GENERAL AFFIDAVIT. NOTE.—Write the affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, a you can remember, according to the requirements in the case in which your testimony is to be used; also state how you ke you say to be true; whether from personal observation or otherwise. This blank can be used for the testimony of either or COUNTY OF late of Company. in and for aforesaid County , State of who being duly sworn, declare in relation to aforesaid case, as follows: direccol. inhous ly untel e also know theel Olivaber remanuel no interest in said case, and a lenot concerned in its prosecution. and that ..... alice & Sheehan Affiant's Signature, P. O. Address, neonal

EB 14 1883

ELECTRO'S. [10,473-50 M.]

#### ORIGINAL INVALID PENSION.

'aimant, Dennu	s Shee	han		
P. O., Maynard County, Middlestix	l ,		rivate E.	
State, Mass., Attorney, Claima		Regiment, 26	mass	Inft.
Fee, \$				
Rate, \$	per month, co	ommencing		
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ground stated by	Medicie	Tu des	ebelety	Leven
OKevacit er:		March	alleged	
Feb. 13, 1883, Com	Non, Reviewer.	Fely got	883,	Med. Roferee.
Enlisted Sept. 9.		1		
Mustered  Discharged August	26 1865	15 , to		, 18 , in
Declaration filed Marci	h 4., 1882.	Not in military of	or naval service	since Auga
Last material evidence filed	, 18	sur 26.	, 1865, who is decla	n discharged.
Alleges in declaration filed	BASIS OF	F CLAIM		
La in may	or June	1862 con	tracted	chiller
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te of Company	Twenty Liette	Regiment,	Mass.	Infantry Volun	teers.
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nd State,	ulia All	e Carthy	, ag	ed 50	years,
id			, ag	ed	vears.
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you can remember, according to the requirements in the case in you say to be true; whether from personal observation or otherwise	stating all the facts, circumstances, dates and places, as near as which your testimony is to be used: also state <i>how</i> you know what e. This blank can be used for the testimony of either one or two
persons.	
STATE OF	ss.
County of	
In the matter of the claim for	ent, Volunteers.
Ay L	1
late of Company Regime	ent, Volunteers.
Personally came before me, a	in and for aforesaid County
and State,	, aged years,
and	, aged years,
resident of ,in th	e County of ,State of
I mus present and Das	sworn, declare in relation to aforesaid case, as follows:
Dennis Chichan um	ted in maniage in
	Lowell Mare June 20th
185-6. My deceased The	Sund, John M: Carthy,
and I were the only	1 witnesser, The marriag
was performed by the	ex. Thomas M. Nubey,
Who had charge of	St. Hatricks Parish at
The home, and wh	v hus since died,
	*
*	
	:)
and that, no interest in said case, and	
	Affiant's Signature, Julia X 1 Carly  P. O. Address. Action Mass 1
AI MON	Latmant II
Hofm Makarta	P. O. Address, Steen Miller
Margaret Me Carthy	Affiant's Signature,
Attest—when any affiant signs by Mark two persons sign here.	
	P. O. Address,

1.1	made known and	
	State of Mars	
	Country of Middlesease \ss:	
(*	In the matter of claim for Nichows 4 en word 120,696,728,	
ŧ	Bro Dotiction of Dennir Sheelsen. Several on Priv. in Co 6. 26 to	
Legt M	(Full name and relationship of claimant, and name and service of soldier.)	
,	Personally came before me, a Oustie of the Place in and for (Justice, Not)ry, Judge, Clerk or Deputy Clerk)	
	aforesaid County and State, Olizabeth Sheshan , aged years,	
	residing at Mayners , County of Middlesex , State	
	of Bassachusetts, and , aged years,	
	residing at, County of, State	
Y	of , who, being duly sworn, declare in relation to the aforesaid case as	
	follows: Weither Dennis Sheehan or my you war married	
	farevirus to vue marriago to each bither, and it is imparil	W
Zoun	ie to burnish a certified Expres of the Chrisch Beend of grief man	yage
2000	The never revided in the Church Pecula of at the City of	e hr
Chic	of the color sent to man ( Lace The alliches of the	-
8 Port	na witness I have dispused of no Probesty nince as	til
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2	to I mile from Maygrand offet, anessed for 41.8000	f
01	Margaged to Innothy is hely on the con claim but	•
He no	Tid. I live, in the house and so derive no inem	20
200 un	At we will in flagally truescal to applying me and	/
296	niceina of relaport-laince my histands clearly	Pren
- 126	is promised by my ouldren, I are never charace	ecl
	from Jennis Sheehan and I have not remarried,	
	further declare that no interest in said case, and not	
	concerned in its prosecution.	
	If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.	
	Signature of Old Mine of Oge witness to X mark Affiant, or of	- Andrews
	Oxime of other witness to X mark.) ench Affiant.	3
1	CS.	

