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BEST COPY AVAILABLE



U.S. National Archives & Records Administration

Form 85D Full Pension File-Civil War - Packing Slip

NATIONAL ARCHIVES ORDER FOR COPIES OF FEDERAL PENSION OR BOUNTY LAND WARRANT APPLICATIONS

1. Veteran: Green Marvin Wheeler	**2. Branch of Service in which he served:** Army
3. Start Year Of Service:	**4. End Year Of Service:**
5. State: New York	**6. War:** Union, Civil War (1861-1865)
7. Unit in which he served: E First New York Dragoons	**8. If service was army, arm in which served:** First New York Dragoons
	9. Rank: Enlisted / **10. Kind of service:** Volunteer
11. Pension File no:	**12. If veteran lived in a home for soldiers:**

13. Date of birth:	**14. Place of birth:** New York	**15. Name of widow or other claimant:**	**16. Place(s) veteran lived after service:**
17. Date of death: 1903	**18. Place of death:** San Francisco, California	Elvira L. Green	Chico, California

Comments: Mustered in as Private, Co. E, Aug. 20, to serve three years; appointed Corporal, Nov. 20, 1863; mustered out withcompany, June 30, at Clouds Mills, Va. Marvin Wheeler Green Birth: 1841 New York, USA Death: 10 Aug 1903 (aged 61–62) San Francisco, San Fran

Item#	Item Description	Quantity Ordered	Quantity Balance	Quantity Fulfilled	Total Amount $
FORM85D	Federal Military Pension Application - Civil War and Later Complete File	1	0	1	$80

This is your packing slip. An invoice requiring payment is included, if applicable.

For issues or questions regarding your completed order you may contact TrustFundSupport@nara.gov. Please review NARA's return policy available under the FAQ section on https://eservices.archives.gov/orderonline before initiating your request.

Order Information (NARA use only):

Service Ticket # :	F41-947180147E
Customer Name:	Garland Green
Customer Email:	ggreenaz@gmail.com
Order Date:	11/20/2024 13:58:39
Prepared By:	RDT1F
Unit Phone:	

F41-947180147E
Garland Green
24 Orchard Street
Northampton , MA 01060
USA

RDT1F

Mail Immediately

NC 561.438

ELVIRA L. GREEN

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Rejected

Wdf Mch 19/97. S & L.

[3—216 a.]

Ex'r.

J. Cf. No. 727.839.

Act of June 27, 1890.

ME.

N. H.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Marvin W. Green

P. O. # 1131. 35th Ave. San Francisco

San Francisco Co. Calif.

Service: E. 19. N.Y. Cav.

K. 130. N.Y. Inf.

Enlisted: Aug. 19, 1862

Discharged: July —, 1865.

Application filed: Feb. 24, 1897.

Alleges:

Any other Claim filed: In Cf. 727.839

Numerical No.

Attorney: Matthew Harris

P. O. 20 Ellis St. San Francisco, Calif

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

M.H.C.

M.S.

No.

Reproduced at the National Archives

13½

GENERAL AFFIDAVIT.

State of Wisconsin, County of Eau Claire, ss:

IN THE MATTER OF Marvin W Green

Co "E" 19th Regt N.G. Duf

ON THIS 24th day of February A. D. 1902, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, William Schilling aged 55 years, a resident of Altoona in the County of Eau Claire and State of Wisconsin whose Post-office address is Altoona Eau Claire Co. Wisconsin 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: I have been acquainted with Claimant for the last Three six years I know of my own personal knowledge that in April nineteen hundred and one he had a Stroke of Paralysis or Nervous Prostration which has Completly unfitted him for Manual Labor and that he has to depend upon his Relatives and friends for his support — It is my firm belief that he never will be able to do a days work He is now totaly incapacitated for Manual Labor

Affiants should state how they gain a knowledge of the facts to which they testify

PENSION OFFICE. U. S. MAR 3 1902

H.is Post-office address is Altoona Eau Claire Co. Wisconsin

I further declares that I have no interest in said case and am not concerned in its prosecution.

William Schilling

Signature of affiant

If affiant sign by mark, two witnesses who can write sign here

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State of Wisconsin, County of Eau Claire, 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 he 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 he is a credible person .

Olin Negorden
Official signature

[L. S.]

Notary Public
Official character

My Com Expires April 24th 1905 Eau Claire Co

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 ....., 190 .

.....

[L. S.] Clerk of the .....

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

☞ No Revenue Stamps Required.

DIVISION.

Additional Evidence.

NO.

Marcia A. Green
Name of claimant

Isaac
Name of soldier

Co. E, 19th REGT. Wis. Cav. VOLS.

NATURE OF CLAIM

RECEIVED
MAR 15 1902
PENSION DIV.

FILED BY

Geo. M. Withers

Eau Claire Wis

845 So. River St

For sale by J. H. Soulé, Washington, D. C.

Reproduced at the National Archives

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GENERAL AFFIDAVIT.

State of Wisconsin, County of Eau Claire, ss:

IN THE MATTER OF Marvin W. Green Co "E" 19th Wis. Regt Inf

ON THIS 24th day of February A. D. 1902, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, John S. Green aged 57 years, a resident of Altoona in the County of Eau Claire and State of Wisconsin whose Post-office address is Altoona Wisconsin 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: I have been acquainted with Claimant

Affiants should state how they gain a knowledge of the facts to which they testify

for the past fifty years and do know of my own knowledge that he is now totaly unfit and unable to perform any manual labor whatever and has been for some time and on or about in April 1901 he was Completely prostrated on paralysis and has not been able to do anything since then and has to depend upon his friends for help and assistance, and my firm belief is that he never will be able again to do any manual labor as he is now totaly incapacitated therefrom.

PENSION OFFICE U. S. MAR 3 1902

His Post-office address is Altoona Eau Claire Wisconsin

I further declares that I have no interest in said case and am not concerned in its prosecution.

John S. Green
Signature of affiant

If affiant sign by mark, two witnesses who can write sign here

Reproduced at the National Archives

State of Wisconsin, County of Eau Claire, 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 Sworn with its contents before He 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 He is a credible person .

Olin Megorden
Official signature

[L. S.]

Notary Public
Official character

My Comm Expires Apr 24th 1905 Eau Claire Co

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 ....., 190 .

.....

[L. S.] Clerk of the .....

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

☞ No Revenue Stamps Required.

DIVISION.

Additional Evidence.

NO. 7257

Warren W. Green
Name of claimant

Sarah
Name of soldier

Co. E, 19" REGT. Wis. Vols.

NATURE OF CLAIM .....

RECEIVED BY
MAR 12 1902
EAST. DIV.

Geo. H. Walker

Eau Claire Wis

MAR 12 1902

U. S. Pension Agency, Washington, D. C.

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13½

GENERAL AFFIDAVIT.

State of Wisconsin, County of Eau Claire, ss:

IN THE MATTER OF Marvin W Green
Co "E" 19th Regt N.Y. Inf

ON THIS 24th day of February A. D. 1902 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, James M Botsford aged 59 years, a resident of Altoona in the County of Eau Claire and State of Wisconsin whose Post-office address is Altoona Wisconsin 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: I have been acquainted with the claimant for the past one year, and I know of my own knowledge that he had a Stroke of Paralysies or Nervis Prostration which has completly incapacated him for manual labor since, said Prostration occurd in April 1901. I also know that he has to depend on his Relatives and friends for his support, And it is my firm belief that he never will be able to perform manual labor again as he is now totaly incapacated therefrom

PENSION U. MAR 3 1902 OFFICE

His Post-office address is Altoona Eau Claire Co Wisconsin

I further declares that I have no interest in said case and am not concerned in its prosecution.

James M. Botsford
Signature of affiant

If affiant sign by mark, two witnesses who can write sign here

Reproduced at the National Archives

State of Wis, County of Eau Claire, 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 he 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 he is a credible person .

Olin Megorden
Official signature

Notary Public
Official character

[L. S.]

my com. expires April 24" 1905 Eau Claire Co

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 ....., 190 .

.....

[L. S.] Clerk of the .....

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

☞ No Revenue Stamps Required.

DIVISION.

Additional Evidence.

NO.

Name of claimant: Marcus W. Green

Name of soldier: Same

CO. E, 19" REGT. Wis. Cav. VOLS.

NATURE OF CLAIM

FILED BY: Geo. W. Smithers

RECEIVED. MAR 12 1902 EAST. DIV.

Sol's Sc Rivenah

Equi & Claire Wis

For sale by J. H. Soulé, Washington, D. C.

NOTARIAL SEAL 1902

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VETERANS ADMINISTRATION
Pension Form 5036

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF CALIFORNIA
CITY and COUNTY OF SAN FRANCISCO } ss:

On this 30th day of August, A. D. 1932, before me, the undersigned, personally appeared WARREN E. GREEN, aged 41 years, a resident of the City and County of San Francisco, State of California, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of ELVIRA LODICE GREEN, who was a pensioner of the United States by certificate No. 561438, and who DIED August 3, 1932, at 335-8th Ave San Francisco and was buried at San Francisco National Cemetery.

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

1. What was the full name of the deceased pensioner? ~~Alvira~~ Elvira Lodice Green

2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Widow

3. If decedent was pensioned as a soldier or sailor—

(a) Was he ever married? (Answer yes or no.)

(b) How many times, and to whom?

(c) If married, did his wife survive him? (Answer yes or no.)

(d) If so, is she still living? (Answer yes or no.)

(e) If not living, give full names and dates of death of all wives

(f) Was he ever divorced? (Answer yes or no.)

(g) If so, is the divorced wife still living? (Answer yes or no.) (If living, a copy of the decree of divorce must be filed.)

(h) If not living, give her full name and the date of her death

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No

5. Is any such child still living? (Answer yes or no.) No

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid No

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) Yes

8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written
Metropolitian Life Ins. Co $107.00

9. Who was the beneficiary named in each policy? Warren E. Green

10. What was the relation of each beneficiary to the pensioner? Son

11. Were the premiums paid by the deceased pensioner? Yes

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account

RECEIVED AUG 30 1932 PENSION FILES SUBSTATION

RECEIVED AUG 3 1932 PENSION FILES SUBSTATION

15—502

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13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? No

14. Did the deceased pensioner leave any money, real estate, or personal property? No

15. If so, state the character and value of all such property ---

16. What was the assessed value (last assessment) of the real estate? ---

17. How was the pensioner's property disposed of? ---

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

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

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

21. What was the cause of pensioner's death Chronic Myocarditis; Hypertension sclerosic

22. When did the pensioner's last sickness begin? [illegible]

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? November 6, 1931

24. Give the name and post office address of each physician who attended the pensioner during last sickness
Dr. Claude E. Emery
916 Flood Bldg

25. State the names of the persons by whom the pensioner was nursed during the last sickness
Myra Green

26. Where did the pensioner live during last sickness? 335 - 8th Ave

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

The following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(Each charge entered 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. If no charge was made for any item, that fact should be indicated.

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
	Physician		
	Medicine		
	Nursing and care		
Ashley & McMullen	Undertaker	unpaid	209 80
	Livery		
	Cemetery		
	Other expenses and their nature:		
		TOTAL	

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:

Warren E Green
(Claimant's signature in full)
335 Eighth Avenue, San Francisco,
(P. O. address)
California

(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 own name.)

15—502

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NOTICE

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

The Act March 2, 1895 (28 Stat. L., 964), provides—

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 leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:

(a) *Bills of all expenses of last sickness and burial.*—If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.

Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed.

All claims should be presented in the name of one person.

Bills which are forwarded become a part of the records of the Veterans Administration and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.

(b) *The pension certificate which was issued in the name of the pensioner.*—If such certificate is not in posession of the claimant a statement showing its whereabouts or final disposition should be made.

5. The claimant's statement relative to insurance, property, and whether the deceased pensioner left a widow or minor children under sixteen years of age should be corroborated by the testimony under oath, of two disinterested creditable witnesses who have personal knowledge of the facts.

15—502 U. S. GOVERNMENT PRINTING OFFICE: 1931

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Also appeared W. A. FINCH and HARRIET J. FINCH

who, being duly sworn, make the following statement, each for himself, that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving?

2. When did the pensioner die? August 3, 1932

3. Did pensioner leave any property? If so, state its character and value No

4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 5 years and 30 years respectively.

Name W. A. Finch — Name Harriet J. Finch

P. O. Address 135 Twenty-second Ave. San Francisco, Calif. — P. O. Address 135 Twenty-second Ave. San Francisco, Calif.

Subscribed and sworn to before me, this 23th day of August A. D. 1932; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is entirely satisfactory.

[L.S.]

Sinclair S. Trimble (Signature)

NOTARY PUBLIC in and for the City and County of San Francisco, State of California (Official character)

320 Sixth Ave., San Francisco, Calif. (P. O. address)

My commission expires October 3rd, 1935

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full Alvira Ladece Green

Give date of commencement of pensioner's last sickness November 6/31 or before

Give date of pensioner's death August 3/32 7.05 P.M.

From what date did the pensioner require the regular and daily attendance of another person constantly until death? From time I first saw her (Nov 6/31)

During what period did you attend the pensioner? Nov 6/31 to death { Nov 6/31 July 26/32 Aug 2/32,

State nature of disease from which pensioner died Chronic myocarditis hypertension, arteriosclerosis

Give name of any other physician who attended the pensioner in last sickness None

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Son bought some — my bill complete.

Has your bill been paid; if so, by whom? Yes - by son

Give the name of each person who acted as nurse, and mention any other facts within your knowledge which would be helpful in adjusting this claim for reimbursement: Daughter-in law was in constant attendance

I certify that the foregoing statement is correct.

August 20, 1932

Clarence E. Emery MD
Attending Physician.

, 19

Attending Physician.

15—502

RECEIVED AUG 30 1932 BUREAU OF PENSIONS CLAIMS SECTION

Given name of

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Declaration for Invalid Pension.

Acts of June 27, 1890, and May 9, 1900.

To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

State of Wisconsin, County of Eau Claire, ss:

On this 24th day of February, A. D. one thousand nine hundred & two personally appeared before me, a Notary Public within and for the County and State aforesaid, Marvin W. Green

aged 61 years, a resident of the City of Altoona County of Eau Claire, State of Wisconsin, who, being duly sworn according to law, declares that he is the identical Marvin W. Green who was **ENROLLED** on the 20 day of 20th August, 1864, in Co "E" 19th
Here state rank, company
N.Y. Cav Vol
and regiment, if in the army, or vessel if in the navy
in the service of the United States in the War of the Rebellion, and served at least Ninety Days, and was **HONORABLY DISCHARGED** at Clouds Mills Va, on the 18th day of July, 1865. That he is Totaly unable to earn a support by manual labor by reason of Nervous Prostration & Paralysis
Here name the diseases or injuries from which disabled.
Rheumatism and Heart Disease

I request to be sent to Chippewa Falls Wisconsin when ordered for Examination

PENSION OFFICE U. S. MAR 8 1902

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, of a permanent character.

That he has applied for pension under application No. That he ~~is~~ was a pensioner under Certificate No. ~~724.~~ 727.839
If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.

That he has Never been employed in the MILITARY OR NAVAL SERVICE otherwise than as stated above.

That he makes this Declaration for the purpose of being placed on the Pension-Roll of the United States, under the provisions of the Acts of June 27, 1890, and May 9, 1900. He hereby appoints—

Geo W. Withers of Eau Claire Wis

his true and lawful Attorney, to prosecute his claim, and he directs that the sum of Ten Dollars be paid to said Attorney.

That his post-office address is Altoona

County of Eau Claire, State of Wisconsin

1 Hans Johnson — Marvin W. Green
Signature of Claimant

2 Gth Smith
Two witnesses who can write sign here

Reproduced at the National Archives

Also personally appeared Hans Johnson residing at Altoona Wis

and G A Smith

residing at Altoona Wis 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 Marion W Green, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him for one years and one years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

1 Hans Johnson

2 G A Smith

Signatures of witnesses

Sworn to and subscribed before me, this 24th day of Feb A. D. 1902, and I do hereby certify that the contents of the foregoing declaration, &c., 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.]

Olin Megodden
Official signature

Notary Public
Official character

My com Expires April 24th 1906 Eau Claire Co

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 ....., 190....

[L. S.]

Clerk of the .....

The Act of June 27, 1890, REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from $6 to $12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

☞ *No Revenue Stamps required.*

Co. "E" 7th Wis. Cav.

Soldier's Application.

Acts of June 27, 1890, and May 9, 1900.

Name Marion W. Green

Service Co "E" 19th Regt Wis Vol Cav

Address Altoona Wis

Application

FILED BY
MAR 19 1902
PENSION BUREAU

Geo. W. Gilmore
Attorney
805 So. Barstow St.
Eau Claire Wis

MAR 5 1902
DISTRICT OF COLUMBIA

For sale by J. H. SOULE, Washington, D. C.

Reproduced from the National Archives

Application for Original Pension of a Widow—Child or Children Under Sixteen Years of Age Surviving.

Act of June 27, 1890, and Act of May 9, 1900.

State of California, }
County of San Francisco } ss:

On this 18th day of August, A. D. one thousand nine hundred and Three, personally appeared before me, a Notary Public within and for the County and State aforesaid, Elvira L. Green (Name of claimant.), aged 50 years, a resident of San Francisco, California, (Give City, Village, or Town, County, and State; if you reside in a city where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles from nearest Postoffice.) who, being duly sworn according to law, makes the following declaration in order to obtain the pension provided by Act of Congress granting pensions to widows, approved June 27, 1890, and May 9, 1900, to

That she is the widow of Marvin W. Green (Name of soldier or sailor.), who served during the late War of the Rebellion under the name of Marvin W. Green (Name under which he enlisted.) from the 20th day of August, A. D. 1862, to the 8th. day of July, A. D. 1865, as a Private (Give rank.) in Co. L, 19th. Regt. N. Y. Vol. Cavalry. (State company and regiment, or other organization, if in the Army; or name of vessel and his rank, if in the Navy.) and who was HONORABLY DISCHARGED from the service having served at least 90 days therein, and who died of Cerebral softening (Give cause of death) on the 10th day of August, A. D. 1903, at San Francisco, California; (State place of death, if known.)

that she is without other means of support than her daily labor, and an actual net income not exceeding $250 per anum; that she was married under the name of Elvira L. Sharp (Name before marriage to said soldier.) to said Marvin W. Green (Name of soldier.) on the 24th. day of October A. D. 1869, by Rev. -- Bannister (Name of clergyman or other person officiating.) at Washington, Wisconsin, (Place of marriage.) 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, and give date of death or divorce of former spouse.)

that she has not remarried since the death of the said Marvin W. Green,

that the following ~~are~~ the names and dates of birth of ~~all his~~ legitimate children ~~WHO ARE~~ is **UNDER SIXTEEN YEARS OF AGE** at the present time:

HIS BY YOURSELF.	HIS BY A FORMER MARRIAGE
Warren, born Jun. 30, 18 91	, born , 18
, born , 18	, born , 18
, born , 18	, born , 18
, born , 18	, born , 18
, born , 18	, born , 18
, born , 18	, born , 18

(If the husband left no children by the applicant, or by a former wife, the fact should be stated.)

