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Box 39553

Sert 327210  
Amelia Rinead

31

## 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.)

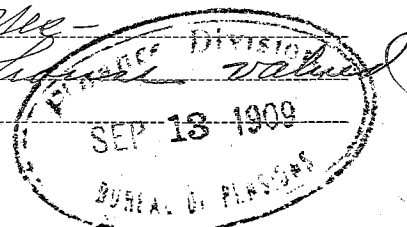
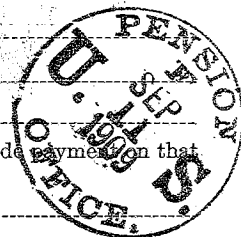
STATE OF Mississippi } ss:  
COUNTY OF Hancock

On this 9th day of Sept, A. D. one thousand nine hundred and Nine personally appeared before me, a Justice of Peace within and for the County and State aforesaid, Mrs. L. A. Russ, aged 28 years, a resident of Logtown, County of Hancock, State of Mississippi, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) by claimant for the last sickness and for the burial of Amelia R. Mead, who was a pensioner of the United States by certificate No. 359210. Pension was last paid to her in May, 1909 by the U. S. Pension Agent at Knoxville.

That my post-office address is No. \_\_\_\_\_, on \_\_\_\_\_ Street, in the town or City of Logtown, County of Hancock, State of Mississippi.

That the answers to questions propounded below are full, complete, and truthful to my best knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the pension accrued is suppressed or withheld.

1. What was the full name of the deceased pensioner? Amelia Russ Mead
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow
3. If decedent was pensioned as an invalid soldier or sailor—
  - (a) Was he ever married? (Answer yes or no.) X
  - (b) How many times, and to whom? X
  - (c) If married, did his wife survive him? (Answer yes or no.) X
  - (d) If so, is she still living? (Answer yes or no.) X
  - (e) If not living, give full names and dates of death of all wives X
  - (f) Was he ever divorced? (Answer yes or no.) X
  - (g) If so, did the divorced wife survive him? (Answer yes or no.) X
  - (h) If so, is she still living? (Answer yes or no.) X  
(If living, a copy of the decree of divorce must be filed.)
  - (i) If not living, give her full name and the date of her death X
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) X
5. Is any such child still living? (Answer yes or no.) X
6. Was the pensioner's life insured at time of death? (Answer yes or no.) No
7. If so, give the name of each company in which a policy was carried and the amount in which each policy was written: X
8. Who was the beneficiary named in each policy? X
9. What was the relation of each beneficiary to the pensioner? X
10. Were the premiums paid by the deceased pensioner? X
11. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account: X
12. Did the pensioner leave a will? (Answer yes or no.) X
13. Was an administrator appointed, or will application be made for appointment of any person administrator? X
14. Did the deceased pensioner leave any money, real estate, or personal property? Yes
15. If so, what was the character and full value of all such property? One house valued at \$800.00



16. What was the assessed value (last assessment) of the real estate? \$100.00

17. How was the pensioner's property disposed of? Left to daughter

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) No.

19. What was your relation to the deceased pensioner? Daughter

20. Are you married? (Answer yes or no.) Yes

21. When did the pensioner's last sickness begin? April 1909

22. Give the name and post-office address of each physician who attended the pensioner during last sickness:

Dr. J. A. Mead & Dr. J. D. Fountain  
Logtown Mississippi

23. What was the nature of the pensioner's last sickness? Chronic Progressive  
Bulbar Paralysis

24. State the names of the persons by whom the pensioner was boarded during the period or any portion of the period of last sickness and the period for which board was furnished:

X  
X

25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance:

Miss J. B. Vail 5 days  
Martha Johnson 12 weeks

26. Where did the pensioner live during last sickness? At her residence

27. Did the pensioner pay rent? X

28. Where did the pensioner die? At residence

29. When did the pensioner die? June 18th 11:30 P.M.

30. Where was the pensioner buried? Gainesville Miss.

31. Has there been paid, or will application be made for payment to you or to any other person, any part of the expenses of the deceased pensioner's last sickness or burial by any State, County, or municipal corporation? (Answer yes or no.) No

32. If so, what is the amount of such payment, and to whom has it been or will it be made? (Furnish a copy of the itemized bill and receipt for each such payment.)

33. State below what expenses were paid or incurred by you during the pensioner's last sickness and for burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge enumerated below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
	Physician's bills <u>None</u>	<u>X</u>	
	Medicine <u>None</u>	<u>X</u>	
<u>Miss J. B. Vail</u>	Board <u>None</u>	<u>X</u>	
<u>Martha Johnson</u>	Nursing and care	<u>Paid</u>	<u>\$35 00</u>
	Rent <u>None</u>	<u>X</u>	
<u>H. Weston &amp; Co.</u>	Groceries and other living expenses for use of pensioner.		<u>\$50 00</u>
	Undertaker's bill <u>Casket</u>		
	Livery		<u>\$15 00</u>
	Cemetery charges		<u>\$25 00</u>
	OTHER EXPENSES AND THEIR NATURE. <u>Head Stone</u>		
	TOTAL		<u>\$125 00</u>

34. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) No.

(When the claimant for reimbursement is a married woman she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her name.)

Attest: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Lois Abbie Russ  
(Claimant's signature in full.)

Also personally appeared: before me  
and the following 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  
Miss A. A. Munn, the claimant, sign her name (or make  
Mead mark) to the foregoing declaration; that they were acquainted with Emelia R  
Mead, the pensioner named in the foregoing application, and that they know the claimant  
herein; that they have read all the questions, answers, and declarations in said application and believe the facts therein set  
forth to be true; and that they have no interest, direct or indirect, in this claim.

Jos. A. Seal  
Logtown, Miss.  
C. W. Fountain  
Logtown Miss.  
(Signatures and post-office addresses of witnesses.)

Subscribed and sworn to before me this 9 day of September, A. D. 1909; 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.

[L. S.]

Harrison James J. P.  
(Signature)  
Justice of the Peace  
(Official character.)

STATEMENT OF ATTENDING PHYSICIANS.