you can remember, according to the requirements in the case in	, stating all the facts, circumstances, dates and places, as near as which your testimony is to be used; also state how you know what e. This blank can be used for the testimony of either one or two
STATE OF Man.	
COUNTY OF Middlesex	> ss.
In the matter of the claim for fension of Olizabeth Sheehum, Mich late of Company (6)	fundy Old Dernis Sheelium
late of Company Regime	ent, Man Soft Volunteers.
Personally come before me, a fullice !	J. Jhe Feace in and for aforesaid County
and State, Olyabeth Cheehour	, aged 65 years,
and ————————————————————————————————————	, aged years,
resident of MCM new on the interpretation of the new of	sworn, declare in relation to aforesaid case, as follows:
I mus married to Dis	rnis Cheehan, under The
name of Blizabeth M	1/ 1/
in Lowell Man, by 1.	Cer. Thomas M: Nulty.
who had charge of St.	
line, The only witner	res present were John
and Julia M. Curty	. John M. Carthy has
V	à his Wiclow, hus Jurnished
	mar M. Hully ir dead
and these appears to be	no Record of our Marriag
,	e in Lowell, consequently
	lavit, and Julia M. Carely
evidence as proof of	,
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and that	not concern I be the second
and thatno interest in said case, and	D? July 1 1
	P. O. Address, Add and mark
. 2	P. O. Address, The Ares mark frage.
h is the state of	(
Augon when any affiant signs BY MARK two persons sign here.	Afflant's Signature,
wywe when any apant signs ax mark two persons sign here.	P. O. Address,
	1

Copy of the Record of a

recorded in the books of the during the month of 1. Date of Death, 2. Name, ... (Maiden Name), . (Name of Husband), 3. Sex, and whether single, Married, or Widowed, 4. Color, . . . 5. Age, . . Months, Days. Disease or Cause of Death, 6. Duration of Sickness, (By whom certified,. 7. Residence, 8. Occupation, . 9. Place of Death, . 10. Place of Birth, . 11. Name of Father, 12. Name of Mother, 13. Birthplace of Father, . 14. Birthplace of Mother, 15. Place of Interment, I certify that the foregoing is a true copy. Attest: or Town.)

711	native and the second s		
state of Alland			,
country of Michelleren 555:			
In the matter of claim for Washing Der	min. no. 696.	723,	07
01.1-1 10 0	(Character and number of claim.)	7	,
(Full name and relationship of claimant	and name and service of soldier.)	mer	uvid a
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(Justice, N	otary, Judge, Clerk or Deputy Clerk.)		
	were and the second		
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of Bassachusette and		, aged	. years,
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further declare that	no interest in said case, and		not
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If either affiant sign by X mark, two persons who write their n	61. 1118.	1.1.	200 A
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on lo. E. 26 a		nant, and name and service of	- Wills-	
Personally came before me, a	Justice of the	e, Notary, Judge, Clerk or Dep	uty Clerk)	in and for
aforesaid County and State,	Elizabeth (	Theelian	, aged	65 years,
residing at Maynard	, O .	, County of	11 110	, State
11 1 00		, County of		
of Bassachustle	, and	<del>o ko i sara, en gar</del> e	, aged	years,
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If either affiant sign by X mark, two	persons who write the	eir names MUST sign here as w	itnesses thereto	PG N
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Nume of one witness to X mark		nature of	4	55
- 11/1 0 (21/2 / 4		h Affiant.	4444	

y P	NOTE.—Write the a ou can remember, accord ou say to be true; whether ersons.  STATE OF		in the case in	which your tes	stimony is to b	e used; also stat	e <i>how</i> you kno	ow what
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	and that Mr. The	ed no interest in s	aid case, and					
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				P. O. Addre	1 1/2	tens	Max	1899

Pepartment of the Anterior,

M. 6 BUREAU OF PENSIONS,

Washington, D. E. Jany 10, 1894

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© Address: "Chief of the Record and rension Once. War Department, Washington, D. C."

## Record and Bension Office,

Washington & 189 WAR DEPARTMENT,

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BY AUTHORITY OF THE SECRETARY OF WAR: Colonel, U. S. Army, Chief of OL



Department of the Anterior,

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BY AUTHORITY OF THE SECRETARY OF WAR:

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AT TH	11
REPRODUCED AT	State of Hoal , County of Hadlesex (, 55:
EPROD	(Y) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
œ	In the matter of Sheep and E 26 Mars du
	ON THIS 23 d day of January, A. D. 18 96, personally
	appeared before me a first of the fearer in and for the afore-
	said County, duly authorized to administer oaths form of the contact
	aged 5 5 years, a resident of Start , in the County
	of the state of th
	whose Post-office address is
	Berge Flord, aged 5 2 years, a resident of Aagman
	, in the County of
	and State of Pace, whose Post-office address is Aaynan
h	
The state of the s	well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid
Istructions-	case as follows:
Under the order of the Commissioner	g
of Pensions number 229 in the prepara sion of testimony in	•
support of claims in pension cases, al statements affect	
ng the particular easeand not merely formal, must be	That they have know thechan
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the witness, and from his oral declar	and have Know him to have Chille and Lever
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Note.—The above instructions do no apply to cases i	n bronnsel
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In such case, the witness shoul state that the aff	d V
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mony.	the further declare that have no interest in said case and are
	not concerned in its prosecution.
	Of a state of the
	John 15. Forance John Wouldhard
(	Haling Lacino Il Films
	(If Affiants sign by mark, two witnesses who write sign here.)  (Signatures of Affiants.)