That she has not in any manner been engaged in, aided or abetted the rebellion in the United States; that she has not heretofore applied for pension; ~~the number of her former application is~~ ; that since the 8th. day of July, A. D. 1865, the above-named soldier was not in either the military or naval service of the United States otherwise than as stated above

She hereby appoints, with full power of substitution and revocation. Edward A. Bullis, of San Francisco, California, her true and lawful attorney, to prosecute this claim; and in consideration of services done and to be done in the premises, she hereby agrees to allow her said Attorney a fee of $10, payable only in the event of the allowance of the claim by the Commissioner of Pensions.

That her Postoffice address is No. 228 Lily Ave., San Francisco, California (Give City or Village, County and State; if you reside in city where streets are named and houses numbered, give name of street and number of house.)

Elvira L Green
(Signature of Claimant.)

If claimant sign by X mark, two persons who write their names MUST sign here as witnesses thereto:

(1) (Name of one witness to X mark.)

2) (Name of other witness to X mark.)

PENSION BUREAU AUG 18 1903 U. S. OFFICE.

FILED AUG 18 1903

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Also personally appeared Edwin L. Green, residing at San Francisco Cal, and Mary A Woodward, residing at San Francisco Cal., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Elvira L. Green the claimant sign her name (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 their acquaintance with her, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

Edwin L. Green.

Mary A Woodward

(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

SWORN TO AND SUBSCRIBED before me this 15th day of August A. D. 1903, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words _____ (If any words have been erased in the application, enter them here.)

[L. S.] _____, erased, and the words _____, added:

(If any words have been added in place of any erased, enter them here.)

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Edwin R. Woodward

(Signature.)

Notary Public

In and for the City and County of San Francisco,

(Official character.)

☞ The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.

FILED BY

EDWARD A. BULLIS

Room 40, 806 Market St.

SAN FRANCISCO, CAL.

AUG 20 1903

INDIANA

Filed 7-27-8-3-9

No. 9811

12 WIDOW.

CLAIM FOR PENSION.

Acts of June 27, 1890, and May 9, 1900.

Elvira L. Green, Applicant,

Widow of Marvin W. Green,

Co., Nineteenth Regt, DIV.

New York Cavalry Vols.

Enlisted August 28th, 1862.

Discharged July 8th, 1865.

Reproduced by the National Archives

CERTIFICATE OF MARRIAGE.

(To be returned within 30 days to the Register of Deeds of the County in which the license was issued.)

1. *Full name of husband* Marvin W. Green
2. *Full name of father of husband* Erastus Green
3. *Full name of the mother of husband (a)* N. A. Green
4. *Occupation of husband* Farmer
5. *Residence of husband* Town of Washington, Eau Claire Co Wisc
6. *Birthplace of husband* Allegany Co. N. Y.
7. *Full name of wife previous to marriage* Elvira L. Sharp
8. *Full name of the father of wife* Martin Sharp
9. *Full name of the mother of wife (a)* Louisa Sharp
10. *Birthplace of wife* - - - - - - - - - -
11. *The color of the parties (b)* White
12. *License, No.* - - - - *Date* - - - - - -
13. *Time when marriage was contracted* October 24th 1869
14. *The place, town or township, and county, where the marriage was contracted* Town of Washington, Eau Claire Co. Wis
15. *By what ceremony contracted* Religious
16. *Names of subscribing witnesses* V. D. S. Rider; S. L. Rider
17. *Any additional circumstances*

STATE OF WISCONSIN, }
County of Eau Claire } ss.

I HEREBY CERTIFY, That the foregoing marriage was solemnized by me on the day above named and that the above is a true return of said marriage, and the other facts there recorded, and that my credentials of ordination are filed in - - - - - *County, Wisconsin.*

Dated at - - - - - *, in the County of* - - - - - *, on the* - - - - - *day of* - - - - - *, A. D. 1* - -

Name, (c) Joseph Bauster

Title of clergyman, officer or other person pronouncing marriage. Clergyman

Residence Washington, Eau Claire *County, Wisconsin.*

PENSION OFFICE. RECEIVED OCT 6 1903 U. S.

NOTE.—(a) Give full name, *previous to marriage.* (b) State the color so distinctly that the race also may be understood as White, Black, Mulatto, Indian, Mixed White and Indian, etc. (c) The person pronouncing marriage should sign here.

Reproduced at the National Archives

Act of June 27, 1899.
Amended May 9, 1901.

No.

Certificate of Marriage.

No. 780, 743.

Claim of

Elvira L. Green, widow of
Marvin W. Green, Co. E,
19th. Regt. N. Y. Cav. Vols.

STATE OF WISCONSIN,
Register's Office.
County of } ss.

Received and recorded this day of 190

on page , *volume* of *Marriages.*

Register.

Filed by

EDWARD A. BULLIS
Room 40, 826 Market St.
SAN FRANCISCO, CAL.

Reproduced at the National Archives

General Statutory Provisions Relating to Marriage.

For Marriage License Law, see Chapter 301, Laws of 1899.

Who May Contract. SECTION 2329. Every male person who shall have attained the full age of eighteen years, and every female who shall have attained the full age of fifteen years, shall be capable in law of contracting marriage, if otherwise competent.

Who Shall not Marry. SECTION 2330. No marriage shall be contracted while either of the parties has a husband or wife living, nor between parties who are nearer of kin than first cousins, computing by the rule of the civil law, whether of the half or of the whole blood; and no insane person or idiot shall be capable of contracting marriage.

SECTION 4582. - Any person being within the degree of consanguinity within which marriages are prohibited, or declared by law to be incestuous and void, who shall intermarry with each other, * * * * * shall be punished by imprisonment in the state prison not more than ten years nor less than two years.

Who May Solemnize. SECTION 2331. Marriages may be solemnized by any justice of the peace or court commissioner in the county in which he is elected or appointed, and throughout the state by any judge of a court of record, and by any ordained minister or priest in regular communion with any religious society, and who continues to be such minister or priest.

Proof of Authority to Solemnize to be Filed. SECTION 2332. Ministers or priests, before they shall be authorized to solemnize a marriage shall file a copy of their credentials of ordination or other proof of such official character, with the clerk of the circuit court of some county in this state, who shall record the same and give a certificate thereof; and the place where such credentials are recorded shall be endorsed upon each certificate of marriage granted by any minister or priest, and recorded with the same.

Examination as to Capacity to Marry. SECTION 2333. All judges, court commissioners, justices of the peace, ministers and priests shall, before solemnizing any marriage, examine at least one of the parties on oath, which oath they are hereby authorized to administer, as to the legality of such intended marriage, and in no case shall such judge, court commissioner, justice, minister or priest solemnize a marriage unless he is satisfied from such an examination that there is no legal impediment thereto.

Parents' Consent Required, when. SECTION 2334. If any person intending to marry shall be under the age of twenty-one years, if a male, or under the age of eighteen years, if a female, and shall not have had a former wife or husband, the consent in person or in writing of the parent or guardian having the custody of such minor, if he or she have either a parent or guardian living in this state, shall first be given to the person solemnizing the marriage before such marriage shall take place; and if such consent is in writing, it shall be signed by the parent or guardian and attested by two witnesses, one of whom shall appear and make oath before the person who shall solemnize the marriage, that he saw such parent or guardian execute the same.

Form, Witnesses. SECTION 2335. In solemnizing a marriage, no particular form shall be required, except that the parties shall solemnly declare, in the presence of the judge, minister, priest or magistrate, and the attending witnesses, that they take each other as husband and wife; and in every case there shall be at least two witnesses present, besides the person performing the ceremony.

Certificate. SECTION 2336. Whenever a marriage shall have been solemnized, the person solemnizing the same shall give to each of the parties, if requested, a certificate thereof, specifying therein the names and residence of the parties, and of at least two of the witnesses present, and the time and place of such marriage; and also stating therein that he had examined on oath one or both of the parties, and found no legal impediment to their marriage; and where the consent of the parent or guardian is necessary, stating that the same was duly given.

Marriages Not Void, when. SECTION 2337. No marriage solemnized before any person professing to be a judge, court commissioner, justice of the peace, minister or priest, shall be deemed or judged void, nor shall the validity thereof be in any way affected, on account of any want of jurisdiction or authority in such supposed judge, court commissioner, justice of the peace, minister or priest, provided the marriage be consummated with the full belief on the part of the persons so married, or either of them, that they have been lawfully joined in marriage.

Quaker Marriages Valid. SECTION 2338. All marriages solemnized among the people called Friends, or Quakers, in the form heretofore practiced and in use in their meetings, shall be good and valid, and shall not be construed as affected by any of the foregoing provisions in this chapter.

Unlawful and Fictitious Marriage; and False Certificate thereof. SECTION 4954. Any person authorized by law to solemnize marriages, who shall knowingly join together in marriage any persons contrary to law, or when knowing of any legal impediment to the proposed marriage, or who shall make any false certificate of any marriage, or pretended marriage, or any person who shall undertake to join others in marriage, knowing that he is not lawfully authorized so to do, or who shall falsely personate another person authorized to solemnize marriages, or who shall for such purpose assume any false or fictitious name, or the name or office of another person, or who shall make any false representation in respect thereto, or any person who shall participate in, or in any way aid or abet any false or fictitious marriage, or if any person, authorized by law to join others in marriage, shall solemnize any marriage without first having examined at least one of the parties on oath as to the legality of such marriage, and the age of the parties, and shall have omitted to require of all males under the age of twenty-one years, and females under eighteen years of age, the written consent of the parent or guardian of such parties, attested by two witnesses, unless such parent, parents or guardian be present at the solemnization of such marriage, shall be punished by imprisonment in the county jail not more than one year, or by fine not exceeding five hundred dollars.

Duty of Persons who Solemnize Marriages, Penalty for Breach. SECTION 1022. Every person or society authorized by law to solemnize marriages, by or before whom any marriage may be solemnized or contracted, shall at once make a record of the same in a book therefor, which shall contain as far as the same can be ascertained, the full name of the husband, his occupation, place of birth and residence, full name of wife previous to marriage, names of parents of husband and wife, the color of the parties, the time and place, when and where and county by which such marriage was contracted, and if solemnized by any clergyman or other person, his place of residence; and shall, within thirty days after such marriage, return the same facts in the form of a certificate, duly signed and dated, to the register of deeds * * * and if he shall neglect to return the same as above provided, he shall forfeit for every such neglect, not less than twenty-five nor more than one hundred dollars. * * *

SECTION 4556. Any officer or other person whose duty it shall be by law to return or certify to the register of deeds, any birth, marriage or death occurring within this state, who shall refuse or willfully neglect to make such return or certificate as required by law, or who shall knowingly make any false return or certificate thereof, or any register of deeds who shall refuse or willfully neglect to make, or cause to be made, the true entry, or who shall willfully make or cause to be made, a false entry thereof, in his books of registration, shall be punished by imprisonment in the county jail, not more than six months, or by fine not exceeding one hundred dollars.

GEN. HISTORY
1902
100
LIBRARY

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... the county jail, not more than six months, or by fine not exceeding one hundred dollars.

TELEGRAM PUBLISHING CO., EAU CLAIRE, WIS.

STATE OF WISCONSIN, } SS. I, A M Sanderson Register
EAU CLAIRE COUNTY.

of Deeds of the said County of Eau Claire do hereby certify that the annexed paper is a true and correct copy of Marriage as appears on record in my office in Volume 2 of Marriages on page 15.

IN TESTIMONY WHEREOF, I have hereto set my hand officially, and affixed the seal of said office, at Eau Claire, in said county, this 24th day of August A. D. 1903, at 10 o'clock a M.

A M Sanderson Register of Deeds.

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STATE OF CALIFORNIA
VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

CERTIFIED COPY OF LOCAL RECORD

No 2032

Local Registered No. 4988

1 PLACE OF DEATH
City and County of San Francisco
No. ..... Street 335 - 8th Ave
If death occurred in hospital or institution, give its name

2 FULL NAME ELVIRA L. GREEN

RESIDENCE: No. 335-8th Ave. ST. (Usual Place of Abode)

IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE .....

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED? (Write the Word)
Female	White	Widow

5a IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE: Marvin W. Green

6 DATE OF BIRTH: July 31, 1853 (Month, Day, Year)

7 AGE: 79 Years 0 Months 2 Days — If less than one day ..... hrs. ..... min.

OCCUPATION
8 Trade, profession or kind of work done (as spinner, sawyer, bookkeeper, etc.): At Home
9 Industry or business in which work was done (as silkmill, sawmill, bank, etc.): ---
10 Date deceased last worked at this occupation (month and year): ---
11 Total years spent in this occupation: ---

12 BIRTHPLACE (City or Town): Unknown
State or Country: New York

FATHER
13 NAME: Martin Sharp
14 BIRTHPLACE (City or Town): Unknown
State or Country: New York

MOTHER
15 MAIDEN NAME: Louise Richard
16 BIRTHPLACE (City or Town): Unknown
State or Country: New York

17 LENGTH OF RESIDENCE
a. City, Town or Rural District of Death: 60 Years ..... Months ..... Days
b. In California: 60 Years ..... Months ..... Days
c. In U. S., if of Foreign Birth: ..... Years ..... Months ..... Days

18 INFORMANT (Signature): Mrs. Dolores Menzies
Address: 65 Nordhoff St. S.F.

19 BURIAL, CREMATION OR REMOVAL? Burial (Write the Word)
Place: National Cem. S.F. Date: 8/5/32

20 EMBALMER: License No. 1914; Signature: P.E.McConnell VLP
Funeral Director: Ashley & McMullen Per VLPierce
Address: Geary & 6th Ave

21 FILED: AUG 5 1932 (Date) J. C. Geiger (Local Registrar)

22 DATE OF DEATH: August 3, 1932 (Month, Day, Year)

23 MEDICAL CERTIFICATE OF DEATH

I hereby certify, that I attended deceased from Nov. 6/31 to Aug. 3, 1932
That I last saw h.er alive on Aug. 2/32
and that death occurred on the above stated date at the hour of 7:00P M.

The principal cause of death and related causes of importance, in order of onset, were as follows:

Chronic myocarditis — Date of Onset: ? 10 yrs.

Other Contributory Causes of Importance:
Hypertension & stroke — ? 10 yr.
Arteriosclerosis

If Operation, Date of: None — Was There An Autopsy? No
Condition for which performed: -

Name laboratory test confirming diagnosis: -

24 CORONER'S CERTIFICATE OF DEATH

I hereby certify, that I took charge of the remains described above, held

an ..... Inquest, Autopsy or Inquiry

thereon, and from such action find that said deceased came to h..... death on the date stated above.

25—If death was due to external causes (violence) fill in the following:
Accident, suicide or homicide? ..... Date of Injury .....
Injured At: City or town of ..... County and State of .....
Did injury occur in home, industry, or public place? .....
Manner of injury .....
Nature of injury .....

26 If disease/injury related to occupation, specify .....

27 Signature Claude E. Emery M. D. (Physician, Autopsy Surgeon)
Address 919 Flood Bldg., S.F.

28 When required by law ..... Coroner
County of .....

J. C. Grade
Death Registry Clerk.

[SEAL] RECEIVED AUG 31 1932 PENSION FILES SUB-DIVISION RECORD SECTION

I HEREBY CERTIFY that the above is a true and correct copy of the local record of death of the above named decedent on file in the office of the Department of Public Health of the City and County of San Francisco, State of California.

WITNESS my hand and the Seal of the Department of Public Health of the City and County of San Francisco this 24th day of August, 1932

J. C. Geiger
Local Registrar.

Reproduced at the National Archives

No. 927

Certificate of Death.

Department of Public Health

CITY AND COUNTY OF SAN FRANCISCO

STATE OF CALIFORNIA.

Register No. 900 Volume R Page 20

Name Marvin Wheeler Green

Sex Male Race White Nativity New York

Age 62 Years 11 Months 9 Days

Social Relation Married Occupation Carpenter

Particular Place of Death 228 Lily Ave

Date of Death August 10 1903

Cause of Death Cerebral Softening
Pneumonia Lobar

Place of Burial National Cemetery

Attending Physician E. R. Hanlon

Undertaker A. W. Martin & Co.

James A. Emery Secretary.

PENSION OFFICE. E OCT 6 1903 U. S.

I certify that the above is a true and correct abstract from the Mortuary Record in the office of the Department of Public Health of the City and County of San Francisco, State of California.

Witness my hand and the Seal of the Department of Public Health this 19th *day of* August *A. D.* 1903

A. P. O'Brien M. D.

Health Officer.

Act of June 27, 1890.
Amended Mar. [illegible] 1892.

No. 78[illegible],740.

Claim of

Elvira L. Green, widow of

Marvin W. Green, Co. E,

10th. Regt. N. Y. Cav. Vols.

PENSION BUREAU
OCT 7 1903
RECEIVED.

Record of soldier's death.

FILED BY

EDWARD A. BULLIS,

Room 40, Phelan Building,

806 MARKET ST.,

San Francisco, California.

Reproduced at the National Archives

OCT 10 491688 1891

Write nothing above this line.

(3–060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Marvin W. Green

East Div.

286 Ex'r. Bureau of Pensions, Oct. 9th, 1891.

No. 982.764

Marvin W. Green

SIR:

It is alleged that the above-named man enlisted Aug. 20, 1862, and served as a Private in Co. E, 19 Reg't N.Y. Cav. also as a Private in Batty K, 1st Reg't U.S.A., and was discharged at Cloud's Mill, Va on July 18, 1865.

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,

Edward Ransom

Acting Commissioner.

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

0—4

War Department,

Record and Pension Division,

OCT 10 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that * Martin W. Green Co E & G N.Y. Cav. mentioned in the preceding indorsement, was enrolled Aug. 20, 1862, and Mustered Out June 30, 1865

* see new report.

BY AUTHORITY OF THE SECRETARY OF WAR:

D. G. Cruserow

Major and Surgeon, U. S. Army.

Per M.

5269 b—200 m

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1387654 C

PENSIONER DROPPED.

United States Pension Agency,

AUG 31 1903 1901

Certificate No. 727839

Class INVALID Act of June 27, 1890

Pensioner Marvin W. Green

Soldier

Service E, 19th N.Y. Vol. Cav.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at $ 10- to June 4 1903 has been dropped because of death, Aug. 10, 1903

Very respectfully,

Jesse B. Fuller.

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.

o-9

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DROP REPORT--PENSIONER

47

ELVIRA L GREEN
SAN FRANCISCO CALIF
561438 MAY WID
65 NORDHOFF ST

..... Cert. No.....
Pensioner .....
Soldier .....
Service .....
Class .....

Remarks .....

T/4

SEP 4 1932
Canceled (payee deceased)

ACCOUNTING DIVISION
AUG 18 1932
....., 193

The name of the above-described pensioner who was last paid at the rate of $ 40 per month to AUG 3 1932, 193..., has this day been dropped from the roll because of DEATH 8-3-32

Vet. Adm.
Fin. Form 1411
Rev. Mar. 1932

Wm. H. HOLMES,
Chief Accounting Division.
By .....

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[3--216 a.]

Ex'r.

Dwc No. 727839

Act of June 27, 1890.

Marion W Green
#23 6 case
P. O. ~~Edenvale~~ San Francisco
~~Alameda Co.~~, Cal

Service: E. & Nav Cav
& 130 Nav Vols

Enlisted: —, 18 .

Discharged: —, 18 .

Application filed: Aug 26, 1894.

Alleges:

Any other Claim filed: Dwc 727839

Numerical No.

Attorney: Soule & Co
P. O. City

Recognized. Contract.

Cert. of Dis. Searched for , 189 .

