WIDOW'S DECLARATION FOR PENSION.

be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or a Justice of the Pel signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified Court of Record, or a City or County Clerk. December A.D. one thousand eight hundred and personally appeared before me- the Definet routh of the Muddlefulf , a Court of Record within and for the County and State aforesaid The frau, aged 20 years, who, being duly sworn according to law, makes the following declaration in order to obtain the pension provided by Act of Congress approved June 27, 1890, granting pension to widows; that she is the widow of June 1974 & heehan , who enlisted under the name of Timothy Thickory . Ther. A. D. 186/, in 60, 6, 26 m Company and Regiment of service if in the army; or vessel and rank if in the navy.) and served at least ninety days in the war of the rebellion, and was honorably discharged at 26 th day of August 1865 cannal Georgia on the. Toncord (That he was a pensioner of the United States under Certificate No......, or, he was an applicant for invalid Pension No. 744,047.); That she was married under the name of Margaret sitzgerald to said nothy huhan on the 25th day of april A.D. 1868, by Hather remains at hierto Fourse, there being no legal barrier to such marriage; that neither she nor her husband had been previously married (If either have been previously married, so state, giving date of death or divorce of former spouse.) has to present date remained his widow; that the following are the names and dates of birth of all his legitimate children, yet surviving, under sixteen years of age. 2 nd November. Mary Louisa Sheehan born. (For such children as are not under her care claimant should account.) That she has no other means of support than her daily labor; that she has theretofore made application That she hereby appoints with full power of substitution and which was numbered Concord, Mass. her true and lawful attorney to prosecute her claim, and to receive therefor a fee of ten dollars. That her residence is No. Collective , and her postoffice address is to Plot Sauncles Concule

State of Massachusetts County of Middlesex Town of Concord.
(a) Many Sheehan daughter of Timothy and
llargant (Filzgenal of Sheehan ares born on the
Margart (Fitzgerold) Sheehan, was born on the second day of November in the year eighteen
I CERTIFY that the above is a true copy of the record of OB WAS
with the exception of the date which is expressed on the record in fair legible figures, as
follows:-(b) Covember 22 1877
1 Do Hayson Jom blo
OD MICOODDA COL
I, above named, depose and say, that
1 (500)
and that the above is a true copy from the records of said town, with the exception above named
as certified by me.
as certified by me.
Sa Jayaaa ?
(all colors of the colors of
The state of the s
Subscribed and duly sworn to before me, this OVIN day
of A.D. 1891 . I have no interest in this case.
Ihas Fay Heywood. Justice of the Peace.
Justice of the Peace.

⁽a) — Here fill in an exact transcript of the record, except that, instead of copying figures, the date must be written out in full.

(b) — Here give the date exactly as it is in the record.

April tw	intieth On	e thousand	Eight he	endred as	a sixty Eigh	+
((names)	(Residen	al (Age)	(occupation)	(Birth place)	(nome parents)	,
remothy Shoel	ron, bono	erd 32	Dobover	Ircland	When Shehas	w
argaret Jetza	hold bond	ora 25	-	Orcland	Bomt + Margo	ent Jetgger
metinge	P. Hoanny	halkotis Pries	L E Lexus	wilen.		
vist.			(1		•••••
4			V			
I Certif	y that the above i	is a true copy o	of the record	of man	nago	with
	the date, which					
11 (1.)	i 20 th 1868				0 0	,

I, Nemard ASaville above named, depose and say, that I hold the office of Town Colors in the Town, County and State aforesaid, and that the above is a true copy from the records of said town, with the exception above named as certified by me.

* conard A. Saville

Town Clerke Levingler Mass

State of Massachusetts County of Middlesex Town of Concord.
(a) "Timothy Sheehau, of Concort, aged Fifty Five
Years, died at boncord on the twenty minth day
of October in the year eighteen hundred and minety
Cause of Teath Suicide by Dronning" I CERTIFY that the above is a true copy of the record of Deaths
I CERTIFY that the above is a true copy of the record of
with the exception of the date which is expressed on the record in fair legible figures, as
follows:-(b) October 29th 1890.