Give date of commencement of the pensioner's last sickness \_\_\_\_\_  
Give date of the pensioner's death June 18th 1909 11:30 P.M.  
During what period did you attend the pensioner? Entire sickness  
State nature of disease from which the pensioner died Chronic Progressive Bul-  
bar Paralysis involving muscles  
of deglutition  
State whether there was necessity for nursing or other attendance There was  
Give length of time for which such services were necessary 16 days  
Give name of each person who rendered service as nurse, and who has made or will make a charge for such service:  
Martha Johnson  
Mrs. J. B. Neal  
Give name of any other physician who attended the pensioner in last sickness:  
Dr. J. D. Fountain  
Does your bill include a charge for all medicines furnished the pensioner during his last sickness? X  
State whether you have read the questions in the foregoing application, and the claimant's answers thereto, and whether such  
answers are correct according to your best knowledge, information, and belief They are -  
Mention any other facts within your knowledge which, in your opinion, would be helpful in adjusting this claim for  
reimbursement Mrs. Mead did not leave  
any cash government expenses during  
sickness or burial rites

I certify that the foregoing statement is correct.

Sept. 9, 1909, 1909  
Jos. A. Mead  
Attending physician.  
Attending physician.

# APPLICATION FOR REIMBURSEMENT.

WIDOW

Certificate No. 359, 210

Amelia P. Mead.  
Deceased Pensioner.

Claimant.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented, or any pension agency any power of attorney or other paper required, and voucher in drawing a pension, which paper bears a date subsequent to the date on which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the presentation of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such person, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be fined by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

AN ACT to provide for the payment of accrued pensions in certain cases. (28 Stat. L., 964.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person, nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not have sufficient assets to meet such expense. And the mailing of a pension check, drawn by a pension agent in payment of a pension due, to the address of a pensioner, shall constitute payment in the event of the death of a pensioner subsequent to the execution of the voucher therefor. And all prior laws relating to the payment of accrued pension are hereby repealed.

Approved March 2, 1895.

The act making appropriations for the payment of invalid and other pensions of the United States for the fiscal year ending June 30, 1910, and for other purposes, approved March 4, 1909, contains the following:

"And provided further, That hereafter the settlement of all claims for the reimbursement of expenses of the last sickness and burial of deceased pensioners shall be under the direction of the Commissioner of Pensions."

3-1981  
Act April 19, 1908.

PENSIONER DROPPED.

United States Pension Agency,  
Knoxville, Tenn.

July 9, 1909

Certificate No. 359 210

Class WIDOW

Pensioner Amelia R Mead

Soldier John A "

Service Pvt C K 39 Mass V D

The Commissioner of Pensions.

SIR: I have the honor to report that the  
above-named pensioner who was last paid  
at \$ 12 , to May 4, 1909  
has been dropped because of death  
on June 18 1909

Very respectfully,

H. R. L.

United States Pension Agent.

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



## GENERAL AFFIDAVIT.

State of Mississippi, County of Hancock, ss:

In the matter of pension claim No 514,710 of Amelia R. Mead widow of John A Co. 39th Mass Vols.

ON THIS 21<sup>st</sup> day of April, A. D. 1891, personally appeared before me  
A Justice of the Peace in and for the aforesaid County duly authorized to administer  
oaths H. Weston aged 69 years, a resident of Lacytown  
in the County of Hancock and State of Mississippi

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

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

We know that Mrs. Amelia R. Mead has not  
remarried since Dr. John A. Mead died.

Mrs. Amelia R. Mead and children own a house  
and lot valued at Eight hundred dollars; they  
also have the interest on three thousand dollars  
collected from Dr. Mead's life insurance.

Her children Lois Abigail and John Astor Mead  
are still living.

Dr. John A. Mead died near reinlish after  
June 7/65.

We have known Dr. Mead & family about 25 years.  
Post-Office address is Lacytown Hancock Co, Mississippi

They further declare that they have no interest in said case and are not concerned  
in its prosecution.



# GENERAL AFFIDAVIT.

State of Mississippi, County of Hancock, ss:

In the matter of pension claim No 514,710 of Amelia R. Mead widow of John A Co. 39th Mass Vols.

ON THIS 22<sup>nd</sup> day of April, A. D. 1891, personally appeared before me  
A Justice of the Peace in and for the aforesaid County duly authorized to administer  
H. Weston oaths aged 69 years, a resident of Lacytown  
J. B. Otis in the County of Hancock and State of Mississippi

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

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

We know that Mrs. Amelia R. Mead has not  
remarried since Dr. John A. Mead died.

Mrs. Amelia R. Mead and children own a house  
and lot valued at Eight hundred dollars; they  
also have the interest in three thousand dollars  
collected from Dr. Mead's life insurance.

Her children Lois Abigail and John Artemas  
Mead are still living.

Dr. John A. Mead died not reinlisk after  
June 2/65.

We have known Dr. Mead & family about 25 years.  
Post-Office address is Lacytown Hancock Co, Mississippi  
They further declare that they have no interest in said case and are not concerned  
in its prosecution.

[If Affiants sign by mark, two persons who write sign here.]

Henry Weston  
J. B. Otis  
 [Signatures of Affiants.]

# GENERAL AFFIDAVIT.

State of Mississippi, County of Hanover, SS:

In the matter of pension claim No. 514,710 of Amelia R. Mead widow of John A. Mead 39<sup>th</sup> Mass Vols.

ON THIS 22<sup>nd</sup> day of April, A. D. 1891, personally appeared before me  
a Justice of the Peace H. Weston in and for the aforesaid County duly authorized to administer  
oaths J. B. Olin aged 69 years, a resident of Laytown  
in the County of Hanover and State of Mississippi

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

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

We know that Mrs. Amelia R. Mead has not  
remarried since Dr. John A. Mead died.

Mrs. Amelia R. Mead and children own a house  
and lot valued at Eight hundred dollars. They  
also have the interest in Three thousand dollars  
collected from Dr. Mead's life insurance.

Her children Lois Abigail and John Artemas  
Mead are still living.

Dr. John A. Mead died not reinlisk after  
June 2/65.

We have known Dr. Mead & family about 25 years.  
Post-Office address is Laytown, Hanover Co, Mississippi  
They further declare that they have no interest in said case and are not concerned

in its prosecution.

Henry Weston

J. B. Olin

[If affiants sign by mark, two persons who write sign here.]

[Signatures of Affiants.]

Mississippi, COUNTY OF Hancock, 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, including the words

erased, and the words

added, and acquainted *him* with its contents before *they* 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* *an*

personally known to me and that *they are* credible person.

*H. Carri*  
(Official Signature.)

*Justice of the Peace*  
(Official Character.)

[L. S.]

I, *Emile H. Hoffmann* *Chancery* Clerk of the County Court in and for aforesaid County and State, do certify that *H. Carri*, Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing *a 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.

Witness my hand and seal of office, this *25<sup>th</sup>* day of *April*, 189*2*

*Emile H. Hoffmann*

[L. S.]

Clerk of the *Chancery Court*

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.



*act June 27-'90*

*No. 514.710*

ADDITIONAL EVIDENCE.

