

AUGUSTA, ME.

3-402.

Certificate No. 853,967

Department of the Interior,

Name, Hiram Nickerson

BUREAU OF PENSIONS,

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

SIR:

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

Very respectfully,

*A. C. Grandt*

Commissioner of Pensions.

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

Answer. I was married but my wife is now dead Volucia <sup>Maden</sup> <sup>Nickerson</sup>

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

Answer. in 1856 sept 4th Monticello Minn. Rev. S. J. Crighton

Third. What record of marriage exists?

Answer. the law of Minnesota required of each persons marriage to be recorded in the co records

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

Answer. my wife died in New Limerick Maine June 27th 92

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

Answer. George & July 31 1858 Ralph & June 21st 1860  
Frank H Nov 4th 66 Arthur & 69  
Carrie M July 30 72

*Hiram Nickerson*

(Signature.)

Date of reply, June 4th, 1898

# Historical Statement.

I have lived in the following named places since my discharge: I lived at Linneus  
State each place you have lived since your discharge,  
 State of Maine, from my discharge to about the first day of March, 1865, and then  
giving the dates of changes as near as possible.  
 at Oakfield State of Maine, to about the 1st day of June  
 1866, and then at Linneus State of Maine, to about the 15  
 day of March, 1868, and my occupation has been that of Farmer  
State your occupation.

I incurred Rheis Dropsy & Cerebral Stroke  
State the disability for which you claim a pension.

for which I claim a pension as follows: I was on a forced march from Paris landing  
State how the above disability came upon you and about when, as near as you can,  
to Paris Tenn the 11 day of May 1862 some where  
and where you was or about where you was when it came upon you.  
between those 2 points do not know how far from  
either

and for which I have had the following treatment: Dr French Houlton Maine Berry  
State the name of each Physician from whom you have had treat-  
Houlton me Berry Houlton Maine Young Houlton Maine  
ment for your cause for which you claim a pension and where said Doctor then lived.

since my discharge before my discharge Dr Murphy  
and Cross of Massachusetts Dal in Hospital at Quincy  
Ill by Drs Allen and Wilson in Hospital  
also treated in St Louis and Chicago Hospitals  
but do not recollect the name of the Dr

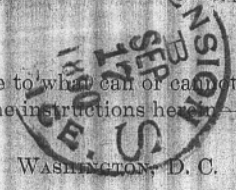
and of the above named Physicians the following are now dead: French  
State which if any of the Doctors are dead.

I have been afflicted about as follows since my discharge: at times my legs swell  
Describe the manner of your affliction, whether you  
and if I press my finger on them the hole where my  
have been afflicted so as to confine you to your house and bed, or to totally disable you for a time and state when these times were if  
fingers pressed would remain there for some time  
they occurred.  
sometimes the swelling would come up to my  
stomach then diarrhea would follow and reduce me  
so low that would confine me to the house and bed  
at such times the calves of my legs would hang in  
bags and my legs would be very weak my legs are not  
strong at any time since I incurred that trouble  
they occur at irregular intervals  
Wiram Nickerson  
Sign your full name here

This should be filled up carefully so the facts in your case may be fully known. No reference to what can or cannot be proven should be considered, but what the truth actually is should be your sole guide. Observe the instructions here and fill up carefully and sign and return to me.

This statement is not to be sworn to.

P. J. LOCKWOOD. WASHINGTON, D. C.



DECLARATION FOR ORIGINAL INVALID PENSION.

To be executed before a Court of Record, or some officer thereof having custody of its Seal.

State of Maine }  
County of Arroostook } ss.

On this 24th day of July A. D. one thousand eight hundred and seventy nine personally appeared before me, Clerk of the Supreme Judicial Court, a court of record within and for the county and State aforesaid Hiram Nickerson, age 46 years, a resident of the town of New Limerick, county of Arroostook State of Maine who, being duly sworn according to law, declares that he is the identical Person who enlisted under the name of Hiram Nickerson on the 3 day of Oct 18 61, as a private in company K of the 4th regiment of Maine Vol. commanded by Capt. Donaldson and was honorably DISCHARGED at Chicago Ills City Hosp on the 11 day of Oct 18 64; that his personal description is as follows: Age 46 years; height 5 feet 7 inches; complexion light; hair light; eyes blue. That while a member of the organization aforesaid, in the service and in the line of his duty at from Paris landing to Paris in the State of Tenn on or about the 11 day of May 18 62, he Contracted Disease

(Here state name or nature of disease, or location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)  
Chronic Diarrhoea and Dropsy - while on forced  
March from one to the other place recd sun stroke  
& from that time through the summer Chronic Diarrhoea  
troubled me continually together with fevers & fevers  
and in excess the Dropsy set in - caused by  
Exposure and Hardship incident to the service

That he was treated in hospitals as follows: Treated in Camp 11 May by Dr  
Murphy after that to Field Hosp [Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.] near Corinth Miss - 17 Sept was sent to Corinth Genl Hosps  
then to St Louis - City Hosps & a few days after  
sent to Quincy Ills Genl Hosps treated for Chronic Diarrhoea  
Dropsy & fever & again till transferred to V. R. Co. sent to Chicago City Hosps  
living at a distance have no physician & except my disease shows alarming symptoms.