I, above named, depose and say, that I hold the office of Sayy V levy, in the Town, County and State aforesaid, and that the above is a true copy from the records of said town, with the exception above named as certified by me.

Subscribed and duly sworn to before me, this eighteenth of Occamber A.D. 1890. I have no interest in this case.

Chas Fay Heywood.

Justice of the Peace.

1

⁽a) — Here fill in an exact transcript of the record, except that, instead of copying figures, the date must be written out in full.

(b) — Here give the date exactly as it is in the record.

DEPOSITION

DEPOSITION
Case of Lundhy Sheehow, with Complete NO. 444 647
On this 8 m - day of mey , 1895 -, at
Cambridge port , Country of Misselvery
State of Mass., before me, Tr'in Goodfore, a
Special Examiner of the Pension Office, personally appeared Liceles E Whzeler, who, being by me first duly sworn to answer
truly all interrogatories propounded to him during this Special Examination of aforesaid
pension claim, deposes and says: I am aged 5-1 years.
My residence H & Cherry of lambridge post
I served in Co E, 26 mass, vols het from the
Tall of 1861 to The fall of 1865, 488, I know Timothy Sherhau in The service.
and before the service V Dince The Dervice
He was a remarkably bright-Tutelizant
of The date of his Enlistment and free
from any disability of any kind as far
as a person could peder or discover
was (as all worrs / 2 + animed by The play-
Dicion or burgeon, and he was pronounced
Donnes, by the Jurgeon of that kine.
Before his Enlistment we played together
or any riging I would have town it.
distrior, What, if any disabilities or disabilities dis
he contract while leaving in lo & 26 hos
Aus I can easy this he had molarial pever in
foursiana, the had natorial fever at differ
date he suffered Exactly, los was on
Ship Bland for Three or 4 mouths
Page 9 Deposition 13

Page 10 and he Couplaines of some troubles & Then apteriors While at Windwale Va in winter quarters, and while he was on detail as teamster and Engaged a harling wood for The Co v Rest he. Mosived are surjung to his leg, I remember
that about the holidays, just before
or prot-after, he was limping and
on inguing of him, I was informed by
frim that his saddle mule has crossed mule, I so not consular just which, and injured fine right leg, It was very will (mudistos by us when Kensus him that This was the Case. His lega was nortled the was lame for the west of his service of lefter, He cause book to the sanks before he was disallaged, and I seen his leg bares often he returned to the Company of the oring was swollen V The tokole leg swollen, I seen him often ofter we came home V. been this by frequently of it removes in this swolling Condition of the views get-larger, after I left- The old neighborhows + Come here in Ble 7. Since That time I know but little of him. I see him often I come here every your or so . I believe he retimed to suffer all the times to dute of his death. herio, as read over to me. I am corrett, reported Linah & Whule

Sworn to and subscribed before me this 8th day of July, 1895, and I certify that the contents were fully made known to deponent before signing.

W.M. Govdlove Special Examiner.

DEPOSITION ___

Case of Jinusty Shrisha (Willow plan) H44 047
Maynard , County of Miss Care
Sible of mass, before me, The So good for a
Special Examiner of the Pension Office, personally appeared
pension claim, deposes and says: Daw JJEars old. My occupation luby.
My Resident Hundale St- Mayeron Imore.
I am a brother of the late Timothy Sheehan
brother did. I think he was sound
alwas down from the enlister our
Every opportunity to know his condition
Quest, What disability or Disabilities dis he
service in Co E 26 Mass, vols Inf.
La mi 1862, I Trink in The new Hot and.
I did not see hein gre-his injury is
Quest. Please State what you Isrow of any injury he incorred while in The Dervie
Aus Demember that at Minchester Va in Jumany, I Think, I cannot bee
y Hackly he recognish are in the
right leg, I remember distinctly the land Evening after he came to Bu (verspany Quarters in the svaing)
Page 11 Deposition 6

ais to me that he has hurt been teaming with against The pole hundles of the his leg own Turochy & Shaper Madrie Colbert The Solver to and subscribed before me this 8 day of July 1895, and I certify that the contents were fully made known to deponent before signing.