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Rec'd Aug. 31/94 [illegible]

~~8/24/94 ord'd for Cert of~~

Oct 25/94 order for Cert & Writ

Dec 13/94 Cert for Tran & Opinion

Nov 27/95 Atty notified that Cert. filed & appeal

N.H.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

Reproduced at the National Archives

a. wd. Notif. Aug 27 - 1903.

3—857.
(Old No. 3—218a.)

Ennis Ex'r.

No. 7 8 4 4 4 0

19/86 Act of June 27, 1890. 34/21

ME. N. S.

N. H. Sept. 12, 1903 atty. Ballis ex. of death, marriage, issue or no issue, Divorce and dependence & date of birth of child. J. B. E.

Elvira L. Green.
228 Lily Ave. San Francisco,
Wid Cal.
Marvin W Green.
E-19 N.Y. Cav.
K-138 N.Y. Inft.
Died at San Francisco, Cal.
Aug - 10 - 1903.
other claim.
J.
I. Ctf. 727,839

Aug 25, 1903 N. M. G. Clerk.

Numerical No.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Application filed: Aug 18, 1903.
Attorney: Edward A. Ballis.
P. O. 806 Market St.
San Francisco, Cal.

No.

A.R.

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[3—216 a.]

K

Canaway Ex'r.

No. 782,760

Act of June 27, 1890.

Wdfa apc 9-91

Oct. 9/91 - A.G. Call 3

Mr. to any D.S.C.

Oct 9/91 ord San Francisco Cal

N. H.

Marvin W Green

P. O. San Francisco

San Francisco Cal

Service: E 19 N.Y. Cav

K 130 N.Y. Inf

Enlisted: 20 Aug, 1862.

Discharged: 18 July, 1865.

Application filed: Jan 7, 1891.

Alleges:

Any other Claim filed: No

Numerical No. 550405

2 Certs 11/134

Dec 24/91 - A.G. Supplemental D.S.C.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Filed

Attorney: Shepard & Morris

P. O. 319 Pine St Oakland

San Francisco Cal

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

(2915—60,000.)

Inc. AAR

No.

Reproduced at the National Archives

SAN FRANCISCO, Aug. 3, 1932

M Warren E. Green
335-8th Ave

TO ASHLEY & McMULLEN DR.

FUNERAL DIRECTORS

GEARY AND SIXTH AVENUE

1932 Elvira L. Green-Dec'd

Aug	3	Funeral Service			187	50
		Miscellaneous Charge				
		Burial Box	10	00		
		Gloves	2	00		
		Scarf	1	50	13	50
		Accomodation Charge				
		Funeral Charge		80		
		Permit Fee		00	8	80
					209	80

RECEIVED AUG 30 1932

The above named Warren E. Green is responsible for this funeral account

Ashley & McMullen
per S.E. Ashley
Levey

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VETERANS ADMINISTRATION
Pension Form 0055

No. 561,438

REIMBURSEMENT

Claimant Warren E. Green
Street and No. 335 Eighth Ave,
P. O. San Francisco,
State Calif.

Pensioner Elvira L. Green
Class Widow
Law act of May 1, 1920
Section W-1

Rate, $ 40. Last paid to Aug. 4, 1932 at $ 40

Last illness commenced ____ Date of death Aug 3, 1932 Accrued pension, $ ____

Amounts Claimed		Charges Approved		Deductions	
Physician's bills	$	$		State aid	$
Medicine				Assets	
Board				Insurance	
Nursing and care				Amount waived	
Rent					
Living expenses for pensioner					
Undertaker's bill					
Livery					
Cemetery charges				Total	
Other Expenses				**Summary**	
				Charges approved	$
				Deductions	
				Amount approved	
Totals					

Approved for Rejection, pensioner was last paid to include Aug. 3, 1932, the date of death.

Oct 29, 1932 C. King Examiner. | NOV 7 - 1932, L. B. Terry Reviewer.

U. S. GOVERNMENT PRINTING OFFICE: 1933 15—369

Reproduced at the National Archives

Check dated
Aug. 4, 1932 was
returned but
Mr. Brooks
has not been
able to locate
it. It is charged to
him by Finance
C. K.

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NOV 2 -

MBAB
W.C.561438-GREEN, Marvin W.

Mr. Warren E. Green
335 Eighth Ave.
San Francisco, Calif.

Dear Sir:

Your claim for reimbursement in the case of Elvira L. Green is rejected on the ground that the pensioner was last paid to and including August 3, 1932, the date of her death, and there is no fund from which reimbursement could be paid by this office.

Respectfully,

E.W.MORGAN
Director of Pensions

CK:EHT

Reproduced at the National Archives

September 8, 1932.

DAH-AH

Ashley & McMullen, Undertakers,
Sixth & Geary Streets,
San Francisco, California.

GREEN, Elvira L.
W. C. #561,438

In compliance with the request received in a communication dated August 8, 1932, from Mr. Earle W. Binkley, 236 Van Ness Avenue, your city, there is herewith Standard Form #1055 which may be used in making application for the proceeds of check #7,739,005 issued Aug. 4, 1932 in favor of the above cited pensioner, if the pensioner died on or after August 3, 1932. When the form has been properly executed, it should be returned to this Administration.

That part of your letter which requests forms to be used in making application for reimbursement is receiving attention.

Respectfully,

M. COLLINS,
Director of Finance.

1 Enc.

Reproduced at the National Archives

Extract from a letter written to Director of Pensions from
Earle W. Binkley, 236 Van Ness Ave.,
San Francisco, Calif.

SCHULZ & BINKLEY
Pensions
San Francisco, California.

August 8, 1932

We would also appreciate having a few forms for reimbursement sent us in order that future cases may be more properly handled.

Yours very truly,

(Signed) Earle W. Binkley
Earle W. Binkley.

EWB:JC

Reproduced at the National Archives

VETERANS ADMINISTRATION
Form 3230
Rev. Jan., 1932

REFERENCE SLIP

DAH-AH

Referred to–

Adjudicating Division

For approval _____

attention Widow Subdivision, Reimbursement Sec.

comment _____

correction _____

follow-up _____

recommendation _____

report _____

To call me _____ **see me** _____

indicate changes _____

note and file _____

note and return _____

prepare reply _____

rewrite _____

send literature _____

When necessary to identify papers to which this form is attached, write subject, date, author, etc., here GREEN, Elvira L.
W.C. #561,438

Remarks: Extract from letter dated 8/8/32 from Earle W.Binkley for reply. Copy of reply, P.A.Subdiv.

Date 9/8/32 **From** Acct. Div.

U. S. GOVERNMENT PRINTING OFFICE: 1932 15—520

CMR6

Reproduced at the National Archives

File with case.

W.C. 561,438
Elvira L. Green

RECEIVED
SEP 15 1932
PENSION BUREAU
BOSTON DIVISION

September 13, 1932

MBAB

Mr. Earle W. Binkley,
236 Van Ness Avenue,
San Francisco, California.

Dear Sir:

In compliance with your request of August 8, 1932, there areenclosed herewith several blank forms of application for reimbursement.

Respectfully,

E. W. MORGAN,
Director of Pensions

mmm/lc

Reproduced at the National Archives

19

EARLE W. BINKLEY

ADMITTED TO PRACTICE BEFORE THE BUREAU OF PENSIONS
AND GENERAL ACCOUNTING OFFICE, WASHINGTON, D. C.

EDW. F. SCHULZ

SAN FRANCISCO
TELEPHONE HEMLOCK 8496
SPANISH WAR VETERANS BLDG.
236 VAN NESS AVE.

MAIL REPLY TO ABOVE ADDRESS

SCHULZ & BINKLEY
PENSIONS
SAN FRANCISCO, CALIFORNIA

LOS ANGELES
TELEPHONE VANDIKE 3274
310 KLINKER BUILDING
N. W. COR. OF BROADWAY AT FIRST

DISBURSING CLERK
AUG 16 1932

August 8, 1932

Director of Pensions,
Washington, D. C.

Elvira L. Green
#561438

Dear Sir:

Herewith check covering pension for July in above case.

Since we have no forms on hand it is requested that proper form be sent Ashley and McMullen, Undertakers, 6th & Geary Street, San Francisco, California in order that same may apply towards funeral expense, the pensioner having died, leaving only a very small sum and not sufficient to pay said expense.

Her daughter Dolores Menzies 65 Nordhoff Street, San Francisco has been taking care of the pensioner, her mother, and has contracted the burial expense.

We would also appreciate having a few forms for reimbursement sent us in order that future cases may be more properly handled.

Yours very truly,

Earle W. Binkley

Earle W. Binkley

EWB:JC

40 to 8/3/32
8/4 ck No. 773995 on file
114-to CS 8/9

RECEIVED
AUG 13 1932
PENSION BILLS DISBURSEMENT

Reproduced at the National Archives

September 9, 1932.

DAU-AF

Ashley & McMullen, Undertakers,
Sixth & Geary Streets,
San Francisco, California.

GREEN, Elvira L.
W. F. #561,438

Reproduced at the National Archives

In compliance with the request received in a communication dated August 8, 1932, from Mr. Earle W. Binkley, 236 Van Ness Avenue, your city, there is herewith Standard Form #1055 which may be used in making application for the proceeds of check #7,739,005 issued Aug. 4, 1932 in favor of the above cited pensioner, if the pensioner died on or after August 3, 1932. When the form has been properly executed, it should be returned to this Administration.

That part of your letter which requests forms to be used in making application for reimbursement is receiving attention.

Respectfully,

M. COLLINS,
Director of Finance.

1 Enc.

FOR FILE
NO DIV.
21 1932
INITIALS
INITIALS

CHH

Reproduced at the National Archives

VETERANS ADMINISTRATION
Form 3230
Rev. Jan., 1932

REFERENCE SLIP

DAH-AH

Referred to–

Adjudicating Division

For approval _____

attention Widow Subdivision, Reimbursement Sec.

comment _____

correction _____

follow-up _____

recommendation _____

report _____

To call me _____ **see me** _____

indicate changes _____

note and file _____

note and return _____

prepare reply _____

rewrite _____

send literature _____

When necessary to identify papers to which this form is attached, write subject, date, author, etc., here GREEN, Elvira L.
W.C. #561,438

Remarks: Extract from letter dated 8/8/32 from Earle W. Binkley for reply. Copy of reply, P.A. Subdiv.

Date 9/8/32 **From** Acct. Div.

U. S. GOVERNMENT PRINTING OFFICE: 1932 15—520

Reproduced at the National Archives

January 16, 1933.

DAH-AH

Mr. W. E. Green,
335 Eighth Avenue,
San Francisco, California.

GREEN, Elvira L.
W. C. #561,438

Green, Elvira L.

Dear Sir:

Receipt is acknowledged of your communication relative to check #7,739,005, drawn August 4, 1932, in favor of the above cited pensioner who died August 3, 1932.

The application for the payment of the amount represented by the check herein described, together with the check and bill from funeral directors, was forwarded, under date of October 26, 1932, to the General Accounting Office, this city, for settlement; and all further correspondence in regard thereto should be addressed to that office.

Respectfully,

M. COLLINS,
Director of Finance.

1-17-33
H

CMH

Reproduced at the National Archives

1st letter to BS 7/20

20

Nov 1932

Ans 8 3 32

40 to 8/3/32

Check No. 773005 on file

1145 to C.S 8/19.

BA

335 Eighth Avenue
San Francisco, Calif.
November 21, 1932

Mr. E. W. Morgan
Director of Pensions
Veterans Administration
Washington, D. C.

PENSION SERVICE
WIDOW
DEC 14
VETERANS

Dear Sir:

In re MBAB W.C. 561438-GREEN, Marvin W.

I wish to state that the check of the pensioner, Mrs. Elvira L. Green, was received on August 4 and was returned the same day through the office of Schulz and Binkley, pension agents, San Francisco. Will you please find out if this check has been returned? If it has not, please mail me a proper form and I will give bonds for the issuing of a new check.

Trusting to receive an early reply, I am,

Very truly yours,

W E Green

W. E. GREEN

WEG:BG

Def Aug 3/32

RECEIVED
NOV 25 1932
RECEIVED
NOV 28 1932
PENSION FILES SUP. BUREAU
ACCOUNTING

UNITED STATES VETERANS BUREAU
FINANCE SERVICE
Form 1145—(Revised Mar., 1925)

TRANSCRIPT OF UNITED STATES VETERANS BUREAU CHECK

From: DISBURSING
To: ACCOUNTING

Period covering 7/4 thru 8/3/32

(Office) , 192 No. 7,739,005 For Aug 4 1932

Pay to the order of ELVIRA L GREEN
SAN FRANCISCO CALIF
561438 MAY WID
65 NORDHOFF ST

$ 40.00
No. S-11532
For
State

New address

Bank indorsements

FILE NUMBER

The original of this check was returned account of Died 8-3-32

and is now in the Return Check File 8-18-32 cg

(Date) (Typist) (Checked by)

2—10420

RETURNED CHECK FILE SECTION

Reproduced at the National Archives

Claimant - G.E. Ashley, 399 - 6th Ave., SanFrancisco, Calif.

VETERANS ADMINISTRATION
Finance Form 285
Rev. Nov. 1929

NOTICE OF DISPOSITION TO BE MADE OF CHECK

DAH-AH

FROM: Accounting Division, P.A. Sub-Div. (or Section)

October 21, 1932.
(Date)

TO: Disbursing Division, Service Sub-Div. (or Section)

Former Record

Payee Elvira L. Green,

Address 65 Nordhoff St.,

San Francisco, Calif.

Claim or File No.
(C.I.A.XC.etc.) W.C. #561,438

May Wid

Check No.	Symbol #	Amount	Month
7,739,005	11-532	$40	8/32

Corrected Record - Remarks, etc.
(Include definite stmt. as to disposition)

Pensioner having lived to the end of the period covered thereby, the check is an asset of the estate. Check and attached papers (form 1055 and bill from funeral directors) should be forwarded to the General Accounting Office.

Check issued in payment of pension from July 4 through August 3, 1932.

to Ja 0 10-26-32

Please dispose of checks listed as indicated above.

Wm. H. Holmes, Chief,
BY

Reproduced at the National Archives

Reproduced at the National Archives

Increase

3—732

Cert. No. 561438

ACT OF MAY 1, 1920

Elvira L

widow of

Marvin W Green

Rank Pvt

Company E

Regiment 19th N Y Cav

Rate per Month $40

Commencing July 31, 1928

Ending

Agency or Group No.

Paid to

Cert Issued MAY 7 - 1929, 19

6—3387

GOVERNMENT PRINTING OFFICE

REIMBURSEMENT DISALLOWED NOV 7 - 1932

Rank

Company

Regiment

Rate per

Commencing

Ending

Agency or Group No.

Paid to

Cert Issued

6—3387

Regiment

Reproduced at the National Archives

3—35.
(Old No. 3—145 b.)

Cert. No. 727.839

ACT JUNE 27, 1890.

Renewal & Increase

INVALID PENSION.

Claimant: Marvin H Green
P. O. 228 Eighth St. San Francisco
County Alameda
State Wisconsin California

Rank Private
Company E,
Regiment 19. N.Y. Vol Cav.

Rate $ 12 per month, commencing March 3 1902

Pensioned for ____ inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name George N Withers
P. O. Eau Claire Wis.

Fee, $ 10
Agent to pay.

APPROVALS.

Submitted for Adm. Siby, J. May 29, 1903. J. F. Allison Examiner.

Approved for Rheumatism, disease of heart & right hemiplegia Reject piles, impaired hearing, pain in back & general debility — no notable disability subject to action of Med. Referee Alleged nervous prostration covered (presumably) by approval Renewal from March 3, 1902.

Approved for rheumatism, disease of heart, and right hemiplegia.

Aggregate of disabilities shown, permanent in character: $ 10
P. R. C. From September 24th 1902

June 3, 1903. F. Denton Legal Reviewer. J. F. Richardson Medical Examiner. Cooke Medical Reviewer.

June 6, 1903 J. M. Compton Re Reviewer. June 8, 1903 [illegible] Medical Referee.

" 9 " "

Enlisted August 20", 1862, honorably discharged June 30, 1865

Enlisted 18, 186, honorably discharged 186

Pensioned at $ 6 per month. ~~Last paid to~~ from Jan 7. 1891, dropped Jan 31 1894. disability having ceased.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed March 3. 1902, alleges nervous prostration or paralysis. rheumatism and heart disease. Relatives filed March 2. 1902. Alleges rheumatism pile defects left knee pain in small of back & general debility, nervous prostration or paralysis and disease of heart

Claimant does ____ write.
Certificate not filed.

Hon George C Perkins U.S.S.

0-1

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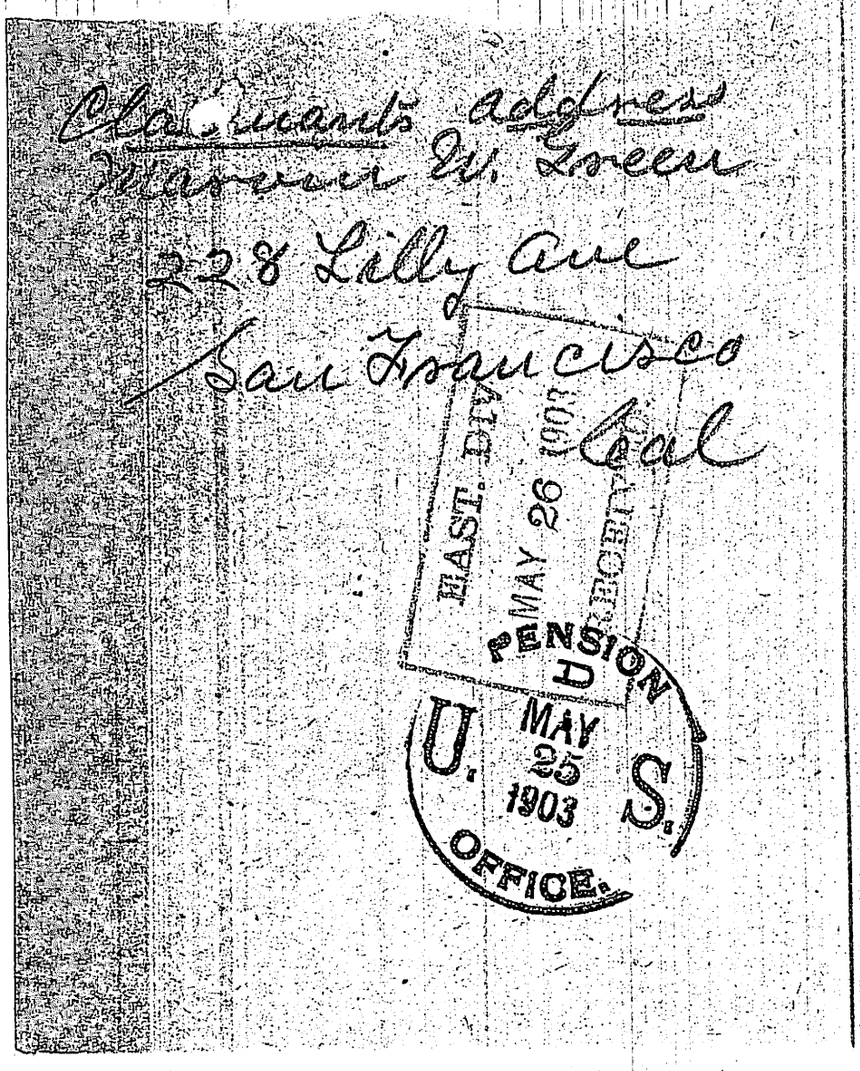

Elias Swanks address
Warren H. Green
228 Lilly Ave
San Francisco
Cal
EAST. DIV. MAY 26 1903 SAN FRANCISCO CAL.
PENSION
MAY 25 1903
U. S.
OFFICE.