CLAIM OF

*Mrs. John A. Mead*  
*widow of John A. Mead*  
*Co. K. 39<sup>th</sup> Mass. Vols.*

AFFIDAVIT OF

*Henry Weston*  
*J. S. Olin*

FILED BY

F. L. WILLIAMS,

500 5th St., Washington, D. C.

Printed and for sale by J. F. Sherry, Claim Blank Printer,  
625 D Street, N. W., Washington, D. C.

Act April 19, 1908.

PENSIONER DROPPED.

United States Pension Agency,  
Knoxville, Tenn.

July 9, 1909

Certificate No. 359 210

Class WIDOW

Pensioner Amelia R Mead

Soldier John A

Service Pvt C K 39 Mass V D

The Commissioner of Pensions.

SIR: I have the honor to report that the  
above-named pensioner who was last paid  
at \$ 12, to May 4, 1909  
has been dropped because of death  
on June 18 1909

Very respectfully,

H. R. Rule

United States Pension Agent.

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

No. 120.

ACT OF JUNE 27, 1890.

## PHYSICIAN'S AFFIDAVIT.

## PROOF OF PHYSICAL DISABILITY.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given.

State of Louisiana, Parish Orleans, ss:

In the Pension Claim No. 514,710 of Mrs John A Mead widow of John A Mead late Co. 36 39<sup>th</sup> Mass Vols  
(Company and regiment of service if in the army, or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid County and State, Dr A B Miles a citizen of New Orleans, La., whose post-office address is Charity Hospital, New Orleans, La., well-known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 3 years, and that he died of

(Here embody all the facts known to the affiant in accordance with the marginal instruction. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

## NOTES.

The Physician's Affidavit must show the following facts:

1st. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.

2d. That the soldier is suffering at present from a mental or physical disability of a permanent character, not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.

Abscess of the Liver. The patient was under my medical care about one month.

Dr John A Mead died of an Abscess of the Liver on 30<sup>th</sup> of January 1891.

He further declares that he has been a practitioner of medicine for twelve years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Sworn to and subscribed before me this 29<sup>th</sup> day of June, A. D., 1892

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words Parish "County" and "State of " erased and the words Parish added; and that I have no interest, direct or indirect, in the prosecution of this claim.

W. J. Zengel  
(Official Signature.)

Notary Public  
(Official Character.)

[L. S.]

I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the foregoing declaration and 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 \_\_\_\_\_, 189\_\_\_\_\_.

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

Act of June 27, 1890.

PHYSICIANS' EVIDENCE.

CLAIM OF

Wm John A Mead

Nature of Claim widow

Soldier John A Mead

Co. 36, 39<sup>th</sup> Reg't.

Mass. Vols.

No. 5114-710

FILED BY

F. L. WILLIAMS,

500 5th St., Washington, D. C.

Printed and for sale by J. F. Shelly, Claim Blank Printer,  
623 D Street, Washington, D. C.

No. 121.

# ACT OF JUNE 27, 1890.

## NEIGHBOR'S AFFIDAVIT.

~~For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives), showing his present physical disability, as required under the provisions of the Act of June 27, 1890.~~

State of Mississippi, County of Hancock, ss:

In the matter of the application for pension of Widow John A. Mead widow of John A. Mead 36 39 Mass. Vols. No. 514,710

ON THIS 25 day of June, A. D. 18 92, personally appeared before me a a justice of the Peace in and for the aforesaid County, duly

authorized to administer oaths Viola J. Carr aged 57

years, a resident of Logtown, in the County of Hancock

and State of Mississippi, whose Post-office address is Logtown

, and Mrs. Loran A. Ruff

aged forty four years, a resident of Logtown, in the County of

Hancock, and State of Mississippi

whose Post-office address is Logtown well known to me to be

respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case, as follows: That

we have been well and personally acquainted with Widow John A. Mead

for 40 years, and 20 years respectively, and that that they knew

her husband Dr. John A. Mead in his lifetime

They well remember when her child

Lais Abigail was born on Sept 4th 1881,

and saw the mother and infant in

bed, about a day or two after such

birth. They have ever since known

the little girl, and know that she

still lived with her mother.

Their child was born at Logtown

Miss and it was there we first saw

her with her sick mother.

We are able to fix the above facts

and dates for the following reasons—

that we lived in the same town

ever since

We also remember when the son

John Artemus was born on Jan 10th 1885, and

saw the mother and the babe about

at the time of birth and after said birth,

which took place at Logtown Miss.

We know this child well also,

often see him, and know that he is

still living with his mother, and

### INSTRUCTIONS—read carefully.

The witnesses must state: 1st. Their respective ages and occupation; the length of time they have known the ~~deceased~~ and how long during that period they have employed, worked with or for him, or lived in the same neighborhood with him and how near to him. 2d. If they have employed or worked with him they should state where it was and at what business; or if they know him as neighbors only they should state about what distance from him they live, how frequently they see him, and converse with him, and how intimate they are with him, and from what disease or disability he is suffering with at present, and whether at any time he is obliged to stop work by reason of his alleged disabilities. In this connection, if the witnesses have been his employers, or have worked with him or for him, they should state about what proportion of a sound, able-bodied man's work he is able to do—whether  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , or as the case may be; what his actual earnings are, and whether or not the wages paid him are less in amount, and how much less on account of his inability to labor than is paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities are, and describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully, and show whether or not he is suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits, and the extent to which he is incapacitated from the performance of manual labor, or the degree he has been unable to earn a support since the filing of his claim.



our knowledge of above facts and dates  
is derived from the following circumstances:-  
that we have ~~been~~ living in this same town  
ever since

We further declare that we have no interest in said case and are not concerned in its prosecution.

Lorain A. Russ  
Viktor L. Garre

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

(Signatures of Affiants.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Mississippi, COUNTY OF Hancock, 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, 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 are personally known to me and that they are credible person.

Henry Garre  
(Official Signature.)

[L. S.]

(Official Character.)

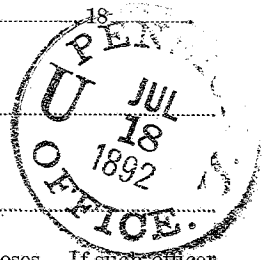
I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing, \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official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

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.



Act of June 27, 1890.

NEIGHBORS' AFFIDAVIT.

CLAIM OF

Mar. John A. Mead

Nature of Claim widow

Soldier John A. Mead

Co. 35, 39<sup>th</sup> Reg't.

Mass. Vols.

No. 514,710

FILED BY

F. L. WILLIAMS,

500 5th St., Washington, D. C.,

Printed and for sale by J. F. Sherry, Claim Blank Printer,  
623 D Street, Washington, D. C.