6—288

(3—446.)

DEPOSITION Case of Smothy 8heshan, No. 444047 South acton , Country of Middle any goodors State of Man, before me, TY 12 Special Examiner of the Pension Office, personally appeared. answer of Flatches , who, being by me first duly sworn to answer truly all Interrogatories propounded to he during this Special Examination of aforesaid our 54 years pension claim, deposes and says: occupation Bridge never linew him priv Dean Should Reenen I do after Do long Con much wolike a porch Isal on Delail V Rechto Co & 26 m man mest moure & are injury to Page 13 Deposition D

his eight les by being james ley that Dad He seeme he even fri ving agained the long of seven forly in orme way. De remember This incident very distinctly, Has any one Ever tother to you about Shehavis injury before, since no loan, ? No inds st. I have never seen Mu Doldies or any of his family.
Except Dennis his brother The The or have never Knew that he or his wife or widows had applied or or a pension. And I news talkes to any one Else cobout it, I sund so do any one Else cobout it, I sund so a sund of being to to when at the Company of Regt. Quarters over a Quality of la Canhan ago.

Did the opening Examine her too. write you the name of the Disability. hot chimant allegs I for pension? No fin, But I would to him the name of the Dischille - This only disability I wer heard he has Impose This is why you ask I wrote her 901 that he has an injury to his leg while in miles or related to the family in a telesion yes I am cornelly reported the formally in the pension of the formally reported the pension of the formal of

Sworn to and subscribed before me this 8 day of Jely, 1895, and I certify that the contents were fully made known to deponent before signing.

Men In Food Por E Special Examiner.

6-288

[No. 22.]

Hospital Statement.

I hereby certify on	at I am claimant for	Pension No. 7	7. 1, 4. /	. I was late	e a member of
Company	·	Regiment	21 16	Mass.	Volunteers,
and the following is a f	ull, true, and correct s	tatement of all tre	atment received b	y me while in the	service of the
United States, to the best	t of my recollection:				
I was to	eated by	a regin	nental	surgeon	in in
New Orlea	us in	the wir	ter of	1863.0	I was
reared 1	by a regin	runtal	surgeor	c al	
Thing are	ey Dend,	Lours	anna.	June	1
,	as not in M	/			_/\/
but not	closing an	y duty	aus we	1 Male	Mell.
for lo	amelies	of the	ught	hip, a	rus ui
	shall n				
aux fi	or a ce	foul,	The Mi	ell lece	isel a
the des	change.	of the	dely og	- allum	Just.
1	wus sie	,	1/,//		
Given this &	h day of D	ecember	1882	, and I further sta	te that my Post
Office address is		eCon	unty of M		
State of Massi	achusetti				
State of Greater	a Chillen is.	al.	11	of f	1
		0,112	Olh Glaimant's	Signature.)	art
THIS STATE	MENT MUST BE SIGN	ED BY CLAIMANT	HIMSELF, AND	NEED NOT BE SW	ORN TO.

in the service. State the names, numbers and locations of all the treatment you received while in the service. State the names, numbers and locations of all hospitals in which you received treatment, and state whether general, brigated, regimental, division, post, corps, or field hospital. State date of entering each and date of leaving. If not treated in the service, state that fact.

[No. 20.]

Claimant's Testimony.

