RG 15 566,984 JANE JAY

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Incr— Pension Claim No. 850207

Name of claimant. Wesley Jay

Company B. 54 Reg't Mass. Vol Infty

Claimant's post-office address. Of Ford Chester Co Pa—

Address of Board. Elkton. P. O. Maryland State.

November 19th, 1902
[Date of examination.]

Cause of disability. Rheumatism & disease of Heart Also dyspepsia Rupture Piles Malaria. Carpo veins in Lgs. bullet wd. Left index finger Trouble General debility —

He receives a pension of Six dollars per month.

Here give the claimant's statement (as briefly and as compactly 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: Had Rheumatism & chills & fever. when was about My heart has bothered me for 15 or 20 yrs.. Had Dyspepsia since Vs. & continued ever since — My rupture has bothered me since I was in the army — Got frozen on Roanoke island — still have diarrhoea —

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, Penna; age, 65 years; height, 5.10½; 7 60
weight, 158 pounds; complexion, Black; color of eyes, Black; color of hair, Black; occupation, Laborer; permanent marks and scars other than those described below, A Mole on Port back of left forearm

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

Pulse rate, 78 84 96; respiration, 24 30 33; temperature, 98;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

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

Rheumatism: all joints, muscles & tendons normal - Complains of pains in Shoulder & hip joints. Heart: Apex beat in 6th Sp. near nipple line - and imp downward - rhythm - in any irregular & intermittent - force sounds feeble - no murmurs - Hypertrophy with degeneration of heart muscle - dyspnoea only on exercise - no oedema, Lungs: Expansion 33, 34, 36 - Walls regular & respiratory murmur normal over each lung. Urine Acid - Sp. Gr. 1024 - no albumen or sugar. Dyspepsia, Diarrhea or Piles: Tongue pointed & coated - tender over epigastrium - hepatic & splenic areas normal - colon tympanitic - rectum catarrhal - vessels engorged - no piles - Sphincter relaxed: no other rectal lesion, Rupture: no hernia, but fine left varicocele 6 + 3 in. painful - Rectal veins full & tortuous, varicose veins not present. no sequela from malaria found.

G. S. W: Left index finger: fine cicatrix 1/4 x 1/2 in. over distal joint - no loss of tissue, but extensor tendon severed & cannot Extend distal phalanx.

General debility is the sum of above disabilities & age. We find that the aggregate permanent disability for earning a support by manual labor is due to heart dis- Chronic diarrhea, Varicocele & wounded left index finger, not due to vicious habits, & warrants a rate of $8

Except as above, no other disability is found to Exist. No evidence of vicious habits

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.

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

Hydrocele & hernia excluded.

Theo. A. Worrall, Pres. Jno. W. Cooper Jr. Sec'y. S. T. Roman, 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, 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

An 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. T. A. Worrall, Dr. Jno. W. Cooper, Jr., and Dr. S. T. Romary, were personally present and actually participated in the examination of W. Jay, the claimant in this case, on 19th day of Nov., 1902."

(*Signature.*) Jno. W. Cooper, Jr.

(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.*) _____

SURGEON'S CERTIFICATE

IN CASE OF

Absalom Jay

Co. B, 54 Reg't Mass. Vol. Inf.

APPLICANT FOR

No. 850.207

DATE OF EXAMINATION:

19th, Nov., 1902

Rec'd Nov. 26, 1902

Examined by

T. A. Worrall, Pres.,
Jno. W. Cooper, Jr., Sec'y,
S. T. Romary, Treas.,
} BOARD.

Enlisted

Cancelled

Mustered

Post office, _____

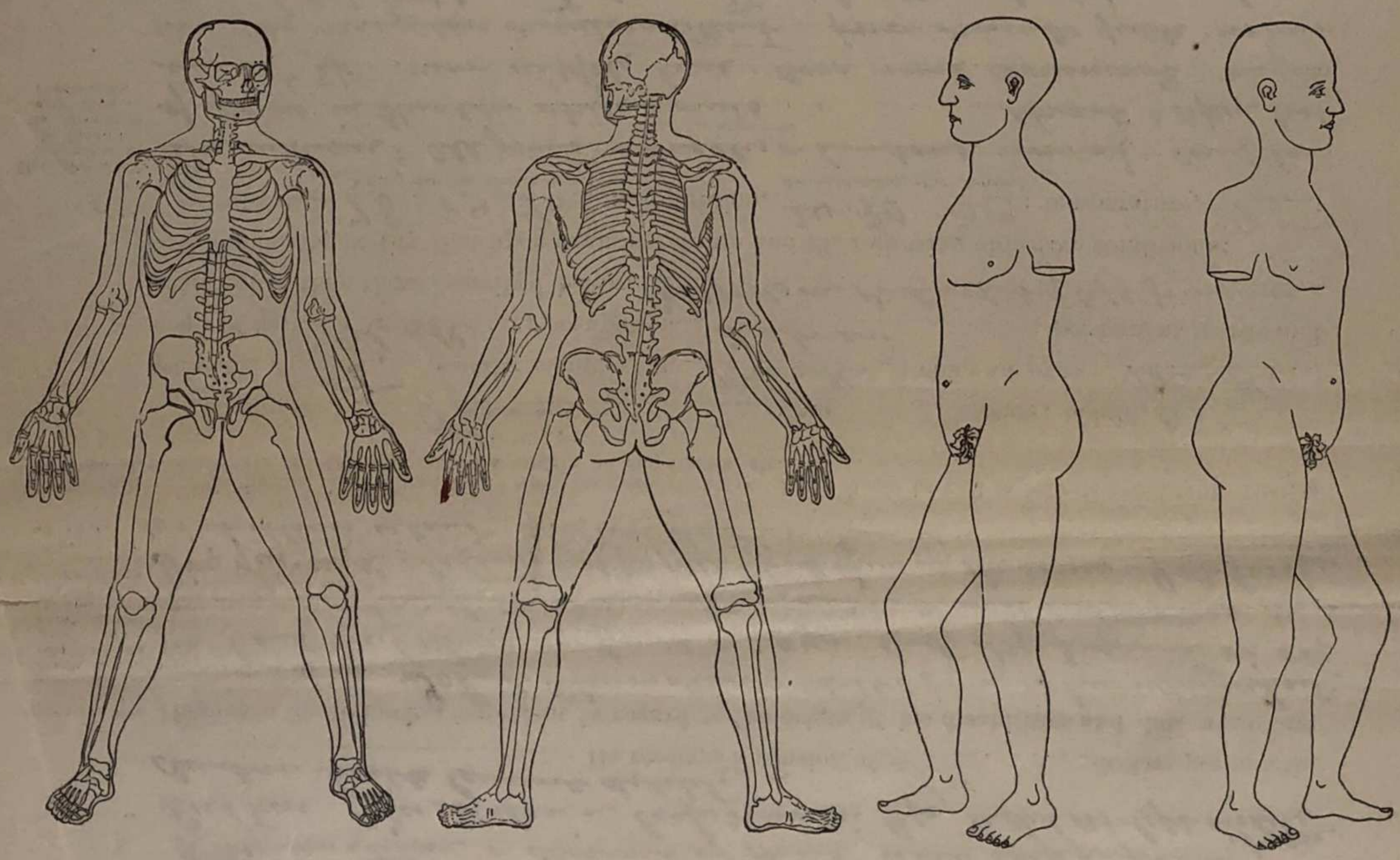
County, _____

State, _____

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

PENSION OFFICE. U. S. NOV 26 1902

EAST. DIV. NOV 10



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

MEDICAL DIVISION. 3—516.

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., Jany 30, 1900

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

Dr.

Will you please state whether the lump just above the umbiliens has appearance of ventral hernia.

Did you examine the rings on either side to determine claimants allegation for hernia

yes, lump above umbiliens has appearance of ventral hernia but complains of more pain than is ordinarily due them upon taps (

yes, examined both rings no inguinal hernia

Jno Kaub Jr
Feb 5 - 1900

J. F. RAUB,
Medical Referee.

0–2

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."

Wounds of hand = grand cicatrix of D. S. and on external surface of left index finger passing thro digital joint making stiff of finger (see diagram) - joint ankylosed at angle of 90° - Grip of finger lost = rate 7/18

Malarial poison = Hepatic & Splenic Area normal - no cachexia - no present Chills & Fever = no rate

No other disabilities discovered & no evidence of vicious habits

Theo A Worrall, Pres. Jno W Condrey Jr, Sec'y. S. T. Roman, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

6—552

upon each certificate.

Insert character and number of claim. Additional Pension Claim No. 800.207

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

Name and rank of claimant. Wesley Jay, Rank, Pvt.

Company B, 54 Reg't Mass. Inf. Elkton, Maryland State,

Claimant's post-office address. Oxford, Chester Co Pa [Post-office address of the Board.] January 17th, 1900.

[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

Cause of disability. in the service, viz: Hernia, disease of Stomach and lungs, asthma, diarrhoea, Piles, Malarial poisoning, Wd. of hand & Rheumatism

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 Additional [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. have lumps in both sides of scrotum, gets larger when lifting or exertion - Cannot wear truss - Have lump in Stomach, is painful - Pain right side and smothering - Cough & Expectoration - Shortness of breath after exertion - Straining at stool produces bloody discharge - lumps protrude & bleed - Wound of finger produced Stiff Joints, Cannot bend finger - Rheumatism prevents Working - right thigh joints is painful - palpitation of heart very severe after exertion -

Upon examination we find the following objective conditions: Pulse rate, 56; respiration, 16; temperature, 98; height, 5' feet 9½ inches; weight, 148 pounds; age, 61 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Rheumatism = finds loud crackling with pain in Elbow, Shoulder, hips & knee joints - Lumbar muscles sore - Stoops & regains erect position slowly, undresses slowly - no atrophy, Enlargements or contractions - all other joints, muscles & tendons normal 4/18

Heart = Apex beat in 6th Sp. I. extending from nipple line towards left Axilla for 2 inches - plain to inspection palpation - area incd downward - rhythm irregular - force feeble - 1st Sound accentuated - hypertrophy & dyspnoea on Exercise - Pulse 56, 62, 100 = rate 4/18

Hernia = finds double Varicocele size of 3 fingers - very tender - hernia & hydrocele excluded 4/18

Dis. of Stomach = finds lump size of Large chestnut in median line 2 in. above umbilicus - tender & disappears upon pressure = rate 2/18, Dis. of Lungs & Asthma =

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. Chest Expansion 35½, 36, 38. Walls regular - respiratory murmur normal Expir. coarse bronchial rales over sternum - Expiration Causes dry hoarse cough = rate for Chron. bronchitis 4/18

Diarrhea = finds no diarrhea = no rate, Piles = finds 3 quiescent internal pile tumors size of small chestnuts - protrude & reduce easily - tender - hemorrhoidal vessels engorged - rectum catarrhal - no other rectal lesion = rate 4/18.

Wound of hand = finds cicatrix of G.S. wd on external surface of left index finger passing thro digital joint making eff offcourse (see diagram) - joint ankylosed at angle of 90° - Grip of finger lost = rate 2/18,

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." Malarial poison = Hepatic & Splenic Areas normal - no cachexia - no present Chills & Fever = no rate.

No other disabilities discovered & no evidence of vicious habits

Theo. A. Worrall, Pres. Jno. W. Cooper Jr., Sec'y. S. T. Roman, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

6—552

EAST. DIV. FEB 13 1900 RECEIVED

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

"I hereby certify that Dr. T. A. Worrall, Dr. J. McCrum Jr., and Dr. S. G. Roman, were personally present and actually participated in the examination of Wesley Jay, the claimant in this case, on 17th day of Jan. 1900

(*Signature.*) J. McC. Orum, Jr.

(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 _____, 18 ."

(*Signature.*) _____

U. S. FEB 6 1900 OFFICE

PENSION OFFICE JAN 22 1900 U. S.

SURGEON'S CERTIFICATE

IN CASE OF

Wesley Jay

Co. B, 54 Reg't Mass. Inf

Applicant for add'l

No. 830,207

DATE OF EXAMINATION:

Jan. 17, 1900

T. A. Worrall, Pres.,
J. McC. Orum, Jr., Sec'y,
S. G. Roman, Treas.,
} BOARD.

Elkton

Cecil

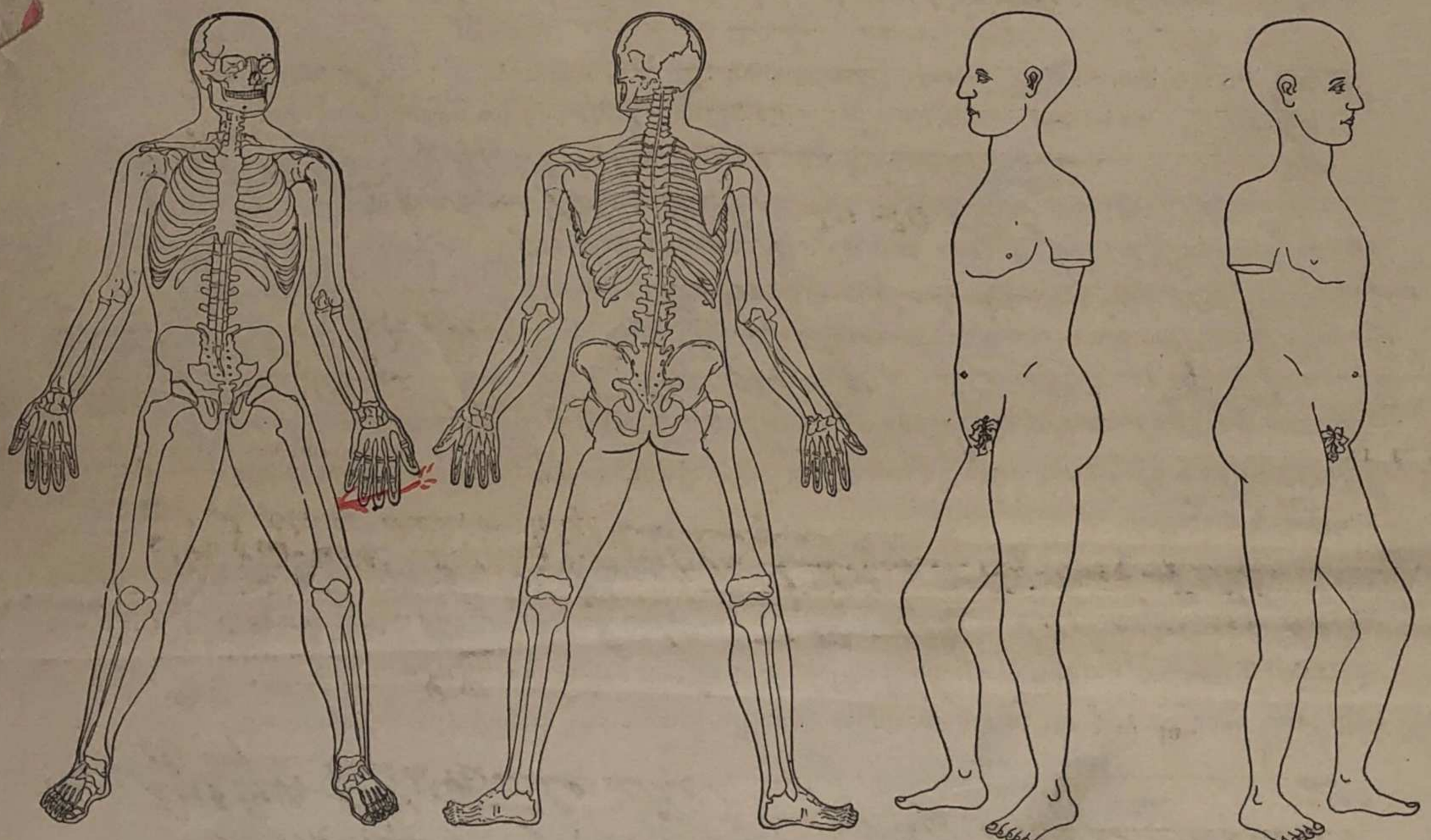
Maryland

Post office, _____

County, _____

State, _____

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



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.

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

3—111.

☞ 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, etc.

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. Renewal [State above whether for original, increase, or restoration.] Pension Claim No. $ 850,207

Name and rank of claimant. Wesley Gray. , Rank, Pvt.

Company B, 54. Reg't Mass. Vol. Inf. Oxford Chester Co Pa State,

Claimant's post-office address. Oxford Chester Co. Pa. [Post-office address of the Board.] February 16th, 1898. [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

Cause of disability. in the service, viz: Rupture of right Side, rheumatism. Disease of heart & Stomach. piles. Wound of hand. malaria and dyspepsia

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 Renewal. [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. He complains of rupture of right side, rheumatism. Disease of heart and Stomach. piles. wound of hand. malaria. and dyspepsia

Upon examination we find the following objective conditions: Pulse rate, 64.; respiration, 19.; temperature, 98½; height, 5. feet 10. inches; weight, 165 pounds; age, 59. years. Laborer

Here give a full description of the disabilities, in accordance with Book of Instructions. General appearance fair nutrition fair muscles moderately firm. Palms hard & dry tongue clean. Rupture. no hernia found. Scar varicocele of left. Cord. Size of mass. 2in x 1½in the rate for varicocele 2/18. Rheumatism. no evidence all. Joints tendons muscles normal we do not rate. Heart disease. area Cardiac dullness normal. Apex beat 5th interspace left of Ensiform Cartilage. Heart Sounds feeble. rhythm unaltered, no murmurs. Pulse 60. 64. & 70. Sitting Standing & after Exercise. Exertion increases frequency and Shortness of breath. Patient weak and languid. Deficient in vitality. Arcus Senilis very distinct. he has evidence of fatty degeneration of heart. no Cyanosis or Oedema. we rate for heart 6/18. Stomach. Dyspepsia. tenderness at pitt of Stomach. we do not rate. Piles. one external size ½in rectum Sensitive slight fundosus. no ulceration fissure or fistula. not ratable. He has slight injury to left index finger first phalanx of little moment. we do not rate. Malaria. no evidence at present of malaria. Spleen & liver normal. no other disabilities found to Exist. He has been known to have been intemperate.

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,"

P. D. Every, Pres. L. H. Tebb, Sec'y F. D. Hutchison, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

6—552

EAST. DIV. MAR 3 1898 RECEIVED.

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

"I hereby certify that Dr. J. B. Evans, Dr. L. H. Kirk, and Dr. H. C. Hutchison were personally present and actually participated in the examination of Wesley Day, the claimant in this case, on 16 day of February, 18 98."

(*Signature.*) L. H. Kirk Sec'y

(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 _____, 18 ."

_____
(*Signature.*)

SURGEON'S CERTIFICATE

IN CASE OF

Wesley Day
Co. B, 34 Reg't Mass. Inf.

Applicant for Pension.

Of Somerville
No. _____ Street

DATE OF EXAMINATION:

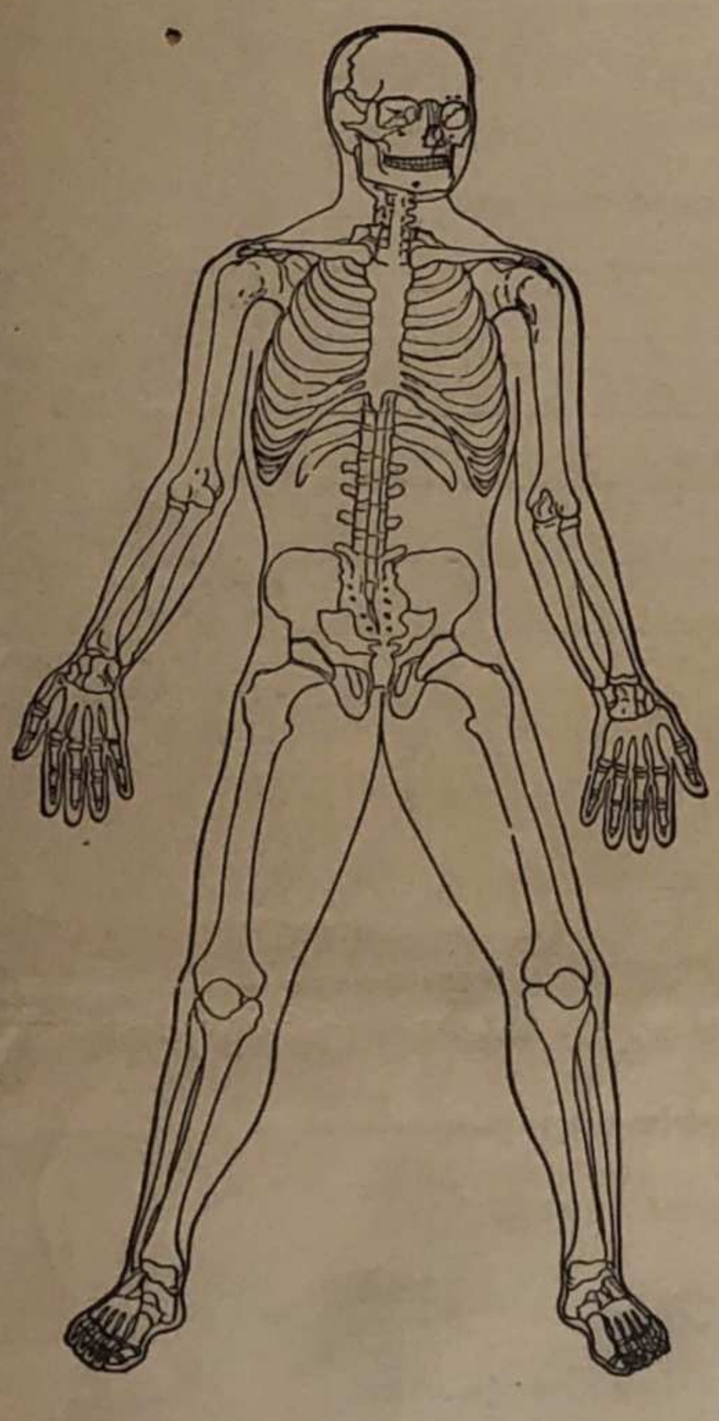
February 16, 1898

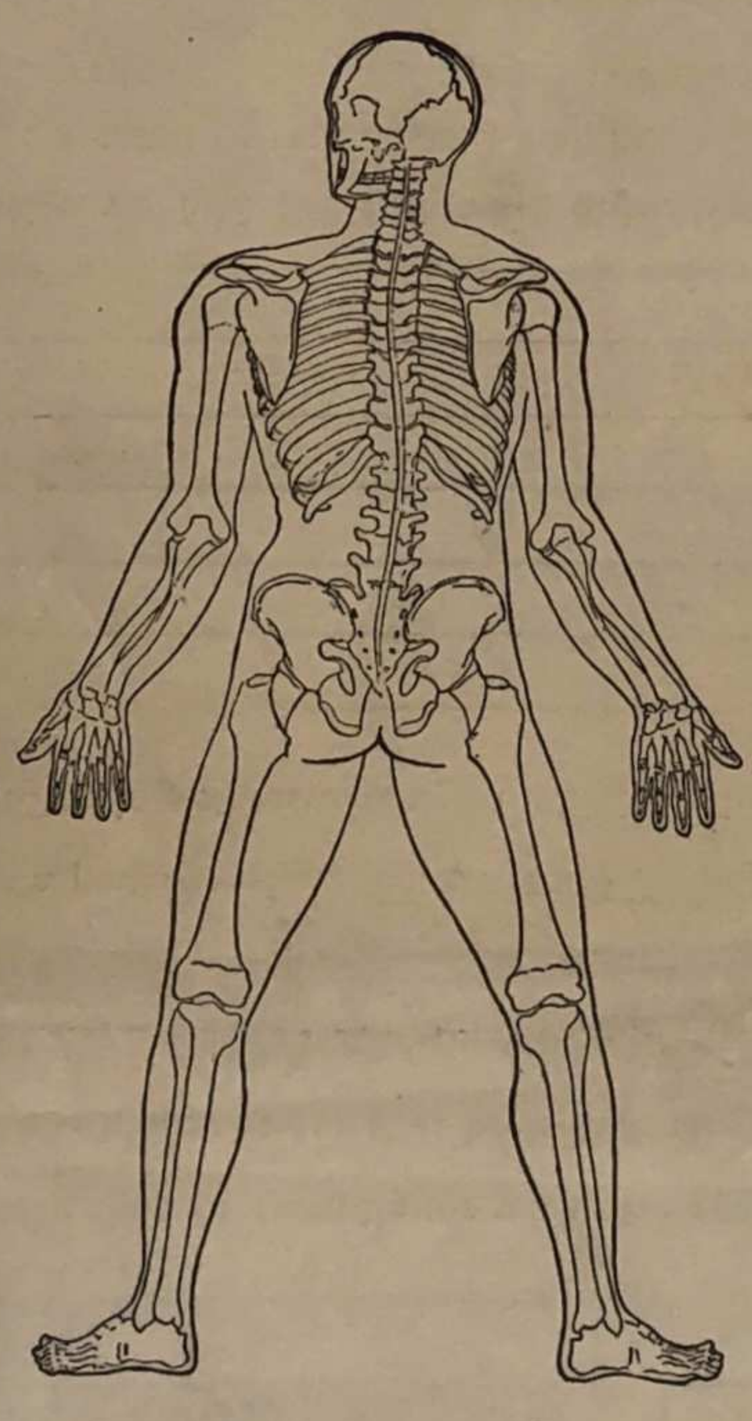
J. B. Evans, *Pres.*,
L. H. Kirk, *Sec'y*,
H. C. Hutchison, *Treas.*,
BOARD.

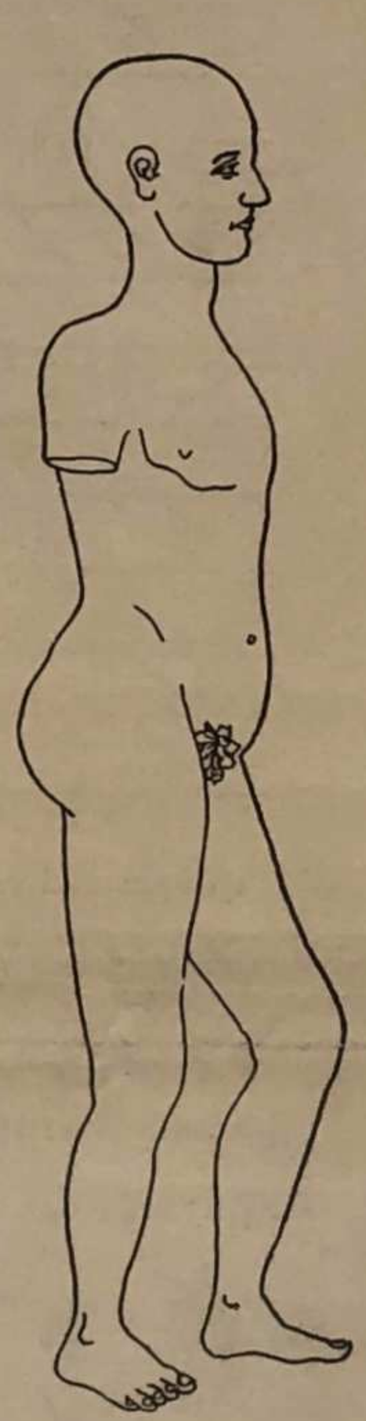
Post office, Somerville
County, Middlesex
State, Mass.

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

PENSION OFFICE U S FEB 18 1898







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.

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

3—111.

☞ 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, etc.

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. 850207
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Wesley Jay, Rank, Private

Company K, 54 Reg't Mass Vol. Oxford Chester Co. Pa. State,

Claimant's post-office address. Oxford Pa. [Post-office address of the Board.] March 3 4, 189 7
[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

Cause of disability. in the service, viz: Malaria, diarrhoea wound of index finger of left hand. Rupture

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
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. He claims he suffers from Rupture, diarrhoea wound of index finger of left hand. Malaria Rheumatism

Upon examination we find the following objective conditions: Pulse rate, 44; respiration, 20; temperature, 99; height, 5 feet 11 inches; weight, 171 pounds; age, 57 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. General Appearance fair. Nutrition fair. Tongue coated. Muscles slightly flabby. Skin warm moist. Pulmo fine. Sonorous
He has no Rupture. He has Varicose veins of both sides probably a dozen the size of Wheat Straws on both sides. We rate 4/8
He has no diarrhoea. Liver dimmed & Spleen normal. No fissure or fistula Mucous membrane of rectum not Retracted No nodules cicatrices or enlarged veins. We do not rate.
He has lost a small piece of bone from the 3d phalynx of the index finger of left hand & is unable to extend it entirely. Of no moment. We do not rate.
Malaria No evidence of it. See above We do not rate.
Rheumatism. No evidence of it. All Muscles Joints Tendons normal No deformities or droopy Heart normal. Pulse Sitting 44. Standing 44. After Exercise 48. Apex beat Area of dullness normal Heart sounds normal. His heart is healthy but abnormally slow. No evidence of vicious habits. No other disease found. We do not rate for Rheumatism.

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."

Geo. S. Davis, Pres. Craig Miller, Sec'y. Wm K Gillespie, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

6—552

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

"I hereby certify that Dr. Dore, Dr. Greenfield, and Dr. Miller, were personally present and actually participated in the examination of Wesley Jay, the claimant in this case, on 3d day of March, 1897.

(*Signature.*) Horace Miller

(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 _____, 18 ."

(*Signature.*) _____

SURGEON'S CERTIFICATE

IN CASE OF

Wesley Jay

Co. B, 57th Reg't Mass Inf.

Applicant for Original

No. 558 207

DATE OF EXAMINATION:

Mch 3rd, 1897.

Geo. S. Dore, *Pres.*,
Horace Miller, *Sec'y*,
W. H. Greenfield, *Treas.*,
} BOARD.

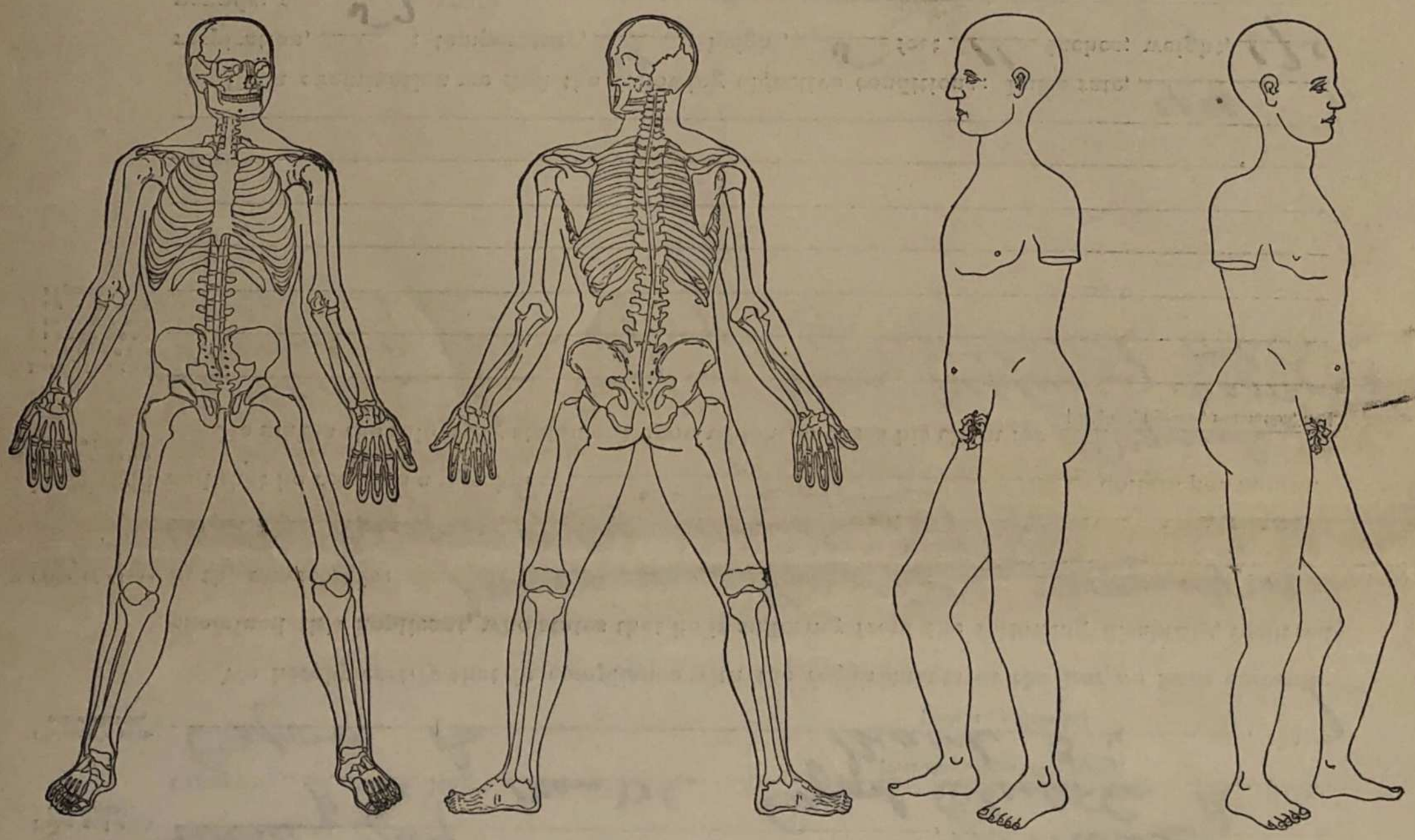
Post office, Oxford

County, Chenango

State, N.Y.

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

U. S. PENSION OFFICE. MAR 5 1897



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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.*]

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(3—111.)

☞ 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 ____ Pension Claim No. 852,826

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

Name and rank of claimant.

Wesley Day, Rank, Pvt

Company B, 54 Reg't Mass. Inf. | Wilmington, Del. State,

[Post-office address of the Board.]

Claimant's post-office address.

Oxford Chester Co. Pa. | Dec. 31, 1894.

[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.

Alleged Piles, Rheumatism & dyspepsia

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 Inc

[Original, increase, restoration, &c.]

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

have bleeding Piles, and Rheumatism for a long time have dyspepsia Pain after eating and Constipation.

Upon examination we find the following objective conditions: Pulse rate, 68; respiration, 18; temperature, 98½; height, 5 feet 10 inches; weight, 140 pounds; age, 57 years.

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

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 Mar. 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Action arms & legs normal. No piles. No rating. Has rheumatism left knee. crepitus on motion. motion not limited. No atrophy. nor hypertrophy Same limping gait due to soreness. Measurements equal will likely increase. ½". All other joints muscles & tendons normal. Heart area sounds & force normal. Dyspepsia. tongue stomach liver & bowels normal. No rating

Has an abdominal hernia one inch above navel in median line. size of sing ½ in. Tumor ¾ in easily reduced. very tender to pressure. could be retained by proper pressure. Motion of stooping causes pain. 10%.

Except as above all organs normal No vicious habits

Howard Pyle, Pres. P. Blackwell, Sec'y. Alex Lawrence, Treas.

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

6—552

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Co. "B," 54 Reg't Massachusetts

Applicant for Corporal

No. 82,207.

DATE OF EXAMINATION:

September 30, 1896

Alexander, Pres.,
Woodbridge, Sec'y,
Lee Center, Treas.,
} BOARD.

Post office, Brainerd Station

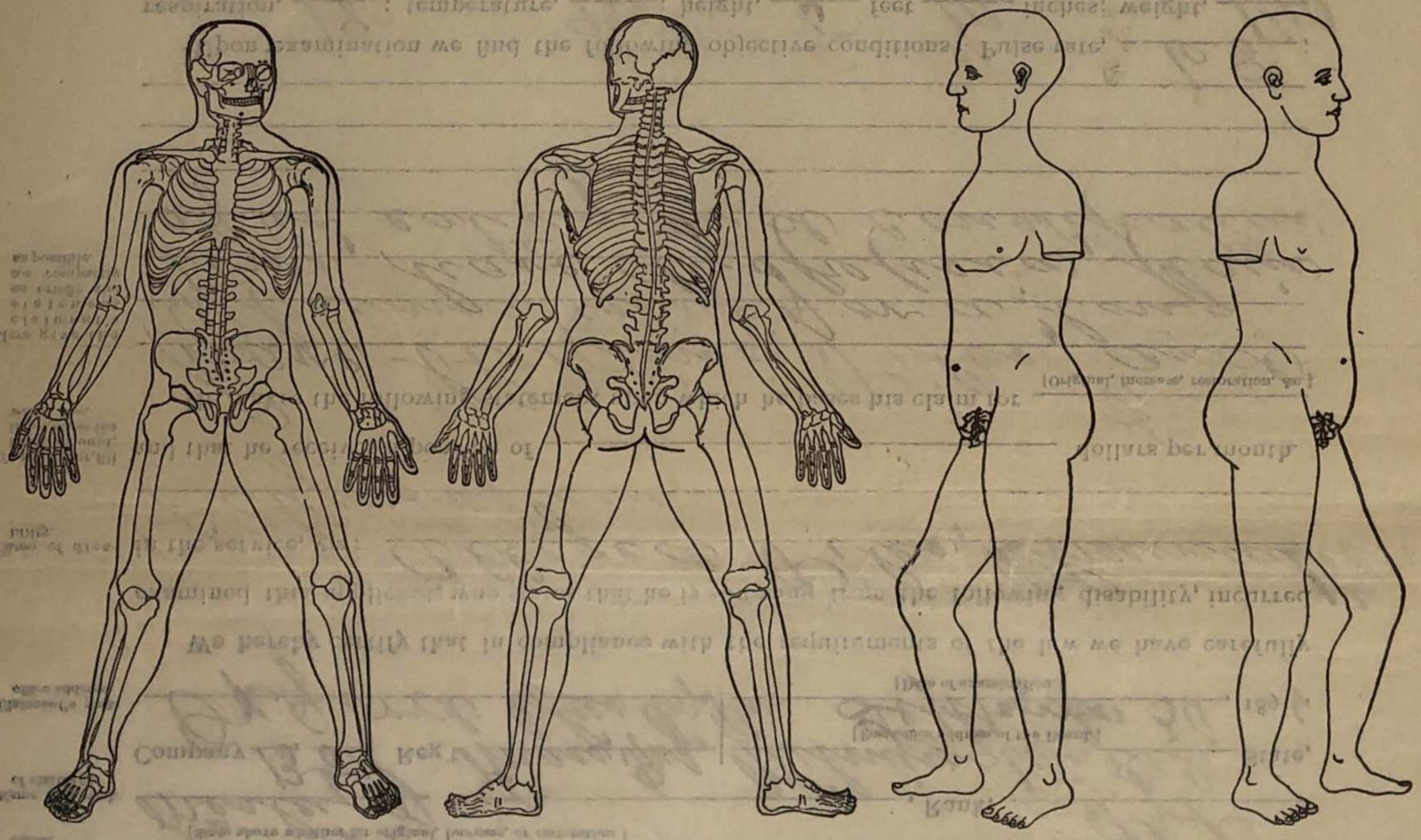
County, Sherburne

State, Minnesota

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

MEDICAL. EXAMINATION. U.S. PENSION.