Reproduced at the National Archives

DECLARATION FOR RESTORATION TO THE PENSION ROLL.

[redacted] f June 27, 1890.

NOTE.—To be executed before [illegible] authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the Clerk of the proper Court, giving dates of beginning and close of official term. If certificate on file, so state.

State of Wisconsin, County of Eau Claire, ss:

On this 10th day of March, A. D. one thousand Nine hundred and ~~ninety~~ two personally appeared before me, a Notary Public within and for the County and State aforesaid, Marvin W. Green aged 61 years, a resident of the City of Altoona County of Eau Claire, State of Wisconsin, who, being duly sworn according to law, declares that he is the identical Marvin W. Green who was ENROLLED on the 20" day of August, 1862, in Co "E" 19" Regt
Here state rank, company
N.Y. Vol
and regiment if in the army, or vessel if in the navy

in the service of the United States in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Clouds Mills Va, on the 18" day of July, 1865. That he was disabled for earning a support by manual labor in a pensionable degree on Sept 4", 1893., the date his name was dropped from the pension roll, by reason of the following disabilities:

Rheumatism - Piles - Deafness of left Ear. Pain in small of back and General disability
Here name the diseases or injuries from which disabled

That he is also disabled for earning a support by × Nervous prostration or Paralysis and disease of Heart.
Here state all disabilities incurred since filing your original declaration and any which you failed to allege in same

PENSION OFFICE U. S. MAR 12 1902

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, of a permanent character, and that he is now wholly disabled for earning a support by manual labor in consequence of same.
Partially or wholly

That he was a pensioner under Act of June 27, 1890, on the rolls of the agency at [illegible] at $ 6.00 per month, under Certificate No. 727,839, and that he was last paid at said agency to the 4" day of Sept 1893. That he has Not been employed in the military or naval service of the United States, prior to Augst 20" 1862., or subsequent to July 18" 1865.

He believes that the dropping of his name from the pension roll was erroneous, and therefore makes this declaration for the purpose of reopening his claim and being restored to the pension roll of the United States, under the provisions of the Act of June 27, 1890, from the date of the last payment of his pension. He hereby appoints, with full power of substitution and revocation, Geo W. Withers of Eau Claire Wis his true and lawful Attorney, to prosecute his claim, and he directs that the sum of Ten Dollars be paid to said Attorney.

That his post office address is Altoona

County of Eau Claire State of Wisconsin

Marvin W Green
Signature of claimant

John A Stafford
Ed A Miller
Two witnesses who can write sign here

Reproduced at the National Archives

Also personally appeared Earl Miller residing at Altoona Wis

and John Stafford residing at

Altoona Wis 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 Marvin W. Green

the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the

appearance of said claimant and their acquaintance with him for one years and one years,

respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this

claim.

John Stafford

Earl Miller

Signatures of witnesses

Sworn to and subscribed before me, this 10th day of March, A. D. 1902

and I hereby certify that the contents of the above declaration, &c., 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.

Olin Megorden

Official signature

[L. S.] My Term of office Expires April 1st 1905 Notary Public

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 fore-

going 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 , 189

[L. S.]

Clerk of the

Application for Restoration

OF

PENSION.

Act of June 27, 1890.

Name Marvin W. Green

Service "E" Co 19 "Regt

Wis Vol Cav

Certificate No.

FILED BY

Geo. W. Walker

205 So Barstow St

Eau Claire Wis

For sale by J. H. SOULE, Washington, D. C.

3-416.
(Old No. 3—526.)

6 N S

East Division.

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., Sept. 18, 1903

No. Claim, 789940

Cert. No. 722839

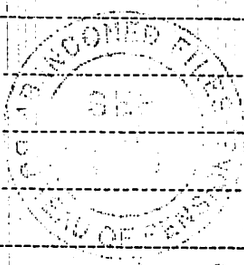
Claimant, Elmira L. Green

Soldier, Marvin W. Green

Co. E, 14 *Reg't* N. Y. Cav.

Respectfully referred to Chief of Abandoned file requesting him to furnish the Marriage Circular if on file for use in Widow's Orig. 789940

MARRIAGE CIRCULAR NOT ON FILE.



J. L. Garrison

Chief of East *Division.*

J. B. E.

0-12

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Reproduced at the National Archives

Elvira L Green
561 438

Ad—

Elvira L Green
561 438

Dec 26

Rep for Rule
Plea Payment

Reproduced at the National Archives

Act of June 27, 1890.

(3-231.)

No. 661438

for duplicate issue see back

Elvira L. Green

WIDOW OF

Marvin W. Green

Rank Private, Co. E.

Regt. 19th N. J. Vol. Cav.

San Francisco Agency.

Rate per Month, $ 12.

Commencing Aug 18 1903

Additional sum of $2 per month for ~~each of~~ the following children, until arriving at the age of 16 years, commencing Aug 18 1903

Warren D. 16 yrs June 29 1890.

" 18

" 18

" 18

" 18

" 18

" 18

" 18

Issued Oct 20, 1903.

Mailed Oct 22, 1903.

Fee, $ 10-

(37-15,000.)

Dec 26, 1906

P. app for ~~duplicate~~ last payment. Old ctf & affidavit filed EBB

Duplicate Certificate issued Jany 8th 1907 sent to Pension agent San Francisco. Jan. 14. 1907

Reproduced at the National Archives

Nov 27. 1893. P.A. to drop
3rd and - advised. 60 days
to pres - to drop dis - claim
Exhs.

Jan. 31/94. P. A. to drop
3rd and. & pens advised.

Feb 19. 02 Chas. Stutz Atty Louisville Ky.
notified of P.A. & Aw.

Reports of examining surgeons
Inspected by Doulin.
March 4 Attorneys Rec'd.

DROPPED
Aug 21 1903
Death June 16

Sept 1. 03. Pen'r's wid't
adv of death - hour.

(3–230.)

INVALID. (Series.....)

Cert. No. 727839

Name, Marvin W Green

Rank, Pvt.; Service, Co. E, 19th N. Y. Vol. Cav.

Agency. { Original Roll: San Francisco
Transf'd....., 18....., to.....
" ....., 18....., to.....

Issued Feb. 18, 1892
Mailed " 25, 18
Rate and Period, $6 —, from Jan. 7, 1891

Class Inv'd Fee, $10 Issue.

Deductions:

Disability: Rheumatism and disease of rectum

Entered

DEAD.

Issued ....., 18
Mailed ....., 18
Rate and Period, $....., from ....., 18

Class Fee, $ Issue.

Deductions:

Disability:

Entered

Reproduced at the National Archives

Entered 2 Issue. Class Renewal Fee, $10

Issued E. M. C. June 12, 1903

Mailed 11 22 1903

Rate and Period, $10, from Mch 3, 1902

Deductions:

Disability Partial inability to earn a support by manual labor.

Entered Issue. Class Fee, $

Issued ....., 18

Mailed ....., 18

Rate and Period, $....., from ....., 18

Accrued Pensions,
ACT OF MARCH 3, 1899.
Filed Pension Certificate and
for issue Oct 20 1903

Deductions: Not Forwith.
Payable to Widow
Mailed Oct 23 1903

Disability:

Sec Ltr Rec'd Oct 5 61438.

INDORSEMENTS.

Aug 21/03. V. C. to Inspect
63d Conducts advised
60 days to Pensioner to drop
Disability ceased. K
Oakland Cal Bd
Oct 7/03 V. C. to assume 2nd a
Revised Pensioner advised
and urged to comply with
rules for Ind. Ex L A K

Reproduced at the National Archives

State of California, County of San Francisco, S.S.

In the matter of Claim No. 780,240, of Elvira L. Green, widow of Marvin N. Green, late Co. E, 10th. Regt. New York Vol. Cavalry.

On this ..... *day of* ..... *A. D., 190,* *personally appeared before me, a* ..... *in and for the aforesaid County, duly authorized to administer oaths* ..... *aged* ..... *years, a resident of* ....., *in the County of* ....., *and State of* ....., *whose Post Office address is No.* ..... *Street, and* ..... *aged* ..... *years, a resident of* ....., *in the County of* ..... *and State of* ....., *whose Post Office address is No.* ..... *Street; well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:*

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

That he is the Recorder of the City and County of San Francisco, State of California; That he has carefully examined the Register of Births of said city and county, and that there is no record of the birth of Warren Green, son of Marvin N., and Elvira L. Green, on file in his office.

PENSION OCT 6 1903 U. S. OFFICE.

.....he *further declares that* he has *no interest in said case, and is not concerned in its prosecution.*

Edmond Godchaux Recorder
by Miriam Hauer Deputy

(If Affiants sign by mark, two persons who can write sign here.) (Signatures of Affiants.)

NOTE.—Witnesses must give their ages, correct Post Office addresses, Streets and Nos.

Reproduced at the National Archives

EAST. DIV.
OCT 7 19
RECEIVED.

Sworn to and subscribed before me this day by the above-named affiant ; and I hereby 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 ..... personally known to me, and that ..... credible person .

.....
[Official Signature.]

(L. S.)

.....
[Official Character.]

The official before whom the papers are executed must see that all (all) blank spaces are filled before he executes the affidavit.

The credibility of witnesses, when known, must be certified to in the **HAND** *writing of the official who executes the affidavits.*

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, OR JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

No. 7807—42.

General Affidavit

CLAIM OF

Elvira L. Green, widow of

Marvin W. Green, Co. D,

11th. Regt. N.Y. Cav. Vols.

Statement **AFFIDAVIT OF**

Edmond Godchaux,

Recorder of the City & County

of San Francisco, California.

No public record of minor's birth.

Filed by

EDWARD A. BULLIS
806 Market Street, Phelan Building,
SAN FRANCISCO, CAL.

Reproduced at the National Archives

State of California. County of Alameda ss

In the matter of Cert. No. 727839 Marvin W Green
Co C 1st N. Y. Dragoons

On this 5th day of September A. D. 1893, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, Marvin W Green aged 53 years, a resident of Elmhurst in the County of Alameda and State of California., whose Postoffice address is Elmhurst

and ~~~ aged ~~ years, a resident of ~~~ in the County of ~~~ and State of ~~~, whose Postoffice address is ~~~

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

That he is the persons under above cited certificate

That he is suffering from rheumatism in the ankles knees and hips to such degree that he is totally incapacitated for the performance of manual labor. He is also suffering from disease of rectum.

That he hereby applies for another medical examination.

That the foregoing was written in his presence by C H Ostby in San Francisco Cal on Sept 5th 1893 from his oral statement and he was not prompted by any other person nor by any written or printed statement

~~Further declares that he has no interest in said case and not concerned in its prosecution.~~

L L W Salsbury
(If Affiants sign by mark, two persons who can write sign here.)

Marvin W Green
(Signatures of Affiants.)

Reproduced at the National Archives

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 ~~[illegible]~~ *erased, and the words* ~~[illegible]~~ *added, and acquainted him with its contents before he 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 he is credible person .*

L L W. Jakeway.
[Official Signature.]

Notary Public.
[Official Character.]

Alameda County California

(L. S.)

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

Cal. No. 72 7639

ADDITIONAL EVIDENCE.

CLAIM OF

Marina W. Lean
& 151 Dy.
Dragoons

AFFIDAVIT OF

Claimant

PENSION OFFICE. U.S. JUL 11 1892

FILED BY

SHEPARD & ORTON,
119 Bush Street, San Francisco, Cal.

State of California, **County of** San Francisco, **S.S.**

In the matter of Claim No. 789,940, of Elvira L. Green, widow of Marvin W. Green, Co. E, 19th Regt. N. Y. Cavalry Vols.

On this 30th *day of* September *A. D., 1903, personally appeared before me, a* Notary Public. *in and for the aforesaid County, duly authorized to administer oaths* Crawford C. Millard, *aged* 63 *years, a resident of* San Francisco, *in the County of* San Francisco, *and State of* California *whose Post Office address is No.* 6 Geary *Street,* ~~*and aged years, a resident of , in the County of and State of , whose Post Office address is No. Street;~~ *well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:*

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

I am the confidential secretary, book-keeper, and business agent of Dr. Milburn L. Logan, and hold his power of attorney to sign his name and transact all his business, his books and papers being in my possession.

Dr. M. L. Logan has been seriously ill since August 8, 1903, and at the present time is an inmate of the Reeves-Atkinson private sanitarium, No. 1815 Sutter Street in this city. His health and mind are completely shattered and his intellect a blank. He is totally incompetent, mentally and physically, to attend to any business, or even sign his name to any document, and no person is permitted to see him in the sanitarium where he is confined, and undergoing treatment.

Relative to the birth of Warren, minor child of Marvin W., and Elvira L. Green, the following is a true and correct copy of his account with M. W. Green from page 322 of the ledger of Dr. M. L. Logan for the years 1890 and 1891, namely:

M. W. GREEN.

1890.		1890.	
Jan. 20, 23, 24.	$ 4.00	December,	$4.50
Mar. 24,	2.00	1891, Mar. 10, paid last call	
Nov. 4, to see,	4.50		
1891,			
Mar. 26,	10.00		
Apr. 18, to see her,	2.50		
Jun. 30, to 12 lb. baby boy,	25.00		
Old account, 1888,	5.00		

Dr. Milburn L. Logan has been a practitioner of medicine for 22 years, he having graduated from the California Medical College in the year 1881, as shown by diploma in his office at No. 6 Geary St., San Francisco, Cal. I have read the above statement before signing and know that it is correct.

I *further declare that* I have *no interest in said case, and am not concerned in its prosecution.*

Crawford C. Millard

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

(Signatures of Affiants.)

NOTE.—Witnesses must give their ages, correct Post Office addresses, Streets and Nos.

PENSION OCT 6 1903 U. S. OFFICE.

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EAST. DIV
OCT 1903
RECEIVED

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 ~~he~~ 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 ~~he is a~~ credible person .

F. B. Ford
[Official Signature.]

(L. S.)

Notary Public.
[Official Character.]

The official before whom the papers are executed must see that all (all) blank spaces are filled before he executes the affidavit.

The credibility of witnesses, when known, must be certified to in the **HAND** *writing of the official who executes the affidavits.*

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, OR JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

No. 786, 1.40

General Affidavit

CLAIM OF

Elvira L. Green, widow of

Marvin W. Green, Co. E,

10th. Regt. N. Y. Cav. Vols.

AFFIDAVIT OF

Crawford C. Millard,

No. 6 Geary Street,

San Francisco, California.

Filed by

EDWARD A. BULLIS
806 Market Street, Phelan Building,
SAN FRANCISCO, CAL.

Reproduced at the National Archives

State of California)
) ss.
City and County of San Francisco)

Elvira L. Green, being first duly sworn, deposes and says: I am the holder of pension certificate No. 561438 of the Bureau of Pensions of the Department of the Interior of the United States of America; that the same was issued to me on the 20th day of October, 1903, under the seal of the said Bureau and Department; that my pension and that of my minor child commenced on the 18th day of August, 1903, and that ever since the same has been regularly paid to me by the United States Pension Agent at San Francisco, California; that on or about the 18th day of April, 1906, the said Pension Certificate No. 561438, while in my possession and along with all my personal effects, was destroyed by fire in this City and County; I am the person to whom said certificate was originally issued; I am the widow of the late Marvin W. Green, 1st N.Y. Dragoons, Co. E; I have remained unmarried since his demise and am now unmarried, and the mother of one minor child, Warren Green, who will be sixteen years of age on June 29th, 1907; that this minor child is the same person for whom I was declared to be entitled to receive a pension of $2.00 per month in addition to the pension of $8.00 per month granted me; that this same minor child is now living with me under my care and protection.

Elvira L. Green

Subscribed and sworn to before me this 15th day of December, 1906.

R. B. Trak

NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA.

PENSION DEC 21 1906 U. S. OFFICE.

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561 438

Elvira L. Green

Person to Durden
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Dec 19 1906

Jan. 8

DEPARTMENT DIV.
DEC 22 1906
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State of California County of San Francisco, ss.

In the matter of Claim No. 781,043, of Elvira L. Green, widow of Marvin W. Green, late Co. E, 19th. Regt. New York Vol. Cavalry.

On this 21st *day of* September *A. D.,* 190,3 *personally appeared before me, a* Notary Public *in and for the aforesaid County, duly authorized to administer oaths* — Elvira L. Green *aged* 50 *years, a resident of* San Francisco, *in the County of* San Francisco, *and State of* California *whose Post Office address is No.* 228 Lily Avenue, ~~*Street,*~~ ~~*and* ____ *aged* ____ *years, a resident of* ____, *in the County of* ____ *and State of* ____, *whose Post Office address is No.* ____ ~~*Street*~~; *well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:*

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

I am the claimant in the above entitled claim for pension.

I own household furniture which is assessed at seventy dollars valuation. I own no other property, no bonds, stocks, or other investments and have no interest in any. I have no income from any source and depend upon my daily labor for support.

I have not disposed of any property since the 10th. day of August 1903.

My late husband did not have his life insured.

There is no person legally bound to provide for my support.

I have not remarried since the death of Marvin W. Green.

I never was divorced from my late husband and no application for divorce was ever made by either of us. I lived with him to the date of his death, namely, August 10, 1903.

I never applied for a pension other than the one described above.

Neither my late husband, Marvin W. Green, or myself, had been married prior to the date of our intermarriage on the 24th. day of October, 1869, in the township of Washington, Eau Claire County, Wisconsin.

I am the mother of one child by Marvin W. Green, under 16 years of age, namely, Warren Green, who was born in this city on the 30th. day of June, 1871. The said minor is living, and under my care and maintenance and has been from his birth.

I have read the above statement before signing and know that it is correct.

PENSION E OCT 6 1903 U. S. OFFICE.

I further declare that I have ~~*no*~~ *an interest in said case, and am* ~~*not*~~ *concerned in its prosecution.*

Mrs. Elvira L. Green

(If Affiants sign by mark, two persons who can write sign here.) (Signatures of Affiants.)

NOTE:—Witnesses must give their ages, correct Post Office addresses, Streets and Nos.

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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* 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 .*

EAST. DIV.
OCT 7 1903
RECEIVED.

Edwin N. Brochard
Notary Public [Official Signature.]
In and for the City and County of San Francisco,
State of California.
11 Montgomery St., S.F., Cal.
(L. S.) [Official Character.]

The official before whom the papers are executed must see that all (all) blank spaces are filled before he executes the affidavit.

The credibility of witnesses, when known, must be certified to in the **HAND** *writing of the official who executes the affidavits.*

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, OR JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

No. 7802 (42)

General Affidavit

CLAIM OF

Elvira L. Green, widow of
Marvin W. Green, Co. E,
19th. Regt. N.Y. Cav. Vols.

AFFIDAVIT OF

Claimant,

No. 228 Lily Avenue,
San Francisco, California.

Filed by
EDWARD A. BULLIS
806 Market Street, Phelan Building,
SAN FRANCISCO, CAL.

State of California, County of San Francisco, S.S.

In the matter of Claim No. 780,40, of Elvira L. Green, widow of Marvin W. Green, Co. E, 19th. Regt. New York Vol. Cavalry.