STATE OF Massachusefts \ss.
COUNTY OF Middlesey
In the matter of the application for the first factory Pension No. 444 Cot 1
of Jim othy Sheekar personally comes the claimant, who
being first sworn on oath, says: Thut I am Sufference from Dancove
and the state was the state of
noper by me in muchester laquelle, as
a prosent of Co E. 26 m Teg Mass Voluters
Eliquell in driving a government wason
teach, in the winter of 1864-5 about the 10 migh
January 1865, The usury was sectived while
uning the satole mule of the teamby being
Janines against the poll of the wayou
as I was away from the legiment at the
time I was not weall by the busquey
for the surjust the sures Entirely Realed and
the leg has but in a but couldthe more or
left of the thurs Station of the telle trade for
I Tulle has how a life has been a bounded fully time, Dr.
Emmarch March alle at Musel alle hadly Toursell Die
my work is farmy laborer, and an preventy this from this recognation a part
My Post Office address is Many will State of Many Mellelly of the time
County of MARKELLEL.
Justly & beeligan
When signed (Claimant's Signature.)
by mark, two Witnesses.
Subscribed and sworn to before me, this Small day of Askelling 1883. The affiant is the
person he represents himself to be, and a credible witness. I am not interested in this claim. Witness my hand
and seal the day and year above written.
Must telle [SEAL]
(Official Signature)
Manley me w tomes will
of Central Mintelly

CLAIMANT'S STATEMENT IN COMPLIANCE WITH CIRCULAR NO. 62 OF THE PENSION OFFICE.

NOTICE. Before attempting to fill in this blank, read the notes under the dotted lines carefully. Then take of paper, write out your answer to each subject, examine it carefully, and, when fully satisfied of two attesting witnesses and return it to me.