Left of official character  
attached off. of Mead  
and O'Leary.

# GENERAL AFFIDAVIT.

State of Mississippi, County of Hancock, ss:

In the matter of pension claim No. 514,710 of Amelia R. Mead, widow of John A. Co. 36 39th Mass. Vol.

ON THIS 25<sup>th</sup> day of April, A. D. 1892, personally appeared before me  
a Justice of the peace in and for the aforesaid County duly authorized to administer  
oaths Amelia R. Mead aged 43 years, a resident of Baytown  
in the County of Hancock and State of Mississippi  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to  
aforesaid case as follows:

(Note.—Affiants should state how they gain a knowledge of the facts to which they testify.)

I know my husband John A. Mead did  
not re-marry after June 2<sup>nd</sup> 1865.  
Neither my husband John A. Mead nor  
I were ever married to any one else

I only have the Bible record for the  
dates of my childrens which is as follows  
Isid Abigail Mead born Sept. 4<sup>th</sup> 1881  
John Thomas Mead born Jan. 10<sup>th</sup> 1886

H Post-Office address is \_\_\_\_\_  
\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned  
in its prosecution.

Amelia R. Mead

[If Affiants sign by mark, two persons who write sign here.]

[Signatures of Affiants.]

STATE OF Mississippi, COUNTY OF Hannibal, 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, including the words \_\_\_\_\_  
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.

H. Carre  
(Official Signature.)

[L. S.]

Justice of the Peace  
(Official Character.)

I, Emile A. Hoffmann Clerk of the Chancery Court in and for aforesaid County and State, do certify that H. Carre, Esq., who has signed his name to the foregoing declaration and affidavit, was at the time of so doing a 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.

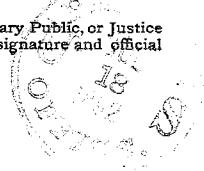
Witness my hand and seal of office, this 25<sup>th</sup> day of April, 1892

Emile A. Hoffmann

[L. S.]

Clerk of the Chancery Court

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.



Act June 27-90

No. 514,710

ADDITIONAL EVIDENCE.

CLAIM OF

Mrs. John A. Mead  
widow of John A. Mead  
Box 36 39<sup>th</sup> Mass. Vols.

AFFIDAVIT OF

Claimant

FILED BY

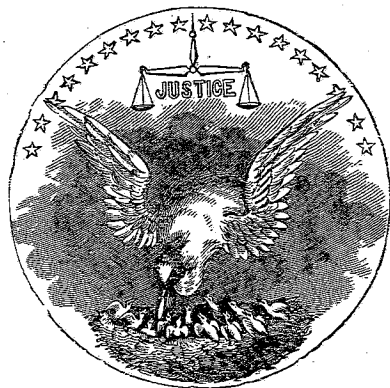
F. L. WILLIAMS,

500 5th St., Washington, D. C.

Printed and for sale by J. F. Surrency, Clerk Blank Printer,  
228 D Street, N. W., Washington, D. C.

# UNITED STATES OF AMERICA.

STATE OF LOUISIANA. PARISH OF ORLEANS.



## Office of the Board of Health, Recorder of Births, Marriages and Deaths

Be it Remembered, That on this day, to-wit: the Thirtieth of January  
in the year of our Lord One Thousand Eight hundred and Twenty One, and the  
115 of the Independence of the United States of America, before me,  
S. A. Oliphant M. D. President Board of Health <sup>ex officio</sup> ~~duly commissioned~~ and sworn **Recorder of Births,**  
**Marriages and Deaths,** in and for the City of New Orleans, and Parish of Orleans, personally appeared:

A. C. Davey, an Undertaker,  
a native of this city, residing corner Julia & Magazine Sts.  
who hereby declares that

Dr. John A. Mead. (White)  
a native of Portland, Maine, aged 48 years & 7 months  
departed this life this day, (30 Jan. 1891) at Hotel  
Sioux, in this city.

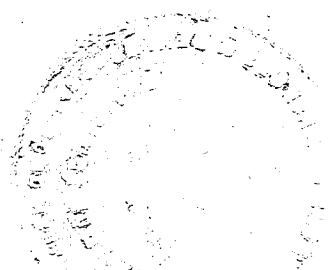
Cause of Death. Abscess of liver, Broncho Pneumonia  
Certificate of Dr. A. B. Miles  
Deceased was married, 2 weeks in city a Physician by  
occupation.

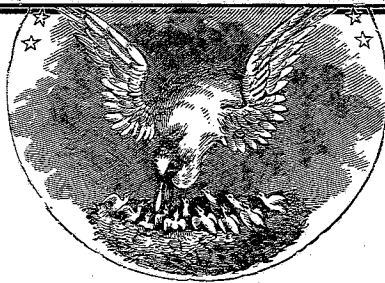
}

}

}

THUS DONE at New Orleans in the presence of the aforesaid A. C. Davey  
as also in that of Messrs. P. H. Lamaze & A. A. Venables, of this City, witnesses  
all of whose hands together with mine after the reading hereof.





# Office of the Board of Health, Recorder of Births, Marriages and Deaths

Be it Remembered, That on this day, to-wit: the Thirtieth of January  
in the year of our Lord One Thousand Eight hundred and Ninety One, and the  
115 of the Independence of the United States of America, before me,  
S. A. Olliphant M.D. President Board of Health <sup>ex officio</sup> ~~duly commissioned~~ and sworn Recorder of Births,  
Marriages and Deaths, in and for the City of New Orleans, and Parish of Orleans, personally appeared:

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Dieu, in this city.

Cause of Death Abscess of liver, Broncho Pneumonia  
Certificate of Dr. A. B. Miles  
Deceased was married, 2 weeks in city a Physician by  
occupation.

} } }

THUS DONE at New Orleans in the presence of the aforesaid A. C. Davey  
as also in that of Messrs. P. H. Lamange & A. A. Venhies, of this City, witnesses  
by me requested so to be, who have hereunto set their hands, together with me, after the reading hereof,  
the day, month and year first above written.