On this 17th *day of* August *A. D., 190*3 *personally appeared before me, a* Notary Public *in and for the aforesaid County, duly authorized to administer oaths* Orville T. Perkins *aged* 58 *years, a resident of* Hallsport —, *in the County of* Allegany, *and State of* New York *whose Post Office address is No.* as above *Street; and* Clara F. Perkins, *aged* 56 *years, a resident of* Hallsport, *in the County of* Allegany — *and State of* New York, *whose Post Office address is No.* as above — *Street; well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:*

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

We are the cousins of the late Marvin W. Green and intimately knew him from childhood. We were born in the same town in Allegany County, N. Y., went to school and associated with him up to the date of his enlistment in the 19th. Regt. N. Y. Vol. Cav., and after his discharge from the service, to the date of his marriage to Elvira L. Sharp.

We were intimately acquainted with the claimant prior to her marriage, and knew her as Elvira L. Sharp when she was a girl of 14 or 15 years of age. At that time she was living in Washington township, Eau Claire Co., Wis., with her parents and in our immediate neighborhood. We were on visiting terms with her and her parents, and can positively state from personal knowledge that neither she, or her late husband, Marvin W. Green, had been married prior to the date of their intermarriage on the 24th. day of October 1869, at Washington township, Eau Claire County, Wisconsin.

They were both known as single persons and passed as such in the community in which they lived and had they been previously married, we were in a position to know of it.

They were married from our house in Washington township, Eau Claire Co., Wis., on the 24th. day of October 1869, by the Rev -- Bannister, a travelling minister of the Methodist Church- whose whereabouts is to us unknown. We heard that he died many years ago.

We were present on the occasion and witnessed the ceremony which made Marvin W. Green and Elvira L. Sharp husband and wife, and know from association and correspondence that they lived together to the date of his death.

We can also state from personal knowledge that Marvin W. Green did not serve in the army or navy of the United States prior to August 20, 1862, or subsequent to July 8, 1865.

Our home is in Hallsport, Allegany County, New York, and we are now on a visit to San Francisco, attending the Grand Army Encampment.

We have read the above statement before signing and know that it is correct.

Orville T. Perkins

Clara F. Perkins

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Sworn to and subscribed before me this day by the above-named affiant s; and I certify that I read said affidavit to said affiant s, including the words _____ erased, and the words _____ added, and acquainted them 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 s are personally known to me, and that they are credible person s.

Edwin F. Woodward
[Official Signature.]

(L. S.)

Notary Public
In and for the City and County of San Francisco,
State of California.
11 Montgomery St., S.F., Cal.
[Official Character.]

The official before whom the papers are executed must see that all (all) blank spaces are filled before he executes the affidavit.

The credibility of witnesses, when known, must be certified to in the **HAND** *writing of the official who executes the affidavits.*

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, OR JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

No. 780,949.

General Affidavit

CLAIM OF

Elvira L. Green, widow of

Marvin W. Green, Co. E,

19th. Regt. N. Y. Cav. Vols.

AFFIDAVIT OF

Orville ?., and Clara F. Perkins,

Hallsport, Allegany Co., N. Y.

Filed by

EDWARD A. BULLIS
806 Market Street, Phelan Building,
SAN FRANCISCO, CAL.

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State of California, **County of** San Francisco, **S.S.**

In the matter of Claim No. 789,040, of Elvira L. Green, widow of Marvin W. Green, late Co. M, 19th. Regt. N. Y. Vol. Cavalry.

On this Ouist *day of* September *A. D., 1903, personally appeared before me, a* Notary Public *in and for the aforesaid County, duly authorized to administer oaths* Mrs. Mary Craumer *aged* 65 *years, a resident of* San Francisco, *in the County of* San Francisco, *and State of* California *whose Post Office address is No.* 32 Page *Street, and* Frank N. Purton *aged* 28 *years, a resident of* San Francisco, *in the County of* San Francisco, *and State of* California, *whose Post Office address is No.* 5 Mayes Barrack *Street; well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:*

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

We were personally acquainted with the late Marvin W. Green during his lifetime, and intimately know his widow, Elvira L. Green.

We know from personal knowledge and association with her, that the only property she owns is household furniture which does not exceed one hundred dollars in value. That she owns no other property, no bonds, stocks, or other investments, and has no interest in any. That she has no income from any source and depends upon her daily labor for a support.

That she has not disposed of any property since August 10, 1903.

That her late husband did not have his life insured.

That there is no person legally bound to provide for her support.

That she has not remarried since the death of Marvin W. Green.

That she never was divorced from the soldier, and that she lived with him to the date of his death, namely, August 10, 1903.

We are personally acquainted with Warren, minor child of Elvira L., and the late Marvin W. Green, and know that he is now living, and under the mother's care and maintenance, and has been since his birth.

We have read the above statement before signing and know that it is correct.

PENSION OFFICE RECEIVED OCT 6 1903 U. S.

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

J. Mary Craumer

Frank N. Purton

(If Affiants sign by mark, two persons who can write sign here.) (Signatures of Affiants.)

NOTE.—Witnesses must give their ages, correct Post Office addresses, Streets and Nos.

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Sworn to and subscribed before me this day by the above-named affiants; and I certify that I read said affidavit to said affiants, including the words _____ erased, and the words _____ added, and acquainted them 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 affiants are personally known to me, and that they are credible person.

Edwin M. Woodward
[Official Signature.]

Notary Public
In and for the City and County of San Francisco,
State of California.
11 Montgomery St., S.F., Cal.
[Official Character.]

(L. S.)

The official before whom the papers are executed must see that all (all) blank spaces are filled before he executes the affidavit.

The credibility of witnesses, when known, must be certified to in the **HAND** *writing of the official who executes the affidavits.*

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, OR JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

No. 789,040.

General Affidavit

CLAIM OF

Elvira L. Green, widow of

Marvin W. Green, Co. E,

10th. Regt. N. Y. Cav. Vols.

AFFIDAVIT OF

Mary Crauner, 32 Page Street, &

Frank N. Turton, 5 Mayre Terrace,

San Francisco, California.

Filed by

EDWARD A. BULLIS

806 Market Street, Phelan Building,

SAN FRANCISCO, CAL.

Reproduced at the National Archives

State of California, **County of** San Francisco, **S.S.**

In the matter of Claim No. 789,940, of Elvira L. Green, widow of Marvin W. Green, late Co. L, 19th. Regt. New York Vol. Cavalry.

On this ____ *day of* ____ *A.D. 190* ____, *personally appeared before me, a* ____ *in and for the aforesaid County, duly authorized to administer oaths* ____ *aged* ____ *years, a resident of* ____, *in the County of* ____ *and State of* ____, *whose Post Office address is No.* ____ *Street, and* ____ *aged* ____ *years, a resident of* ____, *in the County of* ____ *and State of* ____, *whose Post Office address is No.* ____ *Street, well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to aforesaid case as follows:*

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

That he is the Assessor of the City and County of San Francisco; that he has examined the Assessment Roll of said City and County for the year 1903; that Elvira L. Green is assessed for Personal Property only, valued at $70; and that the name of Marvin W. Green does not appear on said Roll. He

PENSION E OCT U. S. 6 1903 OFFICE.

further declares that he has *no interest in said case, and* is *not concerned in its prosecution.*

Washington Dodge
Assessor.
By A. B. Henderson
Acting Chief Deputy
Aug. 14th 1903

(If Affiants sign by mark, two persons who can write sign here.) (Signatures of Affiants.)

NOTE.—Witnesses must give their correct Post Office addresses, Streets and No.

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OCT 7 1926
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The official before whom the papers are executed must see that all (all) blank spaces are filled before he executes the affidavit.

The credibility of witnesses, when known, must be certified to in the HAND *writing of the official who executes the affidavits.*

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* ..... *personally known to me, and that* ..... *credible person .*

.....
[Official Signature.]

(L. S.)

.....
[Official Character.]

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, OR JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

No. 780,640

General Affidavit.

CLAIM OF

Elvira L. Green, widow of

Marvin W. Green, late Co. E,

10th. Regt. N. Y. Vol. Cav.

Statement AFFIDAVIT OF

Washington Dodge,

Assessor City and County of

San Francisco, California.

Filed by

EDWARD A. BULLIS,

806 MARKET STREET, Phelan Building,

SAN FRANCISCO, CAL.

Of Address, "Chief of the Record and Pension Office War Department, Washington, D. C."

3-464 aa.

Division.

WAR DEPARTMENT.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Oct 4, 1894

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history

(Descriptive list.)

of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

No other report on file.

Claim No. 727837

Name, Marvin W. Green

Co. K 13 Reg't. N.Y. Vol. Inf.

Jno Lochren

Commissioner.

14246 b—75 m o—8

Of Address, "Chief of the Record and Pension Office War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Marvin W. Green

Co. E. 130 Reg't N.Y. Inf.

was enrolled Aug 20, 1862,

and M. O. June 30, 1865,

with Co's E & I N.Y. Dragoons

to which desig. was changed

from Co's E & I N.Y. Cav. Dept or

Oct/63 to which changed July or Aug

'63.

From Enr., 186, to M. O., 186,

he held the rank of Private

and during that period the rolls show him present except as follows

Dec 31/63 Absent on Detch.

Ser. in Horse Batty in Cav. Corps

to borne to Feb 29. 64.

June 30/64 Absent Detch

in Horse Batty Cav. Corps.

to borne to Apr 30/65

The medical records show him treated as follows

No record found

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth

Colonel, U. S. Army, Chief of Office.

Per K,

Washington, D. C., OCT 26 1894

(COMMISSIONER OF PENSIONS.)

(280)

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ACT OF JUNE 27, 1890.

AA DECLARATION FOR INVALID PENSION. AA

To be Executed Before a Court of Record or Some Officer Having Custody of its Seal, or Notary Public with Seal, or Justice of the Peace with County Clerk's Certificate.

State of California } ss.
County of San Francisco,

On this 31 day of Dec A. D. one thousand eight hundred and ninety- personally appeared before me, Deputy County Clerk and Deputy Clerk Superior Court. of the Court, a Court of Record within and for the County and State aforesaid, Marvin W. Green aged 50 years, a resident of the City of San Francisco, County of San Francisco, State of California, who, being duly sworn according to law, declares that he is the identical Marvin W. Green who was *enrolled* on the 20 day of August 1862, in Pvt. Co. E. 1st N. Y. Dragoons (Here state rank, company, and regiment in military service, or vessel, if in the Navy.) transfd to Batty K. 1st U.S. Horse Artly about Nov or Dec 1863 in the war of the Rebellion, and served at least ninety days, and was *honorably discharged* at Camp Mills NY on the 18 day of July 1865. That he is partly unable to earn a support by reason of (Here name the diseases or injuries from which disabled.) Piles and diseases of liver and Sciatic Rheumatism

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has not applied for pension under application No. ..... That he is a pensioner under certificate No. .....
(If a pensioner, the certificate number only need be given; if not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of June 27, 1890.

He hereby appoints SHEPARD & NORRIS, 319 Pine Street, San Francisco, State of California, his true and lawful attorneys to prosecute his claim. That his post-office address is San Francisco, County of San Francisco, State of California

Marvin W Green
(Claimant's signature.)
Schuners Hall
San Bruno Road

Attest:
Frank A Kelly
A. Anthony

Also personally appeared Frank A Kelly residing at San Francisco, California and A Anthony residing at San Francisco, California, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Marvin W. Green the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 37 years and ..... years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Frank A Kelly
A Anthony
(Signatures of witnesses.)

Sworn to and subscribed before me, this 31 day of Dec, A. D. 1890, 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.]

A G Kirkpatrick
(Signature.)
Deputy County Clerk and Deputy Clerk Superior Court.
(Official character.)

AA (3-010a.) AA

550405

SOLDIER'S APPLICATION

Name Marvin W. Green

Service Co E
1st N.Y. Dragoons
E 19 N.Y. Cav.

Address San Francisco,

California

Schmurs Hall
San Bruno Road.

SHEPARD & NORRIS,

Attorneys,

319 PINE STREET, - SAN FRANCISCO.

Date of Execution DEC 31 1890 189

The Act of June 27, 1890, requires, in case of a soldier:

(1) An honorable discharge (but the certificate need not be filed unless called for).

(2) A minimum service of ninety days.

(3) A permanent physical disability not due to vicious habits. (It need not have originated in the service.)

(4) The rates under the Act are graded from $6, to $12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.

(5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he can not draw more than one pension for the same period.

No Claim

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Act of June 27th 90

[3—011.]

B DECLARATION for the INCREASE of an INVALID PENSION. B

State of California County of San Francisco, ss.

On this 11th day of March A. D. one thousand eight hundred and ninety-two personally appeared before me, a Notary Public within and for the County and State aforesaid Marvin W. Green aged 52 years, a resident of the City of San Francisco, County of San Francisco State of California, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the San Francisco Pension Agency Certificate No. 27839, at the rate of six dollars per month, by reason of disability from Rheumatism and disease of the rectum [Here name the disability for which pension was granted.] incurred ~~in the Military, Naval Service of the United States while~~ Co "E" 1st New York Dragoons Vols [Here state the rank, company and regiment, if in the Army—vessel, if in the Navy.]

That he believes himself to be entitled to an increase of pension on account of increased disability of rheumatism and disease of rectum [Here state the reasons for applying for increase. On account of increase in the disability for which already pensioned, that should be described.

and New disability, of nearly total deafness of left ear, and kidney disease.

that he appoints SHEPARD & ~~NORRIS~~ Orlon, 319 Pine Street, San Francisco, county of San Francisco, State of California, his true and lawful attorneys to prosecute his claim. That his Post Office address is Schuur's Hall San Bruno Road ~~county of~~ San Francisco, State of California

Claimant's Signature: Marvin W. Green

Attest: No. Street.

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Also personally appeared John C. Pratt residing at San Francisco
and William J. Baskets, residing at San Francisco, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Marvin W. Green, the claimant, sign his name (or make his mark) to the
foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

John C. Pratt

William J. Baskets

Signatures of Witnesses.

SWORN to and subscribed before me this 11th day March, A. D. 1892.

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 ~~[illegible]~~ erased, and the words ~~[illegible]~~ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

E. M. Morgan

Signature.

Notary Public

Official character.

B B

INVALID.

CLAIM FOR INCREASE

Marvin W. Green *Applicant.*

1st *Regt.*

Co. *Vols.*

New York Dragoons

Pension Certificate No. 727839

FILED BY Order

SHEPARD & MORRIS,

No. 319 PINE STREET,

SAN FRANCISCO, CAL.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney and witnesses should be embodied in or accompany every application, *and all evidence in each claim*; and each change of residence said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

If executed before any officer other than a Clerk of a Court of Record, the Certificate of the Clerk as to the official character and genuineness of the signature of such officer should be attached.

U.S. PENSION AGENCY MAR 19 1892 CAL.

Reproduced at the National Archives

State of California } Claim No 982 764
County of San Francisco } Name Marvin W. Green
Co "E" 1st U.S.V. Drags.

Personally appeared before me This 19
day of Oct, 1891 Marvin W. Green
who being duly sworn
deposes and says that he is the
Identical Person
who rendered the service described
above; That he resides at 720
Johnnie Hall street San Bruno Road,
County of San Francisco, State of California.

That he Was Employed in any U.S.
Military or Naval Service duly
1861-

1
2
Sig. of two witnesses

Marvin W Green
Signature of Claimant

Subscribed and sworn to before me
This c day of A.D. 1891

E. M. Morgan
Notary Public

Certificate on file

Claim No 9827617

Warren N. Green

Co. E. 1st U.S. Engrs

Reply to Call 3

Filed by

Shepard & Norris

Attorneys

San Francisco Cal.



Reproduced at the National Archives

PHYSICIAN'S AFFIDAVIT.

RECEIVED MAY 22 1908 PENSION DIV.

☞ 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. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Wisconsin, County of Eauclaire, ss:

IN THE PENSION CLAIM NO.

of Marion W. Green late of

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 J. F. Bailey a citizen of Eauclaire Wis whose Post-Office address is Eauclaire Wisconsin 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 4 Months, and that did not know soldier prior to enlistment

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

now came to me Feb 8 1901 suffering from Chronic myocarditis rheumatic & Venous Circulation Internal Hemorrhoids & a very bad Cussing from a recently received gunshot wound Paralysis (Paraplegia) of lower left limb and all said complaints are of a progressive nature I have seen him daily for 4 months administered and prescribed professionally & he is wholly incapacitated from performing any manual labor

PENSION U. MAY 22 1908 S. OFFICE

NOTES.

The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.

2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.

3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

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He further declares that he has been a practitioner of medicine for 12 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Dr J. F. Bailey
Affiant's signature—give rank and service if in the army

Sworn to and subscribed before me this 15 day of May, A. D. 1901, 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 ..... erased, and the words ..... added, and that I have no interest, direct or indirect, in the prosecution of this claim.

Geo W. Withers
Official signature

[L. S.]

Notary Public Wis
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 ....., 19.....

[L. S.]

Clerk of the .....

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

☞ *No Revenue Stamps Required.*

Adjt Gen Division.

MEDICAL EVIDENCE.

No. Asst Surg 24 Regt Wis Vols.

Name of soldier: Marion W. Greene

Name of claimant: Same

Co. ....., 19.....Regt 1st Wis Vol Inf

NATURE OF CLAIM: Affidavit of Dr J. F. Bailey

FILED BY

J. H. Soule & Co.

For sale by J. H. SOULE, Washington, D. C.

Reproduced at the National Archives

PHYSICIAN'S AFFIDAVIT

PROOF OF PHYSICAL DISABILITY.—Act of June 27, 1890.

RECEIVED MAY 22 1901 PENSION DIVISION

☞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. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of CALIFORNIA, County of SAN FRANCISCO, ss:

In the Pension Claim No. .....

of Marion A. Green late of

Company and regiment or service if in the army, or vessel and rank if in the navy

Personally came before me, a DEPUTY COUNTY CLERK AND EX-OFFICIO DEPUTY CLERK OF THE SUPERIOR COURT, in and for the aforesaid County and State, Wm. H. Logan M.D. a citizen of the United States whose Post-Office address is 16 Geary St SAN FRANCISCO CALIFORNIA 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 Eight years, and that

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

He came under my professional care on the 30th day of December 1893 and remained under treatment for hemorrhoids and rheumatism both Chronic for several years. At times he would be disabled ⅓ at times more, but he would occasionally improve. When I last saw him he was improving slightly. He was always sober and upright and a good man to his family

Wm. Logan M.D.

PENSION U. S. MAY 22 1901 OFFICE.

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. He should fully and explicitly show the degree or extent to which the soldier has been disabled for the performance of manual labor, whether total, as the case may be, by reason of the disabilities alleged from .....

the date on which his claim was filed; or if incurred after that date, then from the time of incurrence to .....

date of his examination by the Examining Surgeons. He should also state that in his opinion the disabilities are not the result of the soldier's vicious habits.

He further declares that he has been a practitioner of medicine for 5 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

M. H. Logan, M.D.

Affiant's signature—give rank and service if in the army

Sworn to and subscribed before me this 1st day of May, A. D. 1901,

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 _____ erased, and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

A. Houston

Official signature

DEPUTY COUNTY CLERK AND EX-OFFICIO DEPUTY CLERK OF THE SUPERIOR COURT.

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 _____, 19____.

[L. S.]

_____

Clerk of the _____

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

☞ *No Revenue Stamps Required.*

PHYSICIAN'S EVIDENCE.