R.I. Department OCT 23 1896



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

(3—111.)

☞ 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. 830 207
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Wesley Jay, Rank, Private

Company B, 54 Reg't Mass Vol | Oxford Chester Co Pa State,
[Post-office address of the Board.]

Claimant's post-office address.

Oxford Chester Co Pa. | Sept 5 94, 189 4
[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

Cause of disability.

in the service, viz: Ruptura Piles Dyspepsia Malaria Rheumatism Varicose veins Wound of Left Index finger

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
[Original, increase, restoration, &c.]

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

He Claims he has Ruptura Piles Dyspepsia Malaria. Rheumatism Varicose veins Wound of Left index finger

Upon examination we find the following objective conditions: Pulse rate, 60; respiration, 16; temperature, _____; height, 5 feet 10 3/4 inches; weight, 169 pounds; age, 54 years.

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

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.

General Appearance Good. Nutrition fair Muscles Not firm Skin moist Warm Tongue Slightly Coated. Palms hard from work. No hernia of any Kind. Piles Several Small External piles No other disease of Rectum. No evidence of Dyspepsia or Malaria Stomach Liver & Spleen Normal Varicose veins of Testicle (called usually Varicocele) but not Elsewhere. The varicocele is of the Left Testicle Some of the veins as large as Lead pencils. The Last Phalanx of the Left index finger has been wounded & piece of bone gone. He is unable to extend Last Joint of finger. The Amount of disability in this Man is Slight.

Geo. S. Dare Pres. Chas McCully, Sec'y Chas K Gillespie, Treas.

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

(12474—100,000.) 6—552

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Co. B, 34 Reg't Mass Vol

Applicant for Original

DATE OF EXAMINATION: Sept 13 1890

Geo. Ward, Pres.,
Jonathan Wild, Sec'y,
Wm. Kidd, Treas.,
BOARD.

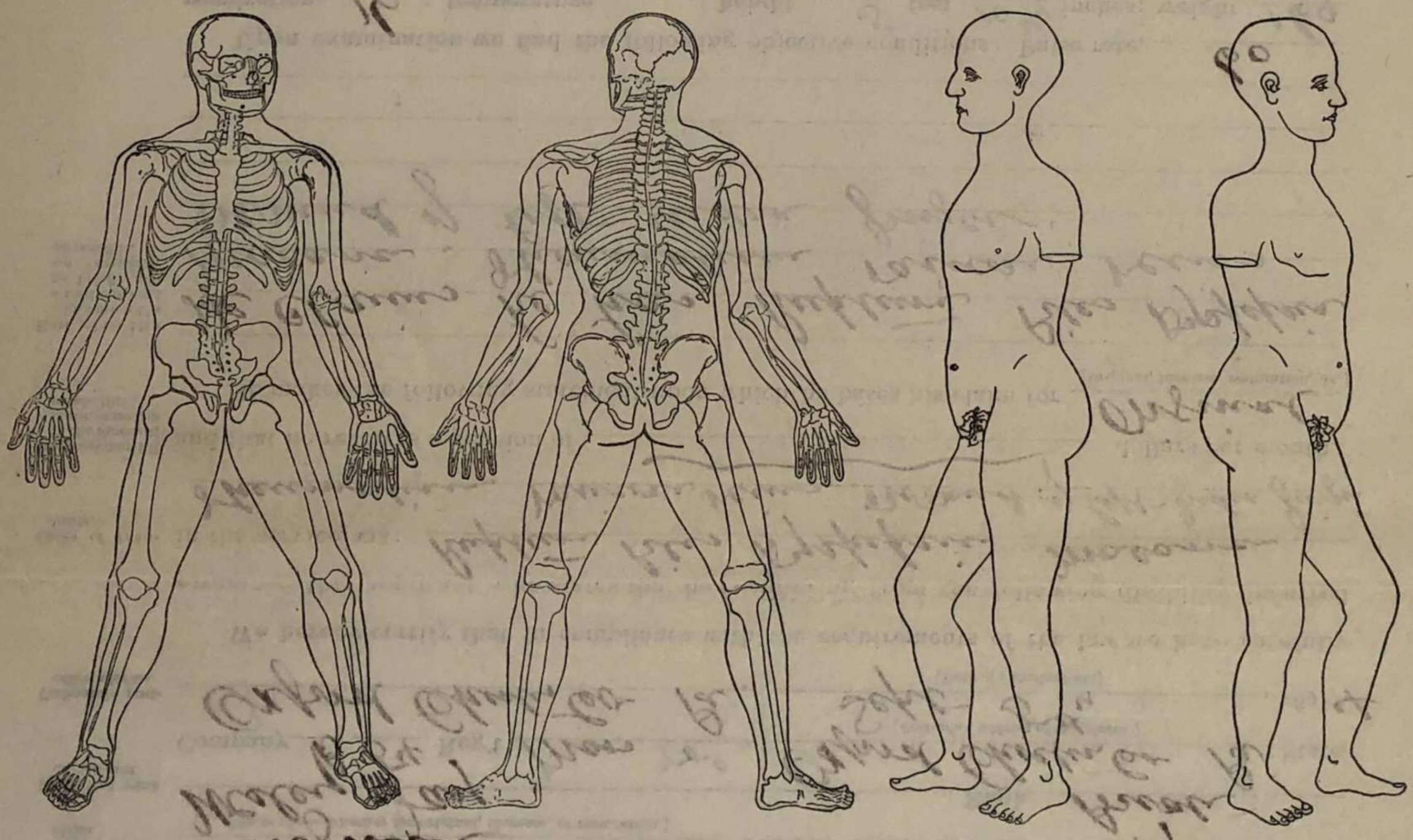
Post office, Cambridge

County, Middlesex

State, Mass

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

PENSION OFFICE. U S SEP 10 1894



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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.*]

(3—111.)

☞ 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. 308684
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Wesley Jay: Rank, Private

Company B, 54 Reg't Mass Vols

Claimant's post-office address. Oxford Chester Co Pa.

Elkton Md State,
[Post-office address of the Board.]

November 25th, 1891.
[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

Cause of disability.

in the service, viz: Rupture piles. Gunshot Wound of Hand. Malaria poisoning.

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
[Original, increase, restoration, &c.]

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

I am Ruptured on the left side it comes down into my scrotum. I have inward piles all the time and some times they come down. & bleed. & I suffer with them. I have injury of fore finger of left hand by gunshot. I still have ague occasionally. in the summer & fall. I am lame in my right leg.

Upon examination we find the following objective conditions: Pulse rate, 45; respiration, 15; temperature, 98; height, 5 feet 10 inches; weight, 140 pounds; age, 50 years. We find. Varicocele, & left Spermatic Cord. veins tortuous and enlarged. extends 4½ inches and fully 2 inches lower than right testicle ~~& other side~~. Left testicle is very soft - atrophied to some extent and applicant complains when it is touched - Tender = We find anus relaxed - mucous membrane protruded - moisture about anus. & Enlarged Condition of Hemorrhoidal veins but no tumors discoverable - either external or internal. = We find. distal phalanx of left index finger anchylosed & flexed at right angle.

He complains of pain in right hip. and says he is always more or less lame with it - and on flexing leg on thigh & thigh on abdomen. he complains of acute suffering. but we find no other evidence of disease - We find heart sounds very feeble & distant & slow: varying at first from 40 to 45 beats to minute - standing increases it to 48-50. - Could not get him to double quick - or more than walk. (distance 80 feet). & pulse run up to 60. & heart action became irregular the apex beat of Heart is not discernible. He is, in our opinion, entitled to a

Rate for EACH cause of disability.

4/18 rating for the disability caused by Varicocele. , 2/18 for that caused by Injury to Left Index finger, and; 4/18 for that caused by Sciatica Right hip. 4/18. Disease of Heart:

Theo. A. Worrall, Pres Jno H Jamar, Sec'y. S. T Roman, Treas.

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

(3504—300,000.) 6—552

(29)

Continue record of examination here.

-noble- Except as above no other disability is found -

SURGEON'S CERTIFICATE

IN CASE OF

Marley Hay

Co. B, 54 Reg't Mass Vols

Applicant for Original

No. 301884.

DATE OF EXAMINATION:

November 28th, 1891.

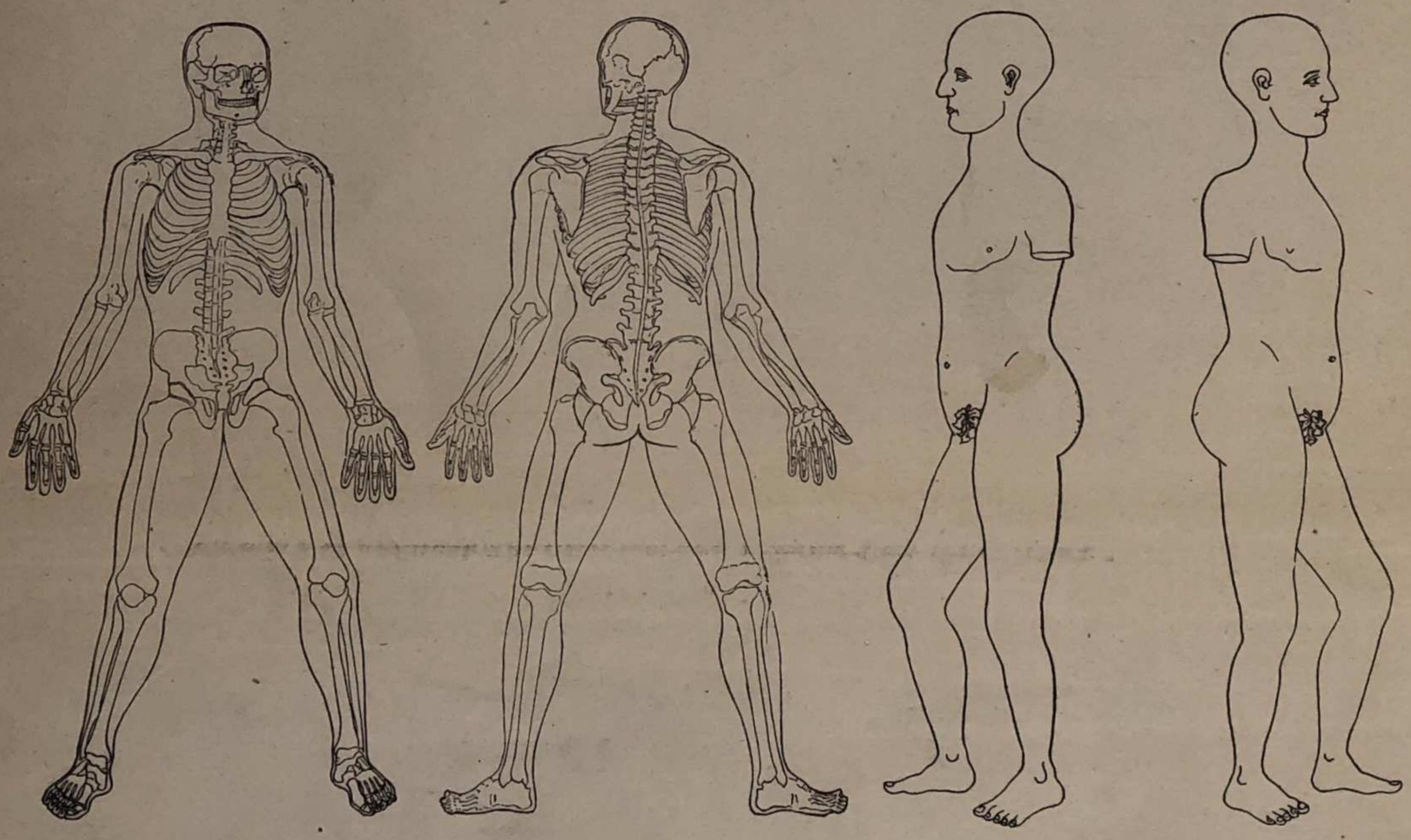
Geo. H. Morrill, *Pres.*,
Smith Towne, *Sec'y*,
S. J. Roman, *Treas.*,
} BOARD.

Post office, Elgin

County, Cook

State, Illinois

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—5

EXAMINING SURGEON'S CERTIFICATE

1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 308.684 —

State: Pennsylvania County: Chester

Post Office: New London August 11, 1890.

I, hereby certify That I have carefully examined

Wesley Jay —, late a Private

Applicant's service. Co. B, 54 Reg't, Mass. Vols —

in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from Gun Shot Wound of left Wrist & fingers & Enlargement of Spermatic Vessels of Right Side

Degree of disability. In My opinion the said Wesley Jay is partially incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin. Judging from his present condition, and from the evidence before Me, it is My belief that the said disability did fully originate in the service aforesaid in the line of duty.

Probable duration. The disability is Likely to Continue during Life —

Particular description. A more particular description of the applicant's condition is subjoined:

Height, 5 ft. 11½ in.; weight, 165 —; complexion, Black; age, 33 —; pulse, 76 —; respiration, 18 —

I Attended the Applicant after his return from the Army with Typhoid Malarial Fever of which he had a Very Severe attack - but from which I think he Suffers Nothing at this time - I Find the Blood Vessels of the Cord Enlarged of the left Side and from which he says that he Suffers at times Considerably - The Last Joint of the Index finger of left hand I Find to be Ossified from the Effect of Gun Shot Injury &c. at Fort Wagner. Morris Island After Carefully weighing the Circumstances I believe him to be Entitled to Two Dollars per Month.

J. P. Fuller

Examining Surgeon.

(26)

1 SURGEON'S CERTIFICATE 1

IN CASE OF

Wesley Hay—
7th Cal.

Co. B., 84 Reg't, Mass Vol

APPLICATION FOR PENSION.

No. 388.684.

DATE OF EXAMINATION,

Aug. 11th 1880

Jas Fullerton

Examining Surgeon.

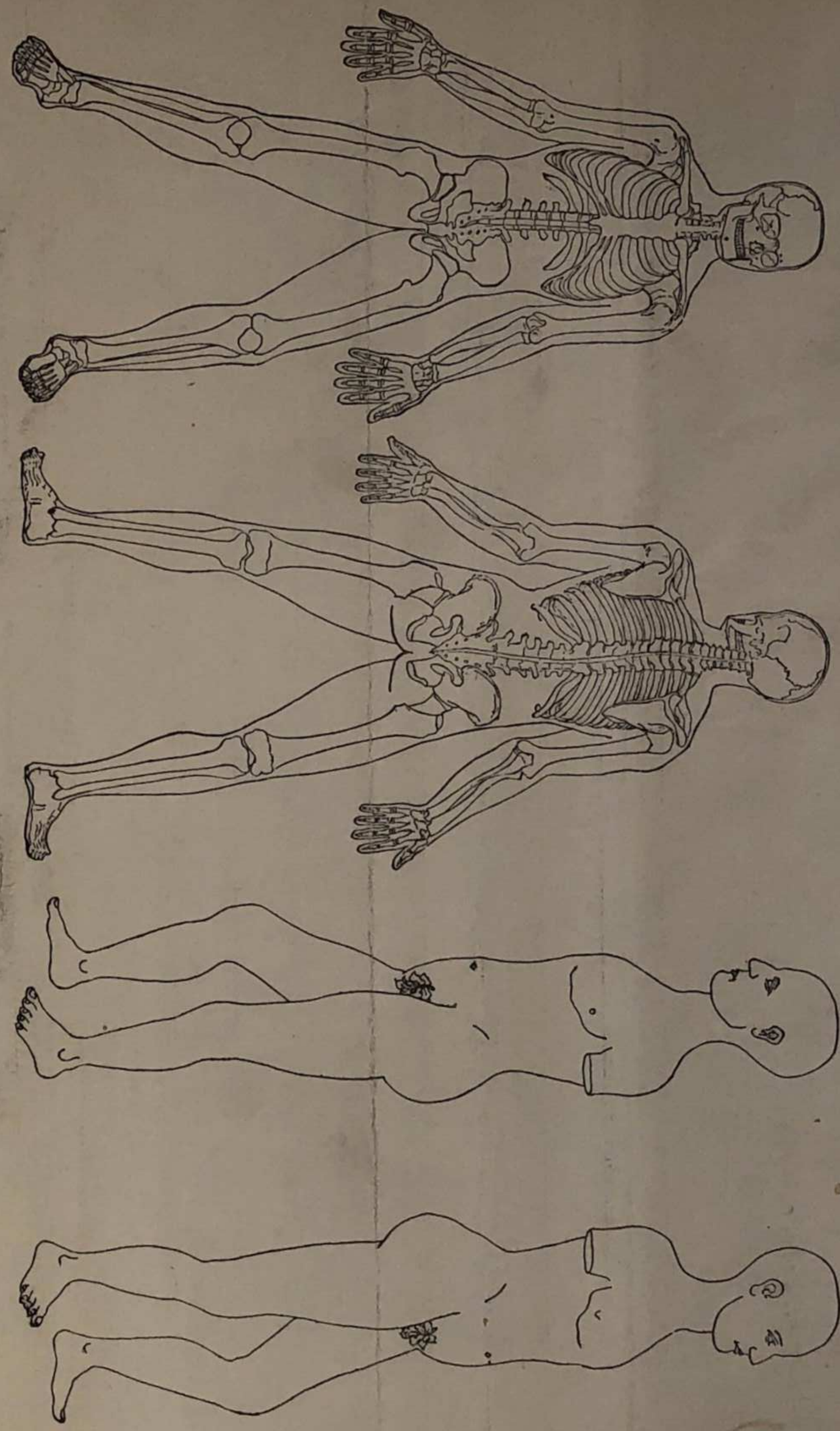
Post Office, New London

County, Chester

State, Penn'a

N.B.—Write Post Office address plain and in full.

U.S. PENSION OFFICE
AUG 13 1880
OFFICE



(3—108.)

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 308.684.

State: Pa County: Phila

Post Office: Phila: , 1881.

We hereby certify That We have carefully examined Wesley Jay, late a Private

Applicant's service: Co. B, 54, Reg't, Mass Col'd Vol

in the service of the United States, who is an APPLICANT for an invalid pension by reason of alleged disability resulting from Gun shot wound left hand and rupture

Degree of disability: In Our opinion the said Wesley Jay is totally & permanently incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Judging from his present condition, and from the evidence before us

Origin: it is Our belief that the said disability did originate in the service aforesaid in the line of duty.

Probable duration: The disabilty is

Particular description: A more particular description of the applicant's condition is subjoined:

Height, 5 — 10; weight, 171; complexion, age, 35; pulse, 74; respiration, 16

Add: Oxford Chester Co. Pa

Flex: of left hand: involving the distal phalanx of the index finger of left hand causes slight deformity: and not full power of extension of the last phalanx:

Rate 1/8 degree 4 C.

Alleges that he has had rupture, caused by lifting on James Island: while building pontoon bridges.

Has no hernia on left side as alleged. Has a very slight ~~hydrocele~~ varicocele. not more than the average of men have at this time of life. Rated "0"

It must be borne in mind that the duty of the Surgeon is to fix the proportionate degree of disability as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

William Thompson

James Collins
Examining Surgeon.

T. C. Rick

(27)

1 SURGEON'S CERTIFICATE 1

IN CASE OF

Wesley Jay

Co. B, 34th Reg't, Mass Cav'y

Application for Pension.

No. 308.684.

Date of Examination: .....

OCT 12 1881 Board of Surgeons for Pensions PHILAD'A.

.....

Examining Surgeon.

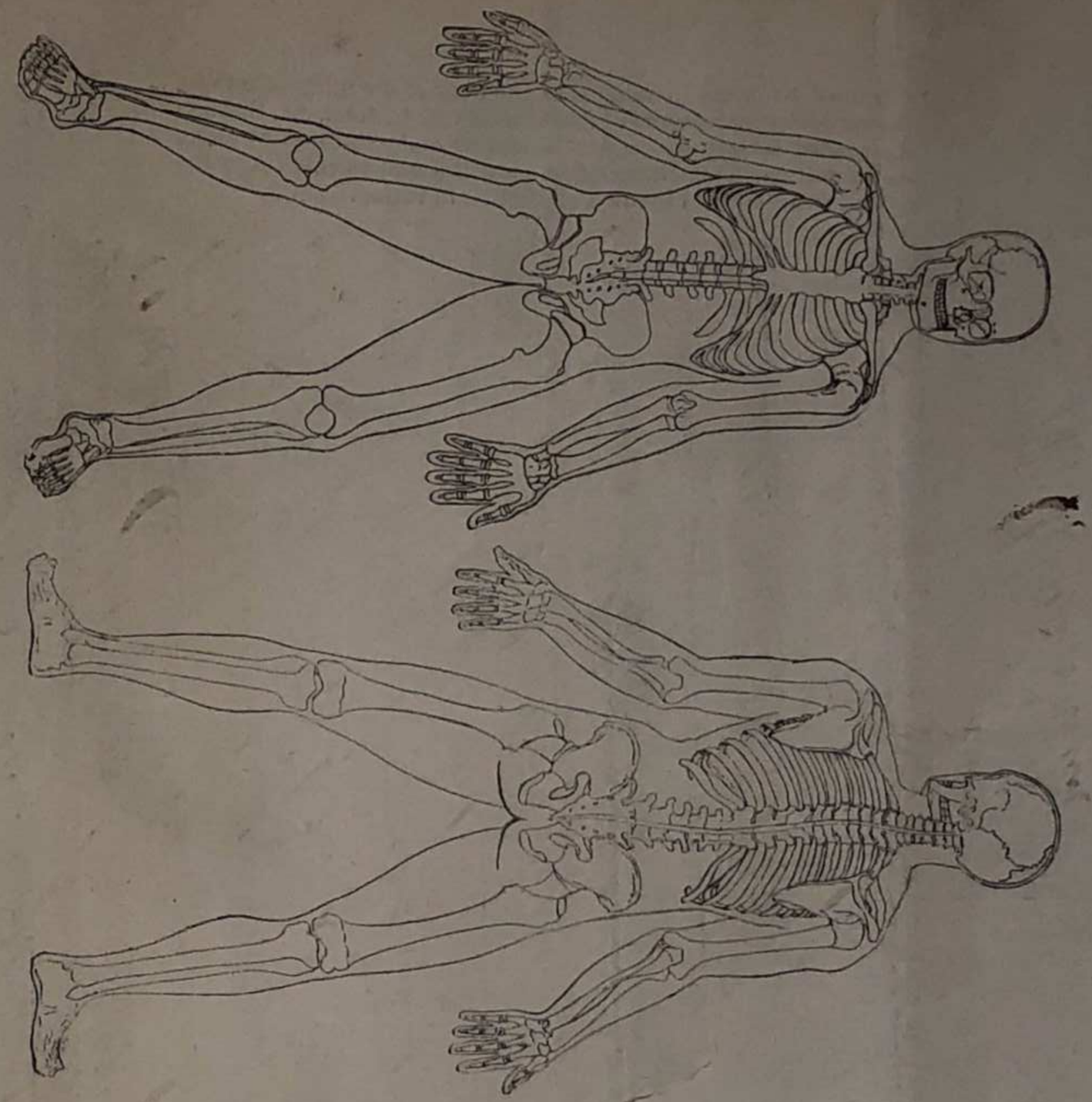
Post Office, ...

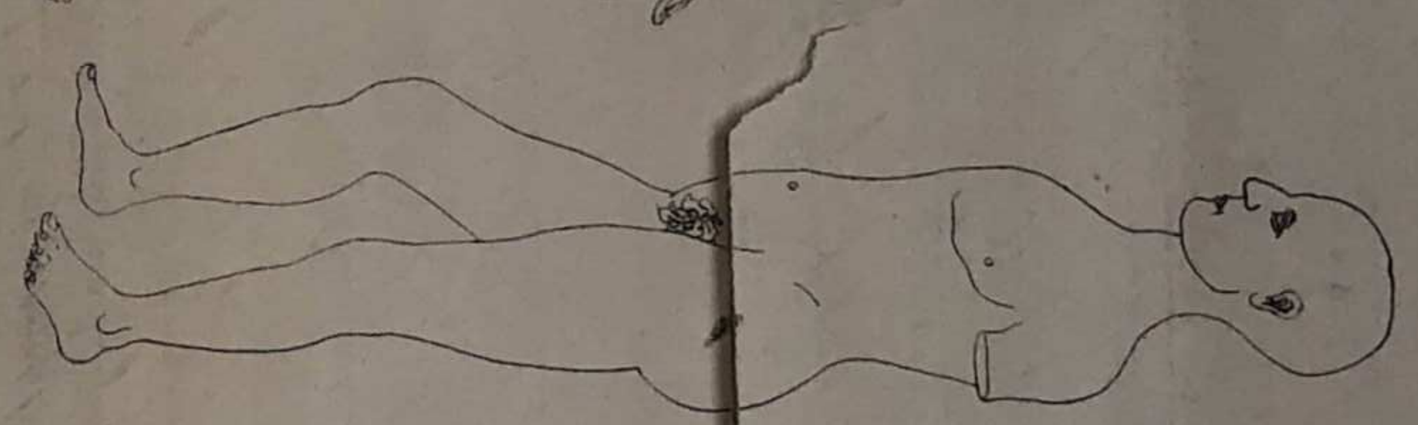
County, ...

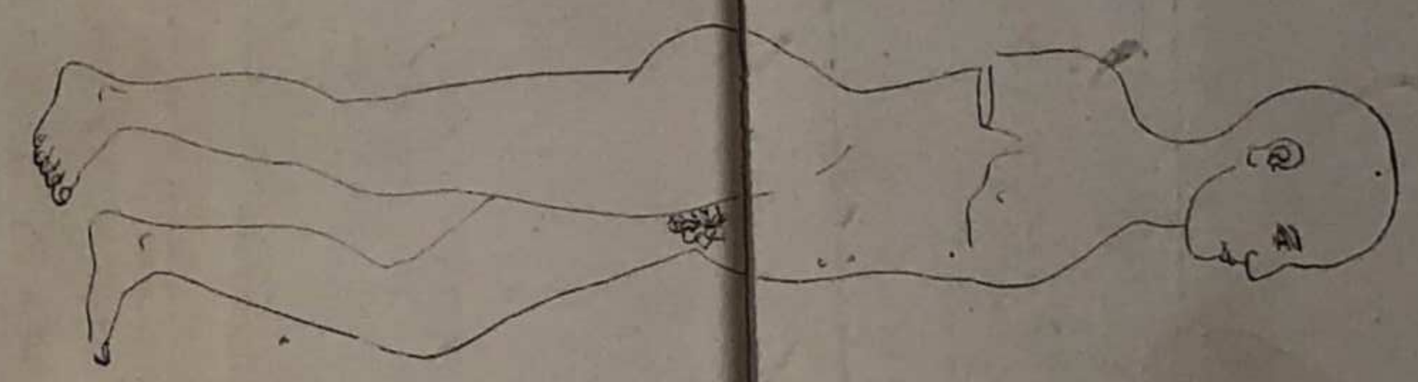
State, ...

P. S.—Write Post Office address plain and in full.

U.S. PENSION OCT 14 1881. OFFICE







No. 1. (3—108.) No. 1.

ORIGINAL.

(FOR A BOARD.)

Claim No. 308.684

Name of the claimant, Wesley Jay.

Rank, Private

Company, B.

Regiment, 54th Mass. Vols.

Post-office address, Oxford Chester Co

ADDRESS OF THE BOARD:

Post office, Lancaster

County, Lancaster

State, Penna.

Date of examination, Septr 16th, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Morris Island, S.C., and while in line of duty, on or about the ..... day of March, 1863, he incurred Hernia (or Varicocele) left side, G.S.W. of left Index finger-Chills & fever or Malaria fever

Cause of disability.

and that in consequence thereof he is ..... disabled for earning his subsistence by manual labor

Degree of disability.

His pulse-rate is 48 per minute; his respiration 13; his temperature Normal, his height is 5 feet and 11 inches; he weighs 150 pounds, and states that he is 42 years of age.

Touching the cause and degree of the disability for which he claims a pension, he makes the following statement:

Here give the statement of the claimant fully, but as compactly as possible.

That he has constant dragging pain in left side extending down in groin - which is worse when he is working - and also in warm weather
States that he has pain in left index finger - which swells on exertion - and in damp cold weather
He states that when he came home from the army he was sick - four weeks - with Chills and fever - After which he did not have an attack until ten years ago, when it continued for a week - and he has not had an attack since

SUBJECTIVE SYMPTOMS.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

The examination reveals the following objective facts in support of his statements:

We find he has left varicocele - the veins are very tortuous - and from 1/4 to 3/4 in in diameter - the cord is enlarged - and inguinal ring enlarged
We find a cicatrix at junction of 1" x 2" phalanx of left index finger - not adherent - but ridden - first phalanx is contracted - and is unable to extend it - not anchylosed but tender on traction.
The tongue is flabby & coated - uvula elongated - fauces congested - Respiratory murmur Normal. Heart Normal except slow. Liver - Spleen & Skin normal - no tenderness over the abdomen

OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ... probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a 1/4 rating for the disability caused by Varicocele, 1/4 for that caused by G.S.W. Left Index finger, and Nothing for that caused by Chills & fever, the sum of which aggregates 1/2

Here give rating for *each* cause of disability, and state the aggregate.

* See the back.

H. E. Cubbage Surg., Pres.,
F. G. Albright, Sec'y,
H. E. Westhaeffer, Treas.,
} BOARD.

1291

1 1

SURGEON'S CERTIFICATE

(FOR A BOARD)

IN CASE OF

Wesley Jay

Co. B. Reg't 54th Mass. Vols

Application for Pension.

No. 308.684

Date of examination, Sept 16. 1885.

F. G. Albright.

H. C. Hubley Jr.

Examining Surgeon.

H. E. Westhaffer

Post office, Lancaster.

County, Lancaster.

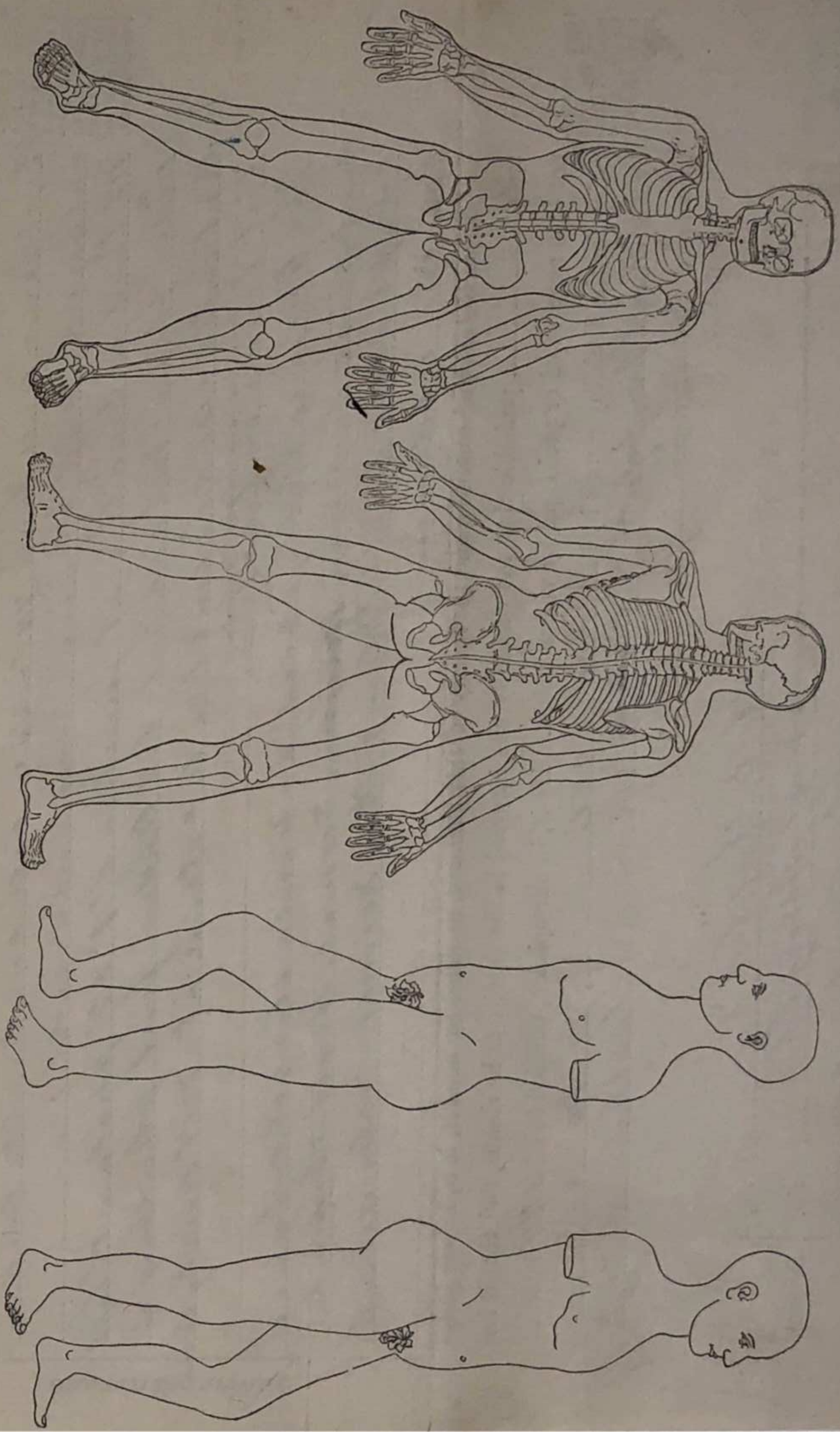
State, Penna.

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

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.*]

PENSION OFFICE SEP 22 1885

(460)—100 M.)



Ch. Cls. Ex'r. INVALID.

Hamilton.

Pens No. 308684

(2)

Acts of July 14, 1862, and March 3, 1863.

Wesley Jay

P. O. Offord

Chester Co. Pa.

Service: Co. "B" 54th Regt:

Mass. Inf. Vols.

Enlisted: March 14, 1863.

Discharged: Augt, 1865.

Application filed: Sept: 10, 1879.

Alleges: Gsw L left Hand. Hd Engagem

S C. June 8/63. Ruptured about June

15/63 - James Island. & Same taken Jacksn.

Re-enlisted: Under Fla. Sept. 15/63 C.

Attorney: T. K Stubbs

P. O. Oxford

Penn.

Recognized. Contract.

Cert. of Dis. Searched for , 18

Aug 3/80 - Atty. for
Atty. for
Atty. for
Mrs. E. Dr. Fulton &
Lewisburg Pa 78

Aug. 16/81 - Atty. for
test. of Dr. Fulton
Cir 58.
Ex. Def. Withdd.

Atty for Cl to
locate capias &
give correct date
of origin - letter 6
Oct 20/81 Dr. Fulton for Cir
& for subs. of Def.

Atty for Pl. & Com
as to origin of Coll &
med Evid of wound
" received in service
Dec 19/81 or at discharge

April 21, 1883 Conf. letters
& 2 Coms - Rept. any, giving
addrs -

J.W.R.

Dec 4. 83 to Spell Cty for Rpts of Cole
& Wells. & Jan -
Aug 1 '84 & atty Stubbs for 2 Coms
with new capias. & for Subpt
appearance of Dr. Fulton & his medical
& surgical Co states materials
to Rem for use & Jay & Cole

INVALID.

No. 218,684

Acts of July 14, 1862, and March 3, 1873.

Wesley Day

P. O. Oxford, Chester Co. Pa.

Service: Sergt. Co. D. 57th Mass. Vols.

Enlisted: Aug. 1st, 1862

Discharged: Aug. 29th, 1865.

Application filed: Sept 10, 1879.

Alleges: Gen'l Debility & Injury of Rheumatism, Malarial disease & Piles.

Re-enlisted:

Attorney: F. H. Stubbs

P. O. Oxford Pa.

1892

Recognized. Contract.

APPLICATION FOR ACCRUED PENSION.

WIDOWS.

State of Pennsylvania County of Chester, ss:

On this 28th day of July, 1903, personally appeared Jane Jay, who being duly sworn, declares that she is the lawful widow of Wesley Jay, deceased; that he died on the 25th day of July, 1863; that he had been granted a pension by Certificate No. 850207 which is herewith returned (~~or if not, state why not~~).

; that he had been paid the pension by the Pension Agent at Philadelphia Pa up to the 4th day of May 1903, after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States, ~~except~~; that she was married to the said Wesley Jay on the third day of October, 1865, at Lincoln University Pa, in the State of Pennsylvania; that her name before said marriage was Jane Golden; that she had (or had not) been previously married; that her husband had (or had not) been previously married; that she hereby makes application for the pension which had accrued on aforesaid certificate to the date of death; and that her residence is No Street, City of Oxford, County of Chester, State of Pennsylvania and her Post-Office address is Oxford, Pennsylvania

(*Widow's Signature;*) Jane Jay

She hereby appoints Theodore K. Stubbs of Oxford Pennsylvania, her attorney to prosecute this claim and directs that he be paid the legal fee.

Also personally appeared James P. Wolf, residing at Oxford, Pennsylvania and Maggie Wolf residing at Maggie Wolf, who, being duly sworn, say that they were present and saw Jane Jay sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of Wesley Jay, who died on the 25th day of July 1903 and that their means of knowledge that said parties were husband and wife, and that the husband died on the said date, are as follows:

By being well acquainted with them for over 20 years being present at the funeral seeing Soldier lying dead in his Coffin

James P. Wolf

Maggie Wolf

Signatures of two witnesses.