SIGNED A. C. Davey P. H. Lamange Alt. A. Venhies

S. A. Olliphant M.D. President Board of Health <sup>ex officio</sup> ~~recorder~~

I do Certify, the foregoing to be a true and faithful copy from the original recorded in Book marked  
No. 98 folio 1003

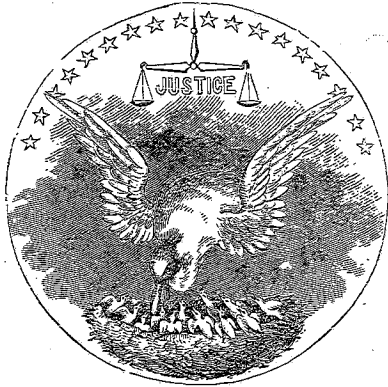
In Testimony Whereof, I have set my hand and affixed the seal of my office, at the City of New  
Orleans, this Twenty Fourth day of June  
in the year one thousand eight hundred and Ninety Two  
and the one hundredth 16 of the Independence of the United  
States of America.



P. H. Lamange  
Deputy Recorder of Births, Marriages and Deaths, Parish Orleans.

# UNITED STATES OF AMERICA.

State of Louisiana, Parish of Orleans.



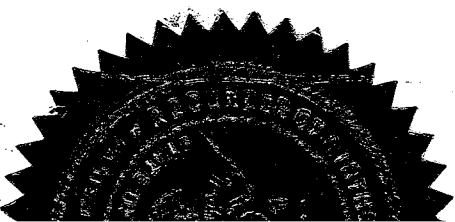
## Office of the Board of Health, Recorder of Births, Marriages and Deaths

This is to Certify, That it appears from the Records of this office, that on this day, to-wit:  
the Fifth of November in the year of our Lord one thousand eight hundred  
and Eighty and the 105 of the Independence of the United States of  
America, (November 5 1880) was registered a marriage, celebrated in the City of New Orleans,  
State of Louisiana, United States of America, by Rev. J. M. Flynn on the 23 day of  
October 1880 between John S. Mead aged thirty eight  
years (38 years,) a native of Maine son of Artemas Mead  
and Abbie Mead; and Miss Amelia R. Mead  
aged twenty three years, (23 years,) a native of Mississippi  
daughter of Stephen Mead and Adeline Mead. The celebration of  
the marriage was performed in presence of the witnesses:

J. M. Adams H. Weston  
The License was issued on the 23 day of October 1880, by Joseph Jones ex officio recorder  
Births Marriages & Deaths in presence of the witnesses, J. M. Adams  
Dr. S. S. Herrick

I do Certify, the foregoing to be a true and faithful copy from the original recorded in the Book of  
Marriages, No. 8 Folio 297

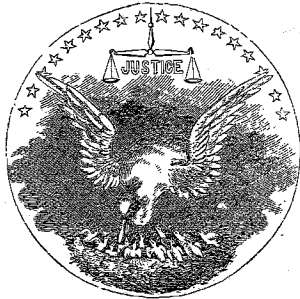
In Testimony Whereof, I have set my hand and affixed the seal of my office, at the City of New  
Orleans, this Twenty Fourth day of June  
in the year one thousand eight hundred and ninety Two  
and the 116 of the Independence of the United  
States of America.



# UNITED STATES OF AMERICA.

State of Louisiana,

Parish of Orleans.



## Office of the Board of Health, Recorder of Births, Marriages and Deaths

This is to Certify, That it appears from the Records of this office, that on this day, to-wit:

the Fifth of November in the year of our Lord one thousand eight hundred and Eighty and the 105 of the Independence of the United States of America; (November 5 1880) was registered a marriage, celebrated in the City of New Orleans,

State of Louisiana, United States of America, by Rev J. M. Flinn on the 23 day of

October 1880 between John L. Mead aged thirty eight

years (38 years,) a native of Maine son of Artemas Mead

and Abbie Mead; and Miss Amelia R. Mead

aged twenty three years, (23 years,) a native of Mississippi

daughter of Stephen Mead and Sadeline Mead. The celebration of

the marriage was performed in presence of the witnesses:

J. M. Adams H. Weston

The License was issued on the 23 day of October 1880, by Joseph James ex-officio recorder of

Births Marriages Deaths in presence of the witnesses, J. M. Adams

Dr. S. S. Herrick

I do Certify, the foregoing to be a true and faithful copy from the original recorded in the Book of

Marriages, No. 8 Folio 297

In Testimony Whereof, I have set my hand and affixed the seal of my office, at the City of New

Orleans, this Twenty Fourth day of June

in the year one thousand eight hundred and ninety Five

and the 116 of the Independence of the United

States of America.

J. Henry Lanauze

Deputy Recorder of Births, Marriages and Deaths, Parish of Orleans.





Act June 27. 90

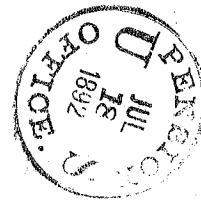
No. 514710

Mrs. John A. Mead  
widow John A. Mead  
Co. K 39<sup>th</sup> Mass. Vols.

Proof of Marriage

F. L. WILLIAMS,

500 5th St., Washington, D. C.



# DECLARATION FOR WIDOW'S PENSION.

## UNDER ACT OF JUNE 27, 1890.

This must be Executed before a Notary Public or Magistrate having a Seal, or before a Court of Record or some Officer thereof having Custody of the Seal.

State of Mississippi, County of Hancock, ss:

On this 30<sup>th</sup> day of April A. D. one thousand eight hundred and ninety-one, personally appeared before me W. Brown Notary Public

[Official character.]

of the Town of Pearlinton within and for the County and State

aforesaid Mrs. John A. Mead aged 42 years, a resident of

the Town of Pearlington County of Hancock

State of Mississippi who being duly sworn according to law, declares

that she is the widow of Dr. John A. Mead who enlisted under the name

of John A. Mead at Woburn Mass

on the 22<sup>nd</sup> day of August A. D. 1862,

in Co. K 39<sup>th</sup> Mass. Vols. as a soldier

[Here state rank, company and regiment, if in the Military Service; or vessel, if in Navy.]

and served at least ninety days in the late War of the Rebellion, who was honorably **DISCHARGED**

June 2<sup>nd</sup> 1865, and died Jan'y 30<sup>th</sup> 1891

[The cause of death need not be stated.]

That she was married under the name of Amelia R. Mead, to

said Dr. John A. Mead on the 23<sup>rd</sup> day of October 1880

by J. W. H. H. H., at New Orleans, La.

there being no legal barrier to said marriage.

[If there was a former marriage of the claimant or her husband, state it here and how dissolved.]

That she has not remarried since the death of the said Dr. John A. Mead

[Name of soldier or sailor.]