Act of June 27, 1890.

AFFIDAVIT OF

M. H. Logan M.D.

Nature of Claim Pension

Soldier Mann M. Ryan

Co. C, 19th Mo. Reg't.

Co. H, 18th Mo. Vols.

No. Cert. 124 839

FILED BY

SOULÉ & CO.,

Attorneys and Solicitors,

WASHINGTON,—D.—C.

For sale by J. H. SOULÉ, Washington, D. C.

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(3—145 b.) Act of June 27, 1890.

E. Increase INVALID PENSION. ctf No. 727,839

Claimant, Marvin W. Green

P. O., Elmhurst
County, Alameda
State, California

Rank, Private.
Company, E.
Regiment, 19th N.Y. Vol. Cavy.

Rate, $ ..... per month, commencing .....

Disabled by .....

RECOGNIZED ATTORNEY:

Name, Shepard and Orton
P. O., 319 Pine st. San Francisco Cal.

Fee $ ....., ... Agent to pay.
Articles filed ....., 189....

APPROVALS:

Submitted for June 17, 1893
Approved for .....
Date .....

June 23, 1893, Schaffer Legal Reviewer.

C. E. Lockwalter, Examiner.
Approved for Chronic diarrhoea, disability from rheumatism & disease of rectum having ceased to exist in a material degree under Act June 27 1890 No other ratable disability since date of filing Pension Certificate
Deputy Commissioner of Pensions
July 14, 1893, Wm. Featherstonhaugh, Medical Referee.

Enlisted August 20 1862 Honorably discharged June 30, 1865 Last paid to ....., at $ 6, for rheumatism and disease of rectum

Pension under other laws at $ ....., for .....

Original declaration, act June 27, 1890, filed January 7, 1891; alleged piles, deafness of left ear, and sciatic rheumatism.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed March 6, 1895, alleges Increase and pension for nearly total deafness of left ear and kidney disease.

No W.C.

Claimant writes.

9580 b—20 m

(3–145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION.

12 1839

Claimant, Marion W. Green

P. O., Schaur's Wall San Bruno Road, San Francisco, Cal

Rank, Private

Company, E

Regiment, 19th Mass Vol Cav

Rate, $6.00, per month, commencing Jan. 7th 1891

Disabled by Rheumatism & Lung Matter

RECOGNIZED ATTORNEY.

Name, J. H. Shepard

P. O., Oakland, Cal

Fee, $10 Agent to pay.

Articles filed, ..., 189...

APPROVALS.

Submitted for adms Jan 27, 1892, D S Caraway, Examiner.

Approved for Admission

E. B. McGetrick
Legal Reviewer.
Feby 2, 1892.

Approved for Rheumatism and disease of lungs $6.00

Pro rata to date of discharge

Examiner
Medical Referee.
Feb 15, 1892.

Not now pensioned under other laws. Last paid to ..., 18..., at $...

Pensioned from ..., 18..., at $..., for ...

SERVICE SHOWN BY RECORD.

Enlisted Aug 20th, 1862, and honorably discharged June 30th, 1865

Re-enlisted ..., 18..., ... honorably discharged ..., 18...

Declaration filed Jan. 7th, 1891, alleges permanent disability, not due to vicious habits, from piles, disease of left ear and sciatic rheumatism.

No M C

Cert issued

Reproduced at the National Archives

PENSION DIVISION.
Form 433.—Ed. 7 8 1901 2,000.

REPLY SHOWING PAYMENTS.

Treasury Department,

OFFICE OF THE
AUDITOR FOR THE INTERIOR DEPARTMENT,

Jan. 16th, 1902.

To the Commissioner of Pensions.

Sir: In reply to your letter of Dec. 24th in case of

Marvin W. Green Certificate 727,839.

S. F. Agency, Ins. Roll,

you are informed that the records of this Office show last payment

for ——— to have been made at $6 per month to Sept. 4, 1893.

you are informed that the records of this Office show

to have been made at

Letter herewith returned.

Respectfully,

A. G. Bryson,

Auditor.

PENSION OFFICE. U. S. JAN 17 1902

Reproduced at the National Archives

S-

DECLARATION FOR RESTORATION TO THE PENSION ROLL.

Act of June 27, 1890.

☞**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.

State of Wisconsin, **County of** Eau Claire, ss:

ON THIS 18th day of February A. D., one thousand, ~~eight~~ Nine hundred and ~~ninety~~ One

personally appeared before me, a Notary Public within and for the County and State aforesaid Marrion W Green

aged 60 years, a resident of the City of Altoona County of Eau Claire, State of Wisconsin, who, being duly sworn according to law, declares that he is the identical Marrion W. Green who was **ENROLLED** on the 20th day of August, 18 62, in Co "E" 1st Reg N. Y. Dragoons Vols

Here state rank, company, and regiment, if in the army, or vessel, if in the navy

in the service of the United States in the war of the rebellion, and served at least ninety days, and was **HONORABLY DISCHARGED** at Clouds Mills Va, on the 18th day of July, 1865. That he was disabled for earning a support by manual labor in a pensionable degree by reason of the following disabilities:

Rheumatism Disease of Rectum

Name here the disease or injuries from which disabled.

That he is also disabled for earning a support by X Deafness and disease Stomache

State here all disabilities incurred since filing your Original Declaration and any which you failed to allege in same

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, of a permanent character, and that he is now wholly disabled for earning a support by manual labor in consequence of same.

Partially or wholly

That he was a pensioner on the rolls of the agency at San Francisco Cal under certificate No. 727839, and that he was last paid at said agency to the 4th day of January 1893. to the best of his recollection the date is true

That he has not been employed in the military or naval service otherwise than as stated above.

That he makes this declaration for the purpose of reopening his claim and being restored to the pension-roll of the United States, under the provisions of the Act of June 27, 1890. He hereby appoints

M. L. Buck of Eau Claire Wis

his true and lawful Attorney, to prosecute his claim, and he directs that the sum of Ten Dollars be paid to said Attorney

That his Post Office address is Altoona

County of Eau Claire, State of Wisconsin

PENSION OFFICE U. S. FEB 20 1891

Marrion W Green

Signature of Claimant.

Two witnesses who can write, sign here.

A. S. [illegible]

Reproduced at the National Archives

Also personally appeared Wm O Shilling, residing at Altoona Eau Claire County Wis and John O Shilling residing at Altoona Eau Claire Co Wis, persons whom I CERTIFY to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Marvin W. Green, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 34 years and 12 years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

William Shilling

John O Shilling

Signatures of Witnesses.

Sworn to and subscribed before me this 18th day of February, A. D., 1901

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

residing

erased, and the words

added,

and that I have no interest, direct or indirect, in the prosecution of this claim.

E. M. Bartlett

Official Signature.

[L. S.]

Notary Public

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 , 189 .

[L. S.]

Clerk of the

Application for Restoration

OF PENSION.

Act of June 27, 1890.

Name Marvin Green

Service Co I 37 Wis Vol Inf

Certificate No. 613 477

FILED BY CLERK MAR 13 1901 MAST. L. FEE

NOTARIAL SEAL 1901 RECORD

For sale by J. H. BOUNE, Washington, D. C.

Reproduced at the National Archives

C 1877

ACT OF JUNE 27, 1890

Declaration for Invalid Pension

To be executed before a Notary Public, Justice of the Peace, or any Officer competent to administer oaths

State of California, County of San Francisco, ss:

On this ... day of June, A. D. one thousand eight hundred and ninety

Seven, personally appeared before me ... DEPUTY COUNTY CLERK AND DEPUTY CLERK OF SUPERIOR COURT ...

..., within and for the County and State aforesaid

Marvin W Green, aged 56 years, a resident of the ...

... of City, County of San Francisco, State of

California, who, being duly sworn according to law, declares that he is the identical

Marvin W Green, who was ENROLLED on the 19th day of

August, 1862 in Co. E. 19th Regt New York Vol Cavalry Infantry

(Here state rank, company, and regiment, in Military service, or vessel if in the Navy.)

in the War of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Rochester N.Y. on the 8th day of July, 1865

That he is now unable to earn a support by reason of Rheumatism

(Here name the disease or injuries from which disabled)

deafness of left ear and disease of

Kidneys

And he never was in the Military or Naval Service of the United States prior to August 19th 1862 or subsequent to July 1865, That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has ... applied for pension under application No. ... That he was a pensioner under certificate No. 727839 $6 per month payable at San Francisco Pension Agency

(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made)

That he makes this declaration for the purpose of being placed on the pension roll of the United States, under the provisions of the Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, Mathew Barnes of 20 Ellis St San Francisco his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS, as prescribed by law.

That his post office address is 121 25th Ave South, City of San Francisco State of California

X Marvin W. Green

(Claimant's Signature)

1 X C. H. Lapsley

2 X D. Holoe

(Two witnesses who can write sign here)

Soldier's Application.

ACT OF JUNE 27 1890

FILED BY

20 ELLIS STREET

SAN FRANCISCO, CALIFORNIA

SERVICE

ADDRESS

Also personally appeared ..... 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 ..... the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for ..... years and ..... years respectively, that he is the identical person he represents himself to be, and they have no interest in the prosecution of this claim.

Sworn to and subscribed before me this ..... day of ..... A. D., 189....

[L. S.]

(Signatures of Witnesses)

(Official Character)

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.

(Signature)

Reproduced at the National Archives

Reproduced at the National Archives

Declaration for Restoration to the Pension Roll.

State of California, County of Alameda, ss:

ON THIS 30th day of July A. D. one thousand eight hundred and ninety Four personally appeared before me L L McLaboyne of the City of Oakland a Notary ~~Court of~~ Public Record within and for the County and State aforesaid Marvin W Green aged 83-(53) years, who, being duly sworn according to law, makes the following declaration, asking to be restored to the pension-roll: That I am the identical Marvin W Green who was pensioned on the rolls of the Agency at San Francisco Cal, and whose pension certificate No. 727889 is herewith returned; and that I was paid last at said agency to ~~the~~ about Sept 4th day of September, 1893; that I since resided as follows: at Elmhurst Alameda County California

(Here name the place or places at which the applicant has resided.)

that I have not claimed pension since the date above given for the following reasons:

(Here state specifically the reasons why pension has not been claimed.)

for the Reason that my Pension was discontinued after September 1893

and that I am now unable to work on account of suffering with Rheumatism and Piles, have not re-enlisted since last pension payment, and, if so, give date, company and regiment, and date of final discharge. If a widow or mother, state whether re-married, and, if re-married, give date.)

(Here describe the disability for which restoration is claimed, and state, if an invalid, whether or not applicant has re-enlisted

that I hereby appoint, with full power of substitution and revocation, PRESTON L. GOODELL of WASHINGTON, D. C. my attorney $ to prosecute the above claim; that my residence is in Elmhurst in the County of Alameda and State of California and my Post Office address is Elmhurst Alameda Co Cal

F F Baker
Edward G Maxwell

Marvin W Green
(Signature of Claimant.)

(Two witnesses who can write, sign here.)

Also personally appeared F F Baker, residing at Oakland Alameda Co California, and Edward G Maxwell residing at Oakland Alameda Co California, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Marvin W Green, the claimant sign his name, (or make ~~his~~ mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him that he is the identical person represents ~~him~~ to be; and that they have no interest in the prosecution of this claim.

F F Baker
L L McLaboyne
Edward G Maxwell
(Signature of Witnesses.)

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

Reproduced at the National Archives

Inv Cl. 727839 C. S.

APPLICATION FOR

RESTORATION OF PENSION.

Marvin W. Green, Applicant.

Pension Certificate No. 727839

Co E 19th N.Y. Cav
Co "K" 130th N.Y. Infty

PENSION OFFICE U S AUG 25 1894

Filed by

SOULE & CO.,
ATTORNEYS,
WASHINGTON, D.C.

Printed and for sale by J. H. SOULE, Washington, D. C.

Sworn to and subscribed before me this 20th day of August A. D. 1894

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ~~.....~~ ~~.....~~ ~~.....~~

D.R.L.

(3—464.)

East DIVISION.

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., Dec. 24th, 1891.

Respectfully returned to the Officer in Charge of the Record and Pension Division, War Department with the request that he state whether Soldier is borne upon the records as Marvin W. Green and whether any other Green is borne upon the records of said organization.

Geo. B. Raum
Commissioner.

(o 6—059)

Address "The Officer in charge of the Record and Pension Division, War Department, Washington, D. C."

War Department,

Record and Pension Division,

Washington, DEC 26 1891, 18 .

Respectfully returned to The Commissioner of Pensions with the information that the report of Oct 10 1891 should read Marvin W. Green no other Marvin W. Green found as of 19. Ny Cavy. There were eight other Greens in said organization

PENSION OFFICE RECEIVED DEC 28 1891

By authority of the Secretary of War:

D. Cleaveland
Major and Surgeon, U. S. Army.
Per M.

(323)

Reproduced at the National Archives

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San Francisco Cal.
Janu' 2nd 1894.

To Whom it may Concern,

This is to Certify that I treated M. W. Green for Rheumatism in the fall of 1889, and that he has since been afflicted with that disease, which at times renders it impossible for him to follow his trade

Respectfully,

H. A. Harvey M. D.
1126 Market St.

PENSION OFFICE U.S. FEB 7 1894

Reproduced at the National Archives

GENERAL AFFIDAVIT.

State of California, City & County of San Francisco, ss:

In the matter of .....

ON THIS 1st day of February A. D. 18[illegible] personally appeared before me a DEPUTY COUNTY CLERK AND EX-OFFICIO DEPUTY CLERK OF THE SUPERIOR COURT in and for the aforesaid County, duly authorized to administer oaths ..... aged ..... years, a resident of ....., in the County of ....., and State of ....., whose Post Office address is ....., well known 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.)

Mr M. Grun has been under my care & and on for about last (10) yrds treating for Rheumatism and Chronic Inflammation of the Return. has occasionally complaints to about one half (½)

I further declare that I have no interest in said case and am not concerned in its prosecution.

M. X. Logan M.D.

(If affiants sign by mark, two witnesses who can write sign here.) (Signature of Affiants.)

U.S. IMMIGRATION SERVICE FEB 1934 OMAHA

Immigration Division FEB 1894 Bureau of Chinese

Reproduced at the National Archives

STATE OF California, City & COUNTY OF San Francisco, 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 he executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant is presonally known to me and that he is a creditable person.

W. J. Haney
(Official Signature)

[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, ... 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 should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

RECEIVED
FEB 8 1894
Pension Office

Supplemental

ADDITIONAL EVIDENCE

CLAIM OF

No. 827,839

Marion Hall Green

AFFIDAVIT OF

Jan. 31/894

Atty

Reproduced at the National Archives

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original. Pension Claim No. 982,764.

[State above whether for original, increase or restoration.]

Name and rank of claimant.

Marion M. Green, Rank, Pvt.

Company E, Reg't 19th Ill. Inf. Van Cleve State,

Claimant's post office address.

Edwardsville, Madison Co. Ill. [Post-office address of the Board.]

Oct 28. [Date of examination.], 189 1.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Piles, Deafness Left Ear & Sciatic Rheum.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for _____ [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Abt Oct, 1864 Piles, Began to show, Had Piles.
" " Deafness, Artillery, Followed.
Have Sciatic Rheumatism, Not continually.
No other wounds or Injuries. Aftward before & Capture
the said service.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post office address.

Upon examination we find the following objective conditions: Pulse rate, _____ respiration, _____; temperature, 98; height, 5 feet 8 inches; weight, 178 pounds; age, 57 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

General, Appearance healthy & Strong, Well nourished. Skin Eyes Tongue Clear & Clean. Thickening of Internal hemorrhoidal tissues, with tenderness. No rectal, nor bleeding. No ext. piles. Very slight deafness of left ear. Ability to hear ordinary Conversation beyond 6' distant. No lesions of Ear. Probably Artillery Shock. Sciatica of left thigh, with slight stiffness of that hip. Not lame. uses no stick. Heart, Lungs, Liver, Spleen, Genitals, Kidneys, All Sound.

Excepting above no disabilities found

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by Sciatic Piles, _____, for that caused by Sciatica, 2/18, and _____ for that caused by _____ Aggty 6/18.

J. Jackson, Pres. Chas McConnell, Sec'y. E. Donnelly, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(20,000.) 6—552

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Continuation of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Veteran Mr. Grave

Co. E, 49 Reg't Mo. Vol. Inf.

Applicant for Original

No. 985,764

DATE OF EXAMINATION:

October 5th, 1891.

J. B. Smith, Pres.,
Edward Mc Quaid, Sec'y,
E. Driscoll, Treas.,
} BOARD.

Post office, Dent Missouri

County, " "

State, Calhoun

P. S.—Write your Post-office address plainly and in full.

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

Reproduced at the National Archives

(3—III.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Adal [State above whether for original, increase, or restoration.] Pension Claim No. 727,839

Name and rank of claimant.

Marcus W Drew, Rank,

Company E 19 Reg't N Y Cav | Oakland Cal [Post-office address of the Board.] State,

Claimant's post-office address.

Elmhurst Alameda Co Cal | Nov 9 [Date of examination.], 1892

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Deafness, rheumatism, piles and disease of kidneys

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of — Six — dollars per month.

He makes the following statement upon which he bases his claim for Add'l. [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

He suffers a continual pain across small of his back. Urinates too frequently at times at others not sufficiently so. Became partially deaf in left ear 1862 - 3 - Contracted piles 1862 - 4. Has rheumatic attacks every winter.

No other disability Claimed.

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 16; temperature, 98.5°; height, 5 feet 9 inches; weight, 172 pounds; age, 52 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Appt looks rugged and healthy. Skin is clear body well nourished, muscles firm, hands hard. External Ears are normal - Rt. M.T. and hearing faculty are normal. Lt M.T. is depressed, non reflex & has a dull muddy color. Has slight deafness of this Ear being unable to hear ordinary Conversation at or beyond 6 ft. Rate. ℅ Voice rotus - ceptor of deafness. There are no physical signs of rheumatism in any joint tendon or muscle. no limitation of motion - Heart is normal - No rate.

He states he has suffered very much from "itching piles." Hemorrhoidal vessels are not engorged - no ulcers tumors, fistulæ or fissures exist - Rectum appears normal in every particular. No rate.