And my Post-Office address was to the manage of the country of the place in which you resided during the period above back place in the following named places: 1. In Action (are all be places in which you resided during the period above back place to your evidence and proceed the period above place to your evidence and proceed the period above place to the period above place of residences) (Continue here any further changes of place of residences) and my occupations during said period have been that a faculty of the period above place of residences.) (Continue here any further changes of place of residences) (Continue here any further changes of place of residences) (Continue to the period have been that the period above place to the description power of the period to the period	To the Honorable Commissioner of Pensions.	
I am 1/2 years of age. My present Post office address is March ridle, in the town of Courty and State, stock, number of boson, and muster of two Offices by 1700 have one.) Or five years immediately preceding my enlistment into the service of the United States on the Activity of the Years of the United States on the Activity of States of County of State of County of Stat	SIR: In compliance with Circular No. 62 of your office, I respectfully submit the following statement:	
Continued the disabilities for which I claim pension arise from Various and Maline Branch of the disabilities for which I claim pension arise from Various and Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disabilities for which I claim pension arise from Various Maline Branch of the disability of the disabilities for Maline Branch of the disability of the disabilities for Maline Branch of the disabilities for the disabilities for the formation of the disability of the disabilities for Maline Branch of the disability of the disabilities for Maline Branch of the disability of the disability of the disabilities for Maline Branch of the disability of the disabilities for Maline Branch of the disability of the disability of the disability of the disabilities for Maline Branch of the disability of the disabil	77	
The presence immediately preceding my enlistment into the service of the United States on the Lovery Described and the County of County (Color all the places in which you resided during the period above stated prior to your enlistment and your several Post-Office address was (2 in the places in which your resided during the period above stated prior to your enlistment and your several Post-Office address was (2 in the order of Meddland County Meddland and your several Post-Office address was (2 in the order of Meddland County of Meddland Agreement of the order of Meddland County of Meddland Agreement of the order of the order of the several post-Office address was (2 in the order of Meddland County of Meddland Agreement of the order of		This
Country Agreement which presented driving the protect adversated plots to your enthancement of your grown and the	For five years immediately preceding my enlistment into the service of the United States on the directly	<u>D</u>
Country Agreement which presented driving the protect adversated plots to your enthancement of your grown and the	with day of October , 186/, I resided in the following named places: 1. In Actor	ank
My occupation during said period was that of a laborer with the man of said service on the 26 th day of treguest, 1865, I have resided to the man of each place, with did of any change of residence, I from whence I country of to , Country of to , Country of to , Country of to , Country of the state of ; from whence I removed in the year of to , State of . Country of , State	Give all the places in which you resided during the period above stated prior to your enlistment, and your several Post-Office	<u>s</u>
My occupation during said period was that of a laborer with the man of said service on the 26 th day of treguest, 1865, I have resided to the man of each place, with did of any change of residence, I from whence I country of to , Country of to , Country of to , Country of to , Country of the state of ; from whence I removed in the year of to , State of . Country of , State		rep
My occupation during said period was that of a laborer with the man of said service on the 26 th day of treguest, 1865, I have resided to the man of each place, with did of any change of residence, I from whence I country of to , Country of to , Country of to , Country of to , Country of the state of ; from whence I removed in the year of to , State of . Country of , State	,	are
commerced in the year of to Country of Country of the name of each place, with dile of any change of residence.) State of Country of Country of to Country of State of Country	My occupation during said period was that of a Labone	d by
emoved in the year of to County of State of Thom which place I removed in the year of to County of State of Thom which place I removed in the year of to County of State of Thom which place I removed in the year of to County of State of Thom which place I removed in the year of to County of State of Thom which place of residence.) (Continue here any further changes of place of residence.) (Continue here state that the disabilities for which is change of place of the changes of	Since my discharge from said service on the 26th day of August, 1865, I have resided	GE
com which place I removed in the year of tate of ; from whence I removed in the year of (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Name cach disease, wound, or injury for thick pension is claimed in your application now on file.) (Mas or vers.) (Mas or vers.) (Mas or vers.) (Mere state time when place where, and the circumstances independently help of assumptions of disease.) (Mas or vers.) (Mas or vers.) (Mas or vers.) (Mere state time when place where, and the circumstances independently of assumptions of disease.) (Mas or vers.) (Mas or vers.) (Mere state time when place where, and the circumstances independently of assumptions is claimed originated.) (Mas or vers.) (Mas or vers.) (Mere state time when place where, and the circumstances independently of assumptions is claimed originated.) (Mas or vers.) (Mas or vers.) (Mere state time when place where, and the circumstances independently of assumptions is claimed originated.) (Mas or vers.) (Mas or vers.) (Mere state time when place where, and the circumstances independently of assumptions is claimed originated.) (Mas or vers.) (Mas or vers.	(Give the name of each place, with date of any change of residence.)	ORC