PENSION B JUL 30 1903 U. S. OFFICE.

ATT'Y FILED

Sworn to and subscribed before me on this 28th day of July, 1903

and I certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in the above claim.

[L. S.]

Official Signature: D. K. Stubbs

Official Character: Notary Public

STATE OF....., COUNTY OF....., ss:

I, ..., Clerk of the ..... Court of the County and State aforesaid, do hereby certify that..... is ....., duly commissioned and qualified; that his commission was dated on the.....day of....., 1....., and will expire on the..... ....., 19 , and that his signature within written is genuine.

Given under my hand and the seal of said Court this.....day of....., 19 .

....., *Clerk.*

When the amount of accrued pension is large, the following evidence of marriage should accompany the application for accrued pension:

1. A duly verified copy of a church or other public record; or
2. The affidavit of the clergyman or magistrate who officiated; or
3. The testimony of two or more eye witnesses of the ceremony.

If, prior to the marriage of the widow and the pensioner, either of them had been married to another party, the death of said party or divorce from the same must be proved.

This application and the blank voucher herewith should be properly executed and forwarded to the Commissioner of Pensions.

It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.

APPLICATION FOR

ACCRUED PENSION

WIDOWS.

Certificate No. 850207

Pensioner, Mrs. Lay

E. O. K. STUBBS,
INSURANCE AGENT,
Filed by,
ATTORNEY AT LAW
& CONVEYANCER,
OXFORD, CHESTER CO., PA.

RECEIVED
AUG 10 1903
EAST DIV.

RECORD
JUL 31 1903
PENSION.

Printed and sold by W. O. Berryman, Successor to W. H. Moore & Co., 311 Eleventh St. N. W., Washington, D. C.

3 Briefs.

Esd Phila.

3—438.
(Old No. 3—562.)

ACCRUED PENSION.

Act of March 2, 1895.

EASTERN Division.

Certificate No. 850,207. Last issue December 19, 1901.

Pensioner, Wesley Jay, Act June 27, 1890.

Date of death, July 25, 1903.

Claimant, Jane Jay, widow.
Oxford, (South Street)
Chester County,
Pennsylvania.

Certificate is filed

Submitted for Adm. Feb. 4, 1904.

J. M. Adams. Examiner.

BOARD OF REVIEW.

Approved for Admission Payable to the Widow as above.

A Roth Reviewer, Feby 6, 1904.

A Berger Rereviewer, February 8, 1904.

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued Feb. 10, 1904. / Mailed " 12, 1904.

Payable to Widow

Original certificate and voucher

No M. C. Claimant writes.

o-4

3—1001. Act of June 27, 1890.

UNLESS THE INSTRUCTIONS ON FACE AND BACK OF THIS VOUCHER ARE SPECIFICALLY FOLLOWED, THE VOUCHER WILL BE RETURNED FOR CORRECTION.

A INVALID. Roll No. 79 A

Be it known, That I, Wesley Carr, do solemnly swear that I am the identical person named in pension certificate No. 850207, dated 19th day of Dec. 1901, in my possession and now exhibited; that I served in Company B 54th Regiment, Mass. Volunteers; that my name is inscribed on the rolls of the Philadelphia Agency, at the rate of 6 dollars per month

†

†When there is a change in the rate, either by an increase, reissue, etc., note the former rate at which paid.

That I have not been employed or paid in the Army, Navy, or Marine Service of the United States from (1) 4th day of May 1903, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and that my present post-office address is No. ---- Street, ----

County of ----, State of ----

(1) If the first payment, insert the date of the *commencement of the pension.* If not the first payment, the *date from which the payment is* claimed.

(If pensioner signs by mark, two witnesses who can write.)

---- (Pensioner's signature.) ----

---- (Signature must be written letter for letter as it is written in the pension certificate.)

OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE PENSIONER BEFORE SIGNING OR SWEARING.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

State of ----, *County of* ----, *ss:*

Subscribed and sworn to before me this ---- day of ----, 1903, and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.

(Magistrate's signature.) ----

(The magistrate must certify to any erasures or alterations.)

I certify that erasures and corrections were made before final execution.

(Official character.) ----

Signature .... (P. O. address.) ----

Date.....1903 **Off. Char.**.....

ORIGINAL.

$ 18 ---- 1903

Received of St. Clair A. Mulholland, *U. S. Pension Agent at* Philadelphia, Pa.

Eighteen 100 *dollars by check No.* ----

dated ----, 1903, *being for* 3 *months' and* ---- *days' pension due me on pension certificate above described, from the* 4th *day of* May. 1903, *to the* 4th *day of* Aug., 1903, *for which I have signed duplicate receipts.*

(Witness who can write.)

---- (Sign name as above.)

THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.

Assistant Treasurer U. S., Philadelphia.

DUPLICATE.

$ 18 (A.) ---- 1903

Received of St. Clair A. Mulholland, *U. S. Pension Agent at* Philadelphia, Pa.

Eighteen 100 *dollars by check No.* ----

dated ----, 1903, *being for* 3 *months' and* ---- *days' pension due me on pension certificate above described, from the* 4th *day of* May, 1903, *to the* 4th *day of* Aug., 1903, *for which I have signed duplicate receipts.*

(Witness who can write.)

6—1031

---- (Sign name as above.)

850207.

Roll No. [illegal] 1903

(A.)

Act of June 27, 1890.

ARMY VOUCHER NO. .....

EAST DIV. AUG 10 1903 RECEIVED

INVALID.

Jay Hoelup

Co. [illegal]

$ 12-

PHILADELPHIA, PENNSYLVANIA. DIST AUG 31 1903 AGENCY

Return this voucher for payment to

U. S. Pension Agent.

STATE OF ....., COUNTY OF....., *ss:*

I, ..., Clerk of the ..... Court of the County and State aforesaid, do hereby certify that..... is....., duly commissioned and qualified, and that he has authority to administer oaths for general purposes; that his commission was dated on the.....day of ....., 1 . , and will expire on the.....day of....., 190 , and that his signature within written is genuine.

GIVEN under my hand and the seal of said Court this ..... day of ....., 190

.....

Clerk.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

The magistrate must carefully compare this voucher with the pension certificate exhibited to him.

Vouchers may be executed before any officer authorized to administer oaths for general purposes. If he has a seal and is required by law to use it to authenticate his official acts, it must be affixed; if not, a certificate of the proper officer, showing the commencement and termination of his term of office, and his signature, must be filed in **this Agency.** Vouchers may also be executed before fourth-class postmasters, their mailing stamps to be used as seals.

The officer will also see that the correct post-office address of *the pensioner* is inserted in face and in back of voucher, giving street and number (when so designated). He will also give his own post-office address after his official title on face of voucher.

No checks will be sent in care of any person.

The officer will be held strictly responsible for the correctness of his certificate of identity of pensioner, in every particular, pursuant to Act of July 7, 1898.

WRITE NAME AND P. O. ADDRESS PLAINLY HERE.

Name: .....

Street: .....

City or Village: .....

County: .....

State: .....

PENSION B JUL 30 1903 U. S. OFFICE.

see accrued

3—857. a. w. J.

De

Adams Ex'r.

No. 788877

9/1/35

Act of June 27, 1890.

Jane Jay
Oxford - Pa.
Widow
Wesley Jay -
B. 5-4 / Mass. Inf.

Died at

July 26-1903

No other claim. Theo J

Inv. 66 - 85-0.207

Aug. 5, 1903. F/O

6—123 Clerk.

Application filed: July 30, 1903.

Attorney: Theo. K. Stubbs

P. O. Oxford - Pa.

Attorney Filed.

No.

Notified Aug 6, 1903 ah

ME.

SEP 19 1903 atty stubbs - ~~death~~ ~~marriage~~ ~~permarriages~~ ~~self~~ ~~soldier~~ ~~remarriages~~ ~~birth~~ of ~~child~~ ~~chn~~ ~~dependence~~.

A & N S.

OCT 3 - 1903 atty Stubbs ~~letter~~ ~~proof of marriage~~ ~~proof of birth of Mary J.~~ ~~and statement of clerk~~ ~~as to life insurance~~.

N. H.

MASS.

NOV 3 - 1903 atty Stubbs - for statement of assessment of property.

R. I.

CONN.

N. Y.

N. J.

DEL.

N. H.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Mar 3. 91 A. D. 14 Days

No. 3 & 8

July 14/85 ag. Oct. 1. Ofs
To S. Prudent, Gen. Jas Scho
Rob. as O Owen, Neighbors
Wedg. as O. G. Ow, addl a

Digest of Secrecy
Location of Power

Lancaster Bk.
To O.M.V as to Jay, Col Mell
Julian V.C.H. V.A.A. Stubbs

Nov. 20 85 - To 5 vols as per call
of July 14/85.

Sept. 28 86 Richard-
Wabbly Oath Original
Pet. V Stubbs or related
Dec 19. 90. To Jas. Ch.
& Chas. W. Potter. answers. as
to personal knowledge of answers
J. F. D

May 14, 91 ag. Wade
Morris - Peroline - Lee
and Potter
Letter to ally for Po of
abm affidavits

Nov 3. 91 Letter to
Potter. Sims. Wade &
Peroline
P.M. for Wade. Potter
Sims. Peroline & Morris
Elkt and

[3—216.]

_____ Ex'r. INVALID.

No. _____

Acts of July 14, 1862, and March 3, 1873.

_____

P. O. _____

_____

Service: _____

_____

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: _____, 18 .

Alleges: _____

_____

Re-enlisted: _____

_____

Attorney: _____

P. O. _____

_____

_____ Recognized. _____

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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 Pennsylvania } SS.
County of Chester }

additional
In the Pension Claim No. Af. 850,207

of Wesley Jay of Oxford Penn'a late of
Co. B. 54th Mass. Vols.
Company and regiment of service, if in the army; or vessel and rank, if the navy.

Personally came before me a Notary Public in and for the aforesaid
(Official character of magistrate.)
County and State Dr Reece Pugh a citizen of Oxford
in the County of Chester and State of Pennsylvania
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 practising physician, and that he has been acquainted with said Soldier for about 24
years, and that about 22 twenty two years
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures
ago called on me to know
or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)
what to do for piles as he
had had them a long time
I advised him to bathe them
hot water when they were
down to relieve them and
then I gave him a prescrip-
tion for an ointment to
grease them with to keep down
the irritation they would get
better and worse this process
would not cure them
but did give him relief
so he could just then
up and go about.
They still trouble him
when he makes any
exertion and soldier claimed
the piles are effects of his
army service this is my
statement prepared by me in my
presence after sending you circula

NOTES.

The Physician's Affidavit should 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 a 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 to which claimant has been able to perform manual labor since discharge.

He further declares that he has been a practitioner of medicine for ..... 29 ..... years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Reece Pugh M.D.
[Affiant's Signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this 29th day of March A. D. 1895 and I hereby certify that the affiant is a practising 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,

D. A. Stubblefield
Magistrate's Signature.

Notary Public
(*Official character.*)

I certify that....., Esq., who hath signed his name to the foregoing 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 Official character hereon, and not on a separate slip of paper.

PENSION U S
APR 3 1895
OFFICE.

W. L. H. R.

MEDICAL EVIDENCE.

Affidavit of
Dr. Reece Pugh M.D.
Oxford Ga.

Claim of

No.
Wesley Jays

for
Piles and rupture

Filed by

Printed and sold by W. H. MOORE & Co., Box 696, Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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 Pennsylvania, County of Chester, ss:

In the Pension Claim No. 850207

of Wesley Joy late of

Co. B. 58th Regt Mass. Vols Infty

Company and regiment of service, if in the Army, or vessel and rank, if the Navy.

Personally came before me, a ... in and for the aforesaid

Official character of magistrate.

County and State Daniel A. Stubbs M.D. a citizen of Oxford

in the County of Chester and State of Pennsylvania

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 practising physician, and that he has been acquainted with said Soldier for about 21

years, and that I have treated Soldier for

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

and on for that length of time, had severe Hemorrahoges at time once when he was over worked in the Coal yard here was removed hurriedly, he has been confined to bed several times with malarial disease which gave the army the cause of it. I would consider him used up now. he has also Varicocele of right side and in all fairly think he deserves a pension

NOTES.

The Physician's Affidavit should 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 a 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 to which claimant has been able to perform manual labor since discharge.

He further declares that he has been a practitioner of medicine for 21 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Daniel A. Stubbs M.D.

Affiant's Signature. Give rank and service, if in the army.

Sworn to and subscribed before me, this 14th day of January, 1895

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words .....

If any words have been erased in this affidavit, enter it here.

erased, and the words .....

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

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

A. D. Taylor

Magistrate's Signature.

Justice of the Peace

Official Character.

I certify that ....., Esq., who has signed his name to the foregoing 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

Name of the Clerk or Deputy.

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

Name of what Court.

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.

PENSION
JAN 15 1895
U. S.

Soldiers Declaration for Invalid Pension
Mrs. Mary Ford
Widow of Daniel A. Stubbs Mo. Vol. Inf.
Filed Jan 15 1895

MEDICAL EVIDENCE.

Affidavit of
Daniel A. Stubbs
Claim of
Mary Ford
No. 509,207
for
Pension
FILED BY

Printed and Sold by W. H. Moore & Co., Box 696, Washington, D. C.

He further declares that he has been a practitioner of medicine for 18 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Louis H. Kirk M.D.

Affiant's Signature. Give rank and service, if in the army.

Sworn to and subscribed before me, this 14th day of January, A. D. 1895 and I hereby certify that the affiant is a practising physician in good professional standing ; that the contents of the foregoing 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.

Official Signature : D. A. Stubbs

Official Character : Notary Public

[L. S.]

I, ..., Clerk of the County Court in and for the 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

.....

Clerk of the .....

[L. S.]

PENSION
JAN 15 1895
U. S.

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

Act of June 27, 1890.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Melony Jay
Oxford Pa

Nature of Claim .....

Soldier Melony Jay

Co. B, 57th Reg't.

Iowa, Infy Vols.

No. 880207

Filed by

Sold by W. H. Moore & Co., Box 696, Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

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

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

State of Pennsylvania County of Chester, ss:

In the Pension Claim No. 850207

of Wesley Jay _____ late of

C. B. A. & R. Regt Pa. Vols. Infty

Company and regiment of service, if in the Army, or vessel and rank, if the Navy.

Personally came before me, a Notary Public in and for the aforesaid County and State Lewis H. Kirk M.D. a citizen of Oxford Pa whose Post-Office address is Oxford, Chester Co. Pa 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 practising physician, and that he has been acquainted with said Soldier for about 4 years, and that the claimant appeared before me and after

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

careful examination I found him to be suffering from Malarial Poisoning, and generally debilitated. Has varicocele on right side which at times disables him from his usual occupation, and at all times gives him trouble. He was wounded at Battle of Fort Wagner in left index finger. He received a severe injury in left foot almost severing large toe last Summer which entirely disabled him from labor for some time. This, Surgical treatment was my first treatment to him since then have seen him at different periods and observed his very much impaired health due to Malaria Contracted during the late war of the Rebellion, and have no doubt but that he is deserving of a good recompense for his services. Would say he is three fourths disabled from 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. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.

PENSION OFFICE U. S. JAN 15 1895

Wesley Jay
Co. B. 54th Mass.

Amended Pension Claim
No. 308684.

Wounded at Fort Wagner
chills along Potomac & Ocean
Coasts. Strain & rupture
Strained in Pioneer Corps

Chills & fevers, rupture & gun shot
wound contracted in line of duty
and in service of United States.

I certify that I called on
my family physician this
day November 14th 1879 and
he the said Physician Viz:
James Fulton M.D. says
and said he could not
make an affidavit for
me because he was the
Regular examining Surgeon
of U.S. for Pensions and was
prevented from signing any
papers except the certificate
you send after their pensions
are allowed he says he did
attend me two days after
I was discharged from the
army for chills and fevers
for a long time and that
I was very bad. If you can
write to Doctor James Fulton New
London Chester Co. Pa. he will inform
you that I paid him $50- for his

(12)

confined to bed 3 months sickness resulting from Strain
that produced rupture also at times afterwards
for which I was treated by Dr. James Fulton New London Penn.
[Name and address and date of treatment.]

(13)

treatment. the weeks immediately after I was discharged. He seems to think he cant give me an affidavit or certificate until after my pension is allowed and you want him to fix the amount.

Now Doctor Stutchison dressed my sore hand after it broke out again but he is dead. Please write to Doctor Sutton and if necessary I will get some soldiers to testify that I contracted my disease in the Army in line of duty and was ruptured as soon as I got better from there chills and fevers and tried to enlist again and Surgeon Melony at Wilmington Delaware told me I was ruptured.

All of which I certify is true and Correct witness my hand and Seal November 14. A.D. 1879

Signed Sealed and delivered in the presence of.
Theodore K. Stubbs
Wm H. Archery.

his
Wesley X Jay
mark

Seal

DISABILITY AFFIDAVIT.

STATE OF Pennsylvania }
County of Chester } SS.

In the Matter of the Original INVALID Pension Claim No. 308684
of Wesley Jay Co. B, 54th Mass Vols.

ON THIS ~~thirteenth~~ day of November A. D. 1879, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Wesley Jay, aged 37 years, a resident of Oxford Borough in the County of Chester, and State of Pennsylvania, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to his claim for pension as follows: My Post Office Address is.....

Oxford P.O. Chester County Pennsylvania
[Give present address in full.]

For 10 years immediately preceding my enlistment into the service of the United States on the 11th day of March, 1863, I resided in the following-named places: Lincoln University P.O Chester County Pennsylvania,
[Give all the places in which you resided during the period above stated prior to your enlistment.]

and my occupation was that of a farm hand

Since my discharge from said service on the ..... day of August, 1865, I have resided in Lincoln University P.O. Chester County Pa.
[Give the name of each place with date of any change of residence.]
for 6 years to 1871 and from that time to present date in Oxford Borough Chester County Pennsylvania.

and my occupation has been that of a cart driver & hostler

I further state that the disability for which I claim a pension arises ftom rupture which which was contracted while detailed with pioneer corps carrying heavy timber for breastworks at Jacksonville Florida about September 15th 1863. and gun shot wound through left hand under bol. Robt. G. Shaw at battle of Fort Wagner Morris Island Charleston July 18th 1863.
[Here state the time, place, and all the circumstances under which the disability for which pension is claimed originated.]

From my said discharge to the present time, I have received the following medical treatment for said disease or rupture and wounded hand which have both troubled me. my physicians were Doctor James Fulton New London Chester Co Pa. and Doctor William N Hutchison now deceased late of Oxford Chester Co Pa, Doctor W Hutchison deceased who took bone out of hand. I had fever and some chills immediately after my discharge and
[Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.]

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases: after I had been at home for about 3 days, I was confined to bed 3 months sickness resulting from Strain that produced rupture also at times afterward
[Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.]

for which I was treated by Dr. James Fulton New London Penn.
[Name and address and date of treatment.]

(3)

treatment. the weeks immediately after I was discharged. He seems to think he cant give me an affidavit or certificate until after my pension is allowed and you want him to fix the amount.

Now Doctor Hutchison dressed my sore hand after it broke out again but he is dead. Please write to Doctor Sutton and if necessary I will get some soldiers to testify that I contracted my disease in the Army in line of duty and was ruptured

Claim for Pension. 308684

Late Surgeon

Certificate of Disability for Discharge

Claimant's Statement

Filed in the Bureau of Pensions NOV 17 1879

Care of Pension Office

Chester Gray

Co. B. 34 Mass. Vol.

Claim-
Affidavit with
regard to
treatment
by

Doctor Hutchison also attended and treated my hand.

And during all of the said time my physical condition and ability to perform manual labor has been as follows: I
[State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or periods, giv-
ing the dates as nearly as possible, you have been prevented from following your usual occupation.]
after had been at home after discharge I had to be on bed with rupture for three months attended by James Fulton M.D. and has since me at times both the rupture and wounded hand ever since, continuously about half the time since could do light work I always practically disabled.

I further state that the entire service rendered by me is as follows: as aforesaid
[Here claimant should state the dates of enlistment and
discharge of each term of service rendered by him whether in the army or navy, and the company and regiment, or name of vessels, in which he served.]
Co. B. 54th Mass. Vols (Colored Troops) from enrollment March 14th 1863 to my discharge in August 1865

and that I have not served in the Army or Navy either prior or subsequent thereto.

James Black

William Riddell

his
Wesley x Jay
mark
Claimant's Signature.

[Two witnesses who can write sign here.]

State of Pennsylvania, County of Chester, 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, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution. The following interlineations and erasures were made before executing said affidavit: 7th line from the top of this page being written before signing

James Black
Official Signature.
Justice of the Peace

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 Official character hereon, and not on a separate slip of paper.

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing 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.

.....

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

Claim

DISABILITY AFFIDAVIT.

No. 308684

Claim of 1879

Wesley Jay
Co. B. 54th Mass. Vols.
Enrolled Mar: 14. 1863
Discharged Aug. 1865
For
Original Invalid Pension

FILED BY
Geo. H. Stubbs
Oxford Ches. Co. Pa.

Printed and sold by W. H. Moore, 511 11th st., Washington, C. C.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL DISABILITY.—Acts of June 27, 1890, and May 9, 1900.

EAST. DIV. NOV 14 1901 RECEIVED

TAKE NOTICE—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instruction should 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 Pennsylvania, County of Chester ss:

In the Pension Claim No. Cert. 805207 of Maloy Jay

_____ late of Co. B. 54th Regt Penn'a. Inf.

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

Personally came before me a Notary Public in and for the aforesaid

Official character of magistrate

County and State D. Alfred Stubbs M.D. a citizen of Oxford Pa

Name of Affiant.

whose Post-Office address is Oxford

in the County of Chester, State of Pennsylvania

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 practising physician, and that he has been acquainted with the said Soldier for about 22 years, and that The claimant was disabled by reason of his Rheumatism and Disease of Heart from march 27th 1899 to January 17th 1900 and fully 2/3 incapacitated thereby from earning a support by manual labor; his diseases are Chronic in their Character and at times he is wholly disabled, I have been his family Physician for several years.

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 the jurat that they were made before executing the paper

NOTES.

The Physician's Affidavit must show the following facts:

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

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

PENSION BUREAU U.S. NOV 14 1901 OFFICE

over

He further declares that he has been a practitioner of medicine for 27 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

D. Alfred Stubbs M.D.

Affiant's Signature. Give rank and service, if in the Army

Sworn to and subscribed before me this 13th day of November, A. D. 1901

and I hereby certify that the affiant is a practising 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

If any words have been erased in this affidavit, enter them here.

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 the prosecution of this claim.

[L. S.] *Official Signature:* Wm H Snyder

Official Character: Notary Public

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.—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.

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

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

.....

Nature of Claim .....

Soldier ..... *Reg't.*

Co. ....., ...

No .....

FILED BY

.....

Printed and sold by W. H. Moore & Co., 511 Eleventh Street N. W., P. O. Box 269, Washington, D. C

PHYSICIAN'S AFFIDAVIT.

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

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

State of Pennsylvania, County of Chester ss:

In the Pension Claim No 308684 of Wesley Jay

late of Co. B. 54th Mass. Vols

Company and regiment of service, if in the army; vessel and rank, if in navy.

Personally came before me a Notary Public in and for the aforesaid

Official character of magistrate.

County and State D Lewis H. Kirk a citizen of Oxford Pa

whose Post-Office address is Oxford.

in the County of Chester and State of Pennsylvania

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:

NOTES.

The Physician's Affidavit must show the following facts:

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

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

That he is a practising physician, and that he has been acquainted with said Soldier for about ..... years, and that I have this day Jan 8th 1897

[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 the jurat that they were made before executing the paper.]

Examined Wesley Jay colrd. aged 55

Find him suffering with Rheumatism of

left leg. with great pain & tenderness along

region of Sciatic nerve, tongue coated

Chronic Indigestion History of Chills & fever

and malarial poisoning & enduring

back to time of service in "war of the Rebellion"

He has a Varicocele which & tumor

gives him great inconvenience & incapacitates

him from his usual occupation. He has also been

treated for piles. I would say he was

more than half disabled from manual labor

He further declares that he has been a practitioner of medicine for 20- years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Louis H. Kirk M.D.

Affiant's Signature. Give rank and service, if in the army.

Louis H. Kirk

Sworn to and subscribed before me this 8th day of January, A. D. 1897

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the foregoing 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.

Official Signature: D. A. Stubbs

Official Character Notary Public

[L. S.]

I, ..., Clerk of the County Court in and for the 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 said signature thereunto is genuine.

Witness my hand and seal of office this ..... day of ....., 189

.....

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

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

Act of June 27, 1890.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Bradley Jay

Oxford

Nature of Claim Original

Soldier Bradley Jay

Co. B, 54th Reg't.

Iowa, Inf. Vols

No. 308680

FILED BY PENSION OFFICE JAN 13 1897

Printed by W. H. Moore & Co. Box 636, Washington, D. C.

85 **PHYSICIAN'S AFFIDAVIT.** 85

TAKE NOTICE—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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 Pennsylvania **County of** Chester, **ss:**

In the Pension Claim No. Cert. 850207 of Maley Jay

Offord, Chester County, Pennsylvania, late of

Co. B. 54th Mass. Regt.

Company and regiment of service, if in the army; vessel and rank, if in the navy.

Personally came before me a Notary Public in and for the aforesaid

Official character of magistrate.

County and State Dr. Samuel L. Rea a citizen of Offord, Pa

Name of Affiant.

whose Post-Office address is Offord — Pennsylvania

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 practising physician, and that he has been acquainted with the said Soldier for about 25 years, and that he has been attending

Here embody all the facts known to the affiant in accordance with the marginal instructions. No

and prescribing for him about three

erasures or interlineations will be permitted unless the magistrate certifies in the jurat that they were made before executing the paper

months. He was at the beginning of this period, as now, greatly emaciated. Weighed him on Friday last. His weight then, dressed as usual, was 119 lbs. Has lost strength accordingly. These conditions persist in spite of the most sustaining treatment it seems possible to give him. The action of his heart is weak and irregular. He suffers greatly from abdominal pains, requiring anodynes at night. Is able only to take short walks in fair weather. Sees this patient professionally, three to four times per week. There is for the past few, oedema of lower limbs.

PENSION DIV U. S. JUN 13 1903 OFFICE.

NOTES.

For Claims Under General Law.

The Physician's Affidavit should 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 a complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as far as possible the prescriptions.

4th. The extent to which claimant has been unable to perform manual labor since discharge or first acquaintance to PRESENT Time (whether ¼, ½, ¾, ¼, or total.)

He further declares that he has been a practitioner of medicine for 32 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Samuel L. Rea M.D.

Affiant's Signature. Give rank and service, if in the Army

Sworn to and subscribed before me this 12th day of June, A. D. 1903

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully 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.

Official Signature: D. A. Stubbs

Official Character: Notary Public

[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 ....., 190

.....

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

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

Wesley Gray declining
lost 50 @ 60 lbs average
in last 5 months
now be able gone

MEDICAL EVIDENCE.

Proof of full Probability

Affidavit of

Dr Samuel L. Rea

Afford

Pennsylvania

EASTERN DIV.
JUN 15 1903
RECEIVED

Claim of Wesley Gray

Cert. No. 850207

63 54 Mass, Inf.

For

Increase

Pension

FILED BY

Printed and sold by W. O. Berryman, successor to W. H. Moore & Co., 511 11th St. N. W., Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

144

EAST. DIV. JUN 6 RECD
EAST. DIV. MAY 13 1903 CHARGED

PROOF OF PHYSICAL DISABILITY.—Acts of June 27, 1890, and May 9, 1900.

TAKE NOTICE—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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 Pennsylvania, **County of** Chester, **ss:**

In the Pension Claim No. 308689

of Malay Jay Offord Cert: 20,850 Pennsylvania late of

C B 54 Mass. Vols. Inf

Company and regiment of service, if in the army; vessel and rank, if in the navy.

Personally came before me a Notary Public in and for the aforesaid

Official character of magistrate.

County and State Dr Samuel L Rea a citizen of Offord Pa

Name of Affiant.

whose Post-Office address is Offord

in the County of Chester, State of Pennsylvania

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 practising physician, and that he has been acquainted with the said Soldier for about 25 years, and that for the last three months has had him under his professional care, suffering from Gastric Catarrh with Consequent indigestion and abdominal pains, these, with his old disabilities, wholly unfitting said soldier from manual labor. Also that affiant regards his condition in all respects serious and his disabilities probably permanent.

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 the jurat that they were made before executing the paper

NOTES.

For Claims Under Act of June 27,'90

The Physician's Affidavit must show the following facts:

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

2d. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated—whether ⅔, ¾, or total.

PENSION OFFICE U. S. MAY 12 1903

EAST. DIV.
JUN 6 1902
RECEIVED.

He further declares that he has been a practitioner of medicine for 32 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Samuel L. Rea M.D.
Affiant's Signature. Give rank and service, if in the Army

Sworn to and subscribed before me this 11th day of May, A. D. 1902

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully 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.

Official Signature D. A. Stubbs

[L. S.] *Official Character* Notary Public

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.

EAST. DIV.
JUN 6 1902
RECEIVED.

Witness my hand and seal of office this ..... day of ....., 190

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

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

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

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Mrs Mary L. Pa
Oxford
Nurse

Nature of Claim Nurse

Soldier Mrs Mary L. Pa

Co. B, 54 *Reg't.*

Iowa, *Vols.*

No. 308684

Cert. no. 850 207

FILED BY

Theodore K. Stubbs
Oxford Pa

Printed and sold by W. O. Berryman, Successor to W. H. Moore & Co., 511 Eleventh St. N. W., Washington, D. C.

ADDITIONAL EVIDENCE

GENERAL AFFIDAVIT.

State of Pennsylvania County of Chester, ss.

In the matter of Wesley Jays Pension Claim
Cff. # 850 207 Co B. 54th Mass Vols

ON THIS 28 day of August, A. D. 1894 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths,

~~aged years, a resident of~~

~~in the County of and State of~~

~~whose postoffice address is~~, and

Moses Morgan aged 52 years, a resident of Oxford

in the county of Chester and State of Pennsylvania

whose postoffice address is Oxford Chester Co. Pa.

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

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

I saw soldier shortly after he came home in 1865 & he told me he had been sick with chills and fever & in service and had got ruptured in the army which is the beginning of your circular speaks of & like about two hundred & odd pages from soldier and from my intimate acquaintance do say to the best of my knowledge and belief that his rheumatic malaria rheumatism chronic diarrhoea and Varicose veins alleged by claimant from which he suffers now not caused by vicious habits, this is my reply to your circular and this is what I have got to say about Wesley Jays case this is my statement taken down in my presence and is true and correct and signed by me as soon as written

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

Moses Morgan

STATE OF COUNTY OF ss.

Oxford P.O. Chester Co. Pa.

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

PENSION AUG 29 1894

STATE OF Pennsylvania, COUNTY OF Chester, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavits 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

[L. S.]

D. A. Simmons
(Official Signature.)

Notary Public
(Official Character.)

STATE OF ....., COUNTY OF ....., ss:

I, ..., Clerk of the County Court in and for the aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a ..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of ....., 189

SEAL

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 heron, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

CLAIM OF

Weber Dam
Co. B. 54th Mass.
Entry Vols.

AFFIDAVIT OF

Moses Morgan
Otsego Co. Pa.
Origin of
Creek

FILED BY

Printed and for sale by E. J. Gray, 908-910 Pa. Ave., Washington D. C.

AUG 29 1894 U.S. LAND OFFICE

July 23rd 1903

To the Hon. Commissioner of Pensions.

Please have the claimant in the claim mentioned below ordered for **MEDICAL EXAMINATION** before the Board at Oxford at Hobue Pennsylvania

Very respectfully,

Theo. L. Stubbs

Claimant's Attorney.

No. of Claim 308684

No. of Certificate 850207

Maley Jay

Name of soldier.

Co. B, 54th Reg't.

Mass. Vols.

Nature of Claim Increase under new law immediate action on account of threatened dissolution of claimant.

PENSION A JUL 24 1903 U. S. OFFICE.

To Chf. Div. Action

JUL 28 1903

COMMISSIONER.

AL ACTION IN PENSION CLAIM.

To Chf. Div.

JUL 28 1903

COMMISSIONER.

f Pensions, whereby special action is requested by reason of extreme age; of claimant on charity; or other like special and urgent reasons which be verified by the oath of the claimant making them, or some reputable

, County of Chester, ss:

on A. D. 1903, personally appeared before me,

and for the aforesaid County, duly authorized to administer oaths

63 years, a resident of Oxford

, and State of Pennsylvania

ord — Pennsylvania

: That Maley Jay —

34 and Co. B, no. 850207

, and for the reasons given below request is made for

able Commissioner of Pensions.

I visited

ken, such as extreme age; or threatened dissolution of claimant; or dependence

r claimant lately

reasons which may be particular to the case.

is in bad shape

se for immediate action

rene, as he seems

at his door and

dissolution, surely

examine soon

home for he

can not live long. and I

would not be surprised to

to hear of his death any

moment

James P. Evans

Signature of Affiant.

PENSION A JUL 24 1903 U. S. OFFICE.

Two witnesses who write sign here.

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution.

D. L. Stubbs

Notary Public

Official Signature.

REQUEST FOR SPECIAL ACTION IN PENSION CLAIM.

To Chf. ..... Div.

JUL 24 1903

COMMISSIONER.

☞ NOTE.—To be filed with the Commissioner of Pensions, whereby special action is requested by reason of extreme age; or threatened dissolution of claimant; or dependence of claimant on charity; or other like special and urgent reasons which may be particular to the case. These statements must be verified by the oath of the claimant making them, or some reputable party acting for him.

State of Pennsylvania, County of Chester, ss:

ON THIS 23rd day of July A. D. 1903, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths James P. Evans aged 63 years, a resident of Oxford in the County of Chester, and State of Pennsylvania whose post-office address is Oxford — Pennsylvania and who, being duly sworn, declares as follows: That Wesley Jay — is an applicant for pension No. 308684 and Co. "G" No. 85207 and for the reasons given below request is made for special consideration of the claim by the Honorable Commissioner of Pensions.

I visited

NOTE.—State the reason why special action should be taken, such as extreme age; or threatened dissolution of claimant; or dependence of the claimant on charity; or other like special and urgent reasons which may be particular to the case.

Wesley Jay abov claimant lately and he surely is in bad shape and just Cause for immediate action upon his Inderne, as he seems very near deaths door and threatened dissolution, surely he should be examined soon and at his home for he Can not live long. and I would not be surprised to to hear of his death any moment

James P. Evans

Signature of Affiant.

FENSION A JUL 24 U. S. 1903 OFFICE.

Two witnesses who write sign here.

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution.

D. W. Stubbs
Notary Public

Official Signature.

A 3—077.

Department of the Interior,

BUREAU OF PENSIONS,

OFFICE OF COMMISSIONER,

July 29, 1903. 190

Ctf. No. 308,684. 852207

Name Wesley Jay,

Co. B, 54th Reg't Mass.

Chief of Eastern Division:

Please return the attached communication to the Special Desk at once, with the information requested below.

E. F. WARE,
Commissioner.

RECEIVED JUL 29 1903 CHIEF'S DESK

Has any evidence been filed pending to show that the claimant is destitute and dependent upon charity or is sick and in immediate danger of death? Yes
Evidence attached

What is the nature of the pending claim, and when was it filed? Inc N. L
June 11" 1903

What does the last report of the examining surgeons show? Give date of examination. Nov 19-02

Rate $12

THIS CLAIM WILL NOT BE MADE SPECIAL, AUG 6 1903 BY ORDER OF COMMISSIONER.

If pensioned, give the present rate.
$6

What was the date of the last adjudication?
June 1" 1903 - Inc Ctfn & mem

Should any reason appear for not making claim special, state such reason.

If a claim is pending, give briefly its status, stating nature of evidence required, and when last call was made.
Inc clm N. L. filed June 11. 1903 " No action yet taken

J. S. Garrison
Chief Eastern Division.

8042b5m4-03

L. L. F

....., Div.....

Request for Special Action in the

CLAIM OF

Wesley Jay

Co. B, 54th Reg't. Mass.

Infty Vols.

For Increase

Cert. No. 308684

FILED BY

Theodore K. Stubbs

Oxford P.O.

Pennsylvania

EAST'N DIV.
JUL 29 1903
DESK

Printed and Sold by W. H. Moore & Co., 511 Eleventh Street N. W., Washington, D. C.

GENERAL AFFIDAVIT.

State of Pennsylvania } ss.
County of Chester }

In the matter of The claim for Invalid Pension No. 308.684 of Wesley Jay late Co. B. 54th Mass. Vols.

Personally came before me, a Justice of the Peace in and for aforesaid County and State, the claimant Wesley Jay, aged 36 years and ....., aged ..... years citizen of the Town of Oxford, County of Chester, State of Pennsylvania, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case, as follows:

Post Office Address.

Represented as a farmer Mch. 14. 1863 I was mustered into Co. B. 54th Reg. Mass. Vol Infantry given in my age Then as 26 years. Mustered into U.S. service Mch. 30th 1863. mustered out Aug. 20th 1865.

I was off duty and sick with chills as much as a week or two at a time think second summer was often sick had the chills and fever violently the next day after I came home from army. you'll find my name on sick list as I'm no scholar cant give dates recruiting officer gave in age. Incurred chills along southern coast on or about September 20th 1863 had them worse second summer disabled me entirely attended with fever next day after came home. My hernia or rupture is located at lower extent of intestines, was incurred and appeared on July 17th 1863, lifting timber at Folly Island near Morris Island S. C., caused severe pain and agony, and is terrible to bear with now. My left hand was shot clear through, at Fort Wagner July 18th 1863. has broken bone broke out several times since. The Surgeon who attended me in Army dressed hand, prescribed for chills and adminstered to rupture pains was Louis D. Radwisky Switzerland, I do not know where he is now; he dressed hand and give medicine for rupture pains. Doctor S.W. Hutchison dressed hand since war & Dr Will Hutchison doctored my rupture, they are both since deceased. I was in hot times and used myself up entirely by lifting and working while the excitement and danger was high.