That she is without other means of support than her daily labor. That names and dates of birth of all the

children now living under sixteen years of age of the soldier are as follows:

Iris Abigail, born September 4<sup>th</sup>, 1881

John Artemas, born January 10<sup>th</sup>, 1885

born \_\_\_\_\_, 18\_\_\_\_

born \_\_\_\_\_, 18\_\_\_\_

born \_\_\_\_\_, 18\_\_\_\_

born \_\_\_\_\_, 18\_\_\_\_

born \_\_\_\_\_, 18\_\_\_\_

That she has ~~not~~ heretofore applied for pension and the number of her application is \_\_\_\_\_

[Be careful to fill this part of the blank correctly.]

That she makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of Congress of June 27, 1890. She hereby appoints, with full power of substitution and revocation, **F. L. WILLIAMS, of Washington, D. C.,** her true and lawful attorney to prosecute her claim, (and agrees to pay him, through the Pension Office, \$10, the fee prescribed by law, upon approval thereof).

That her post-office address is Pearlington

County of Hancock State of Mississippi

Mrs. John A. Mead

[Signature of Claimant.]

[Two witnesses who can write sign here.]

Also, personally appeared Darrington White & W. J. Stocker  
residing at Pearlington miss and "  
residing at "

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 Mrs. John A. Mead, the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with her of 32 years, and 32 years, respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

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

Darrington White  
W. J. Stocker  
[Signature of Affiants.]

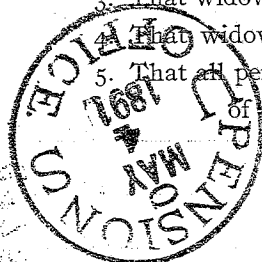
Sworn to and subscribed before me this 30<sup>th</sup> day of April A. D. 1891;  
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words erased,  
and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

W. A. Brown  
Notary Public  
[Official character.]

The Act of June 27, 1890, requires, in widow's case:

1. That the soldier served at least ninety days in the War of the Rebellion and was honorably discharged.
2. Proof of soldier's death (death cause need not have been due to Army service).
3. That widow is "without other means of support than her daily labor."
4. That widow was married to soldier prior to June 27, 1890, date of the Act.
5. That all pensions under this act commence from date of receipt of application (executed after the passage of act) in Pension Bureau.



637515

WIDOW'S CLAIM.

Act of June 27, 1890.

Claimant Mrs. John A. Mead  
Soldier John A. Mead  
Service Co. 36 39<sup>th</sup> Mass. Vols.  
Address Pearlington  
Gloucester Co. Miss.

Date of Execution April 30<sup>th</sup> 1891.

FILED BY

F. L. WILLIAMS,

500 FIFTH STREET, N. W.

WASHINGTON, D. C.

LAW REPORTER PRINT, 503 E ST.

34

JUL 5 406052

1931

Write nothing above this line.

(3-080 a.)

# MILITARY SERVICE.

NAME OF SOLDIER:

*John A Mead*

*East* Div.

Bureau of Pensions,

*EEH* Ex'r.

*July 7*, 1891

No. *514,710*

*Widow*

SIR:

It is alleged that the above-named man enlisted

*Aug 22*, 18 *62*, and served as a

in Co. *39*, Reg't

*Mass Inf*

also as a

in Co. , Reg't

, and was discharged at

on *June 2*, 18 *65*

No. of prior claim

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

*Andrew D. Anderson*

Commissioner.

*As Agent*

THE OFFICE IN CHARGE OF THE  
RECORD AND PENSION DIVISION,  
WAR DEPARTMENT.

0-4

Department,

Record and Pension Division,

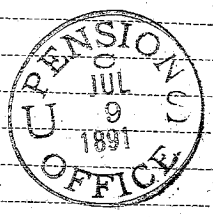
JUL 8 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that *John A. Mead*

mentioned in the preceding indorsement, was enrolled  
*July 27, 1861, and M.O.*  
*June 2, 1865*



BY AUTHORITY OF THE SECRETARY OF WAR:

*F. C. Armstrong*

Captain and Asst Surgeon, U. S. Army.

Per *[Signature]*

3-812

## REIMBURSEMENT.

Certificate No. 359,210  
Pensioner Amelia R. Mead  
Class Widow  
Date of Death June 18, 1909  
Claimant Mrs. L. A. Russ  
Post Office Logtown  
Nauvoo Co.  
Miss

Received SEP 11 1909 19

Oct. 6 -09. Notice of dis-  
allowance to Clint. Jm.

[3-218 a.]

*Watson* Ex'r.

No. *314710*

Act of June 27, 1890.

---

*Amelia A. Mead*  
*Darlington-Hancock Co.*  
*Idaho* Miss

*John A. Mead*  
*K 39* Mass Inf

Died at *Jan 30/91.*

*4/239* other claim.

*June 11, 1891.* -R- Clerk.

Numerical No. *637515*

---

Application filed: *May 4, 1891.*

Attorney: *J. Williams*

P.O. *Wash D.C.*

(3845-9,000.)



623.91. New  
July 7, 1891  
Me. Aug. service  
Aug. 3/91. Sub-service. Nos. 1, 2, 3,  
4. H. and 7 of wid. circular H. K.

Apr 14/92. Date 1, 2, 3,  
VT. 4, 5, 6 & 7, & sub  
Serv. & for first  
MASS. name of Clt. To  
Clt. Wowo

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

WIDOW. 3

I, Amelia R Mead, make oath that I am the identical person named in pension certificate No. 359210, dated May 1893, in my possession and now exhibited; that I am the legal widow of the person upon whose service said certificate was issued; that I have not remarried since the date of commencement of the pension therein provided; that I am entitled to and hereby make claim for payment of THIRTY-SIX DOLLARS \$36 pension now due, at the rate of 12 dollars per month, from MAY 4, 1909, to AUGUST 4, 1909,

and that my post-office address to which I desire the check in payment mailed is as follows:

Street and No. or R. F. D. route.

Pensioner's signature must be written here in full as name appears in the head of this voucher.

Post office.

If pensioner signs by mark or initials, two witnesses who write.

State.

## DEPOSITION OF TWO WITNESSES.

We, the undersigned witnesses, do solemnly swear that the contents of the foregoing affidavit have been made known to us; that we are well acquainted with the affiant and know her to be the identical person she represents herself to be; that to our best knowledge and belief she has not remarried since the date of commencement of her pension, and that our acquaintance with her is such that had she resumed marriage relations after said date that fact would have become known to us.

Witness' signature.

Post-office address.

(One person who writes, other than magistrate or pensioner, must attest the signature of one or both witnesses, if by mark. Witnesses must not attest each others' signatures.)

Witness' signature.

Post-office address.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

Personally appeared before me, this \_\_\_\_\_ day of \_\_\_\_\_, 1909, the witnesses whose signatures and post-office addresses appear above, whom I believe to be credible persons, and the pensioner above named, and made oath in due form of law to the truth of the foregoing statements subscribed by them in my presence; and I certify that the aforesaid pensioner ~~has this day exhibited to me her pension certificate, above described.~~

[L.S.]