that of ; from whence I removed in the year of to	emoved in the year of to County of State of	Ī
Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (Continue here any further changes of place of residence.) (In the state that the disabilities for which I claim pension arise from Variety Veind (Name each disease, wound, or injury for (Name each disease, wound, or injury) for (Name each disease, wound, or injury) for (Name each dise	rom which place I removed in the year of, County of,	_ [T]
ind my occupations during said period have been that of a learnete and laborate further state that the disabilities for which I claim pension arise from varieties veint and laborate further state that the disabilities for which I claim pension arise from varieties veint and laborate further state that the disabilities for which I claim pension is claimed in your application now on file.) Thich pension is claimed in your application now on file.) Thick pension is claimed to your application now on file.) Thick pension is claimed originated. The state time when, place where, and the dreumstances independently disabilities for the little pension is claimed originated. The state that the disabilities for the late when, place where, and the drawnstances independently disabilities for the late of the state which when and pension is claimed originated. The state and the state of the state o	tate of ; from whence I removed in the year ofto	
ind my occupations during said period have been that of a learnete and laborate further state that the disabilities for which I claim pension arise from varieties veint and laborate further state that the disabilities for which I claim pension arise from varieties veint and laborate further state that the disabilities for which I claim pension is claimed in your application now on file.) Thich pension is claimed in your application now on file.) Thick pension is claimed to your application now on file.) Thick pension is claimed originated. The state time when, place where, and the dreumstances independently disabilities for the little pension is claimed originated. The state that the disabilities for the late when, place where, and the drawnstances independently disabilities for the late of the state which when and pension is claimed originated. The state and the state of the state o	County of State of	S
further state that the disabilities for which I claim pension arise from Nanewal National Rolling for the pension is claimed in your application now on the.) Which pension is claimed in your application now on the.) Which were contracted or a dreat the treath Lay of January 1865 (Was or were.) (Here state time when, place where, and the circumstances independently the disabilities for the treather of the contracted originated.) Which pension is claimed in your application now on the.) (Was or were.) (Here state time when, place where, and the circumstances independently the disabilities for the pension is claimed originated.) (Was or were.) (Here state time when, place where, and the circumstances independently the disabilities for the present time I have received the following medical or surgical treatment for surface to the present time I have received the following medical or surgical treatment for said disabilities: 12 By Dr. Land Months of Drone or the date of my discharge to the present time I have received the following medical or surgical treatment for said disabilities: 12 By Dr. Land Months and the same and address of each physician employed, and the date when each commenced and exact to treat you.) The treated med for recrucious from about 1875; 2 By Dr. Edward Molley Eurosam, of Conserved and Charley from about 18, to lawry pure ago 18, for the commenced of the present time I have received the following medical or surgical treatment of the same of the present time I have received the following medical or surgical treatment or said disabilities: (Give the name and address of each physician employed, and the date when each commenced and exact to treat your present time I have received the following medical or surgical treatment to the same and the s	(Continue here any further changes of place of residence)	At .
further state that the disabilities for which I claim pension arise from received the disabilities for which pension is claimed in your application now on file.) Thich pension is claimed in your application now on file.) Thich were contracted on the state time when, place where, and the circumstances inder which the disability of disabilities for the following medical originated. The thick fiestless the program of the state time when, place where, and the circumstances inder which the disability of disabilities for the pension is claimed originated. The thick fiestless the program of the state of the state of the pension is claimed originated. The thick fiestless the program of the state of the program of the state of the state of the present time I have received the following medical or surgical treatment or said disabilities: 1. By Dr. Journal Bartett of the state of the state of the present time I have received the following medical or surgical treatment of the treatment of the state	(continue nest any rutiner changes of place of residence.)	
further state that the disabilities for which I claim pension arise from Nancy III Think (Name each disease, wound, or injury to the pension is claimed in your application now on file.) Think pension is claimed in your application now on file.) Think pension is claimed or the contracted of the following when, place where, and the circumstances independent the disability of disabilities for the following in the disability of disabilities for the pension is claimed originated. It against the surface and parks of an arrang mayor which pension is claimed originated. It against the surface and parks of an arrang mayor which pension is claimed originated. It against the surface and parks of an arrang mayor which pension is claimed originated. It against the surface and parks of an arrang mayor which pension is claimed originated. It against the surface and an arrang mayor which pension is claimed the surface and claim the surface and address of each physician employed, and the date when each commenced and cased to treat you for the date of the surface and surface and the surface and claim the surface and the surface and the surface and claim the surface and the surface and claim the surface and the surface and claim the surface and the surface and the surface and claim the surface and the surface and claim the surface and the surface and claim the surface and the surface and the surface and the surface and claim the surface and the su		× .