His urine is acid - light straw colored - S.G. 1018 - No albumen, sugar or pus - shows on standing two hours but a small cloud of mucous. No rate -

No other disability found

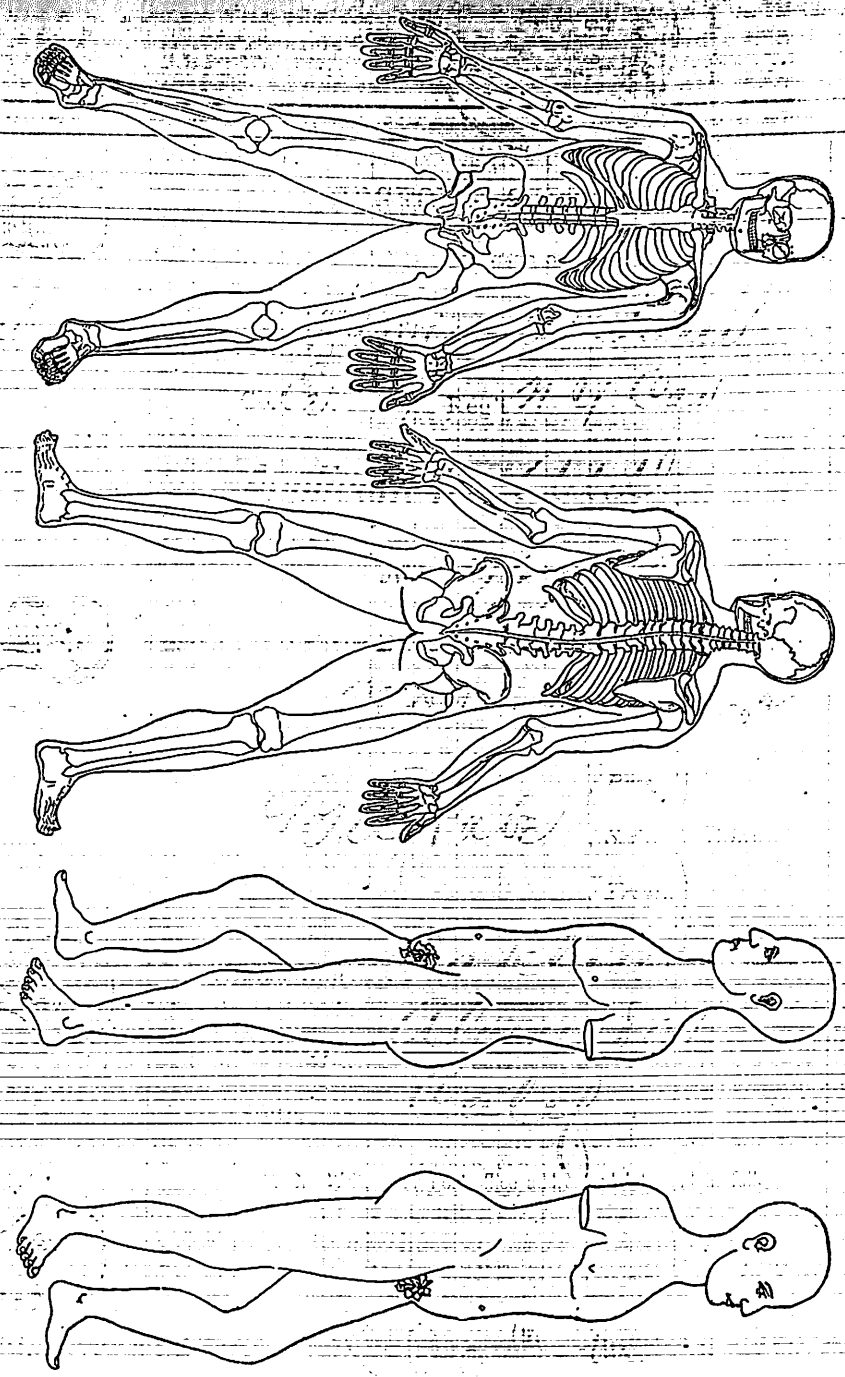
Rate for EACH cause of disability.

He is, in our opinion, entitled to a (℅) rating for the disability caused by Deafness, for that caused by , and for that caused by

, Pres. D. A Rabe, Sec'y. , Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(7567—200,000.) 6—552



"Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

0—552

PENSION OFFICE NOV 10 1892

SURGEON'S CERTIFICATE

IN CASE OF

Marcus W Green

Co. E, 19 Reg't N Y Cav

Applicant for Add'l

No. 727 839

DATE OF EXAMINATION:

Nov 9, 1892.

W A Rabe, Pres.,
, Sec'y,
, Treas., } BOARD.

Post office, Oakland

County, Alameda

State, Calif.

P. S.—Write your Post-office address plainly and in full.

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(3—111 c.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

[Insert character and number of claim.] Inc ass Add'l Pension Claim No. 727,839

[State above whether for original, increase or restoration.]

[Name and rank of claimant.] Marvin W. Green, Rank, Pvt

Company E, 19 Reg't N.Y. Cav | Oakland Cal State,

[Claimant's post-office address.] Elmhurst Cal | [Post-office address of the Board.] Oct 18, 1893

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: [Cause of disability.] Rheumatism and disease of rectum (old). Deafness and disease of Kidneys (adds).

and that he receives a pension of Six dollars per month

[If a pensioner, fill in the amount; if not, erase the whole line.]

He makes the following statement upon which he bases his claim for Revision

[Original, increase, restoration, &c.]

[Here give the claimant's statement as briefly and as compactly as possible.] Contracted Rheumatism 1891-5. Has had aching pains ever since discharge. Hearing of left Ear has been poor since discharge. Caused by artillery. Has to rise frequently at night to pass water. no other disabilety asserted.

Upon examination we find the following objective conditions: Pulse rate, 74; respiration, 16; temperature, 985; height, 5 feet 10 inches; weight, 175 pounds; age, 53 years.

[Here give a full description of the disabilities, in accordance with Book of Instructions.] General appearance of Applt is healthy. Skin is Clear and florid. Muscles are well developed and firm; Body is well nourished.

He moves with Evident pain and stiffness in Loins and left hip, States he is frequently laid off from work by it especially in damp weather or after attempts of brisk Exercise. with this Exception, no joint tendon or muscle shows any objective signs of Rheumatism. The heart is normal in position and size. It intermittes once during the Ex'n.

There are no indications of rectal disease. Hemorrhoidal vessels are normal. Prostate is enlarged 50%. Urine is light amber, acid. S.G. 1019, no albumen no sugar. no other abnormal constituents.

[The actual and probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.] He hears Ordinary Conversation with either Ear 8 to 10 feet easily. Voice does not indicate deafness.

No other disabelety found.

Absent, Pres. P.A. Rabe, Sec'y Absent, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(11906—10,000.) 6-802

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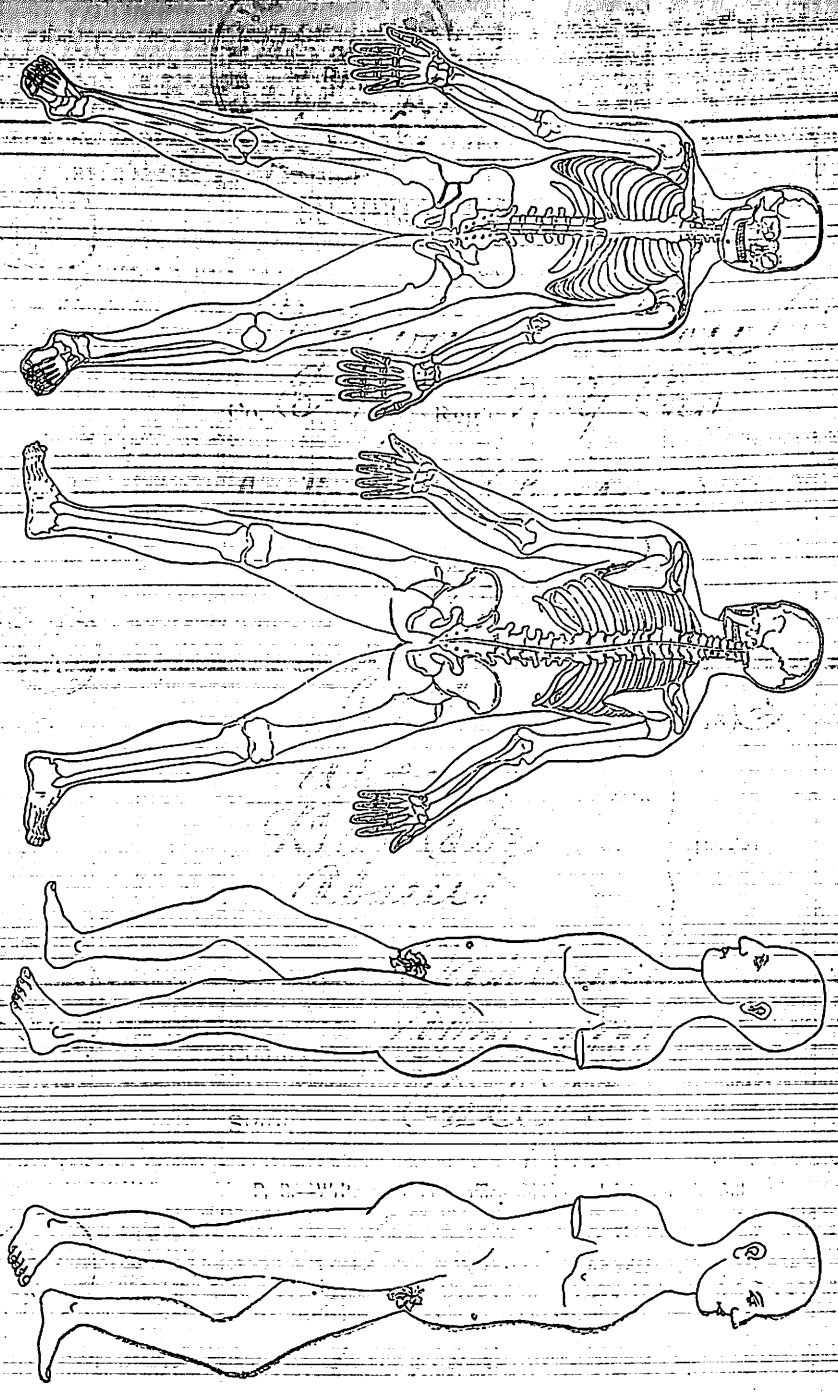
Continuation record of examination here.

PENSION OFFICE
OCT 28 1893



SURGEON'S CERTIFICATE

IN CASE OF

Marion W Green

Co. E, 19 Reg't N Y Cav

Applicant for Pension

No. 727839

DATE OF EXAMINATION:

Oct 18, 1893

Absent, *Pres.*,
Ba Robt, *Sec'y*,
Absent, *Treas.*, } BOARD.

Post office, Oakland

County, Alameda

State, Calif.

P. S.—Write your Post-office address plainly and in full.

Board of Revision,
NOV 15 1893

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board," where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

4—Sim

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MEDICAL DIVISION.

3—151.
(Old No. 3—516.)

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., April 24, *1901.*

Drs.

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

Stamp on order indicates that this claim is under Act of June 27, 1890. Please rate according to circulars of June 30 and Aug 22, 1900.

If a rate under Act of June 27, 1890, is not warranted, you should so state.

J. F. RAUB,
Medical Referee.

Reproduced at the National Archives

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase

Name of claimant. Marvin W Gunn Pension Claim No. 727 839

[Rank.] Private Company E Reg't 19 Wis. Vol. Inf.

Claimant's post-office address. Altoona Wis

Address of Board. Eau Claire P. O. Wisconsin State.

April 8, 1901 [Date of examination.]

Cause of disability. Piles Dyspnea & Sciatica Dis of Kidneys Rheumatism Piles Dis of Rectum Dis of Stomach

He receives a pension of 6 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him. He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, etc.]

Piles Trouble me all the time cause Sciatic Aching & cannot lay with my left or I suffer pain in the small of my back the muscles of my legs arms & back are painful and sore I suffer pain in my Stomach

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 80-84-90 [Sitting, standing, after exercise.], respiration, 19 [Sitting, standing, after exercise.], temperature, 98 4/5, height, 5 feet 6 1/2 inches; actual weight, 160 pounds; age, 60 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. He is not Emaciated anemic or especially Weak

Rectal mucus membrane normal No Hemorrhoids or ulceration No dandyism

No dyspnea even than ordinary Some of Acute C Pain distant

No swelling Atrophy or loss of motion of any joint tendon or muscle

He complains of pain and Soreness in all the muscles 9/14

His heart is normal Apex beat is 5 inches from Sternum 2 inches from border of Sternum to mammary line

Heart not hypertrophied or Enlarged

Pain normal No Albumen or Sugar

Sec 1020

No Other cause of dis or injury

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

In our judgment he Entitled under the act June 27th 1890 is not wounded

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

D W Dow, Pres. Alent, Sec'y. E J Farr, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

Reproduced at the National Archives

No examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☞(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 18 ."

(*Signature.*) _____

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Harris W Gam, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. D W Bay and Dr. E J Farr, the examining surgeons here present (waiving examination by full board), on this 8 day of June, 1901."

(*Signature.*) Harris W Gam

SURGEON'S CERTIFICATE

IN CASE OF

Harris W Gam

Co. E, 19 Reg't N.Y. Art Lm

APPLICANT FOR Orig

No. 727939

DATE OF EXAMINATION: June 8th, 1901

D W Bay, Pres.,
E J Farr, Sec'y,
G J Van Allen, Treas.,
BOARD.

Post office, [illegible]

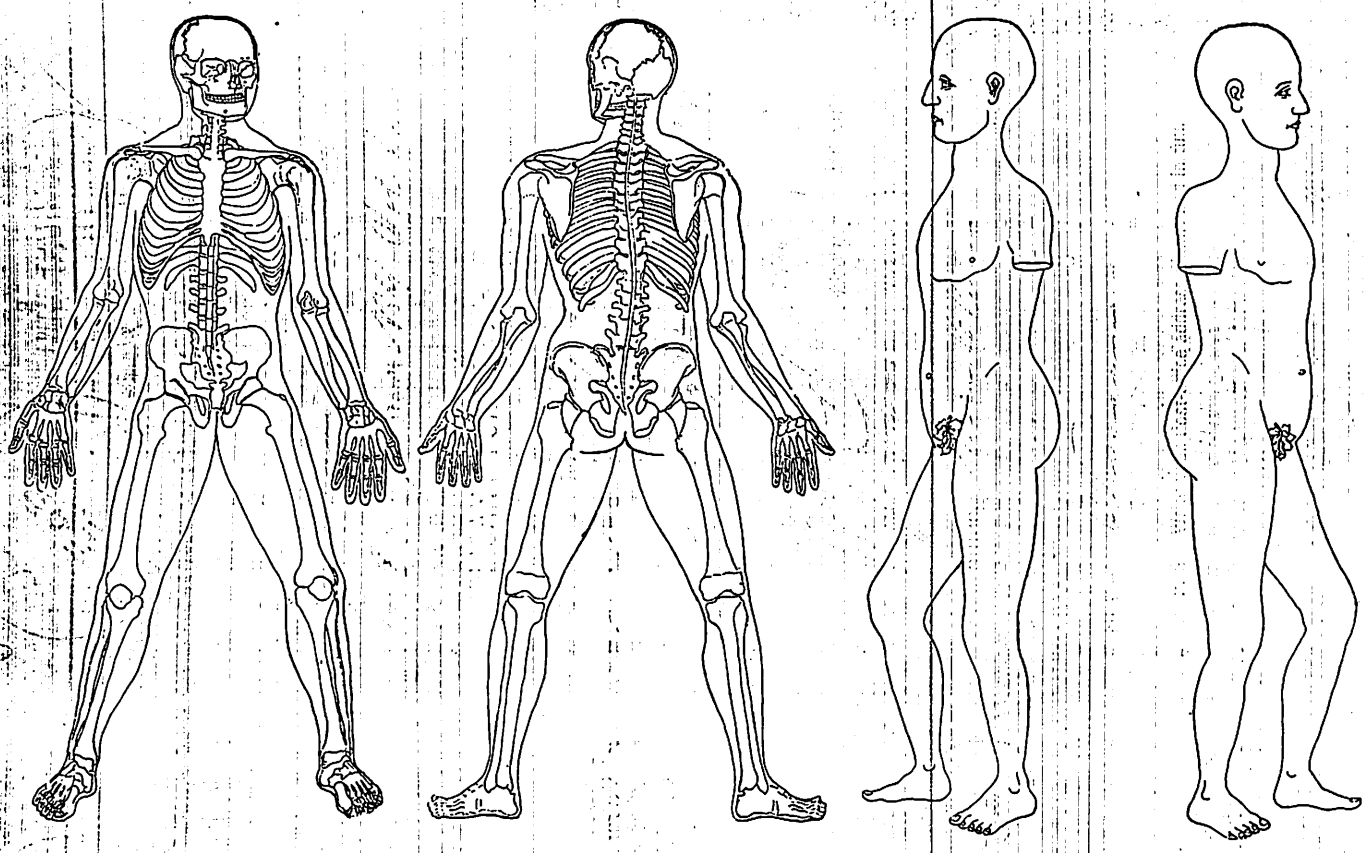
County, [illegible]

State, [illegible]

P. S.—Write your Post-office address plainly and in full.

RECEIVED JUN 10 1901 PENSION OFFICE

EAST. 19th JUN 12 1901 CERTIFICATE DIVISION SECTION



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

Reproduced at the National Archives

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 727,537

Name of claimant. Warren W. Green

Claimant's post-office address. Company E. 19 Reg't U.S.Vol.Cav. Wis. Vet. Home: Waupaca

Address of Board. Waupaca P. O. Wis. State.

Sept. 24 [Date of examination.], 1902

Cause of disability. Rheumatism, heart disease, nervous prostration and paralysis

~~He receives a pension of~~ no ~~dollars per month.~~

Here give the claimant's statement (as briefly and as concisely as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Have had paralysis in left leg + arm since April 1901. Have had rheumatism ever since the war. Caused by sleeping on the ground during service and heart disease 2 years ago. Can stand 20 minutes at a time and can do no kind of labor.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, N. Y.; age, 62 years; height, 5-9; weight, 145 pounds; complexion, Fair; color of eyes, Dark; color of hair, Gray; occupation, ~~Carpenter~~ none at present; permanent marks and scars other than those described below,

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 0-100-140 [Sitting, standing, after exercise.]; respiration, 8 - 0 [Sitting, standing, after exercise.]; temperature, 98.4;

Here give a full description of the disabilities, in accordance with Book of Instructions. Rheumatism under arm both sciatic nerves & along the ulnar nerve. No enlargement of joints, motion of both hips limited & on account of tenderness all other joints & muscles normal.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated. Heart Apex is diffuse. Tones feeble. Area increased + no murmurs not regular. Dyspnoea on slight exertion. Cyanosis no Oedema.

Paralysis. There is hemiplegia loss of muscular power of left side + left facial Grip of left hand +

No disturbance of organs of Special Sense.

No trouble in the Bowels or bladder urine

Sp gr 1012 acid no albumen or sugar

No Evidence of nervous prostration.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor. We find the aggregate permanent disability in earning a support by manual labor is due to (1) Rheumatism (2) Disease of heart (3) Left hemiplegia not due to vicious habits and warrants a rate of 12.00

J. W. Trimble, Pres. J. E. Looper, Sec'y. [illegible], Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3—156, 111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

Reproduced at the National Archives

Examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. J. W. Trimble, Dr. E. N. Jones, and Dr. J. E. Looper were personally present and actually participated in the examination of Marion W. Green, the claimant in this case, on 24 day of Sept, 190 2.

(Signature.) J. E. Looper

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____ 190 "

Witnesses to mark. _____

(Signature of applicant.) _____

OCT 10 1902 U. S. PENSION

SURGEON'S CERTIFICATE

IN CASE OF Marion W. Green

Co. B, 19 Reg't N.Y. Vol Cav.