~~further declare that no interest in said case, and not concerned in its prosecution.~~

1 Jos. Brown
2 T. K Stubbs

Signature of Affiant { his Wesley † Jay mark

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (†), two persons *who can write* must attest the same adding their names opposite.

The officer before whom papers are executed is *not a competent*

Sworn to and subscribed before me this day by the above named affiant ; and certify that I read said affidavit to said affiant , 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; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal this 25th day of October 1881

Sign here James Black (Seal)

Justice of the Peace of Fo-d Chester Co. Pa.

ADD SEAL HERE.

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

STATE OF**....., *COUNTY OF*****....., *ss.***

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who hath signed his name to foregoing affidavit, was at the time of so doing a.....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.....day of.....18

.....

Clerk of the.....

U.S. PENSION OCT 27 1881 OFFICE

☞If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. ☞Such Certificate for each Department where many authentications are required, will save much expense.☜

☞Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be used in one case.

☞Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

Additional Evidence

No. 308 684.

GENERAL AFFIDAVIT.

CASE OF

Wesley Jay

B 5th Mass.

FOR

Pension 54th mass

and 4th Ohio Mil

as per rule and

regulations

AFFIDAVIT OF

Claimant

Oyster Bay Queens Co N.Y.

FILED BY

.....

.....

.....

Printed and sold by W. H. Moore, 511 11th st., Washington, D. C.

orgl Invalid Claim no. 308.684
Disability

~~GENERAL~~ AFFIDAVIT.

State of Pennsylvania, County of Chester, ss:

In the matter of orgl. Invalid no. 308.684
Wesley Jay Co B. 54th Regt Mass Inf Vols

Personally came before me, a Notary Public in and for the aforesaid County,
Notary, Justice or Clerk of Court.

and State, Wesley Jay, aged 57 years,
Name of witness.

and he is a soldier, _____, aged _____ years,
Name of witness.

citizens of the town of Oxford
Post-Office address.

County of Chester, State of Pennsylvania
Give Street and No. if in city or town.

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

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

all my life prior to my enlistment on March 14, 1863 in Co. B. 54th Regt. Mass. Infty Vols I resided at Lincoln University P.O. Chester County Pa. three miles from Oxford Pa, my occupation was farm laborer sound and strong, since my discharge from Military service on August 20. 1865. I have resided at Oxford Pa. or within 2 or 3 miles of Oxford and last 25 years in the Borough of Oxford my occupation has been day laborer when able at all to do some manual labor. I claim pension wounded left hand rupture left side malarial poisoning, chills & fever now can bear blankets on quilts when have chills and hot breaks to my feet, an oven heat brings me to and teeth quit chattering, I was in hospital at Morris Island S. C., Charleston S. C. they failed of sending me to Beaufort N.C. but did not go there a Spanish Surgeon now dead treated me in war, I took medicine steady for 90 days with chills & fever after I came home Aug. 1865

I _____ further declare that I do have no interest in said claim and am ~~are~~ not concerned in its prosecution.

1 Ray T. Gallagher
2 W. C. Mellon

his
Wesley X Jay
mark

NOTE.—In the execution of evidence, two persons *who can write*, must attest the signature by signing their names opposite.

(Signatures of Affiants.)

(C)

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., Sept 14', 1880.

SIR:

I have the honor to acknowledge the receipt of your request of August 3', 1880, for certain information for use in the consideration of application for Pension No. 308 684 and to return it herewith, with the following information from the records of this Office:

It appears from the Rolls of U. S. Colored Troops on file in this Office that Wesley Jay was enrolled on the 14 day of March 1863, at Readville Mass, in Co. "B", 54 Regiment of ~~U. S.~~ Mass. Colored Vols, to serve 3 years, or during the war, and mustered into service as a Pvt on the 30 day of March, 1863, at Camp Meigs Mass, in Co. "B", 54 Regiment of ~~U. S.~~ Mass Colored Vols, to serve years, or during the war. On the Muster Roll of Co. "B", of that Regiment, ~~for the months~~ of from Orgn to June 30, 1863, he is reported present for duty. July & Augt, present "Sick Harb Morris Island"; from Augt 31/63 to June 30/65, present for duty. He was mustered out of service with Co Augt 20/65, at Charleston S.C.

Co was in at Kinnish on James Island July 16/63; attacked Fort Wagner July 18/63.

The Records of this Office furnish no evidence of alleged wound or disability.

I am, sir, very respectfully,
Your obedient servant,

A. H. Markerer

Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D. C.

by Wm Thompson

2nd (6) Cmd

No. 24530

War Department,

Surgeon General's Office,

RECORD AND PENSION DIVISION.

Washington, D. C., Dec. 13", 1880

Sir:

I have the honor to return herewith your request for a report of hospital treatment in Claim, No. 308,684, *with such information as is furnished by the records filed in this Office, viz: that* Pvt. – Jay, Co. B, 54" Mass., was treated in Regtl. Hospl. in March and April 1863, for bronchitis, in Oct. 1863 for diarrhoea, and for constipation, and in Nov. 1863, for "Malaise". No further record in this case found. To records of James Island S. C., Jacksonville Fla. prior to Feb. 1864, nor of the regt. from July 6" to Aug. 1"/63, on file.

By order of the Surgeon General:

J. J. Woodward
Surgeon, U. S. Army.
(125)

per J. Frech

To the

Commissioner of Pensions.

18)

RECORD & PENSION OFFICE
FEB 21 1160096 1895
WAR DEPARTMENT

2-19-95

3—464 *aa.* S.P.

Eastern Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Feby 20th 1895

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. Cf. 850.207.

Name, Wesley Jay.

Co "B" 54th Reg't. Mass. Vol. Infty.

Wm Lochren

Commissioner.

14246 b—75 m o-8

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

Record and Pension Office,

WAR DEPARTMENT,

Washington, FEB 21 1895

PENSION OFFICE U S FEB 23 1895

Respectfully returned to the

Commissioner of Pensions,

with the information that in case of Wesley Jay Co. B 54 Mass. Vol. Inf. military records furnish nothing additional to former reports. The medical records show him treated as follows: As W. Jay — Co B 54 Mass. Inf. April 28 65. Dysent. The above is additional to that furnished in reports dated Dec 13, 80 & Dec 19, 85 herewith.

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth

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

Per M

(323)

Comrade's

~~OFFICER'S~~ CERTIFICATE OF DISABILITY.

Bridgeport Conn. 1890.
[Put place and date here.]

NAME AND RANK OF OFFICER.

I, Charles W. Potter private, of Company B, of the 54th Regiment of Massachusetts Infty Vols, certify on honor that Wesley Jay was a private in my Company, and is, as I am informed, an applicant for an Invalid Pension; that he was discharged at Charleston S.C. August 20th 1865.

Give date and reason of discharge; or, if not known, so state.

And I further Certify, That the said Wesley Jay while in the service and in line of duty while carrying heavy timber at night July 17. 1863 to repair trestle bridge from Sorrel Island (near Folly) to James Island S.C. while we were moving towards Sorrel Island slipped and fell and was ruptured I recollect Jay was ruptured then but not much of the particulars I know he was very sick at Jacksonville Fla. about April 1st 1864. I think he had ague but dont recollect clearly.

Here state fully the time, place, and manner in which the wound or other injury was received, or disease contracted, and whether in the service and LINE OF DUTY, or otherwise.

And that the said Wesley Jay

Here state soldier's condition at the time of enlistment, and, if unsound, from what suffering.

when he entered the service March 14th 1863 was a sound healthy young man large active and strong.

Signature of Officer.

/ Charles W. Potter

Co B, 54th Reg't, Mass. Vols. Infantry

(9)

If the officer is out of the service he must make oath to his certificate before an officer whose official character is certified by the Clerk of a Court of Record under seal.

State of Conn.
County of Fairfield } ss:

ON THIS 27th day of February, 1890, personally appeared before me the above-named Charles W. Potter, to me well known, and whom I believe to be respectable and entitled to credit, and subscribed and made oath to the foregoing statement, and that he has no interest in the application of the said soldier for a pension; and I further certify that I have no interest in said application.

Howard G. Hubbell
Notary Public

I Certify That Howard G. Hubbell, before whom the above affidavit was made, is a Notary Public, duly authorized to administer oaths, and that the above is his signature.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 27th day of February, 1890.

[SEAL.]

Wm R Shelton
Asst. *Clerk of the* Superior Court.

No. 308,684
~~OFFICER'S~~ Widows' Original Invalid

CERTIFICATE OF DISABILITY.

Claim of Wesley Jay

B, 54th Co., Reg't Mass. Vols

Filed by

THEODORE T. STUBBS,
ATTORNEY AT LAW,
Oxford, Chester Co., Pa.

Affidavit of Chas. W. Potter

POST OFFICE ADDRESS:
Bridgeport, Conn.
18½ Lafayette Avenue

Printed and sold by W. H. Moore, 511 11th st., Washington, D. C.

(3—485 b.)

Div. ____

Ex'r. ____

No. ____

____

Co. ____ Reg't ____

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., ____, 189__

Co. 13 54 Reg't Mass Vols

—:—

Return this letter with your reply.

WASHINGTON, D. C.,

Nov 4, 1891.

Sir:

To aid this Bureau in the adjudication of the above cited claim, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relative to the incurrence of rupture and chills and fever.

In your reply please be as specific as possible in respect to dates, and describe as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer, indorsed upon the back of this letter, will be appreciated.

Very respectfully,

Geo B Davis

Commissioner.

Chas W Potter.

18½ Concert Av

Bridgeport Conn

6—441

3045 b—100 m

Bureau of

(101)

Commissioner Ramm: "Sir in answer to your
Matter of Correspondence in the Case of
Wesley Long of Co. B. 54 Mass Vols. i have no more
Testimony to Give you than what—i have Given
you. Please Excuse for Not answering before
~~Bout~~ As i have been Very bad with Rheumatism
So as to unable me to endeavor
Dear
Sir
Now you
Please try and assist—me as to my Pension
you owate me most—one year ago that
I should have from it Soon it—has been
most—2 years Since i was before the board and
Cannot—have nothing from it—i am unable to
Do any thing. and i do think that i Should receive
my Pension all that i am a getting is 4 Dollars
per month. and that you know is very Small
For a Man that Cant—do Nothing and is Family
Besides. Please (am)
Dear Sir
—Let—me hear from you
And assist—as Soon as possable

Yours

Respectfully

Charles W. Potter

18½ Cresent—St

Bridgeport—

Conn

Bureau of Pensio

2

~~OFFICER~~ Colorado'S CERTIFICATE OF DISABILITY.

Oxford. Pa March 10th 1890.
[Put place and date here.]

NAME AND RANK OF OFFICER.

I, Josiah Cole, of Company B, of the 54th Regiment of Massachusetts, certify on honor that Wesley Jay was a private in my Company, and is, as I am informed, an applicant for an Invalid Pension; that Wesley Jay was discharged at Charleston S.C. August 20. 1865

Give date and reason of discharge; or, if not known, so state.

And I further Certify, That the said Wesley Jay while in the service and in line of duty on the trestle bridge over marsh where tide came up between ~~Morris~~ James Island and Sorrel Island night of July 17. 1863 he was ruptured carrying heavy timber, he showed me his piles contracted at Morris Island S.C. was shot with bullet through left index finger at Ft. Wagner July 63 (18th) he contracted malaria from chills fever & ague Sept. 1863 and was very bad sick at Jacksonville Fla. about April 1864. I was in Hospital with him ——

Here state fully the time, place, and manner in which the wound or other injury was received, or disease contracted, and whether in the service and LINE OF DUTY, or otherwise.

And that the said Wesley Jay was disabled as above to my personal knowledge but I know

Here state soldier's condition at the time of enlistment, and, if unsound, from what suffering.

when he entered the service March 14. 1863 was sound and in good health and made a good soldier.

Signature of Officer.

Josiah Cole

Co B, 54th Reg't, Mass. Vols Infy.

P.O. Coatesville 2 miles

(12)

If the officer is out of the service he must make oath to his certificate before an officer whose official character is certified by the Clerk of a Court of Record under seal.

State of Pennsylvania }
County of Chester } ss:

ON THIS 10th day of March, 1890, personally appeared before me the above-named Josiah Cale .., to me well known, and whom I believe to be respectable and entitled to credit, and subscribed and made oath to the foregoing statement, and that he has no interest in the application of the said soldier for a pension; and I further certify that I have no interest in said application.

D. A. Stubbs
Notary Public

I Certify That ....., before whom the above affidavit was made, is a ....., duly authorized to administer oaths, and that the above is his signature.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this ..... day of ....., 188 .

[SEAL.]

Clerk of the .....

testified that Chauncey Rhue ... D.C.

In the above entitled claim you have testified that claimant while at James Island, S. C., about July 17. 1863, was ruptured while carrying heavy timber; also, that he was shot in left index finger at Fort Wagner, S. C., about July 18. 1863. Will you please endorse on the back of this letter, just how you know these facts. Your early reply with the return of this letter, will be appreciated.

Very respectfully

Geo. B. Rawn

Commissioner.

Josiah Cole. Esq.,

Dorrington

Box 84 Pa.

(13)

Washington Dec 29. 1890

Sir Wesley Lay Belong to co B 54 mass Vols
and he got hurt at Fort Wagner on 4
of July 1863 i was with him that night
and i was with him at Stamprangel
When he was hurt carring timber
and i cannot Give quit the date
But know he was hurt then
and has Been aden ever since
yours respectfuly
Josiah Cole
and i Belong to the
co B 54 mass Vol
East dorsmingtown
Box 116
PA

(3—485 b.)

Dep.

Ex'r.

No.

Department of the Interior,

PENSION OFFICE

Comrade's

~~OFFICER'S~~ CERTIFICATE OF DISABILITY.

No. 105 Union St. Wilmington Del. March 1890.
[Put place and date here.]

NAME AND RANK OF OFFICER.

I, Charles H. Preston, of Company B, of the 54th Regiment of Mass. Infy Vols, certify on honor that Wesley Jay was a private in my Company, and is, as I am informed, an applicant for an Invalid Pension; that Wesley Jay was discharged at Charleston S. C. August 20th 1865

Give date and reason of discharge; or, if not known, so state.

Here state fully the time, place, and manner in which the wound or other injury was received, or disease contracted, and whether in the service and LINE OF DUTY, or otherwise.

And I further Certify, That the said Said Jay was sick at least three different times I have a personal knowledge of Jay while in the service and in line of duty on the Islands near Ft Wagner S. C. contracting the Ague in summer of 1863. the most serious attack of Chills & fever in my recollection was at Jacksonville Florida in Spring of 1864 about April 1st 64. I know Jay carried heavy timber on trestle bridge but have no personal knowledge of rupture.

And that the said Soldier

Here state soldier's condition at the time of enlistment, and, if unsound, from what suffering.

when he entered the service March 11th, 1863 was sound and in good health

Signature of Officer.

Charles H Preston

Co "B", 54th Reg't, Mass. Infy Vols.

116)

If the officer is out of the service he must make oath to his certificate before an officer whose official character is certified by the Clerk of a Court of Record under seal.

State of Delaware }
County of New Castle } ss:

ON THIS 13 day of March, 1890, personally appeared before me the above-named Charles H. Preston, to me well known, and whom I believe to be respectable and entitled to credit, and subscribed and made oath to the foregoing statement, and that he has no interest in the application of the said soldier for a pension; and I further certify that I have no interest in said application.

Chas. H. McCharles
Clerk of Orphan's Court
in and for New Castle County.

I Certify That....., before whom the above affidavit was made, is a ....., duly authorized to administer oaths, and that the above is his signature.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this .....day of....., 188 .

[SEAL.] *Clerk of the*

No. 308,684.

OFFICER'S CERTIFICATE

OF

DISABILITY.

Claim of Wesley Lamb

"B" 54th Reg't Mass. Vols

Filed by

THEODORE E. STUBBS,
ATTORNEY AT LAW,
Oxford, Chester Co., Pa.

PENSION OFFICE. U.S. MAR 15 1890

POST OFFICE ADDRESS:

Charles H. Preston
No. 105 Union St
Wilmington Del.

Printed and sold by W. H. Moore, 511 11th st., Washington, D. C.

Comrade

~~Officer~~'s Certificate of Disability.

Oxford Pa August 23rd 1890

(Put place and date here.)

NAME AND RANK OF OFFICER.

I, 3rd John Harris, of Company A, of the 3rd Regiment of USCT. (USCT) Pa Infty, certify on honor that Wesley Jay was a volunteer in my ~~company~~ Brigade, and is, as I am informed, an applicant for an Invalid Pension; that was discharged by reason of service was in my Brigade

Give date and reason of discharge; or if not known, so state.

And I further Certify, That the said Wesley Jay was in my brigade during war and shortly after battle of Fort Wagner S.C. and soldier in tent right front on beach Morris Island sick with hernia he got in the battle there that his hernia was bad then he complained of it and that he had it ever since and I know that hernia malaria chronic diarrhoea and big veins are not caused by vicious habits this is my oral declaration written in my presence answers by you circular

Here state soldier's condition at the time of enlistment, and, if unsound, from what suffering.

And that the said Wesley Jay was a big strong healthy stalwart boy when he entered the service and being in Co. B. was just to the front and got hurt on trestle bridge and disabled soon after he went into battle

Witness to mark
A.K. McClung.
Anna E. Stubbs.

Signature of Officer.

his
John X Harris
mark

Co. A 3rd Regt M.S.C.T.

Same Brigade

about 100 yards apart just a short road

If the officer is out of the service he must make oath to his certificate before an officer whose official character is certified by the Clerk of a Court of Record under seal.

State of Pennsylvania **, County of** Chester **, ss.**

ON THIS 23rd day of August, 1894, personally appeared before me the above-named John Harris, to me well known, and whom I believe to be respectable and entitled to credit, and subscribed and made oath to the foregoing statement, and that he has no interest in the application of the said soldier for a pension; and I further certify that I have no interest in said application.

D. A. Stubbs

Notary Public

I CERTIFY That ....., before whom the above affidavit was made, is a ....., duly authorized to administer oaths, and that the above is his signature.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this ..... day of ....., 188 .

[SEAL.] *Clerk of the* .....

Corporal
~~OFFICER'S~~ CERTIFICATE
—OF—
DISABILITY.

Case of
John Harris
Co. B, 54th Reg't Mass Vols

FILED BY

PENSION
AUG 29 1894
OFFICE

PRINTED AND FOR SALE BY E. J. GRAY, 1924 PA. AVE., WASHINGTON, D. C.

OFFICER'S CERTIFICATE OF DISABILITY.

No. 813 Wilmington St. Wilmington Del. March 13 1880.
[Put place and date here.]

NAME AND RANK OF OFFICER.

I, George Morris first Corporal, of Company B, of the 54 Regiment of Mass Infty Vols, certify on honor that Wesley Jay was a private in my Company, and is, as I am informed, an applicant for an Invalid Pension; that Wesley Jay was discharged at Charleston, S.C. August 20 1865.

Give date and reason of discharge; or, if not known, so state.

And I further Certify, That the said Wesley Jay was sick at least three different times, I have a personal knowledge of the said Wesley Jay, while in the Service and in the line of his duty, on the Islands near Fort Wagner, S.C. contracting the Ague in the summer of 1863, he most Serious attacks of Chills and fever in my recollection, was at Jacksonville, Florida, in the Spring of 1864, about April, 1st 1864. I know that Wesley Jay carried heavy timbes on a treste bridge, but have no personal knowledge of ruptures.

Here state fully the time, place, and manner in which the wound or other injury was received, or disease contracted, and whether in the service and Line of Duty, or otherwise.

And that the said Wesley Jay

when he entered the service was sound and was good health.

Here state soldier's condition at the time of enlistment, and, if unsound, from what suffering.

Signature of Officer.

his
George × Morris
mark
Co B, 54th Reg't, Mass. Infy Vols.

Witness to signature
J. J. McWhorter
S. B. Scott

(15)

If the officer is out of the service he must make oath to his certificate before an officer whose official character is certified by the Clerk of a Court of Record under seal.

State of Delaware
County of New Castle } ss:

ON THIS 12 day of March, 1890, personally appeared before me the above-named George Morris .., to me well known, and whom I believe to be respectable and entitled to credit, and subscribed and made oath to the foregoing statement, and that he has no interest in the application of the said soldier for a pension; and I further certify that I have no interest in said application.

Chas. H. McWhorter
Clerk of Orphan's Court
in and for New Castle County.

I Certify That ....., before whom the above affidavit was made, is a ....., duly authorized to administer oaths, and that the above is his signature.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this ..... day of ....., 188 .

[SEAL.]

Clerk of the .....

No. 2 [illegible]

OFFICER'S CERTIFICATE

OF

DISABILITY.

Claim of
Wesley Gay
Co. B 54th Regt Mass Vols
Filed by
54th Regt Mass

THEODORE K. STUBBS,
ATTORNEY AT LAW,
Oxford, Chester Co., Pa.

PENSION OFFICE
MAR 15 1890

U.S. PENSION OFFICE
MAR 17 1890

POST OFFICE ADDRESS:

George Morris
813 Windsor St
Wilmington Del

Printed and sold by W. H. Moore, 511-11th st., Washington, D. C.

FOR AFFIDAVIT OF OFFICER OR COMRADE.

State of ....., County of ....., ss:

In the Pension Claim No. ..... of .....

late a ..... in Co. ..... of the ..... Reg't of ..... Vols.

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 ..... who being duly sworn according to law, state that .....

acquainted with ..... applicant for Invalid Pension, and know the

said ..... to be the identical person of that name who enlisted ~~or~~

..... Regiment of

..... l or was discharged.

..... of ....., 186

..... f he died, so state.

..... ile in the line of duty, at or near

..... did, on or

..... ed in the following manner, viz.:

..... Describe the wound or injury, the part of

..... me and place when contracted, and what

Dr. Stone regrets that he has no record a recollection of the Wesley Jones to whom this is directed and cannot help him in regard

Memphis
May 30 96.

POSTAL CARD - ONE CENT.

United States of America

THIS SIDE IS FOR THE ADDRESS ONLY.

U.S. POSTAGE PAID ILLINOIS JUN 3 1896

BOSTON, MASS. 6 PM.

Wesley Jay

Oxford

Pa.

Big Cave
Bolivar
2204

ADDITIONAL EVIDENCE.

PROOF OF ORIGIN.

CLAIM OF

Wesley Jay
Private

Co. B 54th Mass. Reg't.

Vols.

No. Ctf. 85207

Statements of
Comrade
Jesse H. Brown
& Surgeon Stone
Of Soldiers Regt

Filed in the PENSION OFFICE JUN 3 1896 U. S.

Direct Claimant

Date of Execution

Printed and Sold by W. H. MOORE & CO., Box 696.
Washington, D. C.

credible person.

Official Signature: .....

Official Character: .....

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.

I know Wesley Gay of Company B 57th
Regiment of Mass Vol
and I know that he was sick on the
way home and I left him at
Kennet Square Chester Co Pa
your Truly Jesse H Browne
Company B 57th Mass Vol

That the facts are personally known to the affiant by reason of

The affiant should here state whether he was with the

command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to

affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.

this ar fates

PENSION U. S. JUN 3 1896 OFFICE

And deponent further state that ..... well acquainted with the claimant, having known him or at least ..... and further, that ..... knowledge of the facts above stated ..... derived from said acquaintance, and from having served as ..... of Company ..... of the ..... Regiment of ..... Volunteers, from the ..... day of ....., 186 . to the ..... day of ....., 186 . And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as knew, and that ..... totally disinterested in this claim.

Post-office address of affiant is .....

.....

.....

If affiant signs by mark, two persons who write sign here

Signature of affiant.

STATE OF ....., COUNTY OF ....., *ss:*

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

[L. S.]

CALL No. 10.

(3—061.)

CAV East Division.

MAY 308488 1891

Department of the Interior,

BUREAU OF PENSIONS,

May 14, 1891.

Respectfully requested of the ADJUTANT GENERAL U. S. A. *a report from the records of his Office as to the presence or absence, on or about* March - April and May 1864, *of* Geo. Morris Charles H. Preston Josiah Cole, and Charles W. Potter - Privates of Co B. 54th Mass. (Col'd) Vols. *and the station, at that date, of the* Co *and* Regiment.

Claim No. 308684

Wesley Jay
B. 54th Mass. Col'd Vols.

Andrew Davidson
Acting *Commissioner.*

3138 b—100 m 6—222

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

War Department,

Record and Pension Division,

Washington, MAY 15 1891 *18* .

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

George Morris
Charles H. Preston
Josiah Cole &
Charles W. Potter

mentioned in the preceding endorsement were present during the period named in that endorsement except as follows: Feb. 29, 64. Morris is reported killed in action Feb. 20, 64. Near appears June 30, 65, Present. captured & released Mar. 14, 65 Apl. 30. & June 30, 64, Preston at. det. Service D. W. dept.

During the period named the station of the company and regiment was as follows:

Morris Island S C

PENSION OFFICE MAY 16 1891

BY AUTHORITY OF THE SECRETARY OF WAR:

A. Ainsworth
Major and Surgeon, U. S. Army.

Per m.

(320)

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Chester ss:

Proof of Disabilities in service

In the matter of Af. No. 850.207 Wesley Jay 54th Regt. Mass. Vol. Infty

Personally came before me, a ..... in and for the aforesaid County
[Notary, Justice or Clerk of Court.]

and State, Jesse H Brown —, aged ..... years,
[Name of witness.]

and an ex soldier ——————, aged ——————— years,

citizens of the town of Unionville ——————
Post-Office address. Give Street and No. if in city or town.

County of Chester —, State of Pennsylvania

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows: I am well acquainted with
[Witness should state how long and where he has known the soldier.]
soldier claimant Wesley Jay and served as a Comrade with him in same Company & Regt. He was young and well when he was mustered in and badly used up and sick with army diseases and injuries when mustered out and was sick on the way home on the cars and I came on with him to Kennett Square Pa from army within eleven miles of his own home the soldier contracted the following diseases in service and line of duty as follows;

Rheumatism

He further declares that he has no interest in said claim and he is not concerned in its prosecution.

I Thos Chambers

2 .....

Jesse H Brown
Signature of Affiants.

NOTE.—In the execution of evidence, two persons *who can write* must attest the signature by signing their names opposite.

Affirmed

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , 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; that he is a credible person and so reputed in the community in which he reside . (the words Files and, erased before signing)

Witness my hand and official seal this 5th day of August, 1896

[Sign here] Wm R Chambers J.P.

ADD SEAL HERE.

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.

☞Write an affidavit just as you would write a letter stating all the facts, circumstances, dates and places as near as you can remember, and state how you know what you say to be true.

NOTICE.

If the witness writes he must write in his affidavit the following: This affidavit was written by myself in which I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person, and is from my personal knowledge.

If the witness does not write, there must be written in his affidavit the following: This statement was written in my presence and is from my oral statement this day made to of and in making the same I was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person, and is from my personal knowledge.

Proof of incurrence of Files and Rutledge in service and discharge at date of

No. 8850.207

GENERAL AFFIDAVIT. A

CASE OF

Wesley Jay
1st Co. B,
54th Reg't. Mass Vols.
Apply for Files of Rutledge & Smith on case pending here

AFFIDAVIT OF

Jesse H Bowne
Almondville P.O.
Chesterfield Co. Va

FILED BY

Theodore K. Stubbs
claimants attorney

Printed and Sold by W. H. Moore & Co., 511 Eleventh Street, N. W Washington, D. C.

FOR AFFIDAVIT OF OFFICER OR COMRADE.

State of Penn, County of Chester, ss:

In the Pension Claim No. of

late a in Co. of the Reg't of Vols.

personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths James Cole aged 54 years, a resident of Kennett Square in the County of Chester and State of Penn who being duly sworn according to law, state that he is acquainted with Wesley Jay applicant for Invalid Pension, and know the said Wesley Jay to be the identical person of that name who enlisted or volunteered as a Private in Company B Regiment of 54 Mass Vol Vols., and who Discharged
Died or was discharged.

at Galloups Island Boston on or about the last day of August, 186 by reason of Honorable discharged
Here insert the reason of the soldier's discharge; if known, so state, or, if he died, so state.

That the said Wesley Jay while in the line of duty, at or near James Island in the State of South Carolina did, on or about the day of August 186, become disabled in the following manner, viz.:

Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state the time and place when contracted, and what caused it, the name of the sickness, and how it affected him.

Buy Cases
Pobsnt 2-20 96

general Law

ADDITIONAL EVIDENCE.

PROOF OF ORIGIN.

CLAIM OF

Wesley Jay
wounded (private)

Co. B, 54 Inf Reg't.

Mass Vols.

No. 850.207

affidavit of
Company Comrade
James Cole
personal Knowledge
what he actually saw.

Filed by

THEO. K. STUBBS,
INSURANCE AGENT,
AND
ATTORNEY AT LAW
CONVEYANCER,
OAKLAND, CHEMUNG CO., N.Y.

Date of Execution

Printed and Sold by W. H. MOORE & Co., Box 696.
Washington, D. C.

PENSION BUREAU
MAR 18 1896
U.S.

credible person.

Official Signature: John B. Brougham
Notary Public.

Official Character:

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.

FOR AFFIDAVIT OF OFFICER OR COMRADE.

State of Penn, County of Chester, ss:

In the Pension Claim No. of

late a in Co. of the Reg't of Vols.

personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths James Cole aged 54 years, a resident of Kennett Square in the County of Chester and State of Penn who being duly sworn according to law, state that he is acquainted with Wesley Jay applicant for Invalid Pension, and know the said Wesley Jay to be the identical person of that name who enlisted or volunteered as a Private in Company B Regiment of 54 Mass Vol Vols., and who Discharged
Died or was discharged.
at Galloy Island Boston on or about the last day of August, 186 by reason of Honorable discharged
Here insert the reason of the soldier's discharge; if known, so state, or, if he died, so state.

That the said Wesley Jay while in the line of duty, at or near James Island in the State of South Carolina did, on or about the day of August 186, become disabled in the following manner, viz.:

Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state the time and place when contracted, and what caused it, the name of the sickness, and how it affected him.

Buy Cass
Pd Oct 8-20 99

general Law

ADDITIONAL EVIDENCE.

PROOF OF ORIGIN.

CLAIM OF

Wesley Jay
(Private)

Co. B 54 Inf Reg't.

Mass Vols.

No. 850.207

affidavit of
Company Comrade
James Cole
personal Knowledge
what he actually saw.

Filed by

THEO. K. STOBBS,
INSURANCE AGENT,
ATTORNEY AT LAW
AND
CONVEYANCER,
OXFORD, CHENANGO CO., N.Y.

Date of Execution

Printed and Sold by W. H. MOORE & Co., Box 696.
Washington, D. C.

U.S. PENSION BUREAU
MAR 18 1896
OHIO.

credible person.

Official Signature: John Brougham

Notary Public

Official Character:

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.

August 4 1926

Dear Sirs

I am enclose you the blank and hoping I will get $30 a month as I need it. I am not able ts care for my self as of my age.

Yours Truly
Jane Doe
R. F. D.

U.S. BUREAU OF PENSIONS
DIVISION
OCT 8 1926
WIDOW

CHIEF CLERK
WIDOW
AUG 9 1926
DIVISION
U.S. BUREAU OF PENSIONS

August 4 1926.

The Commissioner of Pensions:

I was the wife of the person on account of whose service during the Civil War I am drawing pension, during the period of his service in said war, and therefore I request consideration of my case with a view to the allowance of the $50 rate provided by the act of July 3 1926.

Name Jane Jones

Address Boatesville

RFD No 6

Widow Cert. No. 566984

CHIEF'S DESK WIDOW OCT 8 1926 DIVISION U.S. BUREAU OF PENSIONS

U.S. AUG 5 1926 PENSION

OFFICE OF THE COMMISSIONER AUG 5 1926 U.S. BUREAU OF PENSIONS

CHIEF'S DESK WIDOW AUG 9 1926 U.S. BUREAU OF PENSIONS

3-2437

UNITED STATES
DEPARTMENT OF THE INTERIOR
Bureau of Pensions
Washington July, 1926.

The act of July 3, 1926, provides a pension of $50 per month for the widow or remarried widow now in receipt of pension on account of the service of her soldier husband during the Civil War, IF SHE WAS THE WIFE OF SUCH SOLDIER, SAILOR, OR MARINE DURING THE PERIOD OF HIS SERVICE IN SAID WAR.

If you were the wife during his service in the Civil War, of the soldier, sailor, or marine on account of whose service you are drawing pension, you should so notify the Pension Bureau at once. For this purpose you may use the form on the other side of this slip.

If you were married to the soldier, sailor, or marine after his discharge from the service, even though during the period of the Civil War, you are not entitled under this act.

(Over)

WINFIELD SCOTT,
Commissioner of Pensions.

3—182.
(Old No. 3—428.)

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C., May 21 1890

No. Claim, 850207

Claimant, Huxley Jay

Soldier, "

Co. B, 54 Reg't Mass Vol Inf.

Respectfully returned to Chief of
Cert Division

Claimant is not
entitled under act
June 27th 1890 ~~for~~
to any increase
in pension for
any disability.

Woodson

Medical Examiner.

Approved:

Medical Referee.

0—1

GENERAL AFFIDAVIT.

State of Pennsylvania
County of Chester } ss.

In the matter of Wfl. Inv. Pension Claim No. 308.684
Wesley Jay "B" 54th Massachusetts Vols

Personally came before me, a ..... in and for aforesaid County and State, William Walls ....., aged 39 years and ~~.....~~, aged ~~.....~~ years citizen of the Town of Lincoln University (Post Office Address.) County of Chester, State of Pennsylvania, well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case, as follows: I have known Wesley Jay all my life nearly he was a sound able bodied man at and prior to his enlistment in March 1863. I saw him again after his discharge in August 1865 I saw claimant a few days after- he arrived home in September 1865 he was in bed sick with chills and fevers they hauled him in a wagon to get him there he stated he had incurred his sickness in service and in line of duty and had been hard set to get home. He complained of pains and soreness near about a year after that (for he was not able to be out for about five months) about September 1866 we went to Wilmington Delaware to enlist in U.S. Regular Army by Sergeant Maloney I was in the room with Jay when he was examined by Medical Board Stripped naked going through motions the Surgeon said claimant had hernia ruptuse was not fit for service had better go home he told me d was consumptive and would not stand it he rejected we both claimant has been disabled from heavy work ever since

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

1 Geo McFadden
2 .....

Signature of Affiants.

William Walls
Lincoln-

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (†), two persons *who can write* must attest the signature by signing their names opposite.

The official before whom papers are executed is *not a competent witness to a mark.*

119

Sworn to and subscribed before me this day by the above named affiant ; and I certify that I read sa affidavit to said affiant , and acquainted h[illegible] 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; that he is a creditable person and so reputed in the community in which h[illegible] reside[illegible]

Witness my hand and official seal this 18th day of February ..18 90

Sign here ... B F Taylor J.P. Dist ...

ADD SEAL HERE.

NOTE.—Should this be sworn to before any other officer than a CLERK OF COURT then the proper CLERK OF COUR *must add his certificate of character on the back hereof, and not on a separate slip of paper.*

STATE OF ....., ***COUNTY OF*** ....., ***ss.***

I, ..., Clerk of the County Court in and for atoresaid County and State, do certify that ....., Esq., who hath signed his name to foregoing affidavit, was at the time of so doing a..... ....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.....day of..... ..18

.....

Clerk of the..... .. ..

L.S.

PENSIONS MAR 3 1890 OFFICE

☞If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet o paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. ☞Such Certificate for each Department where many authentications are required, will save much expense.☜

☞Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be sed in one case.

☞Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how yo know what you say to be true.

No. 308,684

GENERAL AFFIDAVIT.

CASE OF

Wesley Jones

Co. B 51st Mass. Vols

FOR

Orig. Inv. Pension

AFFIDAVIT OF

William Mills

Lincoln University Po.

Chester Co. Pa.

FILED BY

Theodore K. Stubbs

Oxford Pa.

Printed and Sold by W H. Moore, 511 11th st., Washington, D C.

[3–056.]

Div.

Ex'r.

Clf. No. 308684

Wesley Jay

Co. B 54th Reg't Mass Vols.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Nov 4, 1891.

Return this letter with your reply.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

John Ware.
Lincoln University
Chester Co Pa

Green B Raum
Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: when discharged year 1865 was Brought home sick to Elkview station and carried home

Of what disability did he complain, and how was he affected?

Answer: dissintary and Rupture and after that I was Examined in surgent malonils office in wilmington and was discharget for bleing ruptured and I for consumption

How frequently have you seen him since your first acquaintance?

Answer: Continuly Every day nearly

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: from Bleading Both ways at the nose and mouth and from this rupture which surgent malonly discharged him for when him and myself were Examined to inlist in the regular army

My means of knowing the facts of the case are these: Since that time has had about half time could not work study such lite work as selling fish and other lite work

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

William Wales

6—547

(20)

3011 b—50 m

Ear Div.

Ex'r.

Ohio No. 308684

Wesley Jay

Co. B 54 Reg't Ohio.

[3–056.]

PENSION OFFICE NOV 16 1891

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Nov 4, 1891.

Return this letter with your reply.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

James Sims
Wirnsville
Shuler Co Pa

Geo. B. Clarkson
Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: about December the 15 1864 i came hom myself then

Of what disability did he complain, and how was he affected?

Answer: Rupture piles and malaria

How frequently have you seen him since your first acquaintance?

Answer: ever a month or after ward

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: on abel to work about half time

My means of knowing the facts of the case are these: saw him after

COMMISSIONER OF PENSIONS,
Washington, D. C.

Very respectfully,

James Simms

6—547

122

3011 b—50 m

GENERAL AFFIDAVIT.

State of Pennsylvania
County of Chester } SS.