That he has not been employed in the military or naval service otherwise than as stated above.  
Transferred in March 1864 to 107th Regt V. R. Co.  
Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since the 11 day of Oct A. D. 18 64, he has not been employed in the military or naval service of the United States. That since leaving the service this applicant has resided in the town of New Limerick Calfield, in the State of Maine and his occupation has been that of a farmer. That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a farmer.

This should be filled up carefully so that the extent of your claim may be fully known. No reference to what has or can or cannot be proven should be considered, but what the truth actually is should be your sole guide. Observe the instructions herein--fill up carefully, execute and return to me. P. J. Lockwood, Washington, D. C.

### Statement to Complete the Claim.

STATE OF Massachusetts COUNTY OF Middlesex, S.S:

I incurred heart and liver trouble and indigestion  
State the disability for which you claim a pension.

for which I claim pension as follows: State how the above disability came upon you and about when as near as you can,

and where or about where you were when it came upon you. on the 11 day of May 1862

in a march from Paris landing in and Paris Tenn I had a sunstroke the chronic diarrhea set in almost immediately and I was treated and in June or July my legs commenced to swell and the Dr told me I had the dropsy heart & liver and for which I have had the following treatment:

State the name of each Physician from whom you have had treatment was treated by John H

for the cause for which you claim a pension and where said doctor then lived. murphy surgeon of the Regt Minn 20th

in St Louis City Hospital about the 1st of Oct 1862

the latter part of Oct by Dr Allen of Hospital no 2 Quincy Mass

then by surgeon of city Hospital Chicago in Sept 1864 since then by Drs French of

Houlton Maine Young, Perry, Busby, of some place and White of Hodgeon Me Genny of Monticello

and of the above named physicians, the following are now dead: Oregon Hutchins, and Fisher of Mass

Drs French of Houlton, Hutchins of West Acton Mass

I have been afflicted about as follows since my discharge: Describe the manner of your afflictions whether you have

been afflicted so as to confine you to your house and bed or to totally disable you for a time and state when these times were, if any occurred.

The winter of 1864 & 5 was unable to do much of any thing was confined to my house most of the time to my bed for nearly a month since then have had bad spells from from 1 week to six weeks duration at a time about every 3 to six months and most all the time am bloated as have the diarrhea am able to get around most of the time by moving slow if I hurry my heart mutters so I have to stop

If affiant signs by mark two witnesses sign here.

William Hutcherson  
Affiant's Signature.

Sworn to and subscribed before me on the 14 day of November 1862 and I hereby certify that the contents of this affidavit were fully made known to the witnesses before signing and I have no interest in this claim or its prosecution.

Allen Brooks Parker  
Justice of the Peace  
Official Signature.

L.S. Subscribed on file to cover date  
Record Division.

General Affidavit.

STATE OF Maine COUNTY OF Arroostook SS:  
 In claim No. 853967 of Ghiram Nickerson of Co. C  
 the 4 Regt. of Maine Vols. Personally appeared before the undersigned duly au-  
 thorized to administer oaths within and for said County, of Arroostook  
 aged 73 years, whose P. O. is Hodgdon County of Arroostook  
 State of Maine, who being duly sworn, states in relation to said claim as follows to-wit:

I am an elder Brother of the above named  
 Ghiram Nickerson I was with him most  
 of the time from childhood until he went  
 to Minnesota which was in May 1854. He  
 had good health up to that time he came  
 home to Maine after the close of the War  
 was sick at the time after a few months  
 he improved so he was able to work but  
 up to the time he went to Massachusetts  
 (which was some five years ago) he had  
 bloating spells quite often say about  
 every two or three months apart during  
 those spells he could scarcely get around  
 and after the bloating went down he was left  
 weak for a time I think about one half of his time  
 he was not fit for labor I always thought  
 his Disease was Dropsy The above in from  
 my best recollection and from some  
 dates which I have

And affiant further states that he has no interest in this claim.

S. Josephine Penbody  
Alan L. Bird  
If affiant signs by mark two witnesses sign here.

Charles Nickerson  
Affiant's Signature.

Sworn to and subscribed before me on the 28<sup>th</sup> day of May 1901 and I hereby  
 certify that the contents of this affidavit were fully made known to the witnesses before sign-  
 ing and I have no interest in this claim or its prosecution.



Alan L. Bird  
 Justice of the Peace  
Official Signature.

L.S.