APPLICANT FOR Increase

No. 727832

DATE OF EXAMINATION: Sept - 24, 190 2

BOARD. J. W. Trimble, Pres., J. E. Looper, Sec'y, E. N. Jones, Treas.,

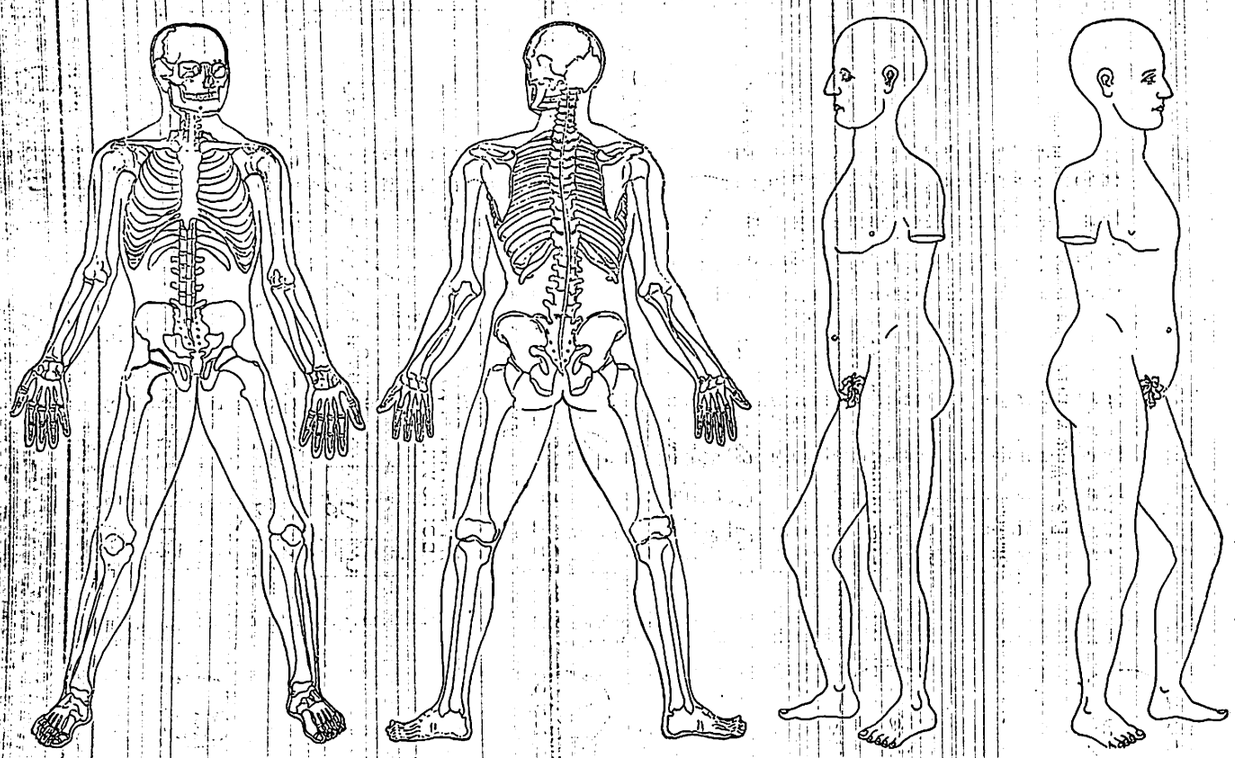
Post office, Mayfield

County, _____

State, Miss

P. S.—Write your Post-office address plainly and in full.

War



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

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3—438.
(Old No. 3—562.)

ACCRUED PENSION.

Act of March 2, 1895.

EASTERN Division.

Certificate No. 227839 Last issue June 12, 1903

Pensioner, Warren W. Green Act June 27, 1890

Date of death, August 10, 1903

Claimant, Elvira L. Green

228 Lily Ave. San Francisco

San Francisco Co

California

Certificate not filed

Submitted for Add. October 13, 1903.

J. B. Ennis Examiner.

BOARD OF REVIEW.

Approved for Admission Payable to the Widow as above

Pension

D. R. Ritt Reviewer, Oct 16, 1903

Thos. L. Lacey Rereviewer, " 17, 1903

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued Oct. 20, 1903 / Mailed " 23, 1903

Payable to Widow

Original certificate and voucher

No M. C. Claimant writes.

Reproduced at the National Archives

3–361.
(Old No. 3–128 a.)

No. 789940

ACT OF JUNE 27, 1890, AS AMENDED BY ACT OF MAY 9, 1900.

WIDOW'S PENSION.

Claimant Elvira L. Green

P. O. 228 Lily Ave. San Francisco

County San Francisco, State California

Soldier Marvin W. Green

Rank Private, Co. E

Regiment 1st N. Y. Vol. Cav.

Rate $8 per month, commencing August 18, 1903, and $2 additional for each child, as follows:

Warren	Born, June 30, 1891 Sixteen, June 29, 1907	Commencing August 18 1903
	Born, Sixteen,	Commencing
	Born, Sixteen,	Commencing
	Born, Sixteen,	Commencing
	Born, Sixteen,	Commencing
	Born, Sixteen,	Commencing
	Born, Sixteen,	Commencing
	Born, Sixteen,	Commencing

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

All pension to terminate ____, 190__, date of ____

RECOGNIZED ATTORNEY.

Name Edmund G. Bullens Fee, $ 10 Agent to pay.

P. O. 806 Market St. San Francisco, Cal. Articles filed ____, 189__

APPROVALS.

Subm'itted for Gdn. Oct. 13, 1903, J. B. Ennis, Examiner.

Approved for Admission under Act of June 27/90. as Amended by the Act of May 9 1900.

Oct 16, 1903 D R Witt, Reviewer. Oct 17, 1903 Thos J Leach, Reviewer.

The soldier was ____ pensioned at $ 10 per month for Chron. dis. of heart & R. hemiplegia

Enlisted August 20, 1862

____ honorably disch'd June 30, 1865

Reenlisted Vis other Service, 18__

____ honorably disch'd ____, 18__

Died August 10, 1903

Declaration filed August 18, 1903

Claimant ____ writes.

Soldier's app'n filed March 3, 1902

Clt's app'n under other laws None, 1__

Former marriage of Neither, 18__

Death of former ____, 18__

Clt's marriage to soldier October 24, 1867

Clt's not remarried ____, 1__

No, M. C.

0-4

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San Francisco, Calif.
April 11, 1929.

Commissioner of Pensions,
Washington. D. C.

Dear Sir:

I was seventy five years of age July 31, 1928.

I have always been under the impression that the advance in pension due to age, would come automatically and have waited for it to arrive. Since I now learn that application must be made, I request that the pension be increased accordingly.

Yours very truly,

Elvira L Green

Elvira L. Green
561, 438
65 Nordhoff St.
San Francisco, Calif.

W.C.
561438
Mrs. Elvira L. Green
6-19-29 M.Y. Car

WIDOW DIVISION
APR 16 1929
B.M.I.
BUREAU OF PENSIONS

PENSION
APR 16 1929
S.

Reproduced at the National Archives

3—367

W. C. No. 561,438

1st MAY 7 - 1929 Increase ACT OF May 1, 1920.

WIDOW'S PENSION.

Claimant Elvira L. Green

P. O.

County ..... State .....

Soldier } Marcus W. Green
~~Sailor~~ }

Service Private, E
(Rank.) (Co.)
19th N.Y. Cav
(Regiment—Ship.)

Rate, $ 40 per month, commencing July 31, 1928

and $ ..... per month ..... additional for each child,

as follows:

All pension to terminate ....., 1....., date of .....

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

None

Claim

P. O.

	Born		
	Sixteen		Commencing
	Born		
	Sixteen		Commencing
	Born		
	Sixteen		Commencing
	Born		
	Sixteen		Commencing
	Born		
	Sixteen		Commencing
	Born		
	Sixteen		Commencing
	Born		
	Sixteen		Commencing
	Born		
	Sixteen		Commencing

RECOGNIZED ATTORNEY.

Name .....

Fee, $ .....

P. O. .....

APPROVALS.

Submitted for Adm. May 1, 1929. W. L. Scott, Examiner.

Approved for increase - act of May 1, 1920
(Born - July 31, 1853)

May 3, 1929, Joe North, Reviewer. ....., 1....., ..., Rereviewer.

The soldier was ..... pensioned at $ ..... per month under .....

Enlisted	August 20, 1862.	Clt's app'n under other laws	, 1
Discharged	June 30, 1865.	Former marriage of soldier	, 1
Reenlisted	—, 1	Death / Divorce of former wife	, 1
Discharged	—, 1	Former marriage of claimant	, 1
Invalid claim filed	, 1	Death / Divorce of former husband	, 1
Died	August 10, 1903.	Clt's marriage to soldier	October 24, 1869.
Widow's ~~claim filed~~ born	July 31, 1853.	Clt not remarried	, 1

Claimant does — write.

GOVERNMENT PRINTING OFFICE 6—2240

W. C. M. C.

53.

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D. W. BURCHARD & C. J. HOUSTON
ATTORNEYS AT LAW
2424 SACRAMENTO STREET.
NEAR FILLMORE
Phone West 2026

San Francisco, Cal. Dec. 12, 1906.

Hon. Commissioner of Pensions,
Dept. of Interior,
Washington, D. C.

Sir:-

I have the honor to send you by registered mail the remnants of my pension certificate No. 561438, issued to me October 20th, 1903. This pension was granted me under the provisions of the Act of June 27th, 1890, to commence on the 18th day of August, 1903 and to continue during my widowhood unless I shall forfeit my rights thereto. The amount of the same is at the rate of $8.00 per month for myself and at the rate of $2.00 per month for my minor child who will be sixteen years of age on June 29th, 1907.

Kindly send me a duplicate and new pension certificate in the place and stead of the one destroyed by fire in this city on or about April 18th, 1906. Accompanying this application on my part please find my affidavit in support thereof.

I have the honor to be, sir,

Respectfully yours,

Elisa L Greer

Address 2424 Sacramento St.
San Francisco, Calif
% Messrs. Burchard & Houston

PENSION
DEC 21 1906
U. S.
OFFICE.

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C.C.

(CASE)

3—1865.

DEPARTMENT OF THE INTERIOR,
Certificate Division. BUREAU OF PENSIONS,
WASHINGTON, D. C., December 26, 1906.

United States Pension Agent,
San Francisco, Cal.

Sir:

Please report by endorsement on this letter the date of last payment in the case of Elvira L. Green, certificate No. 561438, Act of June 27, 1890.

Very respectfully,

[signature]

Commissioner.

U.S. PENSION AGENCY
DEC 31 1906
SAN FRANCISCO.

Respectfully returned with the report that in the case described above, payment was last made on December 5. 1906.

[signature]
Pension Agent.

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3-67. 1890.

BRIEF FOR A Duplicate CERTIFICATE.

In the case of Elvira L Green widow of Marvin M. Green Pri Co E 19 N.Y. Vol Cav.

San Francisco Agency.

CLAIM FOR NEW PENSION CERTIFICATE FILED Dec 21, 1906.

~~PROOF EXHIBITED~~:

Pensioned as per brief attached.

Payment made to Dec 4 1906

Issued in lieu of Orig certificate dated Oct 20 1903

In the case of

Claimant surrenders her partially burned certificate and requests that a new one be issued in lieu thereof

Pensioned as per brief attached.

Payment made to

Issued in lieu of certificate dated

In the case of

Submitted for duplicate Jan. 10, 1907

E Ward

Examiner.

NAME AND POST-OFFICE ADDRESS OF CLAIMANT—

Elvira L Green
c/o U. S. Pension Agent
San Francisco
Cal.

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3—367.
(Old No. 3—127.)

HISTORY OF CLAIM.

Pensioner, Marvin W. Green, Certificate No. 727839
1st service, E 130 N.Y. Inf cav.; enlisted, Aug. 20, 1862; discharged June 30, 1865
2nd service, 0; enlisted, ..., 18...; discharged, ..., 18...

Pensioned from Jany. 7, 1891, at $6 per month for Rheum. and dis. of Rectum. Dropped.

Original declaration, Act of June 27, 1890, filed Jany. 7, 1891.
alleged Piles, deafness of left ear and Sciatic Rheum.

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3–357.
(New No. 3—145 b.)

Cert. No. 727839

ACT JUNE 27, 1890.

Renewal

INVALID PENSION.

Claimant, Marvin W. Green

P. O. Altoona
County Eau Claire
State Wisconsin

Rank Private
Company E
Regiment 19 N. Y. Ind. Cav.

Rate, $ ____ per month, commencing ____

Pensioned for ____ inability to earn a support by manual labor

REJECTED.
Febry 6 02

RECOGNIZED ATTORNEY.

ACT JUNE 27, 1890.

Name Steele & Co.
P. O. Washington, D. C.

Fee, $ 10
Agent to pay.

APPROVALS.

Submitted for Adm. Jany. 17, 1902. J. B. Ennis, Examiner.

Approved for Rejection on the ground: no ratable disability under the Act of June 27, 1890, but the alleged rheumatism, piles, deafness, left ear, disease of rectum and stomach, or leg, are other cause.
Subject to the action of the Medical Referee

Aggregate of disabilities shown, permanent in character, $ ____

February 3, 1902. Lieut. Col. Harlan
Legal Reviewer.
February 11 1902 H. Ketchum
Re-Reviewer.

Approved for Rejection
A ratable degree of disability is not shown under the Act of June 27, 1890

Jan 31, 1902. Bernard
Medical Examiner.
Herrmann
Medical Reviewer.
J. F. Rose
Medical Referee.

Enlisted Aug. 20, 1862; honorably discharged June 30, 1865

Enlisted ____, 186__; honorably discharged ____, 186__

Pensioned at $ 6 per month. Last paid to Sept. 4, 1893

Rheumatism and disease of rectum

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug. 28, 1894 alleges rheumatism and piles
Feb. 24, 1897 alleges deafness left ear and disease of rectum
Feb. 20, 1901 alleges disease of stomach.

Claimant does ____ write.
Certificate not filed.

Vno, M. C.
0-1

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16

PHYSICIAN'S AFFIDAVIT.

☞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. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of California, County of San Francisco ss:

IN THE PENSION CLAIM NO. Ctf 737839

of Marion W. Green late of

Company C 1st regt N.Y. Dragoons

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 C. R. Haulowitz a citizen of San Francisco Cal whose Post-Office address is 201 Gough Street S.F. Cal, 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 5 months, and that I have not known the aforesaid M.W. Green before his

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

enlistment but have known him for the past 5 months during my treatment of his family. I have not treated him during his enlistment or after his discharge.

Claimant is at present suffering from Chronic Rheumatism to such an extent as to be practically crippled. Rheumatism affecting knee and hip joints.

A condition of Dyspnoea is present due to Aortic regurgitation, also hypertrophy and dilatation of the left ventricle. Claimant also is suffered from Chronic Bronchitis. Kidneys A condition of Interstitial Nephritis is present.

C. R. Haulowitz

PENSION D MAY 25 1903 U.S. OFFICE.

NOTES.

The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him now, intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.

2d. If he treated claimant while in the service either as his regimental surgeon or, while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.

3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.

4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

He further declares that he has been a practitioner of medicine for 4 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

E. R. Haulon M.D.

Affiant's signature—give rank and service if in the army

Sworn to and subscribed before me this 14th day of May, A. D. 1903,

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~~ letter g erased, and the ~~words~~ letter d added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Official signature

[L. S.]

NOTARY PUBLIC

In and for the City and County of San Francisco, State of California.

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 ....., 190....

[L. S.]

Clerk of the .....

NOTE:—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

☞ *No Revenue Stamps Required.*

Division.

MEDICAL EVIDENCE.

No. of 703839

Marcus W. Green
Name of claimant

Same
Name of soldier

Co. E, 17 Regt. N.Y. Vols.

Nature of Claim

AFFIDAVIT OF

E. R. Haulon M.D.
San Francisco Cal

FILED BY

Geo. W. Arthurs
805 Sa Rue st

Claims Wash

For sale by J. H. Soulé, Washington, D. C.

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PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL DISABILITY.—Act of June 27, 1890.

☞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. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Wisconsin, County of Eau Claire, ss:

IN THE PENSION CLAIM NO. Ctf 727839

of Marvin W. Green late of

Co "E" 17th N.Y. Vol Inf

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 John F. Bailey M.D. a citizen of Eau Claire Wis whose Post-Office address is Eau Claire Wisconsin 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 two years, and that

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

prescribed professionally for Ex Soldier on different occasions during past years and found him suffering from Heart Disease Epilepsy also acute difficulties articular Rheumatism (Chronic) Disease (pulmonary) Heart short breathing. Extreme nervousness very excitable and restless at night (Insomnia). He is wholly incapacitated from performing any manual labor

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. He should fully and explicitly show the degree or extent to which the soldier has been disabled for the performance of manual labor, whether ¼, ½, ¾, or total, as the case may be, by reason of the disabilities alleged from

the date on which his claim was filed; or if incurred after that date, then from the time of incurrence to

date of his examination by the Examining Surgeons. He should also state that in his opinion the disabilities are not the result of the soldier's vicious habits.

PENSION D. U. S. MAY 25 1903 OFFICE.

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He further declares that he has been a practitioner of medicine for 14 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

John F. Bailey M.D.
Affiant's signature—give rank and service if in the army

Sworn to and subscribed before me this 6th day of May, A. D. 1903;

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

erased, and the words

added,

and that I have no interest, direct or indirect, in the prosecution of this claim.

E. M. Bartlett
Official signature

[L. S.]

Notary Public, Eau Claire, Wis
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 , 19

[L. S.]

Clerk of the

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

☞ *No Revenue Stamps Required.*

PHYSICIAN'S EVIDENCE.

Act of June 27, 1890. 5/900

AFFIDAVIT OF

John F. Bailey M.D.

Nature of Claim Restoration and Application Increase & Green

Soldier Co. E, 19th Reg't. Wis. Vols.

No. Cty 734,839

FILED BY

Geo. W. Quinton

805 So. Riverside

Eau Claire Wis

For sale by J. H. SOULE, Washington, D. C.

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GENERAL AFFIDAVIT.

State of California County of Los Angeles ss:

In the matter of Marion W. Greene

late Co. E. 1st Regt. N.Y. Engrs. Claim on Add. Cert. No. 724,837

ON THIS fifth day of June A. D. 1903, personally appeared before me Deputy Certified Clerk, Deputy County Clerk, a Notary Public Los Angeles Cal. in and for the aforesaid County duly authorized to administer oaths

O. F. Eckert aged 67 years, a resident of Soldiers Home in the County of Los Angeles and State of California whose Post Office address is residence as stated well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to the aforesaid case as follows:

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

That said Eckert is a patient in Hospital of Soldiers Home Los Angeles Co. Calif. of which Home affiant is Surgeon That said claimant's disabilities are Chronic Muscular Rheumatism - Hypertrophic Dilatation of the Heart with adhypertrophic degeneration of Vessels - Chronic Interstitial Nephritis - Defective Vision - Disease of Bone and General debility & in consequence of these disabilities he is totally disqualified for the performance of any manual labor.

I further declare that I have no interest in said case and I am not concerned in its prosecution.

O. F. Eckert
[Signature of Affiant.]

IF affiant sign by mark two persons who can write sign here.

PENSION BUREAU JUN 17 1903 U.S. OFFICE

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State of California County of Los Angeles 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 he 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 he is a credible person.

O. A. KYES, Co. Clk.
By M. Trego Deputy Clk.
LOS ANGELES, CAL.
[Official signature.]

(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 same 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 ..... 189....

(L. S.)

..... Clerk of the .....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

GENERAL EVIDENCE.

No. 344,839.

CLAIM OF

Mary Ann Evans

AFFIDAVIT OF

Dr. A. E. Brass

FILED BY,

Lucius Ashworth

P. B. HOSTETTER,

ATTORNEY,

PENSION

Encl. Corres. Misc

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