In the matter of Ofl. Inv. Pension claim No. 308.684
Wesley Jay B 54th Massachusetts Vol. Infty

Personally came before me, a Justice of the Peace in and for aforesaid County and State, James Sivons, aged 43 years

and ..... aged ..... years

citizen of the Town of Downsend, County of Chester, State of
Post Office Address.
Pennsylvania, well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case, as follows:

I knew claimant well before he enlisted in March 1863 and for the preceeding four years he was sound and in good health. I saw soldier again soon after his discharge in August 1865 he was in bad health and did not look much like the same man he was when he enlisted he told me he had been broken down in his health in the army had contracted chills and fever bleeding and weak he was sick pretty much all that winter he has never recovered his health since and never will, is a great deal worse now and not good for much physically. I have heard him complain at various times of rupture which also weakens him and helps disable him. He is not doing anything now on account of being unable to work he tried fish market but dampness affected him and he had to quit that

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

1 Geo W. Fadden
2

Signature of Affiants. James Sivons

(21)

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (†), two persons *who can write* must attest the signature by signing their names opposite.
The official before whom papers are executed is *not a competent witness to a mark.*

Sworn to and subscribed before me this day by the above named affiant ; and I certify that I read sa affidavit to said affiant , and acquainted h im with its contents before he executed the same. I fur ther 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; that he is a creditable person and so reputed in the community in which h e reside d

Witness my hand and official seal this 18th day of February 1890.

Sign here B F Taylor J.P. Seal

ADD SEAL HERE.

NOTE.—Should this be sworn to before any other officer than a CLERK OF COURT then the proper CLERK OF COUR *must add his certificate of character on the back hereof, and not on a separate slip of paper.*

STATE OF....., COUNTY OF....., ss.

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who hath signed his name to foregoing affidavit, was at the time of so doing a..... .....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.....day of..... ..18

.....

Clerk of the..... .. ..

L.S.

☞If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet o paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. ☞Such Certificate for each Department where many authentications are required, will save much expense.☜

☞Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be sed in one case.

☞Write an affidavit just as you would write a letter; stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how yo t know what you say to be true.

No. 308,684

GENERAL AFFIDAVIT.

CASE OF

Wesley Long Co. "B" 54th Mass. Vol's

FOR

original Invalid Pension

PENSION OFFICE 3 MAR 1890

AFFIDAVIT OF

James Sims Tennessee Preston Co. W. Va.

FILED BY

Theodore K. Stubbs

Oxford W. Va.

Printed and Sold by W. H. Moore, 511 11th st., Washington, D. C.

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Chester, ss:

In the matter of Pension claim general law
of additional of. No. 850.207 Wesley Jay. B. 54th Mass

Personally came before me, a Notary Public in and for aforesaid County
and State, William H. Nethery —, aged 47 years
citizen of the town of Oxford, County of Chester, and State of
Post-Office address.
Pennsylvania, well known to me to be reputable and entitled to credit, and
who, being duly sworn, declare in relation to aforesaid case, as follows:

I have known

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

the Soldier for more than twenty (20) years
and during all that time he has been
a Continual sufferer more or less
from Piles as well as other disabilities
which he claims were contracted in his
Army service. About sixteen (16) years ago
I worked with him for J. P. Wilson who is since
deceased, it might have been longer ago,
for Wilson has been dead a long time. I
was told by him then as well as before and
after that time that he was affected with
Piles as well as his other disabilities.
The Soldier's physical Condition was bad at the
first acquaintance I had with him after the war
according to my recollection. He is almost
entirely used up at the present time
and incapacitated from manuel labor.

This affidavit was prepared in the presence of affiant from oral statements made by affiant to Notary on the 29th day of March, 1895, at Oxford. Pa and in the preparation of the same, affiant was not aided or prompted by the suggestion of others or by any memorandum written or printed not attached hereto as an exhibit.

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

1 }
2 }

{ Wm H. Wethers
Signature of Affiant.

NOTE.—In the execution of evidence, whenever a witness signs by X mark, two persons *who can write* must attest the signature by signing their names opposite.

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , 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; that he is a credible person and so reputed in the community in which he resides.

Witness my hand and official seal this 29th day of March 1895

Sign here D. A. Stubbs
Notary Public

ADD SEAL HERE.

PENSION OFFICE. U.S. APR 3 1895

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.

☞ Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places as near as you can remember, and state how you know what you say to be true.

general laws
adoption
No. 850.207
GENERAL AFFIDAVIT.

CASE OF
Wesley Jay
B. 57th Mass. Vol. Inf.

AFFIDAVIT OF
William H Wethers
neighbor & fellow townsman
Oxford Pa.

FILED BY
Theodore K. Stubbs
claimants
attorney

Printed and Sold by W. H. MOORE & Co.; Box 696, Washington, D. C.

GENERAL AFFIDAVIT.

State of Pennsylvania
County of Chester } ss.

In the matter of Pension Claim No. 308684 of
Wesley Jay Co. B. 54th Reg. Mass. Vols.

Personally came before me, a Justice of the Peace in and for aforesaid County and State, Charles H. Stubbs, aged 40 years and a regular practising Physician, aged ..... years citizen of the Town of West-brook, County of Lancaster, State of
Post Office Address.
Pennsylvania, well known to me to be reputable and entitled to credit, and who, being duly ~~sworn~~ affirm, declares in relation to aforesaid case, as follows:

That he is acquainted with Wesley Jay who he is informed was a private in Co. B. 54th Reg. Mass Vols and having examined him finds that he is affected with Inguinal Hernia of the left side which partially disables him from manual labor that he is of opinion that said disability was contracted in service while in the army, that the habits of the said Wesley Jay are good and temperate during my knowledge of him and that I have no interest direct or indirect in this Claim.

And I further declare that I have no interest in said case, and am not concerned in its prosecution, and am not related to the applicant.

Attest—when any affiant signs BY MARK, (2 persons.)

Signature of Affiants.

Chas H. Stubbs, M.D.
Practising Physician & Civil Surgeon
late Ass't. Surgeon 40th Reg. Pa. Vol.

Dead. was in Lancaster Co.

127

Affirmed ~~Sworn~~ to and subscribed before me this day by the above named affiant ; and I certify that I read said affidavit to said affiant , 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; that he is a creditable person and so reputed in the community in which he reside

Witness my hand and official seal this 2nd day of March 1880

Sign here James Black

Justice of the Peace

ADD SEAL HERE.

0/6

May 25-1878

" 6-1883-P-

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

STATE OF....., COUNTY OF....., ss.

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who hath signed his name to foregoing affidavit, was at the time of so doing a.....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.....day of.....18

.....

Clerk of the.....

Chas A Stubbs M.D.

RECEIVED DEPT OF THE INTERIOR MAR 3 1880 PENSION OFFICE.

☞If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. ☞Such Certificate for each Department where many authentications are required, will save much expense.☜

☞Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be used in one case.

☞Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

3 8 6 8 4

GENERAL AFFIDAVIT.

of Asst Surgeon 11th Reg, Pa, Vols,

CASE OF

Wesley Jerry

N. C.

FOR

Invalid Pension

Late Co D 184th Reg Penn Vols

AFFIDAVIT OF

Assist. Surgeon

11th Reg. Penn's Vol's

FILED BY

Printed and sold by W. H. Moore, 511 11th st., Washington, D. C.

(3—125.)

ORIGINAL INVALID PENSION.

Claimant, Wesley Jay

P. O., Oxford

County, Chester Co

State, Pa

Rank, Private

Company, B.

Regiment, 54. Mass. Vols

Attorney, T. K. Stubbs, Oxford, Pa

Fee, $

Rate, $ per month, commencing

Disabled by

Submitted , 188 , by F. M. Hamilton, Examiner.

Approved for	Approved for
, 188 , , Reviewer.	, 188 , , Med. Referee.

Enlisted March 14, 1863.	service from
Mustered , 18 .	18 , to , 18 , in
Discharged August 20, 1865.	
Declaration filed Sept. 10, 1879.	Not in military or naval service since August
Last material evidence filed , 18 .	20, 1865, when discharged.

Declaration.

BASIS OF CLAIM.

Alleges in declaration filed Sept. 10, 1879. That while in the line of his duty at Fort Wagner S. C. July 18/63, he received a gun shot wound of fore finger of left hand. ~~He was taken with fever and~~ ~~was sent to the hospital~~ about June 15, 1863 a rupture while carrying heavy timber for pontoon bridges at James Island and by reason taken with pioneer corps at Jacksonville, Fla. in Feb, 1864.

(3—125.)

ORIGINAL INVALID PENSION.

Claimant, Wesley Jay

P. O., Oxford | Rank, Private

County, Chester Co | Company, B.

State, Pa | Regiment, 54. Mass Vols

Attorney, T. K. Stubbs, Oxford, Pa

Fee, $

Rate, $ per month, commencing

Disabled by

Submitted , 188 , by F M Hamilton, Examiner.

Approved for	Approved for
, 188 , , Reviewer.	, 188 , , Med. Referee.

Enlisted March 14, 1863.	service from
Mustered , 18 .	18 , to , 18 , in
Discharged August 20, 1865.	
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Last material evidence filed , 18 .	

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BASIS OF CLAIM.

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ELECTRO'S. (11385—75,000.)

Clerk Copies by X,

(3—615.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., May 7, 1891.

No. 308,684.

Name, Wesley Jay.

Co. D, 54 *Reg't* Mass Vols

Date of filing, Sept. 10 '79.

Date of rejection, Mar. 31. '86.

CAUSE OF REJECTION.

No Competent proof

ABSTRACT OF TESTIMONY TO REOPEN.

Affts of 4 Comrades as to Occpn in Service, and 2 Neighbors as to Continuance of Claim

Should be reopened.

Thos P Vaughan, *Examiner.*

Warren Willits, *Chief of Div.*

Reopening approved
MAY 8 1891
COMMISSIONER.

827 b —25 m o—6

ORIGINAL IN

Soldier. Wesley Jay.

P. O., Oxford,

County, Chester,

State, Pa.

Rates, $ *per month,*

Pensioned for

RECOGNIZEI

Name, D. K. Stubbs,

P. O., Oxford, Pa.

APPRO

Submitted for Spl. Ex. Dec 2nd", 188

Disabled by

Approved for

....., 188 , ..., Legal Reviewer.

....., 188 , ..., Medical Reviewer.

IMPORTANT DATES:

Enlisted Mch. 14", 1863

Mustered Mch. 30", 1863

Discharged Aug. 28th, 1865.

Declaration filed Sept. 10", 1879

No Prior service from ——

18 , to ....., 18 , in

Not in service since Aug. 28th, 1865.

BASIS OF CLAIM.

Filed Aug. 28/65. G.S.W., left index finger, at Ft. Wagner S.C. July 18" 1863, and chronic pains and weakness (of left side) incurred while carrying timber for pontoon bridge at James Island & by prem labor with pioneer corps at Jacksonville, Fla. Filed Dec. 15/65. Alleges chills & fever contracted & occurring at James Island & Folly Island, S.C. (in 1863) &c. Malarial disease first alleged Nov. 17/79. Confirmed.

Claim. Signs by X,

(3—

ORIGINAL INVALID CLAIM.

Soldier. Wesley Jay.

P. O., Oxford,

County, Chester,

State, Pa.

Rank, Pvt.

Company, B.

Regiment, 54th Mass. Vols.

Rates, $ ..... per month, commencing .....

Pensioned for .....

RECOGNIZED ATTORNEY:

Name, D. K. Stubbs,

P. O., Oxford, Pa.

Fee $ ....., Agent ..... to pay.

Articles filed ....., 18 .

APPROVALS:

Submitted for Spl. Ev. Dec. 2nd, 1885, H. N. Ray, Examiner.

Disabled by .....

Approved for .....

....., 188 , ..., Legal Reviewer.

Approved for .....

....., 188 , ..., Medical Reviewer.

IMPORTANT DATES:

Enlisted Mch. 14th, 1863

Mustered Mch. 30th, 1863

Discharged Aug. 29th, 1865.

Declaration filed Sept. 10th, 1879

No Prior service from —

18 , to ....., 18 , in .....

Not in service since Aug. 29th, 1865.

BASIS OF CLAIM.

File Aug. 29/65. G.S.W. left index finger at Ft. Wagner S.C. July 18th 1863, and chronic pains and neuralgia (of left side) incurred while carrying timbers for pontoon bridge at James Island & by prem labor with pioneer corps at Jacksonville, Fla.

Filed Dec. 15/85. Alleges chills & fever (Malarial poisoning) at James Island & Folly Islands, S.C. (in 1863).

Malarial disease first alleged Nov. 17/79. (Informal).

Clmt. signs by X.

REJECTED

APR 14 1886

(3½—125.)

ORIGINAL INVALID CLAIM.

Soldier, Wesley Jay

P. O., Upper Chester,

County, Chester,

State, Penna

Rank, Private

Company, B

Regiment, 57th Mass Vols

Rates, $ ..... *per month, commencing* .....

Pensioned for .....

RECOGNIZED ATTORNEY:

Name, N. R. Stubbs

P. O., Upper Darby Penna

Fee $ ....., Agent ..... to pay.

Articles filed ....., 18 .

APPROVALS:

Submitted for Rejection, March 24, 1886, J. R. Elkinton Atty, Examiner.

Disabled by .....

Approved for Rejection, inability to establish existing alleged wound of head and injuries to nail, occurring in the service and in line of duty, Spl Exr Papers

March 31, 1886, W. McDermott, Legal Reviewer.

Approved for .....

....., 188, ..., Medical Reviewer.

(3—125.)

G
850.207
Phila

ORIGINAL INVALID CLAIM.

Aug.
30 8.65

Soldier, Wesley Jay.

P. O., Oxford.

County, Chester

State, Pa

Rank, Private

Company, B

Regiment, 54th Mass Vol. Infty

Rates, $ 8 per month, commencing Aug 21, 1865

and ending August 11, 1880. disability having ceased.

Pensioned for malarial poisoning.

RECOGNIZED ATTORNEY.

5

Name, T. K. Stubbs

P. O., Oxford. Pa

Fee, $ 25, Agent to pay.

Articles filed May 4, 18

APPROVALS.

Approved for gun shot wound of hand.

Submitted Feby 9, 1892, C. O. Davis, Examiner.

Re: for Adm. Feb. 6, 1893, L. C. Peck. Actg. Chief, S.E.D.

Approved for malarial poisoning
G.S. wd of left index finger -
Forms objection of Rupture
adhered to -

Ruling 97

H. H. Bell, Legal Reviewer.

Feby 13, 1893, , Re-Reviewer.

Approved for Rejection of alleged gun-
shot wound of left index finger
~~and malarial poisoning~~ on the
ground of no permanable degree
of disability therefrom since
discharge from a Medical Boards finding
malarial poisoning
2/18 to August 11- 1880 thereafter
Canavan, Med. Ex'r, J.N.S, Med. Reviewer,

Feb 20 1893, Jas. E. Pilgram, Med. Referee.

P [3—023.] P

Declaration of Pensioner for Restoration to the Rolls who has been dropped upon Medical Examination.

STATE OF Pennsylvania, COUNTY OF Chester, ss:

On this twenty-seventh day of April A. D. one thousand eight hundred and ~~eighty~~ ninety-three personally appeared before me a Notary Public the same being a court of record within and for the county and State aforesaid Wesley Jay aged 54 years, who, being duly sworn according to law, makes the following declaration: That he is the identical Wesley Jay who was pensioned on the rolls of the agency at Philadelphia Pa and whose pension certificate, No. 850207 is herewith returned; that he was last paid at said agency to the Eleventh day of august, 1880, at the rate of Two 12/ dollars per month; that at a medical examination at that date he was dropped from the rolls. Believing that the disability for which he was pensioned, to wit: (1) Malarial Poisoning being the result of angue Chills and Fever & Typhoid heat Exposure and straining lifting in service resulting in Rheumatism and general Debility still continues in a pensionable degree, he asks that his name be restored to the pension rolls. That his medical examination since he became a pensioner have been as follows: (2) He has not been Examined Since his pension was allowed

and that he has not re-enlisted or been paid in the military, naval, or marine service of the United States since the last payment of his pension; that he hereby appoints Theodore K. Stubbs of Oxford Chester County Pennsylvania attorney to prosecute the above claim; that his residence is at No....., in South street, in the town of Oxford, county of Chester, State of Pennsylvania, and that his post-office address is Oxford, Chester County, Pennsylvania.

(Attest.)

W. H. Mechery

Geo W Bell

his
Wesley X Jay
mark
(Claimant's signature)

And personally appeared William H. Mechery, residing at No....., in South street, in Oxford Pa, and George W. Bell residing at No....., in Third street, in Oxford Pa, 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 Wesley Jay, the claimant, ~~sign his name~~ (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.

W. H. Mechery

Geo W Bell
(Signatures of witnesses.)

SWORN to and subscribed before me this 27th day of April A. D. 1893, 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.

[L. S.]

D. A. Stubbs
(Signature.)

Notary Public
(Official character.)

1 Here state specifically the disability, or disabilities, for which pension is claimed.

2 Here insert the names of the surgeons by whom he has been examined, with the month and year in which examination was made.

P P

FOR RESTORATION

OF A

PENSIONER

DROPPED UPON MEDICAL EXAMINATION.

Wesley Lord

Oxford Pa

....., Applicant.

No. of Pension-Certificate 850207

Wesley Lord
Asst. Co B 57th Regt
Mass. Infty Vols.

FILED BY

Theodore K. Stubbs

Oxford Pa.

Chester County Pa

Printed and sold by W. H. Moore, No 511 11th st., Washington, D.C.

PENSION OFFICE APR 29 1893

NOTES.

All the blanks in this form should be carefully filled and the requirements of the notes strictly observed.

An honorable discharge from the service in all cases is necessary.

Declarations of claimants, either for original pension or for increase of pension already granted, must be made before a Court of Record, or before some officer thereof having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any pension or application therefor.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

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 of 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.

All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible witnesses, unless other evidence is specified.

The statements of claimants, unless duly corroborated, are not accepted as evidence.

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.

Persons desiring to complete claims pending at the decease of the claimants, must furnish a duly verified certificate of their authority as heirs or legal representatives.

With all claims for arrears, increase, or restoration to the rolls, the original pension-certificate must be returned, or explanation of its absence must be given under oath.

To facilitate the adjudication of claims, all the requisite evidence that is available should be forwarded with the application.

PENSION OFFICE APR 29 1893

A

DECLARATION FOR ORIGINAL INVALID PENSION.

A

State of Pennsylvania
Chester County, } ss.

On this 27th day of April, A. D. one thousand eight hundred and ninety-three personally appeared before me, Daniel A. Stubbs a Notary Public of, a court of record within and for the County and State aforesaid, Wesley Jay aged 54 years, a resident of the town of Oxford, county of Chester, State of Pennsylvania, who, being duly sworn according to law. declares that he is the identical Wesley Jay who was ENROLLED on the 30th day of March, 18 63 in Company B of the 54th Regiment of Mass. U.S.C.I. commanded by Col. Hallowell and was honorably DISCHARGED at Charleston S.C. on the 20th day of August, 18 65; that his personal description is as follows: Age, 54 years; height feet inches; complexion, dark; hair, Black; eyes, ; That while a member of the organization aforesaid, in the service and in the line of his duty at James Island, in the State of South Carolina on or about the 17th day of July, 18 63, he incurred Rupture and Piles carrying bridge timbers for Repairs to Trenches, bullet wound in finger shock fell and bumped on Boat Morris S.C. 18th day of July 1863. Malarial Poisoning James Island S.C. Sep. 1, 1863 Fever and ague, Cold dampweather brought on Rheumatism shortly after that, the medicine injured my Stomach and Army fare Caused Dyspepsia

Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.

That he was treated in hospitals as follows: Surgeons gave me medicine for Chills and fevers James Island SC about July 8th 63 Morris Island July 12. 1863. July 19th 63 and sick again at Jacksonville Fla. last of march or first day of April 1864 —

Here state the name or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

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

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the towns of Lincoln and Oxford in the State of Pennsylvania, and his occupation has been that of a Laborer Unable

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer That he is now almost totally disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation Theodore K. Stubbs Oxford, Chester County, Penna. his true and lawful attorney to prosecute his claim. That he has received applied for a Pension. That his POST-OFFICE ADDRESS is Oxford county of Chester State of Pennsylvania

his
Wesley X Jay
mark

Claimant's signature

ATTEST: W. N. Nethery
Geo W Bell

Also personally appeared William H. Wethery residing at Oxford Pa

and George W. Bell, residing at Oxford Pa, persons whom I

certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

Wesley Jay, 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.

W. H. Wethery

Geo W Bell

(Signatures of Witnesses.)

~~Sworn~~ Affirmed to and subscribed before me this 20th day of April,

A. D. 1893, 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.

[SEAL.]

D. A. Stubbs

(Signature.)

Notary Public

(Official character.)

PENSION OFFICE. APR 29 1893

Inv. Sec. of I. 850, 207
Sec. of I. 850, 207
ends Aug. 11, 1880

A. Duplicate. A.

INVALID.

CLAIM FOR PENSION

ORIGINAL.

Wesley Jay Applicant,

Co., Reg't,

Mass. Vols.

Enlisted May 30 1863

Discharged August 20, 1865

Wesley Jay B. 54th Mass. Vols. Inf.

FILED BY

Theodore K. Stubbs

Oxford, Pa.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

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 of 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.

☞ Please give or send this blank to some one who may need it. ☜

PENSION OFFICE. APR 29 1893

2830

(3—145 a.)

Act of June 27, 1890.

INVALID PENSION

Two Briefs.

Certif- 850,207.

Claimant, Wesley Jay

P.O., Oxford

County, Chester

State, Penna.

Rank, Private

Company, B

Regiment, 54- Mass- Vol- Inf.

Rate, $ ____, per month, commencing ____

REJECTED.

Disabled by ____

RECOGNIZED ATTORNEY.

Name, Theodore R. Stubbs,

P.O., Oxford, Pa.

Fee, $ ____. Agent to pay.

Articles filed, ____, 189 .

APPROVALS.

Submitted for Rejection Nov: 21, 1894, Jno. T Brock, Examiner.

Approved for rejection of rupture, piles, dyspepsia, malaria, rheumatism, varicose vein of legs & wound of left hand as per action of Med. Ref.

Dec, 28 1894

Legal Reviewer.

Approved for Rejection No notable disability shown.

Houston

Reylnown

Medical Referee.

Dec 24 1894.

Not now pensioned under other laws. Last paid to Aug: 11, 1880, at $ 2.

Pensioned from Aug: 21, 1865, at $2, for malarial poisoning and Ending August 11th 1880, disability having ceased

SERVICE SHOWN BY RECORD.

Enlisted March 14, 1863, honorably discharged Aug: 20, 1865,

Re-enlisted ____, 18__, honorably discharged ____, 18__

Declaration filed April 29, 1893, alleges permanent disability, not due to vicious habits, from rupture, piles, dyspepsia, malaria, rheumatism, large veins in legs & bullet wound of left index finger

(3—145.)

Restoration

INVALID PENSION.

Two Briefs.

Cert. 850,217

Claimant, Wesley Jay,

P.O., Oxford,	Rank, Private
County, Chester,	Company, B
State, Penna.	Regiment, 54 Mass. Vol. Inf.

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

REJECTED.

Disabled by .....

RECOGNIZED ATTORNEY:

Name, Theodore R. Stubbs.	Fee $ ....., Agent ..... to pay.
P.O., Oxford Pa	Articles filed April 29, 1899.

APPROVALS:

Submitted for Rejection Nov. 21, 1894.	Jno. T. Brady, Examiner.
Approved for rejection of claim for restoration for malarial poisoning, as per action of Med. Ref.	Approved for Rejection not disabled in a pensionable degree by reason of alleged malarial poisoning since date of dropping. Houston
Dec. 28, 1894 E&H, Legal Reviewer.	Dec 24, 1894, Thos. Lathrop Leigh, Medical Referee.

Enlisted March 14- 1863.

Discharged Aug. 20- , 1865. Last paid to August 4th 1880, at $2.

Pensioned from " 21- , 1865, at $ 2, for malarial poisoning and ending August 4th 1880 disability having ceased.

Original declaration filed Sept. 18, 1879; alleged gunshot wound of index finger, rupture of left side, ~~chills & fever (malarial poisoning) and piles~~

R.E. Nov. 17, 1879, alleged chills and fever

Dec. 16, 1886, " piles

Arrears allowed from ....., 18 , to ....., 18 , at $.....

PRESENT CLAIM.

Declaration filed April 29- , 1899. Alleged same as above and rheumatism, dyspepsia and general debility.

C-221

N. Y. claim seems to merit.

9748 b—75 m

(3—146.)

INVALID PENSION.

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, Wesley Jay. Ct 850,207.

P. O., Oxford Chester.

County, Chester.

State, Penn.

Rank, Private

Company, B

Regiment, 57 Mass Vol Inf,

Rate, $ ---- per month, commencing ----

REJECTED

Pensioned for ----

RECOGNIZED ATTORNEY.

Name, Theodore Stubbs.

P. O., Oxford. Penn.

Fee, $ 25; Agent ---- to pay.

Articles filed April 23, 1893.

APPROVALS.

Approved for Rejection of piles, dysphesia and rheumatism piles + dyspepsia see S.E. report; rheu - rejected

Submitted Sept 2nd, 1896 F.P. Fawcett, Examiner.

Approved for rejection of alleged piles, Rheumatism, dyspepsia, rheumatism. No pensionable degree of disability since date of filing ex-parte declaration. Defective Proofs.

P. Pfaff, Legal Reviewer.

Nov 2, 1896, ----, Re-Reviewer.

Approved for rejection of alleged piles, rheumatism and dyspepsia, no pensionable degree of disability since claim therefor since claim for same was filed.

Klemm Oct 26, 1896.

Carman A, Med. Ex'r, F.E.H, Med. Reviewer.

Sept 14, 1896, Thos. Featherstonhaugh, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted March 4, 1863

Discharged August 21, 1863

Pensioned from August 21, 1865, at $ 2, for Malarial Poisoning and ending August 11, 1880. Restoration rejected Dec 24, 1894

Claim under Act of June 27, 1890 rejected Dec 4, 1894.

Last paid to Aug 11 1880, at $ 2

Original declaration filed Sept 10, 1879, alleged Gunshot wound of left index finger, rupture of left side, Decl informal filed Nov 17, 79 alleges Malarial Poisoning Decl filed Dec 15, 85 alleges Chills and fever and malarial poisoning and piles. April 29, 1893 alleged GSW of lt index finger, rupture of left side, malarial poisoning also rheumatism, piles dyspepsia & and general debility Decl filed April 29, 93. Act of June 27, 90 allows same,

Arrears allowed from ----, 18 , to ----, 18 , at $ ----

PRESENT CLAIM.

Declaration filed April 29, 1893 to complete claim for piles rheumatism and dyspepsia,

394 Does not write. No M. C.

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the *signature* and *official character* of said officer.

State of Pennsylvania, County of Chester, ss;

ON THIS 23rd day of December, A. D. one thousand eight hundred and ninety-Six

personally appeared before me, a Notary Public

within and for the county and State aforesaid Wesley Jay

aged ..... years, a resident of the town of Oxford county of

Chester State of Pennsylvania, who, being duly sworn according to law,

declares that he is the identical Wesley Jay who was *enrolled* on

the 14th day of March, 1863, in Co. B. 54th Regt

Here state rank, company, and regiment in military service.

Mass. Vols.

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 ....., on the 20th

day of August, 1865. That he is very much unable to earn a support

by manual labor by reason of Piles & Rheumatism

Here name the diseases or injuries from which disabled.

Chronic Diarrhoea and Rupture

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character; that he has —— applied for pension under ~~Certificate~~ Claim No. 308684

that he is a pensioner under Certificate No. None

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 not 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 Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, ~~Theodore K. Stubbs~~

Theodore K. Stubbs, of Oxford

State of Pennsylvania, his true and lawful attorney to prosecute his claim, and to receive

therefor a fee of ten dollars; that his post-office address is Oxford

county of Chester, State of Pennsylvania

his

Wesley X Jay

mark

Claimant's signature.

Attest: J. H. Morrison

2 R. S. Johnson

If affiants make mark, two witnesses who write sign here.

ATTACHED.

Also personally appeared John H. Morrison, residing at Oxford Pa
and R. I. Johnson, residing at Oxford Pa, 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 Wesley Jay, 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 20 years and 30 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.

J. H. Morrison

R. I. Johnson

Signatures of Witnesses.

SWORN TO AND SUBSCRIBED before me this 23rd day of December, A. D.
1896, and I 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
[L. S.] words ..... erased, and the words .....
..... added; and that I have no interest,
direct or indirect in the prosecution of this claim.

Official Signature: D. A. Stubbs

Official Character: Notary Public

NOTES.

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 mental or physical diasbility of a permanent character 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.

Act of June 27, 1890.

SOLDIER'S APPLICATION.

Name Wesley Jay

Service Co. B. 45 Pa

Vet. Vol. Inf.

ADDRESS:

Oxford P.O.

Chester County

Pennsylvania

FILED BY

Attorney

DEC 26 1896 OFFICE. U.S.

RECORDED JAN 8 1897 RECEIVED

Date of Execution

Printed and published by W. H. Lowdermilk & Co., 1425 F St., Washington, D. C.

DEC 29 1896 RECEIVED U.S.

A

DECLARATION FOR ORIGINAL INVALID PENSION.

A

State of Pennsylvania
Chester County, } ss.

On this 24th day of December, A. D. one thousand eight hundred and ninety-six personally appeared before me, a Notary Public of ..., a court of record within and for the County and State aforesaid, Wesley Jay aged ... years, a resident of the town of Oxford, county of Chester, State of Pennsylvania, who, being duly sworn according to law, declares that he is the identical Wesley Jay who was ENROLLED on the 14th day of March, 1863, in Company B of the 54th Regiment of Mass. Vols. commanded by ... and was honorably DISCHARGED at Charlestown S.C. on the 20th day of Sept., 1865; that his personal description is as follows: Age, ... years; height 5 feet ... inches; complexion, dark; hair, dark; eyes, dark. That while a member of the organization aforesaid, in the service and in the line of his duty at Morris Island, in the State of South Carolina, on or about the first Pa day of September, 1863, he was Shot and the Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

Index finger of left hand also contracted Piles Rupture and Malarial poisoning Results of Chills and Fevers

That he was treated in hospitals as follows: ... Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has not been employed in the military or naval service otherwise than as stated above ... Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the town of Oxford in the State of Pennsylvania, and his occupation has been that of a Laborer That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a ... That he is now very much disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation Theodore K. Stubbs of Oxford, Chester County, Pennsylvania his true and lawful attorney to prosecute his claim. That he has not received but applied for a Pension. That his POST-OFFICE ADDRESS is Oxford county of Chester State of Pennsylvania.

his
Wesley + Jay
mark
Claimant's signature

ATTEST: J. H. Morrison
R. L. Johnson

Also personally appeared John W. Morrison, residing at Oxford Pa

and R. J. Johnson, residing at Oxford Pa, persons whom I

certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

Wesley Jay, 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.

J. W. Morrison

R. J. Johnson

(Signatures of Witnesses.)

Sworn to and subscribed before me this 24 day of December,

A. D. 1896 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.

[SEAL.]

D. A. Stubbs

(Signature.)

Notary Public

(Official character.)

A. 850,207

D 4 7

A.

INVALID.

A.

CLAIM FOR PENSION

ORIGINAL.

Wesley Jay Applicant,

Co., 51st Reg't,

Ind. Vols.

Private. Sixty

Enlisted June 14th, 1863.

Discharged August 20th, 1865.

FILED BY Theodore Stubbs

PENSION OFFICE
B. JAN 25 1897 F.U. S.
RECEIVED
A. DEC 26 1896
RECORD DIV.
DEC 30 1896
RECEIVED.

W. H. Moore & Co., Prs.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

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 of 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.

☞ Please give or send this blank to some one who may need it. ☜

(3—145 a.)

Act of June 27, 189

E

INVALID PEN

Claimant, Wesley Jay,

P.O., Oxford,

County, Chester,

State, Pa.

Rank, C

Company

Regiment

Rate, $ ____, per month, commencing ____

Disabled by

REJECTED

RECOGNIZED ATT

Name, Theodore R. Stubbs,

P.O., Oxford, Pa.

Fee, $

Articles f

APPROVALS.

Submitted for Injection, May 8, 1897.

Approved for Pyelitis of Rheumatism, Chronic diarrhoea and rupture on ground of non-pensionable disability on date of filing. Subject to action of Medical Referee.

M. S. Rotch Legal Reviewer.

May 11, 1897.

Approve

Fisher

Medical Referee.

May 26 1897.

Rot now pensioned under other laws. Last paid to August 11, 1880, at $ 2

Pensioned from August 21, 1865, at $ 2, for malarial poisoning,

and ending August 11, 1880.

SERVICE SHOWN BY RECORD.

Enlisted March 14, 1863, ____ honorably discharged August 20, 1865.

Re-enlisted ____, 18____, ____ honorably discharged ____, 18____

Declaration filed December 24, 1896, alleges permanent disability, not due to vicious habits,

from Rheumatism, Chronic diarrhoea and rupture

M. M. L. Clerk. Signs by mark.

3—428.

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C. May 26 1897.

No. Claim, 850207

Claimant, Wesley Jay

Soldier, " "

Co. B, 54 Reg't Mass Vol Inf

Respectfully returned to The Chief of Board of Review.

Has claim under general law been favorably approved? (2—5 Brig Gen.) It would appear that claim for malarial poisoning (for which once pensioned) should be for restoration. Moreover claim for R.S.W. of finger & rupture was filed prior to June 30 1880.

Fisher

Medical Examiner.

H 1314

Approved:

J. J. Raub

Medical Referee. Acting

0-4

(3—145 *a*.)

Act of June 27, 1890.

E

Two Brigs
Cert 858,207.

INVALID PENSION

Claimant, Wesley Jay,

P.O., Oxford,

County, Chester,

State, Pa.

Rank, Private

Company, B.

Regiment, 24 Mass. Vol. Inf.

Rate, $ ----------, *per month, commencing* ----------

Disabled by ----------

REJECTED.

REJECTED.

RECOGNIZED ATTORNEY.

Name, Theodore S. Stubbs,

P.O., Oxford, Pa.

Fee, $----------. *Agent to pay.*

Articles filed, ----------, *189* .

APPROVALS.

Submitted for rejection, May 8, 1897, Jno. T. Brady, *Examiner.*

Approved for Rejection of Rheumatism, Chronic diarrhoea and ruptures on ground of no pensionable disability on date of filing. Subject to action of Medical Referee.

M. S. Rothrock *Legal Reviewer.*

May 11, 1897.

Approved for rejection. No ratable disability shown.

Finlaw

J. J. Rauch Asst. Surg. U.S.A.
Medical Referee.

May 26 1897.

Not now pensioned under other laws. *Last paid to* August 11, 1880, *at $* 2,

Pensioned from August 21, 1865, *at $* 2, *for* malarial poisoning,

and ending August 11, 1880.

SERVICE SHOWN BY RECORD.

Enlisted March 14, 1863, honorably discharged August 20, 1865,

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

Declaration filed December 26, 1896, *alleges permanent disability, not due to vicious habits, from* rheumatism, chronic diarrhoea and rupture

M. M. L. Clerk signs by mark.

(J—146.)

INVALID PENSION

Act Mch 3 1883 — Sept. 8th, 1892

E

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, Wesley Fox

P. O., Oxford | Rank, Private

County, Chester | Company, B

State, N.J. | Regiment, 54 Mass Vol Inf

Rate, $ ____ per month, commencing ____

Pensioned for ____

RECOGNIZED ATTORNEY.

Name, Theodore K. Stubbs | Fee, $____; Agent ____ to pay.

P. O., Oxford, Pa. | Articles filed Mch 26, 1896.

APPROVALS.

Approved for Injection of wound of index finger of left hand, piles, rupture, & Malarial Poisoning

Submitted May 8, 1897; Jno. T. Brady, Examiner.

Approved for Injection for G.S.W. index finger left hand, Piles, Rupture and Malarial Poisoning on the ground of no suitable disability since from date of filing. Subject to action of Medical Referee

M. S. Robb, Legal Reviewer.

May 11, 1897, ____, Re-Reviewer.

Approved for Rejection for gun-shot wound of left index finger, piles, rupture & malarial poisoning - not totally disabled at the time of filing claim -

Fiske, Med. Ex'r, ____, Med. Reviewer.

May 26 1897, ____, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted March 14-1863.

Discharged August 20, 1865. | Last paid to August 4/86, at $ 2

Pensioned from August 21, 1865, at $ 2, for Malarial Poisoning and ending August 4, 1886, Restoration rejected Dec. 24, 1894, and September 14, 1894

Original declaration filed Sept. 18, 1879; alleged gunshot wound of left index finger & rupture of left side, filed Nov. 17, 79, alleges malarial poisoning, rupture received & hand, filed Oct. 15, 1885, alleged malarial trouble, rupture of left side & wound of hand

Declaration filed April 29, 1893; alleged G.S.W. of left index finger, rupture of left side, malarial poisoning, rheumatism, piles & general debility.

Arrears allowed from ____, 18 , to ____, 18 , at $ ____

PRESENT CLAIM.

Declaration filed December 26, 1896, alleges G.S.W. of left index finger, piles, rupture & malarial poisoning results of chills & fever.

6—394

W. M. C. — Cert. signs & mem.

(3—146.)

INVALID PENSION.

E Restoration

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, Wesley Hoy.

P. O., Oxford, Chester, Pa.

County, Chester, Pa.

State, Pa.

Rank, Private

Company, B.

Regiment, 54th Mass. Vol Infs

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

REJECTED.

Pensioned for .....

RECOGNIZED ATTORNEY.

Name, Theodore B. Stubbs.

P. O., Oxford, Pa.

Fee, $ .....; Agent ..... to pay.

Articles filed December 26, 1896.

APPROVALS.

Approved for restoration

Submitted June 15, 1897; Jno. T. Brady, Examiner.

Approved for Rejection for restoration for malarial poisoning no ratable disability since date of dropping, Reject G.S. Wd left side finger no ratable disability since date of discharge and Pile no ratable disability since date of filing Reject Restore on ground of inability to establish origin

M. L. Robb, Legal Reviewer.

June 17, 1897, ..., Re-Reviewer.