(Name each disease, wound, or injury for thich pension is claimed in your application now on file.) which were contracted on or about the teath day of James 1865 (Was or were.) Here state time when, place where, and the circumstances inder which he disabilities for the pension is claimed originated. Was or were.) Which pension is claimed originated. Which pension is		ington,
which never contracted on or		D
(Was or were.) (Here state time when, place where, and the circumstances inder which the disabilities for the thick light to the general state of an array mayors. While driving the same saming and impure to my night leg to my night leg to my while date of my discharge to the present time I have received the following medical or surgical treatment or said disabilities: 1-By Dr. Journal Barleth of Circumstance and address of each physician employed, and the date when each commenced and ceased to treat you. The freated me for remember and address of each physician employed, and the date when each commenced and ceased to treat you. The freated me for remember and address of each physician employed, and the date when each commenced and ceased to treat you. The freated me for remember to the state of the dates, but he commenced to treat me about three years of the date of the dates, but he commenced to treat me about three years of the cause of the dates, but he commenced to treat me about three years of the cause of	which pension is claimed in your application now on file.)	0
while driving the same causing an injury to my right leg of from which I have suffered ever entire. From the date of my discharge to the present time I have received the following medical or surgical treatment or said disabilities: 1. By Dr. Juna Bartetto of brace of Many of Many of the treatment of the treatm	(Was or were.) (Here state time when, place where, and the circumstances under which the disability of disabilities for	an
From the date of my discharge to the present time I have received the following medical or surgical treatment or said disabilities: 1. By Dr. Joseph Bartletto of Concernd ellouse of said disabilities: 1. By Dr. Joseph Bartletto of Cive the name and address of each physician employed, and the date when each commenced and ceased to treat you. The treated me for received eleast from the transport of the transport of the date of the dates, but he commenced to treat Moleto Emission, of Concerns and chand, from about 18, to two years ago 18, for two years ago 18 for two transports of the date of the date of the dates o	which pension is claimed originated.)	0200
From the date of my discharge to the present time I have received the following medical or surgical treatment or said disabilities: 1. By Dr. Joseph Bartletto of Concernd ellouse of said disabilities: 1. By Dr. Joseph Bartletto of Cive the name and address of each physician employed, and the date when each commenced and ceased to treat you. The treated me for received eleast from the transport of the transport of the date of the dates, but he commenced to treat Moleto Emission, of Concerns and chand, from about 18, to two years ago 18, for two years ago 18 for two transports of the date of the date of the dates o	while driving the same causing an injury to me right &	Reg X
or said disabilities: 1. By Dr. Joseph Bartletto of Concord Moles (Give the name and address of each physician employed, and the date when each commenced and ceased to treat you.) The treated me for raries as veries from the time of many discharge of the date of his least beautiful 1878; 2. By Dr. Edward Walds Emission, of Concord from 18 to Jan 5th 1878; 2. By Dr. Edward Walds Emission, of Concord from about 18, to two years ago 18, for go and charlet from about 18, to two years ago 18, for go and charlet from about 18, to two years ago 18, for go and charlet from about 18 to two years is 3. By Dr. Leonge & Tit countries of the ago 18, for go ago 18, for g	The second secon	Clu
the treated me for varience varies from the time of my discharge the date of his clearly to 1878; 2. By Dr. Edward Wolds Emission, of Concord Commenced to treat me about three years and crand, from about 18, to two years ago 18, for the varies is 3. By Dr. Levrye & Titcombon, of Concord Meass, from about two 18 years ago 18, for boils on my head.	rom the date of my discharge to the present time I have received the following medical or surgical treatment	Sive
The treated me for varience voine from the time of my discharge the date of his least to 1878; 2. By Dr. Edward Wolds Emission, of Concord Commenced to treat me about three years and chand, from about 18, to tury years ago 18, for the varies of 18 years of Concord House, from about two 18 years of Concord House, from about two 18 years of Concord House, from about two 18 years of 18, for boils on my head.	or said disabilities: 1. By Dr. Juziah Barltetto of Concord elleuse	2, 4
and chand, from about 18, to two years ago 18, for go for varieous veines ; 3. By Dr. Levrye & Tetcombine of Concord Mass, from about two 18 years ago 18, for boils on my head.	the date office death	Sugar
or varieves veines ; 3. By Dr. Leonge & Titcomb of Concord Means, from about two 18 year ago 18, for boils on my head ; 4. By Dr.	nom 18 to Jan 5th 1878; 2 By Dr. Edward Wolder Emerson, of Core	isc
of Concord House, from about two 18 years of 18, for boils on my head	and charled, from about 18, to two years ago 18, for	lse
o ago 18, for boils on my head. ; 4. By Dr.		6
; 4. By Dr.		cars
	o ago 18, for boils on my head.	
	-; 4. By Dr.	Protestant design
	/ from	and the same