanders whose afth is now in file. Have suffered from heart trouble, liver complaint, and a ruplarly right side, latter in July, 1879, all I bickness, malaria & resulting weakness. or Buttere reference is made to the cestificate

REPRODUCED AT THE NATIONAL ARCHIVES J. Dr. Chas. B. Sanders now in file. Have performed manual labor as follows ? for about 9 months after discharge totally disabled from all labor, tried such light labor at fortwork as could do for not wer half the time for about a year, then totally disabled again for about six months, once then we eigh bring of Each year when for about 3 months had chiller fever so badly did nothing, labored about & time, this condition remained up to may, 1879 when had to give up all labor, average half-time work not austhing like talf wages, since last named date unable to later at all. State of massachusetts \ S.S. bounty of middlesey \ S.S. April, 1881, before me came James M. Fishs, and made outh that the foregoing statement In him subscribed is true? interest in same. Rich & Bauelt Justice Juli Peace

	Atticer's	Certific	ate of	Pisabil	ity.
on webst	- a gept willing a seg . XXI . A	Joston M	Fut place and date he	Secon 8	84 1879
NAME AND RANK OF OF- FICER.	July 1 March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hafunas	late Cap	4	, of the
	that	Justie	nt for an Invalid Pe	was a file.	n, certify on honor
Give date and reason of discharge, or, if not known, so state.	1949-26-1865	by close of	war.		Merea
aveds add	And I Further	Certify, The	at the said	ke mhila a	n elrerice
Here state fully the time, place and manner in which the wound or other injury was received, or disease contracted, and whether in the service and Line or Dury or otherwise.	La su or afin	L May S	Contra	cted chille	offerer ?
state fully then the state in which is represented, contracted, service and I rwise.	assived at Hen	Durg Ossi Deleans	aut since	uly or the	is me
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old by W. H. W.		430 1800	1/4/1	- 11 10 mg	A Company of the Comp
Signature of Officer.	Late	latte co ""	illians 20th	W Chips	na Ode

WE, John Fletcher and moses Taylon, residents of actou Centre, Massachusetts, sererally aged 52 & 60 years, hereby certify as follows. That we have known James W. Fisher, Who perved in Company 6, 26 th massachuselts Volunteers for past twenty five years, know him to have been a sound active man prior to enlisting in said service. Had he been otherwise we would have huvin is, We well remember he, carrie horne on a Jurlough in April & May 1864 from said service suffering by reason of chills & fever, I was under care of Dr Cowdry, & after his return home in on about Deptember 1865 he looked and acted as if entirely broken doron & went again under care De Harris Cowdry & continued under it until Dr Cowdry died - from said Fisher return tell now, we have known him intimately & up to 1880 seen him almost constantly & had personal knowledge of his continuous sichness. Witnessed is, talked with him about is. In our belief he has not worked hay

the time, nor earned any throng like half wages of a well man, by reason of said disabilities and their results. We are not related to said dishe nor in any way interested in foregoing state. John Fletcher Moses daylor State of Massachusetts
County of Middlesex Sisi,
On this World day of hoveniber 1882 before me came John Hetcher & Moses Taylor to me personally known & whom I certify credible persons & made outh to above affedavis. I have no interest in same Mailes B. Sanders. Mistice of the Posace.