Approved for rejection for restoration for malarial poisoning, no ratable disability since date of dropping rejected gun shot wound left middle fingers, no ratable disability since date of discharge and piles as ratable disability since date of filing

Kibbe, Med. Ex'r, Lewis, Med. Reviewer.

June 28th, 1897, J. F. Rauh, Med. Referee.

C13

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

To be executed before any official authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom this declaration is executed; then a clerk of court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the *signature* and *official character* of said official.

State of Pennsylvania, County of Chester, ss:

ON THIS 31st day of July, A. D. one thousand eight hundred and ninety-Seven personally appeared before me, a Notary Public within and for the county and state aforesaid Maley Joy aged ..... years, a resident of the town of Oxford county of Chester State of Pennsylvania who, being duly sworn according to law, declares that he is the identical Maley Joy who was *enrolled* on the 14th day of March, 1863 in Co. B. 54 Regt Mass Vol's

Here state rank, company, and regiment in military service, 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 Charlestown S. C., on the 20th day of August, 1865, That he is ..... unable to earn a support by manual labor by reason of Rupture right side, Piles Stomach troubles Rheumatism and Heart Disease

Here name the diseases or injuries from which disabled.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belie of a permanent character; that he has ——— applied for pension under ~~Certificate~~ claim No. 308 684

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 has not been employed in the Military or Naval service otherwise than as stated above. (not since August 20. 65 nor prior to May 14. 63)

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, Theodore K. Stubbs

Theodore K. Stubbs, of Oxford

State of Pennsylvania, his true and lawful attorney to prosecute his claim, and to receive therefor a fee of ten dollars; that his post-office address is Oxford

county of Chester, State of Pennsylvania

his
Maley X Joy
mark

Claimant's signature.

Attest: 1 W. H. Nether

2 Jonathan Millard

If affiant's make mark, two witnesses who write sign here.

ATT'Y FILED.

Also personally appeared W. H. Nethery residing at Oxford Pa

and Jonathan Millard residing at Oxford Pa, 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 Maley Joy, the claimant ~~sign his name~~ (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 30 years and 10 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.

W. H. Nethery

Jonathan Millard

Signatures of witnesses.

SWORN TO AND SUBSCRIBED before me this 31st day of July A. D.

1894 and I 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 pro-ecution of this claim.

D. A. Stubbs

Signature

[L. S.]

Notary Public

Official Character.

NOTES.

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 mental or physical disability of a permanent character 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.

Ev. Cl. 550,207 Vol. 2

No. 308,564

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name Maley Joy

Service Co. B. 54th Regt Mass. Vols.

ADDRESS:

Oxford Chester County Pennsylvania

Date of Execution .....

FILED BY

Theodore K. Stubbs

Oxford Pa

PENSION BUREAU AUG 2 1897

Printed and sold by W. H. Moore & Co., 511 Eleventh Street, N. W., Washington, D. C.

A

DECLARATION FOR ORIGINAL INVALID PENSION.

A

State of Pennsylvania
Chester County, } ss.

On this 31st day of July, A. D. one thousand eight hundred and seventy-seven personally appeared before me, a Notary Public of the, a court of record within and for the County and State aforesaid, Wesley Jay aged years, a resident of the town of Oxford, county of Chester, State of Pennsylvania, who, being duly sworn according to law, declares that he is the identical Wesley Jay who was ENROLLED on the 14th day of March, 1863, in Company B of the 54th Regiment of Mass. Inft. Vols commanded by and was honorably DISCHARGED at Charlestown S. C. on the 20th day of August, 1865; that his personal description is as follows: Age, years; height 5 feet 1 inches; complexion, dark; hair, dark; eyes, Gray. That while a member of the organization aforesaid, in the service and in the line of his duty at James Island, in the State of South Carolina on or about the 14th day of July, 1863, he received Rupture of and Piles and was wounded in hand shocked by fall July 18. 1863 Malaria & Rheumatism about Sept 1. 1863 and per Stomach Disease or Dyspepsia Jacksonville Fla Apl. 9. 1864

Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.

That he was treated in hospitals as follows:

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

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

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the County of Chester in the State of Pennsylvania, and his occupation has been that of a Laborer. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Laborer. That he is now disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation Theodore F. Stubbs of Oxford, Chester County, Penn[a] his true and lawful attorney to prosecute his claim. That he has received applied for a Pension. That his POST-OFFICE ADDRESS is Oxford county of Chester State of Pennsylvania

Claimant's signature. his Wesley X Jay mark

ATTEST: W. H. Mather
Jacob Miller

ATTY FILED

Also personally appeared W. H. Nethery, residing at Oxford, Pa.,

and Jacob Miller, residing at Oxford Pa., persons whom I

certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

Wesley Jay, 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.

W. H. Nethery

Jacob Miller

(*Signatures of Witnesses.*)

Sworn to and subscribed before me this 31st day of July

A. D. 1897, 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.

[SEAL.]

D. A. Stubbs

(Signature.)

Notary Public

(Official character.)

A. 850,207.

Wesley Jay

A.

INVALID.

CLAIM FOR PENSION

ORIGINAL.

Wesley Jay *Applicant,*

Pvt. B, 45th Reg't,

Co.,

Maine. *Vols.*

Enlisted *Mar. 30* *, 186?*

Discharged *Aug. 20* *, 186?*

PENSION BUREAU AUG 2 1897 OFFICE

FILED BY

[redacted]

Stubbs & Stubbs

Oxford. Pa.

W. H. Moore & Co., Prs.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

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 of 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.

☞ **Please give or send this blank to some one who may need it.** ☜

(3—145 a.)

Act of June 27, 1890.

Two Brigs

INVALID PENSION.

Cert. 850.207

Claimant, Wesley Jay.

P.O., Oxford.

County, Chester.

State, Pennsylvania.

Rank, Private

Company, B

Regiment, 5th Mass. Vol. Inf.

Rate, $ ....., per month, commencing August 2nd 1892

Disabled by .....

REJECTED
Jan. 10 - 99

RECOGNIZED ATTORNEY.

Name, Theodore B. Stetson

P.O., Oxford Penna.

Fee, $ 10. Agent to pay.

Articles filed, ..., 189 .

APPROVALS.

Submitted for Adm., Nov. 7, 1898, Jno. T. Brady, Examiner.

Approved for Rupture of right side (Varicocele) piles, Stomach trouble - Rheumatism and disease of heart

Legal Reviewer.

Approved for Affection, Ratable disability under Act June 27-1890, has not been shown.

W. S. Bell, Asst. Surg.

Medical Referee.

Dec. 1, 1898. Dec. 7, 1898.

Not now pensioned under other laws. Last paid to ....., 189 , at $ 2

Pensioned from August 21, 1865, at $ 2, for Malarial fever,

and Ending August 4, 1886.

SERVICE SHOWN BY RECORD.

Enlisted March 14, 1865, honorably discharged August 20, 1865.

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

Declaration filed August 2, 1897, alleges permanent disability, not due to vicious habits,

from Rupture of right side, piles, Stomach trouble, Rheumatism

and disease of heart.

(3—145 a.)

Act of June 27, 1890.

Inc Briggs
Cert. 850.207

INVALID PENSION.

Claimant, Wesley Jay

P.O., Oxford

County, Chester

State, Pennsylvania

Rank, Private

Company, B

Regiment, 5th Mass. Vol. Inf.

Rate, $ ....., per month, commencing August 2nd 1897

Disabled by

REJECTED
Jan. 10 - 99

RECOGNIZED ATTORNEY.

Name, Theodore K. Stubbs

P.O., Oxford Penna.

Fee, $ 10. Agent to pay.

Articles filed, ..., 189 .

APPROVALS.

Submitted for Adm., Nov. 7, 1898. Jno. T. Brady, Examiner.

Approved for Rupture of right side (Varicocele) piles, Stomach trouble - Rheumatism and disease of throat

Legal Reviewer.

Dec 1, 1898. Complete Rec.

Approved for Rejection. Ratable disability under Act June 27-1890 has not been shown.

W. S. Bell, Asst. J. J. Rauh
Medical Referee.

Dec. 7, 1898.

Not now pensioned under other laws. Last paid to ....., 189 , at $ 2.

Pensioned from August 21, 1865, at $ 2, for Muscular rheumatism,

and Ended August 4, 1886.

SERVICE SHOWN BY RECORD.

Enlisted March 14, 1863, honorably discharged August 20, 1865.

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

Declaration filed August 2, 1897, alleges permanent disability, not due to vicious habits,

from Rupture of right side, piles, Stomach Trouble, Rheumatism

and Disease of throat.

Ent. signs by mark

3–146.

INVALID PENSION.

E — Cert. 858,207.

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, Wesley Jay.

P. O., Oxford

County, Chester.

State, Pennsylvania.

Rank, Private

Company, B.

Regiment, 54th Mass. Vol. Inf.

Rate, $ ---- per month, commencing ----

Pensioned for ----

March 24-'99
REJECTED

RECOGNIZED ATTORNEY.

Name, Theodore K. Stubbs.

P. O., Oxford Penna.

Fee, $ 25c ; Agent ---- to pay.

Articles filed December 26, 1896

APPROVALS.

Approved for admission for Restoration

Submitted February 8, 1899 ; Jno T Brady, Examiner.

Approved for Rejection of claim for restoration for Malarial poisoning. Alld the disability therefrom since date of dropping — subject to action M.R. Rejct alleged wound of left index finger: No disability therefrom since date of discge. Rejct alleged disease of Stomach (dyspepsia) and Piles - No disability therefrom since filing. Subject to approval of the Medical Referee. Rejection of alleged ruptured Varicocele - attached to the scrotum, and immaturity of claimant aided by Special examinations to prove origin and since and due to duty

Feby 11, 1899 Compliance, Legal Reviewer. ; Re-Reviewer.

Approved for Rejection of restoration for Malarial poisoning. No disability therefrom since date of discharge. Rejct alleged disease of Stomach and piles No disability therefrom since filing: Rejct alleged wound of left index finger No disability therefrom since date of discharge.

Clinnus, Med. Exr. E. E., Med. Reviewer.

Mar 2d, 1899, F. T. Hawks, Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted March 14-1863.

Discharged August 20, 1865. ; Last paid to ----, at $ 2

Pensioned from 21, 1865, at $ 2, for malarial poisoning and

Ending August 4, 1880.

Restoration rejected December 24, 1874 September 14, 1886 and May 24, 1887.

Original declaration filed September 6, 1877; alleged gunshot wound of left index finger and rupture of left side

Declaration filed November 17, 1879; alleged malarial poisoning, ruptured wound of hand

Arrears allowed from ----, 18--, to ----, 18--, at $ ----

PRESENT CLAIM.

Declaration filed August 2, 1897, Alleged ruptured piles, malarial poisoning rheumatism, Stomach disease or dyspepsia & wound of thumb

Hold. F. T. Butler

Ans. sig. to mark.

3-146.

Two Briefs

INVALID PENSION.

E

Cert. 854,207.

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, Wesley Jay.

P. O., Oxford

County, Chester.

State, Pennsylvania.

Rank, Private

Company, B

Regiment, 54th Mass. Vol. Inf.

Rate, $ per month, commencing

Pensioned for

RECOGNIZED ATTORNEY.

Name, Theodore K. Stockton

P. O., Oxford Penn.

Fee, $; Agent to pay.

Articles filed December 26, 1896.

APPROVALS.

Approved for rejection subject to the approval of the Medical Referee

Submitted November 7, 1898; Jno. L. Brady, Examiner.

Approved for Rejection by reinstatement for malarial poisoning - on the ground of no disability therefrom since date of discharge -

Reject alleged supreme left side (Varicocele) piles stomach trouble, and rheumatism - and wound of left hand - No ratable disability from the first and last named since date of discharge - Non formation alleged disabilities since date of filing Subject to approval by the Medical Referee, Legal Reviewer.

Dec 1, 1898 Campbell, Re-Reviewer.

Approved for rejection on the ground of no ratable disability from malarial poisoning since date of discharge.

Varicocele of left side cannot be rejected on medical grounds. Reject wound of left hand, no ratable disability therefrom since date of discharge. Reject piles, disease of stomach, no ratable disability since date of filing claim

W. B. Ball M., Med. Ex'r, Shannon (Med. Reviewer.)

Dec. 9, 1898, [illegible], Med. Referee.

HISTORY OF CLAIMS AND FORMER ACTION.

Enlisted March 14-1863.

Discharged August 25, 1865.

Last paid to , at $ 2

Pensioned from August 21, 1865, at $ 2, for malarial poisoning,

and wounding August 11-1864.

Restoration rejected December 24, 1874 September 14/76 and May 24, 1877.

Original declaration filed September 10, 1879; alleged gunshot wound of left index finger and rupture of left side

Declaration filed November 17, 1879; alleged malarial poisoning, rupture wound left hand. Filed Octo 15/85. Alleged same

Arrears allowed from , 18 , to , 18 , at $

PRESENT CLAIM.

Declaration filed August 2, 1897, alleged rupture, piles, malarial poisoning, rheumatism, stomach disease or dyspepsia & wound of hand

Cert. signs by mark.

B

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

To be executed before any official authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom this declaration is executed; then a clerk of court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the *signature* and *official character* of said official,

---

State of Pennsylvania, County of Chester, ss:

On this 25th day of March A. D. one thousand eight hundred and ninety-Nine personally appeared before me, a Notary Public within and for the County and State aforesaid, Wesley Jay aged 58½ years, a resident of the town of Oxford County of Chester, State of Pennsylvania, who, being duly sworn according to law, declares that he is the identical Wesley Jay who was *enrolled* on the 14th day of March, 1863, in Co B. 54th Regt Here state rank, company, and regiment if in military service, or vessel, if in the Navy. Mass. Vols. Infty in the service of the United States in the War of the Rebellion, and served at least ninety days and was *honorably discharged* at Charleston S. C., on the 20th day of August, 1865, That he is Almost entirely unable to earn a support by manual labor by reason of Asthma, Disease of Lungs & Here name the diseases or injuries from which disabled. Chronic Diarrhoea. Piles, Stomach Trouble and Rheumatism.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent character; that he has ——— applied for pension under Certificate No. 850207 that he is ~~a pensioner under Certificate~~ Not a Pensioner now

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 not been employed in the Military or Naval service otherwise than as stated above. not prior to March 14. 1863 nor since August 20th 1865

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 ~~Theodore K. Stubb~~ Theodore K. Stubb of Oxford State of Pennsylvania, his true and lawful attorney to prosecute his claim, and to receive therefor a fee of ten dollars; that his post-office address is Oxford county of Chester, State of Pennsylvania

his
Wesley X Jay
mark
Claimant's Signature.

Attest: 1 J. H. Morrison

2 Jos K Ingram P. O. A. to Rec Dlv

If affiant's make mark, two witnesses who write sign here.

ATT'Y FILED S.

PENSION B MAR 27 1899 U. S. OFFICE.

Also personally appeared John H. Morrison, residing at Oxford Pennsylvania, and Joseph K. Ingram residing at Oxford, Pennsylvania —, 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 Wesley Jay, 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 15 years and 15 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.

J. H. Morrison

Jos K Ingram

Signatures of Witnesses.

SWORN TO AND SUBSCRIBED before me this 25th day of March, A. D. 1899, and I 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

[L. S.] words ..... erased, and the words .....

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

Official Signature: D. A. Stubbs

Official Character: Notary Public

NOTES.

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 mental or physical diasbility of a permanent character 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.

Mrs. Cl. 850 207 Soldier

2 ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name Wesley Jay

Service Pvt. Co. B.

54th Regt. Mass. V.I.

ADDRESS:

Oxford Pa.

Ce: 850207

EAST. DIV. 3 1899 RECEIVED

RECORD DIVISION APR 28 1899

Wesley Jay

FILED BY

THEO. KSTUBBS, INSURANCE AGENT, REAL ESTATE AND CONVEYANCER, OXFORD, CHESTER CO., PA.

Printed and Sold by W. H. Moore & Co., 511 Eleventh Street N. W., Washington, D. C.

B

ACT OF JUNE 27, 1890.

DECLARATION FOR INVALID PENSION.

Personally appeared Wesley Jay aged 63 years, who being sworn according to law, declares that he is the identical person of that name who was enrolled on or about the 14 day of March 1863 in Co. B of the 54 Regiment of Penn. Inf. Vols. in the service of the United States in the War of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED, on or about the 20th day of Feby 1865 That he has not been employed in the military or naval service of the United States otherwise as stated above

.....

.....

(Here state what the other service was, if any, and the dates at which it began and ended.)

That he is partially unable to earn a support by manual labor by reason of Gun Shot wound in left hunce and Rheumatism

(Here name ALL your ailments and injuries)

.....

.....

.....

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 —— heretofore applied for pension under C No. C 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. As amended by Act of May 9-1902

He hereby appoints **JOHN WAINWRIGHT, of Wilmington, Del.**, his true and lawful attorney to prosecute his claim the fee to be TEN DOLLARS, payable as prescribed by law.

That his POST OFFICE ADDRESS is Upland CHESTER. Co. PENNSYLVANIA.

1 Samuel McDowell

2 Samuel H Smith

(Two witness who write sign here.)

his
Westley + Jay
mark

(Claimant's Signature.)

ATT'Y FILED U. S.

PENSION OFFICE U. S. NOV 1 1901

Also personally appeared Samuel McDowell residing at Oxford Pa and Samuel H Smith residing at Oxford Pa 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 Wesley Jay 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 20 years and 20 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of his claim.

Samuel McDowell
Samuel H Smith
(Signature of Witnesses.)

STATE OF Pennsylvania COUNTY OF Chester ss:

Sworn to and subscribed before me this 29th day of Oct A. D., 1901 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.]

Certificate on file to cover date of execution.
Record Division.

Samuel H Smith
(Official Signature.)

Justice of the Peace
(Official Cha[illegible])

* To be executed before a Notary Public, Justice of the Peace, or any officer authorized to administer o[illegible] eneral purposes.

No. 850.207

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name. Wesley Jay

Service. "B" 57th Regt. Ohio Vols. in U.S. Civil War

EAST. DIV. NOV 9 1901 RECEIVED

FILED BY

JOHN WAINWRIGHT,
CLAIMANT'S ATTORNEY,
WILMINGTON, DELAWARE

Executed Oct. 29 1901

2 Declaration for the Increase of an Invalid Pension 2

State of Pennsylvania, County of Chester, ss:

ON THIS 4th day of August, A, D. one thousand nine hundred and Two, personally appeared before me, a Notary Public within and for the County and State aforesaid, Wsley Jay, aged years, a resident of the town of Oxford, County of Chester State of Pennsylvania, who being duly sworn according to law, declares that he is a pensioner of the United States. enrolled at the Philadelphia Pa Pension Agency, at the rate of 6 dollars per month, Certificate No. 850207, by reason of disability from Partial inability to earn a support by manual Labor incurred

Here name the disability for which pension was granted.

in the Military service of the United States while private Co. D. 54th Mass Vols.

Military or Naval. Here state rank, Company and regiment, if in the Army,—vessel, if in the Navy.

That he enlisted on March 14th 1863

and was honorably discharged August 20th 1865

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

That he did not serve prior to Mar. 14. 63 nor since August 20th 1865

That he believes himself to be entitled to an increase of pension on account of Increase in disabilities for which already Pensioned. the chills have come back on me again, Dyspepsia worse. Rheumatism in left arm renders it almost useless, pains weakness and debility growing worse

Here state the reasons for applying for increase If on account of increase in the disability for which already pensioned, that should be described.

That he appoints Theodore K. Stubbs of Oxford County of Chester, State of Pennsylvania his true and lawful Attorney to prosecute his claim. That his Post-Office address is Oxford County of Chester, State of Pennsylvania

Wsley Jay

Claimant's signature—full name

ATTEST:

1 S. J. Janney

2 W. H. Metlby

Two witnesses who can write must sign here.

ATT'Y FILED

PENSION OFFICE AUG 6 1902 U. S.

Also personally appeared Samuel J. Janney, residing at Oxford Pennsylvania and William H. Nethery residing at Oxford, Pennsylvania, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Wesley Jay, 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 30 years and 35 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.

S. J. Janney

W. H. Nethery

(If either witness signs by mark, two attesting witnesses who can write, must sign here.)

(Signatures of witnesses.)

SWORN TO AND SUBSCRIBED BEFORE ME, this 4th day of August, A. D. 1902

and I 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

(If any words have been erased, enter them here.)

..... 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 the prosecution of this claim.

Official Signature: D. A. Stubbs

[L. S.]

Official Character: Notary Public

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 of 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.

INVALID.

CLAIM FOR INCREASE.

Wesley Jay, Applicant

Co. B, 5th Mass. Inf'y Reg't.

Mass. Inf'y Vols.

Pension Certificate No. 859207

FILED BY

EAST. DIV. AUG 14 1902 RECEIVED.

RECORDED AUG 7 1902 DIVISION.

Printed and sold by W. O. Berryman, Successor to W. H. Moore & Co., Box 259, Washington, D. C.

3—357.
(Old No. 3—145 b.)

Cert. No. 850,207

ACT JUNE 27, 1890.

Increase.

INVALID PENSION.

Claimant, Wesley Jay.

P. O. Oxford.

County Chester.

State Pennsylvania.

Rank Private

Company B.

Regiment 54. Mass Vol. Inf

Rate, $ ---- per month, commencing ----

Pensioned for ---- inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

REJECTED. June 9 1903

Name Theo. K. Stubbs

P. O. Oxford Pa

Fee, $ 5

Agent to pay.

APPROVALS.

EASTERN

Submitted for Rej. May 28, 1903, E. H. Gerdes, *Examiner.*

Approved for Rheumatism and disease of heart (old) Malaria and dyspepsia (new) alleged August 6, 1902,

May 28, 1903, A. J. Stotler, Asst Div *Legal Reviewer.*

, 190 , *Re-Reviewer.*

Approved for Rheumatism and disease of heart

Aggregate of disabilities shown, permanent in character: $ 6.00

No increase

E. J. Richardson *Medical Examiner.* Hodson

May 22, 1903

June 1. 1903

Wilson *Medical Reviewer.*

Lewis Stockton *Medical Referee.*

Enlisted July 14, 1863; honorably discharged Aug 20, 1865

Enlisted ~, 186 ; honorably discharged ~, 186

Pensioned at $ 6 per month. Last paid to ----

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed August 6, 1902, alleges Increase on account of pensioned cause, malaria dyspepsia rheumatism

Claimant does not write.

Certificate not filed.

No. M. C.

0-4

5-

2 Declaration for the Increase of an Invalid Pension. 2

State of Pennsylvania, County of Chester, ss:

ON THIS 10th day of June, A. D. one thousand nine hundred and three.

personally appeared before me, a Notary Public

within and for the County and State aforesaid, Wesley Jay, aged 66 1/2

years, a resident of the town of Oxford, County of Chester

State of Pennsylvania, who being duly sworn according to law, declares that he is a pensioner

of the United States enrolled at the Philadelphia. Pa. Pension Agency, at the rate

of 6 dollars per month, Certificate No. 850207, by reason of disability from Partial

Here name the disability for which pension was granted.

Inability to earn a support by manual labor incurred

in the Military service of the United States while private Co. B.

Military or Naval. Here state rank, Company and Regiment, if in

54th Regt Mass. Vols. Infty

the Army,—vessel, if in the Navy.

That he enlisted on March 14th 1863

and was honorably discharged august 20th 1865

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

That he did not serve prior to March 14th 63 nor since august 20th 1865

That he believes himself to be entitled to an increase of pension on account of Increase

Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described.

in disabilities for which already Pensioned

Dyspepsia and stomach Trouble so much worse lately that he can not eat, has lost about ten pounds per month for last five months in weight. Rheumatism bad disease of lung & heart Wholly disables him

That he appoints Theodore K. Stubbs of Oxford

County of Chester, State of Pennsylvania, his true and

lawful Attorney to prosecute his claim. That his Post-Office address is Oxford

County of Chester, State of Pennsylvania

This

Wesley × Jay

Claimant's signature—full name

Mark

ATTEST: Jas A Jay

I

2 Mrs Rebecca J. Winchester

Two witnesses who can write must sign here.

PENSION OFFICE U. S. JUN 11 1903

ATT'Y FILED

Also personally appeared Jane Jay, residing at Oxford Pennsylvania and Rebecca J. Winchester residing at Oxford, Pennsylvania, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Wesley Jay, 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 45 years and 30 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.

Jane Jay

Mrs Rebecca J. Winchester

(If either witness signs by mark, two attesting witnesses who can write, must sign here.)

(Signatures of witnesses.)

SWORN TO AND SUBSCRIBED BEFORE ME, this 10th day of June, A. D. 1903

and I 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

(If any words have been erased, enter them here.)

..... 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 the prosecution of this claim.

Official Signature: D. A. Stubbs

Official Character: Notary Public

[L. S.]

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 of 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.

INVALID.

CLAIM FOR INCREASE.

Wesley Jay Applicant.

Co. B, 54th Regt.

Mass. Infty Vols.

Pension Certificate No. 850207

FILED BY

EAST. DIV. JUL 21 1903 RECEIVED.
EAST. DIV. JUN 22 1903 RECEIVED.
DIVISION JUN 23 1903

Printed and sold by W. O. Berryman, Successor to W. H. Moore & Co., Box 269, Washington, D. C.

3—357.
(Old No. 3—145 b.)

Cert. No. 550207.

ACT JUNE 27, 1890.

Increase. INVALID PENSION.

Claimant, Wesley Jay, deceased, Jane Jay, widow completing

P. O. ~~Coatesville~~ Oxford,

County Chester

State Pennsylvania

Rank Private

Company B.

Regiment 54th Mass. Vol. Inf.

Rate, $ ---- per month, commencing ----

REJECTED Feb 20 04

Pensioned for ---- inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name Theodore N. Stubbs.

P. O. Oxford, Penna.

Fee, $2.00

Agent to pay.

APPROVALS.

Submitted for Rej. Feb. 4, ----, 1904, JMadams, Examiner.

Approved for Rejecting on the Ground and no Medical Examination had Since filing Claim

Aggregate of disabilities shown, permanent in character: $----

Feby 6th, 1904, D Roth
Legal Reviewer.

February 8th, 1904, A Berger
Re-Reviewer.

---- Medical Examiner.

---- Medical Reviewer.

----, 190---, ----
Medical Referee.

EASTERN

Enlisted July 14, 1863; honorably discharged August 20, 1865

Enlisted No other service, 186---; honorably discharged ✓, 186✓

Pensioned at $ 6.00 per month. Last paid to ?

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed June 11, 1903, alleges Increase in disabilities for which pensioned, Dyspepsia and stomach trouble, rheumatism, disease of lung and heart.

Claimant does ~~not~~ write.

Certificate ~~not~~ filed. with accrued claim.

3/4-04 Gmd.

No M. C.
04

Rejd on the ground that soldier was not examined under the pending claim for increase. J.M.A. Ex.

THE NATIONAL ARCHIVES

CERT. NO. 566984

PENSIONER: Jane Jay,
Widow OF

VETERAN: Wesley Jay

CAN. NO: 48840

BUNDLE NO: 1-A

DECLARATION FOR WIDOW'S PENSION.

Act of June 27, 1890, and Acts amendatory thereof.

NOTICE.—This can be executed before any officer duly qualified to administer oaths.

State of Pennsylvania, County of Chester, ss.

ON THIS 28th day of July, A. D. one thousand nine hundred and three personally appeared before me, a Notary Public of the within and for the county and state aforesaid Jane Jay. aged 60 years, a resident of the town of Oxford county of Chester State of Pennsylvania, who, being duly sworn according to law, declares that she is the widow of Wesley Jay, who enlisted under the name of Wsley Jay, at on the 14th day of March, A. D., 1863, in Co. B. 54th Here state rank, company, and regiment, if in Mass. Inft Vols. Army—vessel, if in Navy. and served at least ninety days in the late War of the Rebellion, in the service of the United States, who was *honorably discharged* August 20. 1865 and died July 25th 1903 The cause of death need not be stated.

That she was married under the name of Jane Golden to said Wsley Jay on the 3rd day of October, 1865 by Norris Barhard J.P., at Lincoln University Pa, there being no legal barrier to said marriage If there was a former marriage of claimant or her husband, state it here and how dissolved.

That she has not remarried since the death of the said Wesley Jay Name of Soldier or Sailor.

That she is without other means of support than her daily labor, and an actual net income not exceeding $250 per year; that names and dates of birth of all the children now living under sixteen years of age of the soldier are as follows:

Mary Jane born Dec 10, 1894

~~, born , 18 ,~~

~~, born , 18 ,~~

~~, born , 18 ,~~

~~, born , 18 ,~~

~~, born , 18 ,~~

~~, born , 18 ,~~

That her husband has not been employed in the Military or Naval service or otherwise than as stated above.

That she has not heretofore applied for pension and the number of her former application is Be careful to fill this part of the blank correctly. A

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

She hereby appoints, with full power of substitution and revocation. Theodore K. Stubbs Esq of Oxford State of Pennsylvania, her true and lawful attorney to prosecute her claim, and to receive therefor a fee of $10. That her P. O. address is Oxford County of Chester, State of Pennsylvania

Jane Jay

Claimant's Signature.

Attest: 1

2

Two witnesses who can write, sign here.

PENSION BUREAU JUL 30 1903 U. S. OFFICE.

ATT'Y FILED

Also personally appeared James P. Wolf, residing at Oxford, Pennsylvania, and Maggie Wolf, residing at Oxford, Pennsylvania, 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 Jane Jay, the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with her of 20 years and 35 years respectively, that she is the identical person she represents herself to be, and that they have no interest in the prosecution of this claim.

James. P Wolf

Maggie Wolf

Signature of witnesses.

Sworn to and subscribed before me this 28th day of July, 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, including the words ..... erased and the words ..... added, and that I have no interest, direct or indirect, in the prosecution of this claim.

D. W. Stubbs

Signature.

Notary Public

Official character.

NOTES.

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

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

see ctf. of soldier's service
Wesley
Lacy B. 54 Ohio Vol Inf.
Acts of June 27, '90 and May 9, 1900.

WIDOW'S APPLICATION.

RECEIVED
AUG 10 1903
PENSION BUREAU

Claimant Jane Jay

Soldier Wesley Jay

Service Pvt Co. B. 54th Ohio Vol Inf

ADDRESS:

Oxford P.O.
Chester County
Pennsylvania

FILED BY

THEO. F. STUBBS
INSURANCE AGENT
NOTARY PUBLIC
ATTORNEY AT LAW
AND
CONVEYANCER
OXFORD, CHESTER CO., PA.

U.S. PENSION AGENCY
AUG 10 1903
WASH. D. C.

Printed and sold by W. F. Mc[illegible] & Co., 511 Eleventh Street N. W., P. O. Box 2[illegible] Washington, D. C.

3–173.

Eastern Div. 1.7.13 Ex'r.

Cert. No. 858.207

Wesley Jay,

Co. B, 54 Reg't Mass. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., February 8th, 1898.

PENSION E FEB 11 1898 U. S. OFFICE.

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

A. Bell Evans
Commissioner.

Mr. Wesley Jay,

Oxford, Pa.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes, Jane Golden

No. 2. When, where, and by whom were you married? Answer: (Norris Broad) October 3, 1865. Elkview Pa. (Squire-Crowded)

No. 3. What record of marriage exists? Answer: Don't Know of any, Except Squire's old Docket. Lost our Certificate

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: no!

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Yes.- Margaret Jay born April 7. 1868

Wesley J. born March 6. 1870

Eva " " 30. 1872

~~Lydia " April 7. 1874 Dead~~

Marion " Aug. 23. 1876

Bertha " July 7 1882

~~Pearl~~ " September 10. 1885

Date of reply, Febry 10th, 189 8.

Wesley Jay
(Signature.)

0-2

Mary Jane Jay born December 10th 1894 (1894)

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

3—044

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 Penna }
COUNTY OF Chester } ss:

On this 4 day of Jan, A. D. 1929, before me, the undersigned, personally appeared Mrs Mary Jane Rider, aged 55 years, a resident of Valley Township, County of Chester, State of Penna, 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 Jane Jay, who was a pensioner of the United States by certificate No. 566984, and who **DIED** Sept 9th, 1928, at Valley Township and was buried at Lincoln Memorial

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? Jane Jay

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

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.) 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
Home Fidelity Ins Co of Balto 37.50 death Ben'

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
Home Fidelity Ins Co of Balto

9. Who was the beneficiary named in each policy? Margrett Wood

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

11. Were the premiums paid by the deceased pensioner? No ✓

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

PENSION BUREAU JAN 22 1929 U.S. ORIGINAL

6—1572

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? Yes

14. Did the deceased pensioner leave any money, real estate, or personal property? Real Estate

15. If so, state the character and value of all such property House & Lot $500.00

16. What was the assessed value (last assessment) of the real estate? Not Know

17. How was the pensioner's property disposed of? to be devided between 5 Children

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

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

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

21. What was the cause of pensioner's death? Nephritis

22. When did the pensioner's last sickness begin? 4-29-27

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? 8-18-28

24. Give the name and post office address of each physician who attended the pensioner during last sickness Dr J M Tooney Coatesville Pa

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

26. Where did the pensioner live during last sickness? With Me

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.) ~~Not~~ Yes

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
J. M. Tooney	Physician	Unpaid	61 00
	Medicine		
	Nursing and care		
W. L. Branch	Undertaker $220.00	Paid	220 00
Coatesville Transfer Co	Livery	Unpaid	28 50
Hosanna A M E	Cemetery	Unpaid	8 00
	Other expenses and their nature:		
	TOTAL		97 50

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:
Physician 6100 Undertaker 28.50
Cemetery 800

x Mrs Mary Jane Rider.
(Claimant's signature in full)
Coatesville Pa
(P. O. address)
R F D 2, Box 5.

(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.)

6—1572

Also appeared Wallace T Fay and Harvey Rider

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? Sept 2nd 1928

3. Did pensioner leave any property? If so, state its character and value House & Lot $500.00

4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for Life years and Married Her daughter

Name Wallace T Fay
P. O. Address South Coatesville Pa

Name Harvey Rider
P. O. Address Newlinville Pa

Subscribed and sworn to before me, this 4th day of Jan A. D. 1929; 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 good

[L. S.]

Validity accepted as to execution
Chief, Record Division
Dec 27

Washington, D. Branch
(Signature)
Notary Public
(Official character)
Coatesville Pa
(P. O. address)

NOTARY PUBLIC
My Commission Expires Feb. 25, 1929

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full

Give date of commencement of pensioner's last sickness

Give date of pensioner's death

From what date did the pensioner require the regular and daily attendance of another person constantly until death?

During what period did you attend the pensioner?

State nature of disease from which pensioner died

Give name of any other physician who attended the pensioner in last sickness

Does your bill include a charge for all medicine furnished the pensioner during last sickness?

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

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:

I certify that the foregoing statement is correct.

_____, 19_____ *Attending Physician.*

_____, 19_____ *Attending Physician.*

PENSION L U. S. JAN 22 1929

6—1572

APPLICATION FOR REIMBURSEMENT

Certificate No. W.C. 566984

Jane Doe
Deceased Pensioner.

Claimant.

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 Bureau of Pensions 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 possession 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 credible witnesses who have personal knowledge of the facts.

6—1572

There being three enlisted men of the name of "Jay", George, William and Wesley, borne on the rolls of above Co. it is impossible to determine to which one the above reports in reference to "Jay" and "W. Jay" refer.

E.D.S.

I am, sir, very respectfully,
Your obedient servant,

1st Lt. Rucker

~~Assistant Adjutant General.~~
2d Lieut. 2d Cavy

The Commissioner of Pensions,
Washington, D. C.

232 1/2
262.

[C. T.]

War Department,

ADJUTANT GENERAL'S OFFICE

Washington, Dec. 19th, 1885.

SIR:

Your inquiry of July 14, 1885, in Pension Claim No. 308684,

is herewith returned, with the following information:

Wesley Jay was enrolled on the ~ day of

~, 186 , at ~, as a Private

in Co. B., 54th Mass Regiment of ~~U.S.~~ Colored Vols, to serve 3 years.

DCDJ ~~He is reported on Muster Roll~~ Regtl Hospl Registers, covering Mch. 16'63 to July 5'63, Aug 1'63 to June 4'64, Sept 1 to Sept 23 1864 and Feb. 14'65 to Aug. 5'65, show "Jay", Mch 23'63 admitted, complaint, bronchitis; apl. 30'63, returned to duty; and show "W. Jay" treated as follows: July 24'64 and apl. 30'65, no diag. or prese.; June 5'65, ae diarr; dates of return to duty not stated.

Regtl Prese. Books, covering Oct 4'63 to Sept 2'64 and Oct 16'64 to Feb. 12'65, show "Jay" treated as follows: Nov 3rd and 28'63 and Jan. 2'64, no diag. or prese.; dates of return not stated.

Records on file do not show wound alleged nor furnish any additional information as to disability during service.

Co. M'g Reports (incomplete) cover Mch '63 to Aug 20'65, and Returns, Mch '64 to July 1865, save June, Sept and Oct 1864 and Jany 1865.

(7)

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the *signature* and *official character* of said officer.

State of Pennsylvania, County of Chester, ss:

On this 28th day of June, A. D. one thousand eight hundred and ninety three personally appeared before me, a Notary Public within and for the county and State aforesaid Wesley Jay aged 54 years, a resident of the town of Oxford, county of Chester, State of Pennsylvania, who, being duly sworn according to law, declares that he is the identical Wesley Jay who was *enrolled* on the 30th day of March, 1863, in Co. B. 54th U.S. C. Troops

Here state rank, company, and regiment in military service, 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* Charleston South Carolina, on the 20th day of August, 1865. That he is totally unable to earn a support by manual labor by reason of Rupture and Piles

Here name the diseases or injuries from which disabled.