Magistrate's signature.

Official character.

(Seal must be above this line.)

Post-office address.

5113-5110-5123-5124-5125-5128

(If any erasures or alterations appear on this voucher, the magistrate must certify above his signature to the jurat that they were made before its execution.)

3-1001.

\$ 36

From MAY 4, 1909, To AUGUST 4, 1909.

PAYMENT WILL NOT BE MADE ON THIS VOUCHER IF EXECUTED BEFORE THE DATE LAST GIVEN.

PENSIONER'S NAME MUST BE SIGNED HERE AND POST-OFFICE ADDRESS GIVEN AS ABOVE.

Name.

Street and No. or R. F. D. route.

Post office.

State.

Name: Amelia R Mead

WIDOW. 3

\$ 36

Return this voucher for payment to

WILLIAM RULE,  
U. S. Pension Agent,  
KNOXVILLE,  
TENN.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

In every case requiring the exhibition of the pension certificate and certification thereto, the officer should carefully compare it with the voucher. Vouchers may be executed in the United States before any officer authorized to administer oaths for general purposes or before any fourth-class postmaster of the United States; in foreign countries, before an ambassador, minister, or consul, or other consular officer of the United States, or before any civil officer of the country duly authorized to administer oaths, or to authenticate extra-judicial documents, and whose official character and signature shall be authenticated by the certificate of an ambassador, minister, or consul, or other consular officer of the United States. If the officer be required by law to have and use a seal to authenticate his official acts, it must be affixed to his jurat. In the case of officers in the United States not required by law to use a seal, a certificate of the proper officer as to their official character, signature, and term of office must be filed in this agency. One such certificate will suffice for the term of the officer. Fourth-class postmasters are required to use their mailing stamps as seals.

The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher, particularly the address to which the check is to be mailed. He will also give his own post-office address after his official title on face of voucher.

The officer will be held strictly responsible for the correctness of his certificate of identity in every particular, pursuant to Act of July 7, 1893, which provides:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in the aid of the prosecution of any claim for pension or bounty land, or payment thereof, purports to have been executed, who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

AP-All acts involved in the execution or correction of vouchers must be performed in the presence of the officiating officer, who must certify to the correctness over his own signature, on the face of the voucher in the space indicated.

1. Signatures by mark should appear thus— John X Doe mark
2. Street, and number, P. O. box number, R. F. D. route, or "General Delivery" must appear in P. O. address in case of address where no post-office is maintained. "General Delivery" address will be accepted in such case only if no other address as above is available.
3. A married woman must sign her own Christian name, not that of her husband.
4. Fourth-class postmasters only are authorized to officiate in the execution of vouchers. Deputy, acting, or assistant postmasters, or other postal employees, not qualified.
5. Legible impression of postmarking stamp, showing same date as jurat, required. M. O. B. or R. F. D. stamps or additions to impression with pen or pencil will not be accepted.
6. Postmaster must write "Fourth-class postmaster" after his signature.
7. Jurat must be dated.



Soytown Miss.  
July 25 1909.

J. L. Davenport, Esq.  
Bureau of Pensions  
Washington.

Dear Sir - I hereby make appli-  
cation for farmers to make  
claim according to Paragraph  
I Act Mar 2, 1895 to reimburse  
to party who bore expense of my  
mother's illness. Pensioner's Name  
Amelia R. Mead Cert. No 359210  
H 39 Mass.

Yours Truly -  
Geo A. Mead M.D.

W

359 210

RECEIVED  
JUL 29 1909  
BUREAU OF PENSIONS



FIRST  
DEPUTY COMMISSIONER  
JUL 23 1909  
U.S.  
PENSION OFFICE.

FINANCE DIVISION.

3-1267.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, October 6, 1909.

Mrs. Lois Abbie Russ,

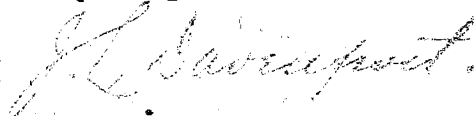
Logtown, Miss.

Madam:

In the case of Amelia R. Mead, deceased, certificate number 359,210, your claim for reimbursement is disallowed, for the reason that the pensioner left sufficient assets to meet the expenses of her last illness and burial, said assets consisting of real estate of the value of \$800.00

The payment of the accrued pension in such circumstances is prohibited by the Act of March 2, 1895.

Very respectfully,



Acting Commissioner.

DEPARTMENT OF THE INTERIOR,  
UNITED STATES PENSION AGENCY,

Knoxville, Tenn. .... 1909.

Replying to your communication herewith returned,  
you are informed that any correspondence relating to  
Pensioners of this Agency, the person writing must always  
give the name as it appears on the Certificate, the number  
of the Certificate, and state in what war the soldier served

Unless this is done, it is impossible for us to identify Pensioner on the Rolls. Return your letter giving this information, and prompt attention will be given your inquiries.

Very respectfully,

*M. R. Rule*

U.S. Pension Agent.

PENSION AGENCY  
RECEIVED  
JUL -8 1909  
KNOXVILLE,  
TENN.

Name of pensioner was Amelia R. Mead  
Pension No 359210 widow of Geo. A.  
Mead who was private in Co K, 39th Regiment  
Massachusetts Volunteer Infantry, War  
of 1860-64. Please let me know if  
there is anything due me from pension  
and if so how much.  
6.30.09.

*over.*

J. A. Mead M.D.  
Logtown  
Miss



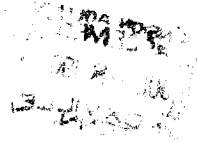
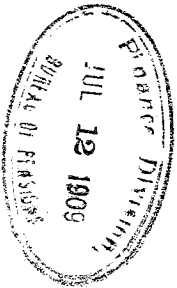


Logtown 7.6.09

My mother, Mrs. Amelia R. Mead  
a pensioner, died June 18th 1909  
at 11:55 P.M.

J. A. Mead M.D.

9



New Orleans, *Jan* 19 1909

Mrs. *Mead*

To Miss *J. B. Viala*, Dr

To professional services rendered for five			
days at \$5 <sup>00</sup> per day	\$25 <sup>00</sup>		

Received Payment,

*J. B. Viala*

Logtown Miss.  
June 24. 09

Received of Mrs L. A. Pusey  
\$1000 for writing on Mrs  
Mead.