Dyspepsia, Malaria and Rheumatism, large vein in legs bullet wound left index finger

That said disabilities are not due to his 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 a pensioner under Certificate No. 850207 Malarial poisoning but it ended Aug. 11, 1880

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 not 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 Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, Theodore K. Stubbs

Theodore K. Stubbs, of Oxford, State of Pennsylvania, his true and lawful attorney to prosecute his claim, and to receive therefor a fee of ten dollars; that his post-office address is Oxford, county of Chester, State of Pennsylvania

his
Wesley X Jay
mark

Claimant's signature.

Attest: 1 W. H. Mechem

2 Geo. W. Bell

If affiants make mark, two witnesses who write sign here.

Also personally appeared William H. Nethery, residing at Oxford Pa and George W. Bell, residing at Oxford Pa, 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 Wesley Jay, the claimant, ~~sign his name~~ (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 40 years and 20 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.

W. H. Nethery

Geo W. Bell

Signatures of witnesses.

SWORN TO AND SUBSCRIBED before me this 28th day of April, A. D. 1893, 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

[L. S.] words ..... erased and the words .....

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

53 erased and
54 added before
signing - D. D. Stubbs
Notary Public

D. D. Stubbs

Signature.

Notary Public

Official character.

NOTES.

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 mental or physical disability of a permanent character 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.

RECEIVED PENSION OFFICE. APR 29 1893

Inv. 64 850.207.

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name Wesley Jay
Co. B, 54th
Service Mass. Vols.

ADDRESS:
Oxford P.O.
Chester County
Pennsylvania

"B" 54th Mass. Vols.
Infantry

FILED BY
Theodore K. Stubbs
Oxford Pa
Date of execution April 93

Printed and Sold by W. H. MOORE & Co., Box 666, Washington, D. C.

DISABILITY AFFIDAVIT.

STATE OF Pennsylvania }
COUNTY OF Chester } SS.

In the Matter of the Original INVALID Pension Claim No. 308684
of Wesley Jay Co. B 54th Mass. Vol. Infy.

ON THIS 12th day of December A. D. 1885, personally appeared before me, a Dep Clerk of Court in and for the aforesaid County, duly authorized to administer oaths, Wesley Jay ex soldier & claimant, aged 49 years, a resident of Oxford Borough in the County of Chester, and State of Pennsylvania, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to his claim for pension as follows: My Post Office Address is..... Oxford P.O. Chester County Pennsylvania.
[Give present address in full]

For 5 years immediately preceding my enlistment into the service of the United States on the 30th day of March, 1863, I resided in the following-named places: Chester County Pennsylvania all my days near Lincoln University P.O. and around Oxford.
[Give all the places in which you resided during the period above stated prior to your enlistment.]

and my occupation was that of a farm hand & common manual labor

Since my discharge from said service on the 20th day of August, 1865, I have resided in Lincoln University P.O. and Oxford P.O. Chester County Pennsylvania.
[Give the name of each place with date of any change of residence.]

and my occupation has been that of a laborer when I was able to work.

I further state that the disability for which I claim a pension arises from malarial trouble &c. which was contracted when I had chills and fever at James Island South Carolina July 8th 1863 lightly and on Morris Island about July 12th 63 and at Jacksonville Fla. March 1864 at intervals I also claim & have sworn the rupture of left side was incurred carrying lumber on James Island S. C. about middle of July 63 bullet thro. left hand next day.
[Here state the time, place, and all the circumstances under which the disability for which pension is claimed originated.]

From my said discharge to the present time, I have received the following medical treatment for said disease Doctor Fulton treated me after I came home for Typhoid or Malarial Fever results of the Malarial disease or fever & ague I contracted on James Island S. C. from hot sun & cold breeze in July 63 The wet ground under tents, scorching hot sun along shore, getting wet at night gave me chills and fevers with malaria and broke me all up.
[Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.]

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases: malarial trouble chills frequently and Since
[Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.]
Faint in lower region of body rupture & piles from lifting & repairing trestles & bridges James to Sorrel near Folly Island for which I was treated by Dr. Fulton, Hutchinson & Stubbs. I tried to reenlist but was
[Name and address and date of treatment.]
rejected by the examining Surgeon said I was no good

(4)

for the regular army as I had herna a rupture.

And during all of the said time my physical condition and ability to perform manual labor has been as follows:...

for first five years after my discharge on Aug. 20th 65 I was 3/4 disabled; for the next ten years 2/3 disabled from manual labor and ever since then one half disabled because I have learned to save myself never get over worked or strained for that would kill me as I could not stand the pain.

[State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or periods, giving the dates as nearly as possible, you have been prevented from following your usual occupation.]

I further state that the entire service rendered by me is as follows: .....

From March 30. 63 to Aug. 20. 1863 after I felt a little rested I tried to re enlist but the Doctor scared me when he rejected me.

[Here claimant should state the dates of enlistment and discharge of each term of service rendered by him whether in the army or navy, and the company and regiment, or name of vessels, in which he served.]

and that I have not served in the Army or Navy either prior or subsequent thereto.

Haines Passmore

R D Wilde

[Two witnesses who can write sign here.]

his
Wesley X Jay
mark

Claimant's Signature.

State of Pennsylvania, **County of** Chester, **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, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution. The following interlineations and erasures were made before executing said affidavit: .....

J. D. Gerber Dep. Clerk Q.S.

Official Signature.

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 Official character hereon, and not on a separate slip of paper.

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing 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.

.....

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

PENSION DIVISION
DISABILITY - AFFIDAVIT.
DEC 15 1885
No. 808.684.

Claim of
Wesley Jay
Co B. 51st Mass. Vols.
Claimant

For Pension
Rhoda Jay
DEC 19 1885
PENSION OFFICE

FILED BY
Chas. K. Stubbs
Oxford Pa

Printed and sold by W. H. Moore, 511 11th st., Washington, D. C.

A. DECLARATION FOR ORIGINAL INVALID PENSION. A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Pennsylvania
County of Chester } *ss:*

On this ninth day of September, A. D. one thousand eight hundred and seventy-nine personally appeared before me, Clerk of the Quarter Sessions a court of record within and for the county and State aforesaid, Wesley Jay, aged 33. years, a resident of the Borough of Oxford, county of Chester State of Pennsylvania, who, being duly sworn according to law, declares that he is the identical Wesley Jay who was ENROLLED on the 14th day of March, 1863, in company B, of the 54th regiment of Massachusetts Inf. Vols commanded by 1st Lieut Robert R. Newells, and was honorably DISCHARGED at Charlestown S. Carolina on the ____ day of August, 1865; that his personal description is as follows: Age, 33 years; height, 5 feet 10 inches; complexion, dark; hair, dark; eyes, black. That while a member of the organization aforesaid, in the service and in the line of his duty at Fort Wagner, in the State of S. Carolina (Morris Island) on or about the 18th day of July, 1863, he was shot through (Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)
the fore finger of left hand with bullet (gun shot wound) about the middle of June on or about June 15th 1863. he was taken with severe pain and ruptured while on service detailed with pioneer corps, carrying heavy timber for pontoon bridges to James Island and by severe labor with pioneer corps at Jacksonville Florida about September 15th 1863

That he was treated in hospitals as follows: Morris Island July 18th 1863, James (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.
Island June 15th 1863. Jacksonville Florida Hospital
Sent ~~July 18th 1863.~~ September 15th 1863

That he has not been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the Borough of Oxford in the State of Pennsylvania, and his occupation has been that of a Hostler and Driver That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a farm laborer. That he is now partially disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints, with full power of substitution and revocation, Theodore K. Stubbs of Oxford, State of Pennsylvania, his true and lawful attorney to prosecute his claim. That he has not received nor applied for a pension. That his Post Office address is Oxford, county of Chester State of Pennsylvania.

his
Claimant's signature: Wesley + Jay
mark

Attest: R. Haines Passmore
J. P. Ash

(1)

Also personally appeared R. Haines Passmore residing at West Chester and F. P. Ash, residing at West Chester, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Wesley Jay, 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.

R. Haines Passmore

F. P. Ash

(Signatures of witnesses.)

SWORN to and subscribed before me this 8 day of Sept, A. D. 1879,

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 July 18th 1863, erased, and the words September 15th 1863, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

R. Cooper Jr.

(Signature.)

Clerk O. C.

(Official character.)

A.

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Wesley Jay, Applicant.

B, Co., Regt., Vols.

Massachusetts

Enlisted Merch 14th 1862

Discharged Aug 31st 1865

RECEIVED IN THE UNITED STATES PENSION OFFICE SEP 10 1879

FILED BY

Theodore Stubbs

Chas. Bo. Par.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and as clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

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 of said parties, while communicating with the Pension Office or the pension agents, should be stated.

The fees for the prosecution of claims for pensions will not be allowed to exceed twenty-five dollars; no part of which is payable before the certificate for the pension has been issued.

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.

Affidavit that the Claimant has not Remarried, and that She is without other means of Support than her Daily Labor.

(To be Executed by the Widow.)

Act of June 27, 1890.

I, Jane Jay of the town of Alford

County of Chester and State of Pennsylvania

do solemnly swear that I am the widow of Wesley Jay

Name of Soldier.

deceased, on whose account I apply for pension under the provisions of the Act of June 27, 1890.

That I have not remarried since the death of the above-mentioned Wesley Jay

Name of Soldier.

; that I neither own nor have in use any property of any kind from which a revenue can be derived; that I have no income or present means of support than my daily labor.

no person is legally bound to support me and I have been dependent on the charity of married children and relatives and don't know what I would have done without them with myself sick and a helpless child the soldier left no personal or mixed property debts no income except his pension of $12 a month nothing but a little old house my share of it value only $400 with a mortgage of $200 and the equity not over $300 and the income from it about $15 annually if I did not live in it but now nothing with taxes insurance repairs to pay & interest, I have no personalty but some old old furniture that would not sell for over $40 00/100 the bounty will have to pay the debts as I am too poor and feeble left no estate at all to buy him

If dependent upon others not legally bound to support her, it should be so stated. If in the possession of any property, the full value of same, of what it consists, both real and personal, where located, and the income derived therefrom since June 27, 1890, should be stated.

Signatures of Affiants.

Jane Jay

Attest: 1 .....

2 .....

Two persons who can write sign here.

PENSION OFFICE. RECEIVED JUL 30 1903 U. S.

68.

Sworn to and subscribed before me this 28th day of July 1903. I have no interest in the prosecution of this claim for Original Widow's Pension

D. A. Stubbs N.P.

Official Signature.

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing ..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office this ..... day of ....., 18

.....

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

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

Affidavit that the Claimant Has not Remarried, and that She is without other means of Support than her Daily Labor.

(To be Executed by the Widow.)

Act of June 27, 1890.

CLAIM OF

Jane Lay

Oxford Pa

Widow of Bradley Lay

Oxford Pa

Co. D, 54 Reg't.

Maryland Volunteers

Widow's Pension No. .....

FILED BY

THEO. K. STUBBS

ATTORNEY AT LAW

Printed and sold by W. H. MOORE & Co., Box 696, Washington, D. C.

RECEIVED JUL 31 1903 PENSION BUREAU

EAST. DIV. AUG 10 1903 RECEIVED

(11.)

GENERAL AFFIDAVIT.

State of Pennsylvania County of Chester, ss.

In the matter of .....

ON THIS 23rd day of August, A. D. 1890, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, Mary Jay aged 54 years, a resident of Oxford in the County of Chester and State of Pennsylvania whose postoffice address is Oxford, Chester County Penna, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

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

You ask me in circular about my hernia this is my declaration written for and dictated by me I got it in battle of Fort Wagner carrying heavy timber at night under fire slipping with log on my shoulder we were powerful men I slipped and the strain and trouble ruptured me said disability is of a permanent character and not due to my vicious habits

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

A. K. McKemp

Anna C. Stubbs.

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

his
Mary X Jay
mark

[Signature of Affiants.]

STATE OF Pennsylvania, COUNTY OF Chester, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavits 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.

D. D. Stubbs
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

STATE OF ....., COUNTY OF ....., ss:

I, ..., Clerk of the County Court in and for the aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a ..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of ....., 189

SEAL

.....

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 heron, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

CLAIM OF

Mary Lay
Co. B. 54th Regt
Mass. Vols.

AFFIDAVIT OF

Claimant

FILED BY

.....

.....

.....

.....

AFFIDAVIT VOLID WAIL

Printed and for sale by E. J. Gray, 908 & 910 Pa. Ave., Washington D. C.

Affidavit that the Claimant has not Remarried, and that She is without other means of Support than her Daily Labor.

(To be Executed by the Widow.)

Act of June 27, 1890.

I, Jane Jay of the town of Oxford

County of Chester, and State of Pennsylvania

do solemnly swear that I am the widow of Wesley Jay

Name of Soldier.

deceased, on whose account I apply for pension under the provisions of the Act of June 27, 1890.

That I have not remarried since the death of the above-mentioned Wesley Jay

Name of Soldier.

; that I neither own nor have in use any property of any kind from which a revenue can be derived; that I have no income or present means of support than my daily labor. and am dependent on others not legally bound to support me and no one is legally bound to support me and my husband had no property and left none what ever, the only property I have is a small house & lot 64x40 square feet more or less of land in Oxford Borough Pa that cost $375 and has a mortgage of 200 against it to Oxford Building and Loan Association and about $50 worth of household goods and these is no income from that source or I live on the future and use furniture and my income from all sources does not and could not exceed one dollar per month neither of us had been previously married no real estate has been sold since soldiers death and his life was not insured as long as I was able I worked hard days works for my living and need a pension badly right now.

If dependent upon others not legally bound to support her, it should be so stated. If in the possession of any property, the full value of same, of what it consists, both real and personal, where located, and the income derived therefrom since June 27, 1890, should be stated.

Jane Jay

Signatures of Affiants.

Attest: 1 .....

2 .....

Two persons who can write sign here.

PENSION OFFICE. U. S. SEP 23 1903

C. S.

Sworn to and subscribed before me this 22nd day of September, 1893 I have no interest in the prosecution of this claim for original Widow Pension

D. A. Stubbs N.P.

Official Signature.

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing .....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office this .....day of....., 18

.....

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

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

Affidavit that the Claimant Has not Remarried, and that She is without other means of Support than her Daily Labor.

(To be Executed by the Widow.)

Act of June 27, 1890.

CLAIM OF

Jane Long

Oxford Pa

Widow of Lucretia Long

Oxford Pa

Co. B., 54th

Mass.,

Reg't.

Volunteers

Widow's Pension No. 788877

FILED BY

Theodore K. Stubbs

Oxford Pa

Printed and sold by W. H. Moore & Co., Box 696, Washington, D. C.

EAST. D
SEP 25 19
RECEIVED.

90 # GENERAL AFFIDAVIT. 90

State of Pennsylvania, County of Chester, ss:

In the matter of Wid. org. 788877 Jane Jay
widow of Wesley Jay B. 54 Mass V. Inf

Personally came before me, a Notary Public in and for the aforesaid County
Notary, Justice or Clerk of Court.
and State, Jane Jay widow claimant, aged 60 years
Name of witness.
citizen of the town of Oxford
Post Office address. Give Street and No. if in city or town.
County of Chester, State of Pennsylvania

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 she is the claimant
in above case and that the
soldier did not leave any
life insurance and that
there is no public or church
records of her marriage with
soldier on October 3rd 1865

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

PENSION OFFICE. OCT 7 1903 U. S.

She further declares that she has no interest in said case and she is not concerned in its prosecution. being the claimant herself.

1 .....
2 .....
If Affiants sign by mark, two witnesses who can write, sign here.

Jane Jay
Signature of Affiant.

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , and aquainted her with its contents before She executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that She is a credible person, and so reputed in the community in which She reside S

Witness my hand and official seal this sixth day of October 190 3

[Sign here.] D. A. Stubbs
Notary Public

ADD SEAL HERE.

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.

☞ Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

EAST. DIV.
OCT 7 1903
RECEIVED.

A

Eastern Div.
Mist Orig
No. 78877

GENERAL AFFIDAVIT

CASE OF

Jane Doe, Jr. of
Wesley Day
B 54 Miss Mid Dist

AFFIDAVIT OF

Complainant

Date of Execution Oct. 6. 1903.

FILED BY

D. Theodore K. Stubbs
Att & Sol. for
Complainant

Printed and sold by W. O. Berryman, successor to
W. H. Moore & Co., 511 11th St. N. W. Washington, D. C.

RECEIVED
SEP 26 1903
PENSION DIV.

GENERAL AFFIDAVIT

State of Pennsylvania, County of Chester, ss:

In the matter of Eastern Div. Wid. Orig No. 788877
Jane Jay widow of Wesley Jay C.B. 54th Mass. Vols. Infty.

Personally came before me, a Notary Public in and for the aforesaid County
Notary, Justice or Clerk of Court.
and State, Stephen J. Ringgold aged 67 years,
Name of witness.
and George W Wells, aged 67 years,
Name of witness.
citizens of the town of Oxford and Lincoln University
Post-office address. Give Street and No. if in city or town.
County of Chester, State of Pennsylvania

well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case, as follows: We knew soldier and claimant ever since they became of marriageable age and know that neither of them had been previously married and that claimant lived with the soldier to the date of his death and she has not remarried since the soldiers death, their child Mary Jane nearly nine years old is still living and with claimant, She has not sold any real estate since soldiers death all the property she owns is a house and lot in Oxford 6440 square perches of land worth about $400 and on this there is said to be a mortgage of $200 all her personalty consists of furniture worth less than $100 and her whole income from all sources will not exceed two dollars per month and no person is legally bound to support her we

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

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

Nopm
mRm.
nd.
ch alm
Dep.

1 .....

2 .....

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

Stephen J Ringgold
George W Wells
(Signature of Affiants.)

PENSION U. S. SEP 24 1903 OFFICE

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (†), two persons *who can write* must attest the signature by signing their names oppposite.
The official before whom papers are executed is *not a competent witness to a mark.* [OVER.]

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~~ , and aquainted ~~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 ; that ~~they~~ are credible person~~s~~ and so reputed in the community in which ~~they~~ reside .

Witness my hand and official seal this 23rd day of September, 1903

[Sign here.] D. A. Stubbs
Notary Public

ADD SEAL HERE.

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.

☞ Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

Proof of Mary Paige
Eastern Dir
Brigid widow
No. 78877

GENERAL AFFIDAVIT

CASE OF
James Jeremiah
Mahoney G.C.D.
5th Regt Infantry

AFFIDAVIT OF
Adolphus Briggs
of Fort Hill
George H. Mobbs
Special Witness for
Date of Execution Sept 23. 03

FILED BY
Horace K. Stubbs
Oxford. Md

Printed and sold by W. O. Berryman, Successor to W. H. Moore & Co., Box 289 Washington, D. C.

INSURANCE AGENT * ATTORNEY AT LAW AND CONVEYANCER * OXFORD, CHESAPEAKE BAY, MD.

144 **PHYSICIAN'S AFFIDAVIT.** 144

PROOF OF PHYSICAL DISABILITY.—Acts of June 27, '90, May 9, 1900 and July 1, 1902.

TAKE NOTICE—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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 Pennsylvania, **County of** Chester, **ss:**

In the Pension Claim No. 788873 of Jane Jay
Widow of Wesley Jay B. 54th Mass, Inf & Co, late of
Oxford, Chester County, Pennsylvania
Company and regiment of service, if in the army; vessel and rank, if in the navy.

Personally came before me a Notary Public in and for the aforesaid
Official character of magistrate.
County and State D. Alfred Stubbs M.D. a citizen of Oxford Pa
Name of Affiant.
whose Post-Office address is Oxford
in the County of Chester, State of Pennsylvania
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:

NOTES.

For Claims Under Act of June 27,'90

The Physician's Affidavit must show the following facts:

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

2d. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated—whether ⅔, ¾, or total.

That he is a practising physician, and that he has been acquainted with the said Soldier for about 33 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 the jurat that they were made before executing the paper

I was present at the Births of Mary Jane Jay Daughter of Wesley and Jane Jay she was born December 10th 1894 in the house where Soldier lived

Both of Them Jane;

PENSION OFFICE. U. S. OCT 8 1903

He further declares that he has been a practitioner of medicine for 29 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

D Alfred Stubbs M.D.

Affiant's Signature. Give rank and service, if in the Army

Sworn to and subscribed before me this 6th day of October, A. D. 1903

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully 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.

Official Signature: Chas M. Davison Notary Public

Official Character: Commissioner Expires Feb 14' 05

[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 ....., 190

[L. S.]

Clerk of the .....

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

Acts of June 27, '90, May 9, 1900 and July 1, 1902.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Jane Gordon widow

Mallory

Nature of Claim Orphan

Soldier Mallory

Co. B, 54th *Reg't.*

Miss. Infty *Vols.*

No. 788877

FILED BY

FAST. DIV.
OCT 9 1903
RECEIVED

Printed and sold by W. H. Moore & Co., 511 11th St., N. W., Box 289, Washington, D. C.

Adams
10-9-03

144 **PHYSICIAN'S AFFIDAVIT.** 144

PROOF OF PHYSICAL DISABILITY.—Acts of June 27, '90, May 9, 1900 and July 1, 1902.

TAKE NOTICE—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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 Pennsylvania County of Chester, ss:

In the Pension Claim No. 788[illegible] of Jane Jay widow of Wesley Jay Oxford Pennsylvania, late of Co. D. 58th Regt Mass Vols Inft

Company and regiment of service, if in the army; vessel and rank, if in the navy.

Personally came before me a Notary Public in and for the aforesaid

Official character of magistrate.

County and State Dr Samuel L Rea a citizen of Oxford Pa

Name of Affiant.

whose Post-Office address is Oxford

in the County of Chester, State of Pennsylvania,

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 practising physician, and that he has been acquainted with the said Soldier for about 25 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 the jurat that they were made before executing the paper

I attended Wesley Jay during his last illness and he died July 25th 1903.

Samuel L. Rea M. D.

NOTES.

For Claims Under Act of June 27,'90

The Physician's Affidavit must show the following facts:

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

2d. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits, which incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated—whether ⅔, ¾, or total.

PENSION OFFICE U. S. SEP 25 1903

Death-OK

He further declares that he has been a practitioner of medicine for 32 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Samuel L Rea M.D.

Affiant's Signature. Give rank and service, if in the Army

Sworn to and subscribed before me this 24th day of September, A. D. 1903

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully 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.

Official Signature: D. A. Stubbs

Official Character: Notary Public

[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 ....., 190

.....

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

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

EAST. DIV.
SEP 29 1903

Acts of June 27, '90, May 9, 1900 and July 1, 1902. REVISED.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Lucy Ann Widow of Ruby Gay

Nature of Claim Widow

Soldier Ruby Gay

Co. B, 54th *Reg't.*

Mass., Infty *Vols.*

No. 788873

FILED BY

Hosea K. Stubbs

Oxford Pa

Printed and sold by W. O. Berryman Successor to W. H. Moore & Co., Box 269, Washington, D. C.

89 89

GENERAL AFFIDAVIT

State of Pennsylvania, County of Chester, ss:

In the matter of Eastern Dv. Wid. No. 788877
Jane Jay wid/o Wesley Jay B. 54 Mass V.I.

Personally came before me, a Justice of the Peace in and for the aforesaid County
Notary, Justice or Clerk of Court.
and State, Elizabeth Brown aged 48 years,
Name of witness.
and well acquainted with soldier aged 4 claimant
Name of witness.
citizens of the town of Coatesville
Post-office address. Give Street and No. if in city or town.
County of Chester, State of Pennsylvania
well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case, as follows: That she was present at the marriage ceremony of Miss. Jane Golden the claimant to Wesley Jay the soldier when they were married by Squire Morris Barnard Aker a Justice of the Peace at Penningrove near Coatesville Chester County Pennsylvania and the date of the marriage was October 3rd 1865 the fall of the last year of civil war which had closed that saying; that there was no marriage with soldier to date of his death and that she has not remarried.

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

She further declare that she has no interest in said case and is not concerned in its prosecution.

1 Emma Brown
2 W H Kauffman

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

her
Elizabeth X Brown
mrs
Coatesville Pa.
(Signature of Affiants.)

NOTE.—In the execution of papers and evidence, wherever a person or witness signs by mark (†), two persons *who can write* must attest the signature by signing their names opposite.
The official before whom papers are executed is *not a competent witness to a mark.* [OVER.]

Mar.
No P.M
N.D.
No R.M.

PENSION OFFICE U.S. OCT 16 1903

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , and aquainted h 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 personally known to me; that she credible person and so reputed in the community in which she reside .

Witness my hand and official seal this 14 day of October, 1903

[Sign here.] Geo. T. Mayo

ADD SEAL HERE.

Expiration of Term May 3, 1904.

Expiration of Term May 3, 1904.

RECEIVED OCT 17 1903

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.

☞ Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

Eastern Dist.
No. 78877

GENERAL AFFIDAVIT

CASE OF
Jane Doe
vs
Wesley Doe
B. 54 Mad. Ord.

AFFIDAVIT OF

Filed Nov 14 1903

Date of Execution Oct. 14 1903

FILED BY

Printed and sold by W. O. Berryman, Successor to W. H. Moore & Co., Box 280 Washington, D. C.

Register Stubbs
Chancellor

90 GENERAL AFFIDAVIT 90

State of Pennsylvania, County of Chester, ss:

In the matter of Eastern Div. Mil. orig. No. 788874
Jane Jay widow of Wesley Jay Co. B. 54. Mass. (Vol. Infty)

Personally came before me, a Notary Public in and for the aforesaid County and State George W. Wales aged 67 years,
Notary, Justice or Clerk of Court. Name of witness.

citizen of the town of Lincoln University
Post-office address. Give Street and No. if in city or town.

County of Chester, State of Pennsylvania

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

I was present at the marriage of Wesley Jay and Jane Golden on October 3rd, 1865. Married by Squire Norris Barnard J.P. Neither had been married before—

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

PENSION
SEP 24 1903
U. S.

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

Mar.
M.P.M.

1 .....
2 .....
If Affiants sign by mark, two witnesses who can write, sign here.

George W Wales
(Signature of Affiant.)

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (†), two persons *who can write* must attest the signature by signing their names opposite.
The official before whom papers are executed is *not a competent witness to a mark.*

[OVER.]

Sworn to and subscribed before me this day by the above-named affiant ; and I certify that I read said affidavit to said affiant , and aquainted 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; that he is a credible person and so reputed in the community in which he resides.

Witness my hand and official seal this 23rd day of September, 1903

[Sign here.] D. E. Stabler
Notary Public

ADD SEAL HERE.

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.

☞ Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

Eastern Dist.
Original Papers

RECEIVED SEP 26 1903

No. 8887

GENERAL AFFIDAVIT

CASE OF

James Jay Madox
Bridgeport, Co. B.
5th Pat. Inf. Res. Vs

AFFIDAVIT OF

George W. Wallace
Interpreter
Pa.

Date of Execution Sept 23, 1903

FILED BY

Theo. Stubbs
Atty for Pa.

Printed and sold by W. H. Moore & Co., 511 11th St. N. W.
P. O. Box 269, Washington, D. C.

Affidavit of Civil Surgeon and Physician

Wesley Jays Claim No. 308684
Co B. 54th Mass Vols

State of Pennsylvania }
County of Chester } SS:-

On the Twenty fifth day of November 1879 before me a Justice of the Peace in and for the said County and State aforesaid, personally appeared D. A. Stubbs M.D. a Graduate of Jefferson Medical College of Philadelphia Pennsylvania, who being duly affirmed according to law deposes and says that he is a Physician and Surgeon in regular practice and resides at Oxford, Pennsylvania in the County of Chester, and is acquainted with Wesley Jay Whom, he is informed was a private in Company B. 54th Mass. Vols. And in the Spring of 1879 I attended the said Wesley Jay and for a period of about two years has been his family physician, and from a personal careful examination knows the said Wesley Jay to be ruptured, and believes the Scrotal Hernia which now affects, him was brought about by a strain. and also believes the claimants statement that he was strained while in the Pioneer Corps during the late Civil War. This last statement is based upon my judgment of the injury & of my knowledge of the claimants character for truthfulness, that said rupture partially disables him from Manual labor. His right hand - index finger - is also disabled and bears

(over)

11

23 Exhibit G

24

the marks of a punctured wound, which I
owned judge was a gunshot wound.
During my Knowlege of him as family
physician and personal acquaintance
his habits were good and temperate.
I have no Knowlege of the Soldier pending
his enlistment, and I have no interest
direct or indirect in this Claim.

D. A. Stubbs

Affirmed and Subscribed before me this day by the above
named affiant. and I certify that I read said affidavit
to said affiant and acquainted him with its contents be-
fore 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. that he is a creditable person. and so
reputed in the community in which he resides
and I certify that I am acquainted with Dr
D A Stubbs and know him to be a respectable
Physician in good standing in his profession
Witness my hand and Seal this 25th day of
November A D 1879

Amos Black J. P. (Seal)

DEPOSITION 2

Case of Wesley Fay, No. 308,684

On this 26th day of Jan, 1886 at New Brighton, County of Beaver State of Pa; before me, J. R. Ellsworth, a Special Examiner of the Pension Office, personally appeared James T. Osborn, M.D., who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: Examd Osborn,

I am 53 years old My residence is New Brighton Beaver Co Pa I graduated March 1855 at Jefferson Medical College Phila Pa and practiced medicine in the interest. I have been acquainted with Clark since 1860 I attended him as a family physician in 1863 Pa vol and was stationed from home when Clark enlisted. I attended Clark the fall 1864 just after his return from the Army I attended him for typhoid pleurisy I am the physician of the Relator I am not able to say positively how I learn no date of attendance and I am testifying from memory. I have not attended him since I last saw him Clark is well as usual I know no reason why Clark should be refused a pension I know no knowledge of Clark's claiming of Varicose at the time of my treatment of Clark fall 1864 after Clark's return he stood to me on parade Ry I lost sight of him I have no personal knowledge of his physical disability since I treated him fall 1864

Have you testified in this case before Yes Sir I know

When you treated Clark fall 1864 did you notice

that he had a disabled index finger on either hand

a Q. Have we recollection of it do not know that he was injured in either hand prior or since the war

9/ Have you any interest directly or indirectly in the prosecution of this claim

a More to state

James Fuller Mc Dermond

Deponent.

Sworn to and subscribed before me this 26th day of Jan 1886, and I certify that the contents were fully made known to deponent before signing.

J. R. Ellerton

Special Examiner.

Affidavit of Civil Surgeon or Physician.

Observe carefully directions given in foot notes.

State of Pennsylvania, County of Chester, ss.

On this Seventeenth day of September, 1881, before me, a Justice of the Peace, in and for the County and State aforesaid, personally appeared Doctor James Fulton, who, being by me duly sworn according to law, deposes and says, that he is a Physician and Surgeon, in regular practice, and resides at New London, in the County of Chester, and State of Pennsylvania, and is acquainted with Wesley Jay, who, he is informed, was a private in Co. B Regiment 54th Massachusetts Vols., and attended or prescribed for him, as follows, for the following disease or disability: (1) Prescribed for Wesley Jay with an attack of Typhoid Fever. Charged and prosecuted this case after his discharge and soon after he came home. Treated him at his father's.

Deponent further says that the condition of the said Wesley Jay after his discharge from the service aforesaid, about August, 1865, and while under his treatment, (2) was very dilerious and much so as any person I have ever seen to get well. Seemed to make a good recovery as far as I had opportunity of judging

and that as to his condition at the time of his enlistment in said service, about 1863—March, 1863, and prior thereto, deponent says, (3) I believe his health was good. I treated him for fractures of bones. When a large boy he appeared to have the best of health and appeared to have the best of health

Deponent further says, as to the habits of the said Wesley Jay during his knowledge of him, that (4) he was at all times sober and industrious

And further, that he has no interest, direct or indirect, in this claim.

Signature of Affiant: Jas. Fulton

SWORN to and subscribed before me the day and year first above written. And I certify that I am acquainted with Dr. James Fulton who made the foregoing affidavit, and know him to be a respectable physician in good standing in his profession, and that he is a credible person. I further certify that I have no interest, direct or indirect, in said claim.

Official Signature: James Black J.P.

(1) State all treatment by affiant, after discharge of soldier, naming disease and giving date of commencement of treatment and duration thereof; and if dead, state date and cause of death.

(2) State how bad he was during treatment, and how affected as to his ability to labor, etc.; and if affiant's knowledge of him extends before or after mere treatment, or from date of his discharge, as given, state his condition during such knowledge, giving dates. Or, if affiant had no knowledge of his condition except during treatment, let it be so stated.

(3) State affiant's knowledge or opinion of origin of disease or disability, and if he knows or has reason to believe that soldier was in good health and free from said disease or disability at time of enlistment, so state, and state means of knowledge:—from having been family physician, from personal acquaintance, or as the case may be. Or, if affiant has no knowledge as to the origin of the disability, and had no knowledge of soldier, at and before his enlistment, let it be so stated.

(4) State that his habits were good and temperate, if such was the fact, &c.

35

State of _____ } SS.

County of _____ }

I Hereby Certify, That ...., before whom the foregoing affidavit was made, is now and was at the execution thereof a .... in and for the County of ...., and State of ..... duly authorized to administer oaths, and that his signature thereto is genuine.

In Witness Whereof, I have hereunto set my hand and official seal this ..... day of ....., 18

.....

(Official Signature.)

[NOTE.—If sworn before Justice of the Peace or Notary Public, this certificate must be executed by Clerk of County Court.]

for Pension Mrs. B.

308,684
Amd for Typhoid
Fever Low spirits

Additional Evidence

In Claim for

Amanda D. Pearson

SEP 19 1881 U.S. PENSION OFFICE

No. 308,684

Case of

Wesley Long

13 Co. 54th Ohio

Filed by

Atty.

Printed and sold by W. H. Moore, 511 11th st., Washington, D C.

DEPOSITION 20

Case of Worley Lary, No. 308,684

On this 9th day of June, 1886, at Oxford Ben, County of Chester, State of , before me, J. R. Elfinson, a Special Examiner of the Pension Office, personally appeared Delphia Copeland, who, being by me first duly sworn to answer truly all interrogatories propounded to her during this Special Examination of aforesaid pension claim, deposes and says: Claimant testified that her age is 35 years old occupation farming Cook county Illinois Oxford Chester Co Penn 9 came to Oxford 1864 and 9 have lived here in Oxford Pa to the present and 9 have known Claimant. Since he returned from the army 1865. he was a common laboring workman on mason digging wells and driving coal. Cant since 1875 up to last year when 9 took his place

What has been his fully social condition since 1865

Has he been sick off and on sick some times 9 works at a trade but the nature of his sickness 9 know nothing about he told me one time that he was ruptured 9 laughed at him when he told me for he was a stout man and looked very hard some times he was travelling 20 to 25 miles of queens and it took a strong man to handle those packs he worked for. 11 years along side of me and in him every day. and during those 11 years he would loose on an average 1 month a year. The nature of his sickness 9 do not know he would say he was sick he complained of nothing togetherer. 9 do not know how he hurt this finger the first 9 noticed he had a crushed finger over last April 9 helped him ride up some short rests in Decatur and he complained of a crushed finger and he showed it to me but. he did not say how he got

I don't never heard him complain of anything but his rupture he said it hurt him to lift and I told him a ruptured man had no business to lift but he never told me where his rupture was located his habits are fair more than him to fall and hurt himself since his return from the army he has been a hard working man since last return from the army I have not interrupted in his case before I have no interest in the termination of his claim

Stephen Seofield

Deponent

Deponent.

Sworn to and subscribed before me this 9th day of June 1880, and I certify that the contents were fully made known to deponent before signing.

J. R. Eldridge

Special Examiner.

[1874—100 M.] ELECTRO'S.

L Pen.

(5–450.)

S. E. D.

No. 308684

Name: Wesley Jeans

P. O. address: Oakford

County: Chester State: Pa

Recommendation: Rejection

J. R. Edminston

Special Examiner.

REFERENCE.

July 24, 1886

Resp referred for Bd of Review for his consideration

A.C. Coleman

Chief S. E. Division.

RECOMMENDATION. L Pen.

March 31, 1886

Rejection, inability to show origin in the service & line of duty.

M. W. Smith Reviewer.

Approved:

Chief Board of Review.

ACTION.

....., 188.

Chief S. E. Division.

Examination:

(3798—25 M.)

FEB 15 1886
SPL EXM DIVISION

(3—448.)

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TO SPECIAL EXAMINER'S REPORT.

Claim of Wesley Day No. 308684

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5 & 6	Charles W. Potter	9-10	a	Asst. Instructed

Hartford Conn.

Oct 22d 1892

Hon. Commissioner of Patents,

Washington D.C.

Sir I have the honor to ac-
knowledge the receipt of
the Case of Wesley Jay to dat
6th Inst Cole No. 6 Reply Mass
Fee When P.O. address is Oxford,
Chenango Co. N.Y. and to submit
the following Report.

Claimant claims Invention,
Alleges. Mechanical Principle
Upon which Invention is based,
& Utility Invention. Being a
result of CR. thus.

Case Examined & Specification
Drawing found Sufficient
Fee & first Standing, is an

O intelligent Man and his be
days Country Clerk.
He dwells Rich Old has no
friend to his back to the Sun.
Mar 9 1806. Thanks for my
Appointed Clerk boy - a Justices.
but he did not witness the a-
Count to pay my mine Old; Why
Comes Debt to be sent the Pe
tition from Old and he Pun h.
Found the Statement of two
Boys Old hook agree it Jack
Smith Jan 1806. Smith &c.
Mem he about the bound of Sept
Indian Grigsby & other Allegany Inhabitants.
Statement says it is two far
away for him & Mem he
Justices.
The Claim appears from
Smith -
I am perfectly Reconciled
for the Lymanchan as for-
bears - as Virginia Law

Allyn and Anna Hall

Ah Boston Suffolk Co Mass.

Asaph Dimmick Valentine Ira T. Blossom Court

William Jones, Shepherd Barker Mass and

Edward A. Bolan " " "

Erastus Hindsport Brimfield Hampden Co. "

Ah Hemenway Lin Yard Castle Co. Del

Rev Francis # 88 Madison Ave

Charles N. Boston # 105 Union Ave

Yours Respectfully,

John Ah Hall,

James A Rice

Abner Gorman

4

(3—446.)