Martha Johnson

H. WESTON, PRESIDENT

H. S. WESTON, VICE-PRESIDENT

J. S. OTIS, SECRETARY

D. R. WESTON, TREASURER

MILLS AT  
LOGTOWN, ON PEARL RIVER, MISS.

Logtown, Miss., June 23<sup>rd</sup> 1909

*Mr. L. Russ*

IN ACCOUNT  
WITH

**THE H. WESTON LUMBER CO.**

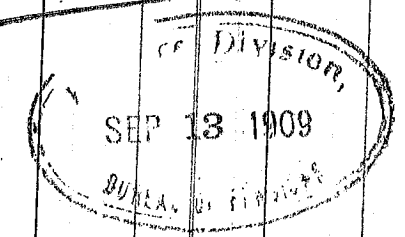
MANUFACTURERS OF

Rough and Dressed Yellow Pine Lumber

AND DEALERS IN GENERAL MERCHANDISE

*To 1 Casket*

*5000*



3-810.

No. 359.210

# REIMBURSEMENT.

Claimant <u>Lois Abbie Russ,</u>	Pensioner <u>Amelia R. Mead,</u>
Street and No. <u>Logtown,</u>	Class <u>Widow</u>
P. O. <u>Miss</u>	Law <u>ACT OF APRIL 19, 1908.</u>
State <u>Miss</u>	Agency <u>Knopville, Tenn.</u>

Last issue \_\_\_\_\_ Rate, \$ \_\_\_\_\_ Last paid to \_\_\_\_\_ at \$ \_\_\_\_\_  
 Last illness commenced \_\_\_\_\_ Date of death \_\_\_\_\_ Accrued pension \$ \_\_\_\_\_

AMOUNTS CLAIMED.			CHARGES APPROVED.	DEDUCTIONS.		
Physicians' bills	\$		\$	State aid	\$	
Medicine				Assets	800 00	
Board				Insurance		
Nursing and care	35 00			Amount waived		
Rent						
Living expenses for pensioner						
Undertaker's bill	50 00					
Livery						
Cemetery charges	15 00			TOTAL		
OTHER EXPENSES.				SUMMARY.		
Headstone	25 00			Charges approved	\$ 125 00	
				Deductions	800 00	
				Amount approved		
TOTALS	125 00			Necessarily disallowed		

Approved for disallowance, pensioner left assets sufficient to meet  
the expenses of her last sickness and burial.

OCT 6 1909, 19 Ch. Linnell Reviewer. L. Middleton Examiner.  
A. H. Thompson Chief, Finance Division.

(3-128 a.)

ACT OF JUNE 27, 1890.

# WIDOW'S PENSION.

cal 359.210  
 Claimant Amelia R. Mead Soldier John A. Mead ✓  
 P. O. Lagtown Rank Pt, Co. K  
 County Hancock, State Mississippi Regiment 39 Mass. Vol. Inf. ✓  
 Rate, \$8 per month, commencing May 4, 1891, and \$2 per month additional for each child, as follows:

<u>Lois A.</u>	{ Born, <u>Sept 4</u> , 1881. ✓	Commencing <u>May 4</u> , 1891. ✓
	{ Sixteen, <u>Sept 3</u> , 1897. ✓	
<u>John A.</u>	{ Born, <u>Jan 10</u> , 1885. ✓	Commencing <u>May 4</u> , 1891. ✓
	{ Sixteen, <u>Jan 9</u> , 1901. ✓	
	{ Born, _____, 18 ____	
	{ Sixteen, _____, 18 ____	Commencing _____, 18 ____
	{ Born, _____, 18 ____	
	{ Sixteen, _____, 18 ____	Commencing _____, 18 ____
	{ Born, _____, 18 ____	
	{ Sixteen, _____, 18 ____	Commencing _____, 18 ____
	{ Born, _____, 18 ____	
	{ Sixteen, _____, 18 ____	Commencing _____, 18 ____
	{ Born, _____, 18 ____	
	{ Sixteen, _____, 18 ____	Commencing _____, 18 ____

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate \_\_\_\_\_, 189\_\_\_\_, date of \_\_\_\_\_

## RECOGNIZED ATTORNEY:

Name F. L. Williams Fee \$ 10 Agent to pay.  
 P. O. Washington D.C. Articles Filed \_\_\_\_\_, 189\_\_\_\_

## APPROVALS:

Submitted for Adm Dec 16, 1892 Wm W. Watson Examiner.  
 Approved for Admission

Dec 28, 1892 Geo. N. Smith, Legal Reviewer.

The soldier was not pensioned at \$ \_\_\_\_\_ per month for \_\_\_\_\_

Enlisted July 22, 1862. Soldier's app'n filed true, 18 \_\_\_\_  
 honorably disch'd June 2, 1865. ✓ Clt's app'n under other laws true, 18 \_\_\_\_ ✓  
 Re-enlisted not, 18 \_\_\_\_ Former marriage of true, 18 \_\_\_\_  
 honorably disch'd \_\_\_\_\_, 18 \_\_\_\_ Death of former true, 18 \_\_\_\_  
 Died Jan 30, 1891. ✓ Clt's marriage to soldier Oct 23, 1880 ✓  
 Declaration filed May 4, 1891. ✓ Clt \_\_\_\_\_ remarried not, 18 \_\_\_\_ ✓

Claimant is \_\_\_\_\_ without other means of support than her daily labor.

W. W. Watson

Act of June 27, 1890

No. 359,210

Amelia R. Mead  
WIDOW OF  
John A. Mead  
Rank *1st*, Co. *12*  
Regt. *39* *Mass Vol Inf*  
*Worcester* Agency.

Rate per Month, \$ *8*.

Commencing *May 4* 18*91*.

Additional sum of \$2 per month for  
each of the *living* children *unt 1*  
arriving at *age* of 16 years, *unt*  
mencing *May 4* 18*91*.

<i>Lois A.</i>	<i>16 yrs.</i>	<i>18</i>
<i>John A.</i>	<i>"</i>	<i>18</i>
<i>"</i>	<i>"</i>	<i>18</i>
<i>"</i>	<i>"</i>	<i>18</i>
<i>"</i>	<i>"</i>	<i>18</i>
<i>"</i>	<i>"</i>	<i>18</i>

Issued *Jan. 9* 18*93*.  
Mailed *" 19* 18*93*.  
Fee \$ *10*.

**DEAD.**

JUL 19 1909 Act March 2, 1898.  
cir to J. A. Mead J. G.

UG - 5 1909 - Reimb. bl. to J. A.  
Mead. S. J. A.

REIMBURSEMENT  
DISALLOWED

OCT 6 1909

DROPPED

July 9 1909

Auditor advised of Death.

JUL 16 1909 N. N. H.