DEPOSITION A

Case of Bailey Joy, No. 508684

On this 20 day of Oct, 1892, at Bridgeport, County of Fairfield State of Conn, before me, James H Rice, a Special Examiner of the Pension Office, personally appeared Charles W. Potter, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: Age 51 years Occupation Boiler Maker Residence Bridgeport Conn.

I enlisted as a Pvt in Co B 5th Regt Conn Vols from the date Jan 1st 1862 to Aug 20th 1865, was with my Co. and Regt when discharged at Morris Island.

I know Bailey Joy well as a member of the Company.

I remember that he received an injury to his back after carrying his knapsack and gun for a long distance on the morning of 1863. He had a sore back and not fully recovered.

Clk has drank also at Bridgeport with again I saw him at the same time myself. This was in 1864. My recollection is clear that the foregoing was signed in his back after signing his own Affidavit. I made an Affidavit for Clk. I carefully read my deposition and the statement I then made to

(6701—100,000.) 6—288

Cannot And as I Then Informed
the Court.
I did Not by mine Oath Declare
Boldly he was Not, But I Said no
Result ah Can Then Not be Arrived.
Found as he Said.
I have no Further Questions on
Redirect and Answers Carefully
Recorded. I Did Not Declare
that the Witness Designed to Allege
by Other Assistants Efforts to Charge

Charles W. Ratliff

Deponent.

Sworn to and subscribed before me this 20 day of Oct, 1892, and I certify that the contents were fully made known to deponent before signing.

James D. Rice

Special Examiner.

6/5/00 (3–450.)

S. E. D.

No. 708684

Name: Wesley Jay

P. O. address: Oxford

County: Chester State: Pa.

Recommendation: Inv. by, &

James A. Ryan

Special Examiner.

REFERENCE.

....., 188 .

Chief S. E. Division.

RECOMMENDATION.

....., 188 .

Reviewer.

Approved:

Chief Board of Review.

ACTION.

Nov. 2, 1892

Ch. Suffolk Co. Mass.

for Cavalry

Geo. B. Rawson

~~*Chief S. E. Division.*~~

~~Examination~~ Commission

6—208

16844 b—20 m

S. E. DIVISION, RECEIVED OCT 24 1892 BUREAU OF PENSIONS

(3—446.)

DEPOSITION 13

Case of Wesley Jay, No. 318.684.

On this 31 day of August, 1892, at New London, County of Chesher State of Ia, before me, W R Angir, a Special Examiner of the Pension Office, personally appeared Dr. James Fulton, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: I am 60 years old. P.O. address as above given. Occupation. Physician, graduate Jeff. Med'l Coll. Class of 1859. I have been in practice in this Co. for 33 yrs. was asst Surgeon of 143 Pa V. I. I remember Claimant & gave him treatment after the war. I know he got his muscle was going to shoot me one. Bro. he has a crazy brother with a bad name. I am now & have been since 1874 U.S. Examining Surgeon for Pens. Bureau. Claim had been home a short time from service & attended him for Typh. Mal. fever which caused derangement & wanted to shoot me. The fever I am positive was of Army service and his I dashed him for about 25 days. or longer. I may have entered my visits in my books. but he & the family were charitable each were paid any. That includes the only visits I ever made to him for anyone when a boy I may have set a fractured leg for him. I have known him since boyhood. After my attendance upon him for Mal. fever, he removed & went to live at Oxford. When I attended him he was at his mothers in Lincoln. I find on my books he paid me some money in April and Jan. also from Jan 1. '67. but no authentic disability specified. But I am confident he must have contracted his mal. fever in service. He had no chills to fever. simply a contd fever, closely related to Typhoid.

(6701—100,000.) 6—288

He fully recovered from that attack, & his health was as far as I know as usual, no organic trouble remained. I think his recovery was complete. I never knew him sick with any other disease.

I have never observed him to be dissipated. Having lost sight of him I am not prepared to say what his habits may have been.

No. I am changing my former Certificate of Examination in this case is correct.

I cannot remember as I examined his private parts when ill with mal. fever.

I don't remember that he complained of his present disabilities. But I am prepared to say that I think his disorder was caused by a strain or something of that kind. & hardly think it would be from gonorrhoea. So far as I know & think I thought him a truthful man.

I have never given Quit an affidavit, I was never before approached in the matter unless it was in '86 but I have forgotten the circumstances.

I know of no rupture or the man, or any other disability in him.

Dr Stobbs Church has been dead some few months.

I know his cousin Dr Daniel A. Stobbs, who has been in practice for several years, & am for favorably professionally and otherwise.

I am disinterested party.

Mrs questions are understood and my answers correctly recorded

James Fullerton

Deponent.

W. S. Lingo

Sworn to and subscribed before me this 30 day of Aug, 1892, and I certify that the contents were fully made known to deponent before signing.

W R Page.

Special Examiner.

6—288

(3—446.)

DEPOSITION 4p

Case of Wesley Jan., No. 308.684

On this 30 day of Aug, 1892, at Oxford, County of Chester, State of Pa.; before me, W. R. Page, a Special Examiner of the Pension Office, personally appeared Dr Daniel A. Stubb, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: I am 40 years old. P.O. address as above given. Occupation Regular Physician. Graduate Jeff. Med. Coll. Class of 1874. Have been in practice since 1874 or '75. I commenced treating him as shown by my books Feb 3. 1879. But the nature of his trouble is not stated, but it was for himself. My treatment continued off & on nearly ever since. His chief ailment is a Crystal Liver & Malarial poisoning & consequent enlargement. I think my first treatment was for Chills, but am not certain whether he suffered at first with Chills. To some extent he has complained of Malarial poisoning ever since I knew him. I have administered Quinine & blue mass, & he likely & sometimes Tonics & iron. His habits have been fair. Formerly he was addicted to the use of liquor & I told him he must quit it if he wanted to live long. He was quite intemperate, got drinking drunk, for fully one year. He is a great talker after a dram, but I think he quit this. I have treated him for Gonorrhoea ever since for syphilis. He suffered from

(6701—100,000.) 6—288

gonorrhea in Feb. 5. 1880. He had a suit in Court with the woman's son who knocked Chris down for saying he had intercourse with his Mother. This was the only attack of gonorrhea he ever had that I know of.

I only inspected his penis as he was a dog fellow, did not observe his Prostate. I think I noticed that his prostate was enlarged. The attack was acute. not over two weeks duration. He did have a glairy discharge. He complained of a burning sensation. & the parts were much distended & inflamed. He recovered within 2 weeks time.

I treated him for chills within a year past. He has not treated from me nearly each year for Mal. poisoning. He has been quite yellow. & has complained of constipation & moderate rheumatism due to his condition. I could recall any other diseases for which I have treated him. He has dissipated & immoral habits must have aggravated his diseases.

He must have been disabled for all labor on account of his alleged disabilities for about 1/2 of his time. I think he is now settled in his habits & does not now dissipate, and is a fair citizen. From the history of the case I think he varicocele may have been present as alleged. I did not prescribe injections & do not know as he used any. tho I know Nitrate of Silver will cause Varicocele. I am not an applicant. I am disinterested. Your questions are understood. answers correct

D. A. Stubbe M.D.

Deponent.

Sworn to and subscribed before me this 30 day of Aug, 18 92, and I certify that the contents were fully made known to deponent before signing.

W R Page.

Special Examiner.

6—288

(3—446.)

DEPOSITION 51

Case of Joshua Jay, No. 308684.

On this 8 day of Sept, 1892, at Philadelphia, County of Phila State of Pa, before me, W R Angier, a Special Examiner of the Pension Office, personally appeared James M Lee, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: I am 46 years old. P.O. address 423 South 6th St. Occupation. Oyster dealer. I enlisted in March 1863 in Co B. 6th Regt N.J.V.C.I. & discharged in Aug 1865.

I first knew Clark Jay when we all enlisted in Camp Knibs. in Regt.

At that time he was a young man. I cannot remember of him suffering from any disability while in service, but it occurs to me that he was sick while on Morris Island, S.C. but what ailed him I do not know as a fact, but he did from time to time complain of having some rheumatism. I saw him when he went about camp lame and a cane sometimes he used, but I can't come any nearer to date.

I do not remember of him ever being wounded.

During the fight at St. Wagner I was on Ft Wagner Island.

I heard that he lost the tip of one finger but just how it occurred I have now forgotten. There were 3 Jays in our Co.

I cannot name Clark's Surgeon M.D. but can refer you immediately.

(6701—100,000.) 6—288

I have no further knowledge of the case, & my memory is now poor. I draw on the table at 5/8 for loss of an Eye

Your questions are understood and my answers are correctly recorded.

James Smith

Deponent.

Sworn to and subscribed before me this 8 day of April, 1892, and I certify that the contents were fully made known to deponent before signing.

W. R. Pagé

Special Examiner.

6—288

(3—446.)

DEPOSITION 9

Case of Henry Jay, No. 308684

On this 8 day of Sept, 1892, at Philadelphia, County of Phila State of Pa, before me, W R Rayer, a Special Examiner of the Pension Office, personally appeared Samuel Neal, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: I am 57 yrs old. P.O. address 426 Penn St, Phila. Occupation, laborer. I am on the Pension rolls for 2 yrs. wds. I enlisted in Co B. 67th Pa. V.V.I. in Feby 1863 & m.o. in August 1865. I remember Claimant very well & then was 3 Regt & Corps. I cannot recall the fact that he suffered from any disability while in the service. I was wounded in fight at Ft. Wagoner in July 1865. Yes. I do remember that he lost the tip of one of his fingers, but don't know which finger or hand, but it was on a Saturday night long after dark, between 8 P.M. & midnight, on a retreat. I was not present when it is alleged he was injured, as Ft. Wagoner occurred before the date claimed by Claim.

I don't even know when & m.o. & know nothing of the man.

I am almost sure however that he suffered with Chr Diarrhoea, but know nothing as to him complaining of Chills.

The reason I think he must have suffered with Diarrhoea is, because I had it & about every man in the Co. did too, owing the bad drinking water.

Questions are understood & my answers correctly recorded

his
Samuel + Neal
mark

John Martin

Page 2 1/2 Deposition 9

(6701—100,000.) 6—288

Page _____

Deponent.

Sworn to and subscribed before me this 8 *day of* Sept, *1892 and I certify that the contents were fully made known to deponent before signing.*

W R Bagley

Special Examiner.

6—288

(3—590.)

CLAIMANT'S STATEMENT.

DEPOSITION I

Case of Wesley Jay, No. 308604.

On this 30 day of Aug, 188R, at Oxford, County of Chester, State of Pa, before me, W R Page, a Special Examiner of the Pension Office, personally appeared Claimant, the applicant in the aforesaid pension claim, who says:

Q. If it should become necessary to further examine your claim, by taking the testimony of witnesses elsewhere, do you desire to be present in person or be represented by an attorney, or both, at such further examination? If so, you will be notified as to the place and time when it is to be made.

A. No.

Q. Should you change your mind and desire to be present, or be represented by an attorney during any further examination of your case, will you *at once* address a letter to the "Commissioner of Pensions, Washington, D. C.," giving the name and the number of your claim, informing him that you have so changed your mind, and desire to be notified when your claim is to be further examined?

A. Yes.

Q. State the names of the person or persons and their post-office addresses, instrumental in the prosecution of your claim for pension.

A. Wm. K. Stubbs. of Oxford. Pa. now ont Electioneering.

Q. State what contract or contracts you have made with such person or persons for their services in prosecuting your claim for pension, and whether such contract or contracts were written or verbal.

(16272—15,000.)

A. not anything.

Q. State the amount of fees paid by you or at your instance, to whom paid, and all the circumstances connected with the transaction.

A. not a cent.

Q. Please give me the names of all witnesses that you desire examined elsewhere, with their post-office addresses, and also state what you expect to prove by each witness.

A. I have no others than I have already mentioned.
Daniel Valentine / Dayt.
Cyrus Cole. (Jewish)
Stephen Schofield is dead.
Jack Shirley. W. Chester Pa.
Geo. Morris & Chas. K. Preston. I have written one to each of them and am in Chills. The name of Potter whom I have written.

Q. Have you any complaint to make as to the conduct, manner, or fairness of the examination of your claim? If so, please state specifically what it is.

A. I can't understand the delay. what is the use of saying anything.

Q. Do you desire to introduce any more testimony before me?

A. no.

D. A. Stubbs

his
Wesley x Day
mark
Deponent.

Sworn to and subscribed before me this 30 day of Aug, 1882,
and I certify that the contents were fully made known to deponent before signing.

W R Page
Special Examiner.

6/2/5

Ent.

S. E. D.

No. 308.684.

2

Name: Wesley Jay. (C).

P. O. address: Oxford.

County: Chester State: Pa.

Recommendation: Further Ex.

W. R. Ragan.

Special Examiner.

REFERENCE.

....., 18 .

Chief S. E. Division.

RECOMMENDATION.

....., 18 .

Reviewer.

Approved: ✓

Chief Board of Review.

ACTION.

Oct. 10, 1892

Z. Tomlinson Co. Conn.

for Original —

Chief S. E. Division.

Examination.

S. E. DIVISION. RECEIVED OCT 3 1892 BUREAU OF PENSIONS.

Ex'r.

Inv. Ct. No. 850,207

5/163 Act of June 27, 1890.

Name: Healey Jay

P. O. Oxford

Chester Co. Pa

Service: Pvt "B" 54 Mass Inf

Enlisted: , 18 .

Discharged: , 18 .

Application filed: Apl 29, 1893

Alleges:

Any other Claim filed: Ct of 850207

Numerical No.

Attorney: Theodore K. Stubbs

P. O. Oxford Pa

Recognized. ATT'Y FILED Contract.

Cert. of Dis. Searched for , 18 .

(5015—60,000.)

No. 774. Ct. Oxford Pa.

Def. to verify Father's Story & Sick. for orig. testimony as to Vicious habits

EZB

Vt. — exd — Wilmington Pa,

Mass. Habits as to testimony Jan. 14 93

R. I.

Conn.

N. Y.

N. J.

Del.

No.

~~3421~~

Ramm Ex'r.

NEW DECLARATION

No. 850,207

Act of June 27, 1890.

Jany. 5, 1901. Ex. Erkins, Mo., order to Clerk & atty. Stubbs inform atin.

ME.

N. H.

Wesley Jay,

P. O. Oxford, Pa.

Service: B, 57th Mass. Inf.

Enlisted: ....., 18 .

Discharged: ....., 18 .

Application filed: March 27, 1899.

Alleges:

Any other Claim filed:

Numerical No.

Nov 11, 1901 atty

VT. Stubbs for Clerk of Rhem + dy of heart

MASS. from filing to med Ex.

R

R. I.

CONN.

N. Y.

N. J.

DEL.

Attorney: Theodore K. Stubbs,

P. O. Oxford, Pa.

..... Recognized. ..... Contract.

..... Cert. of Dis. Searched for ....., 189 .

No.

3—216 a.

Pryor Ex'r.

Jun. 64 No. 850,207

Act of June 27, 1890.

11/6.1897. Ex. Oxford Pa.
Mr. Order to Atty. 27.B.
July 28/97. Letter of rejection &
N.H. Atty. 27.B

Wesley Jay

P. O. Oxford Chester Co.
Pa.

Service: B. 54 " Mass Inf.

Enlisted: Mar. 14", 1863.

Discharged: Aug. 21, 1865.

Application filed: Dec. 26, 1896.

NEW DECLARATION

Alleges:

s-g-

Any other Claim filed: Jun. 64 850,207

Numerical No.

Feb. 8/98. Family data circulars &
Sec. Div. Ex. Oxford Pa. order to
Atty. Stubbs. 27.B

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Attorney: Theodore K. Stubbs.

P. O. Oxford.
Pa.

Recognized. Contract.

Cert. of Dis. Searched for, 189 .

No.

(3—448.)

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	Summary			
to 0 0	Claimant's statement			
4 " 5	Samuel Valentine,		"A"	"Good."

Boston, Mass. November 10th, 1892.

Hon. Green B. Raum,

Commissioner of Pensions,

Washington, D. C.

Sir:--

I have the honor to return the papers and testimony taken by me in the Orig. Invd. Claim for pension No. 308,684 of Welsey Jay, late Pvt. Co. "B" 54 Mass. Vols.

Claimant's post-office address is at Oxford, Chester Co.Pa.

Claim was referred for special examination to determine origin, and continuance of alleged injury, and disease, and came to me for further examination as to origin, for the deposition of Samuel Valentine.

The testimony of affiant Valentine does not materially change the status of the case inasmuch as he fails to remember the nature of his sickness, but thinks it was chronic diarrhoea, and chills and fever.

Affiants standing and reputation for truth is good. He appears to be a man of more than ordinary intelligence for a colored man.

I recommend the claim for further examination at Sheffield, Berkshire Co, Mass for the deposition of Wm. Jones, and Edward Croslear at Brimfield, Hampden Co. Mass. for the deposition of Erastus Newport, at Willmington, New Castle Co, Dela. for the deposition of George Morris at 83 Windsor St. and Chas. H. Preston at 105 Union St., as to origin

I am of the opinion the claim on account of alleged malarial poisoning, chronic diarrhoea and results, has merit.

Very respectfully,

L. L. Lawson

Special Examiner.

6/29/2 (3–450.)

S. E. D. (East. Dist.) 4

No. 308,684

Name: Wesley Jay,

P. O. address: Oxford,

County: Chester, State: Pa.,

Recommendation Further Examination.

L. F. Hanson,
Special Examiner.

REFERENCE.

....., 18 .

Chief S. E. Division.

RECOMMENDATION.

....., 18 .

Reviewer.

Approved: .....

Chief Board of Review.

ACTION.

Nov. 16, 1892

To Berkshire Hampden Co. Mass. for Origin

Chief S. E. Division.

~~Examination~~ Commission

G—208

950 b—90 m

S. E. DIVISION.
RECEIVED
NOV 14 1892
BUREAU OF PENSIONS.

(3—448.)

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TO SPECIAL EXAMINER'S REPORT.

Claim of Wesley Jay No. 308184

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to	Claimant's statement			
4	William Jones			a Good.
	Further notice waived			

Claim #308184. of Wesley Jay late of
Co. B. 57th Mass. Vols.
P.O. address. Oxford Worcester Co. Ms.

Basis of claim. G.S.W. left hand. hernia
Malaria and piles.

North Adams, Berkshire Co., Mass.

Dec 31st 1892

Hon. John B. Raum.
Commissioner of Pensions
Washington D.C.

Sir:

I have the honor to return the papers together with my report in the above indicated claim.

It was referred to me for further examination as to origin. Notice waived.

I have to affix the deposition of William Jones.

His reputation is good.

His testimony adds no merit to the claim as he does not remember the soldier.

Edward Croshaw remembers that there

was a comrade by the name of Wesley Jay in the Co. but that he does not recollect that he incurred a wound or injury or that he contracted any disease while in service, did not know him before enlistment and has not seen him since discharge. Wm. Jones, Edward Croshaw and Erastus Newport did not join the Co. until after the battle of Fort Wagner. they were recruits.

The claim may have merit for malaria and chronic diarhoea.

I recommend further examination of George Morris #813. Gridley Ste and Chas. H. Preston #105 Union Ste Wilmington Del as to origin.

Very respectfully

Your obt Servant

N. C. Sawyer

Special Examiner.

(3—446.)

DEPOSITION

Case of Wesley Jay, No. 308184

On this 31st day of Dec, 189 2, at Shuffield, County of Berkshire State of Mass. before me, N. C. Sawyer, a Special Examiner of the Pension Office, personally appeared William Jones, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: age 48 occupation farmer P. O. address Shuffield Mass. I served in Co B. 54th Mass. Vols. I do not recollect a man by the name of Wesley Jay who served in my Co. I now know a man by that name. I was not at the battle of Fort Wagner but I remember that a number of our Co & Regt were wounded there but I do not recollect that a man was wounded in his hand on that one was captured. I cannot recall this man and do not remember anything about him.

I have no interest in this claim

Your questions are understood and my answers correctly recorded.

Witnesses
N. C. Sawyer
Irene Fowler

his
William X Jones
mark

Sworn to and subscribed before me this 31st day Dec 1892 and I certify that the contents were fully made known to deponent before signing

N. C. Sawyer
Special Examiner

(6701—100,000.) 6—288

Page ________

________ Deponent.

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

________ Special Examiner.

6—288

(3—446.)

DEPOSITION 1

Case of Wesley Jay, No. 308684

On this 17 day of Sept, 1892, at W. Chester, County of Chester State of Pa., before me, W R Perry, a Special Examiner of the Pension Office, personally appeared John W. Dixon, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says. I am 49 years old & my P.O. address Gay St. Occupation laborer. I enlisted Aug 3. 1863 in Co B. 54 Regt N. C. I. & discharged Sept 3. 1865.

I first knew Claimant in 1861 in Perquimills Co, when he was breaking mules for the Government. He was then to all appearance a healthy man. He and I enlisted about the same time & we were intimately acquainted together while in service. I do not recall any disability in Claim during his Military service. I was M.O. with the Co. but discharged on account of G.O. 77 (Retail) from Gormans Island N.C. I last saw Clmt while we were at Charleston S.C. & at that time he did not complain, or suffer from any disability that I was aware of. But he was sick awhile at Hilton Hd S.C. but he recovered from that sickness & left. I think he complained of Camp diarrhoea went to Beaufort for about ten days. He went upon duty again. This was in the Spring of 1865. I left the Co. in April 1865. I said Clmt first the morning I left the Co. for the hospital acts all appearance he was physically all right, & any sickness

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doing duty. a good Soldier. habits mr
fair. Does not drink when drunk in service
I have seen him often. about 12 times
since the war, did not know as I
had that he has suffers from any
disability since his discharge.
I have then approached upon in this
claim. Each days is not at town
today, but I am sure he owes him
no allowance in this case, I he
has partially lost his memory.
Sometimes he talks as tho he was
now in the service & at that.
Your questions are understood
& my answers correctly recorded.

John W Simon
Deponent.

Sworn to and subscribed before me this 17 day of Sept,
1892, and I certify that the contents were fully made known to deponent before signing.

W R Page.
Special Examiner.

6—288

(3—446.)

DEPOSITION 76

Case of Wesley Jay, No. 318.684

On this 17 day of Sept, 1892, at W. Chester, County of Chester State of Pa, before me, W R Ryan, a Special Examiner of the Pension Office, personally appeared John L. Shirley, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: I am 52 yrs old in Nov. P.O. address 403 So Adams St. City. Occupation Laborer. I enlisted on Mch 1863 in C B. 5th Mass V. C. I. discharged Aug 20. 1865. I was minr about any length of time from my Regt. My Claim has been rejected on Mil grounds. I never Claimed at during service. I was rebuild in 2. Mass. Sept, at the Harbor of Charleston S.C. while Clit Sefton and I talked with Clit while on said us above Charleston the fore part of 1865 he received an injury. I know he had a bro. Wm. Jay worked on that said. Upon the return I went to the Regt to which I claimant had returned from Regt Hospit I was sitting in his tent, off duty, and complained of having the diarhoea. I know that he had had occasion by going into the to stool. His general appearance was bad. I understood that Clit was injured in same way as I know Law, but it was in the fight at Honey Hill S.C.
I was in the charge of Ft Wagner and Clit was there, but I don't remember that he was injured then, but I remember when the brig broke down leading to Swamp and which the men carried Cannon by hand

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and rolled the heavy guns to bombard the City. I can't really swear now that Clute or Ian injured the night the accident occured, as I was in camp, but I heard several men got hurt & it occurs to me that Wesley Gay was injured then in some way. I think I know that Clute was injured in his privates, & the tip of his middle finger shot at St. Wagner.

I am not an applicant in this claim.

I know of no disability in Clute since the Rebellion.

Upon questions & answers correctly recorded.

John F Shirley

Deponent.

Sworn to and subscribed before me this 17 day of Sept, 1892, and I certify that the contents were fully made known to deponent before signing.

W R Page

Special Examiner.

6—288

(3—446.)

DEPOSITION A

Case of Wesley Jay, No. 308,684

On this 10 day of Nov, 1892, at Boston, County of Suffolk State of Mass, before me, L. F. Johnson, a Special Examiner of the Pension Office, personally appeared Samuel Valentine, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: I am 49 years old occupation Laborer and P.O. address is at No 1 Bloomm A- Boston Mass

I served in co K 54 Mass Vols as Pvt- Corporal and Sergt. Enlisted March 3, 1863 and came home & discharged ~~of~~ 29. day of Aug 65 and was with the company all of the time: I remember Wesley Jay very well did not know him before in the service and had not seen him but once or twice since he is unknown to affiant. was last saw him 10 years ago in West Chester Pa. I did not know just what his business was I only met him and such him for a hour or so: he did not tell this time referred to make any complaints to me:

I know that in the service he was on the sick list several times not in the hospital as I remember but went to the doctors at sick calls: I cant say what the matter was with him: but I suppose

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it was during the battle but don't really know; that and many in the general engagement of the river; I don't remember seeing any of his men killed or wounded except one & do not recall to mind any more if any he had We had 36 days in the company William Wesley & Geo Day last known Post and Office Post where I was both

The sickness referred to was while we were on Morris Island also on Folly Island last part of 64 I do not remember all of his sickness I had chronic sore fingers & left hand I remember that Callender was shot in the 2nd finger of right hand I think at Fort Wagner wounded in an engagement there I do not know of Bradley being confined or hearing any trouble the private Yes, I think he was detailed away I think in the Pioneer Corps or as a telegraph operator; he was colored I have heard all statement read in part; it may all be true but I cannot at this late date remember the facts I was acting first Sergt, from about May / 86 Find-know anything more about his case I have gone as far as the Board will allow me I am correctly recorded herein Samuel Valentine

Deponent.

Sworn to and subscribed before me this 10 day of Nov, 1892, and I certify that the contents were fully made known to deponent before signing.

L. L. Hanson

Special Examiner.

6—288

(3—446.)

DEPOSITION E

Case of Wesley Jay, No. 308684.

On this 7 day of Apl, 1892, at Carlisle, County of Chester, State of Pa., before me, W R Pryor, a Special Examiner of the Pension Office, personally appeared Josiah Colv., who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: I am 50 years old. P. O. address Downingtown East. Occupation abandonment. I enlisted in Co B. 67th Regt Col. V. Inf in Mch 11. 1863 and discharged aug 20. 1865. I have known Claimant Ever since we boyhood, & have him intimately during our military service. When he came to us in Camp Meade, near Boston, Mass, he was to all appearance well & physically able to perform labor. In the first place he received an injury by carrying Cannon over a plat form from Blockwell Island to Swamp Angle, when we had a mud battery, there was no other way to get guns over but to carry them by us in our hands with sticks, under Parrotts. This was about the Winter or Fall of 1863. Claim slipped off from the plat form on which he was going on duty & was struck over his kidneys right either by the stick or gun. At the ground not know him mashing he must have probably been killed. He never recovered from the effects of that fall & injury. & has suffered each & every year from pain in his back. He

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fell fully 12 feet down into mud. I fell on the opposite side as the concussion. Jas fell but I escaped injury. Walks after soon after- ward as we all did, with diarrhoea. I was Hospital Orderly & was not present M. O. Jas. Cole was an Orderly also. I was only absent about 2 months as Orderly & 2 months in Camp Hospital in 1863 after Charge Ft. Wagner. S. C.

That is all that I can recall about Clute. He suffered from the diarrhoea all through service. I often saw him with him to stool & know that he had diarrhoea on Morris Island S. C. in the Summer of 1863 at Head Quarters. I can say Clute was over since the time & he has always told me that he still suffered with diarrhoea & pain in his back.

I know of no other disability in Clute. I know nothing as to disease of Scrotum, or Syphilis. But I do recall the fact that he injured the tip of his 1st index finger, by biting off a gun cap & tube of his musket, it was one of the two that did it. I helped Jas Cole off from the field Ft Wagner, shot through the leg, & Clute came along & asked him to help us. He said he could not because he had injured his finger as stated. I saw his finger bleeding as it had been injured that same night in bandaging & smoke to the gun. Clute did suffer with Chills while at Morris Island S. C. That is my affidavit, is correct. I am not positive how he lost the tip of his finger but it was lost the night of the fight at Ft. Wagner, at the Charge. Your questions are understood & my answers correctly recorded I am a stranger not interested.

Josiah Cole
Deponent.

Sworn to and subscribed before me this 7 day of Sept, 1892, and I certify that the contents were fully made known to deponent before signing.

W R Rogers
Special Examiner.

6—288

(3—446.)

DEPOSITION C

Case of Wesley Jay, No. 308.684.

On this 31 day of Aug, 1892, at Oxford, County of Chester, State of Pa., before me, W. R. Ryan, a Special Examiner of the Pension Office, personally appeared William Walls, who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says: I am 42 yrs old. Reside at Lincoln Univ. this a State occupation a laborer. I have known Clait enrolled in company. I am his cousin. I was Exempt from service for consumption. I went with Clait to Wilmington, Del, in the last of 1864, a soon after he returned from his sickness, for the purpose of enlisting in the U.S. army. & we went before an Examiner, then & we were both rejected, Clait on account of his ruptures. I saw Soldier at Penn Sta. when he laid up his sister Louisa about a week sick with Chills & I saw him in a Shaking fit into Chills; then he was hauled on a cart to his Mothers house in a log house at Lincoln; He was sick with Chills off & on until the fall of 1866, when he & I walked down to Wilmington, Del.

Since he has been living in Oxford he has suffered enormous loss with nasal hemorrhage, or something of the kind. I saw him when blood in his nose hemorrhages.

At times he has been addicted to use of drink. I think he is a steady man nowadays.

I didn't know he had a varicocele or anything of the kind when he came home in 1865. not until we were at Wilmington for inspection.

I have seen him when suffering with agur off

(6701—100,000.) 6—288

and off each year since 1865. and has known Mrs Fulton, Hutchinson (dead). Stubbs treating Christ for ague. & Lemonhagr.

Christ has been disabled in part at times & has lost a good bit of time on account of ague ever since I saw him ill in 1865.

About one year ago I saw him in a chill at his house here. I don't know as he lies in a low swampy place. I remember he complained of pain in one side when piling brick for building.

I don't know as he has been sick with any other disability during my knowledge of him.

I am an offt in this claim & recognize my affidavits which are correct in detail.

Thos. Schofield is a dead. an offt also.

I have no interest in this claim.

Your questions are understood and my answers carefully recorded.

William Wells

Deponent.

Sworn to and subscribed before me this 31 day of Aug, 1892, and I certify that the contents were fully made known to deponent before signing.

W R Ragsdale

Special Examiner.

6—288

DEPOSITION a

Case of Wesley Jay, No. 308684

Oxford On this 30 day of Aug, 1892, at
Philadelphia, County of Chester
State of Pa., before me, W. R. Page, a
Special Examiner of the Pension Office, personally appeared Wesley Jay
, who, being by me first duly sworn to answer
truly all interrogatories propounded to h during this Special Examination of afore-
said pension claim, deposes and says: I am 52 yrs old. P.O. address
Oxford Ch Co Pa as above given. Occupation - a
laborer. I enlisted in G B 57th Regt P. V. Cavalry in 1862
in the fall, & discharged after 3 yrs service. I never
served in any other military or naval organization than
that given, but I was a transferer for white soldiers in
1863 for about 3 months. Went from here to N. York
with my brother, Wallace Jay & others who enlisted.
I first at Lincoln this Co. at enlistment, enlisted
under Capt Walton. I was a recruit, afterwards Capt
Willard Lead. I thought I was 21 yrs old at enlistment.
I first made application for pension some 15 yrs ago.
That is the only time I have applied. My claim was rejected
in 1886, but I was had a "probable reason" why, but
I understood on Dr Fulton's testimony to the effect that
my chills & results were cured. I am the identical
Claimant in this claim. I know of no other man
by my name, tho' there was 3 men by my name Jay
in G B. and they were Grays & William the former
in a lunatic in Harrisburg the latter a prisoner
in Jamesville this Co & state. I was never a slave,
but my father was. I was born in Lincoln this Co.
& have always lived in this vicinity. I cannot read or
write. I claim pension for right Rgt hernia,
malarial poisoning, and G.S.W. of right index finger.
I received my rupture while building a pontoon
in North Carolina somewhere enroute towards Augusta
Ga, I can't designate the place where I was ruptured.

Page 7 Deposition a

6—515

It was at Newbern, N.C. I think, the war was about over. I don't know just when it was. I was hurted for my allegd rupture by our Surgeon. a Spaniard. now dead. I did not put my rupture until on wacker Ga. I was rupture by lifting heavy timbers to build a bridge with Corp Swamp Angel mine.
Alex Warren, Command, Gen. Washington, Genl. Buckner had charge of the timber with me when I was injured. I slipped & fell down, & ether the timber struck me I don't know, but I was wrenched. & felt pain at once. Looked at the groin & the men with me saw the parts. I unbuttoned my pants & we all looked at it. I applied to our Spanish Surg. & attended sick call the next day. He ordered me into an ambulance.
My 1st Sergt was killed at Wagner. Valentine 2 Sergt. Daniel Valentine & I don't remember. I can't account for only 6 men in Co D, & those from here. I was off of duty 60 days on account of my injury. We were moved to Charleston S.C. & I rode in the Ambulance nearly all of the way. and was moved to Charleston S.C.
I was a drafted man at Enlistment I know that. I was examined in a Rude shed in New York for M.D. I did duty when I reached Charleston S.C. but the war was over.
I contracted Malarial poisoning while at St Helena Island S.C. by lying out among the bushes. I suffered from Chills for sometime & was under treatment by the same Surgeon about 3 months. I have felt my ague each and every year since. Enos Griggs, N. Chester, & Sergt Daniel Valentine saw me when I had Chills in service.
I met a G.S.W. during a charge at Ft Wagner 4th July 1863. disabling my left index finger. Lost a piece of the distal joint. I met treatment for that finger by the same Surgeon in Regt Hospl. Laid up for that. That includes all the disabilities I incurred during my military service. Wm Jay and Jas. Cole, Kennett Square saw my finger bleeding the same night. Cole saw me when my Boat was shot & glancing. The Chaplain about dark or dusk. At M.D. I started for Lincoln. Pa. where

discharged in May, but don't know when it was.
I took the care with my insane brother George. now
a lunatic, & others of kin I can't recall at this dist
not live in my neighborhood. I stopped at the house
of my sister & Dr Fulton of N. London, Pa. came to see
me that my wife. I was carried to her house by 2 or 3
men as I was feeble with chills. Dr Fulton treated
me for 3 months & I paid him $75. any way.
James Preston, bro-in-law. read of A. Chester was one
who assisted me to his house. Fulton for me treatment
for chills & fever. He treated me before the war. He treated
by privates at that time, & pronounced it as one did
with ague. Bro Varicocele, he said, it makes it bad for
you. Fulton broke those chills, as he thought, but it is
not so. I have been treated since then by Dr Stubbs for
chills. Since discharge I have had hemorrhages from
the nose & mucus (not) no others since.
I employed Dr Hutchinson (dead) they were treating me
for piles, (it not rectal, the bleeding piles - I have
been cured of them by Coler just up at Cooks store.
Dr Stubbs has treated me for malarial poisoning.
nothing else, for 16 years last past.
I have not been able to perform manual labor
much and from year since M. D, on account of allyed
disabilities. I in company with my party bro.
Daniel J. (killed in the Regular Service, Jefferson City. Mo)
went to Wilmington, Del. to enlist in U.S.A. & I was
rejected on account of varicocele. This was 3 months
after M. O. I retd home & have made this my home
for 22 yrs or over. always in this Co.
I married some 21 yrs ago in Penn Grove Church.
this Co. in a Quaker Church.
I have been examined before several Exg Boards.
I have not applied under act June 27. 90.
If I can't get this honestly I don't want it.
I of course would be satisfied with whatever I can get.
I am a 3 years Soldier then don't that trans I and
I feel as though as I was justly entitled to pension.
a few months men get pensions, why not I?

I cant understand it. it may be all right.
I know what I went through. The days who
were in C&B, are all my brothers. I was sick off
and on nearly ever since while in service & was
in the Rapidan campaign a long time. only for my
Chills & Fevers I. I would a been with the
Corps for me & I went that all along.
I have never worn a bar or eagle proper.
I have not seen the Comrades Lewis mentioned since
M. C. unless it was Briggs, but never about this
matter or any denial. My brother George, was 2nd
Sergt (now Capt). The brother who wounded is dead.
alive about the County & goes to Wilmington Del. on
every Tuesday. His Name is Jamesville, this Co.
I am willing to rest my case on the testimony of 1st
Sergt Daniel Valentine, service list, & those mentioned herein.
I hope to soon continue by Dr Fulton & Stubbs,
who are the only living men who have treated me.
Old Dr Kuhlemann treated me for general spree (and
I have worked for Harris Passmore, now W Chester,
Pa, a teacher & Real Estate man. I drove a cart & horse.
then for his brother and Henry Capt. of Lincoln. Pa.
I have worked for Isaac Haines, of Oxford, now of
W. Chester Pa. a lumber dealer all told about 4 years.
That includes all for whom I have labored.
I lost par jobs on account of naval himorrhages.
I take a drink occasionally, but never to excess.
I mean to be honest & tell the truth right through.
My wife helps to keep the house agoing.
Your questions are understood and my answers
correctly recorded. That was perfectly satisfactory.

his
Wesley × Jay
mark

Deponent.

D. A. Stubbs

Sworn to and subscribed before me this 30 day of Aug
1892, and I certify that the contents were fully made known to deponent before signing.

W R Page.

Special Examiner.

Page ..... Deposition .....

his return from the army that was contracted
while in the army and line of duty that has
held in Oxford for since 1867. I am on a
Board required more a general injury among
his own Color failed to elicit any evidence or
information that I entered to any disability in
regard to that he could find none of his own
Color in White acquaintance that had any Journal
Knowledge that he ever suffered with Hernia or Rupture
that abandon Malaria during and Prior that is a
Full new bored Rupture and well. I received more
No medication of disease or disability with
him I could have taken note of training that
that was a man of excellent Physical health but
I did not think it necessary or that could not
Submit any evidence to establish his disability
with the evidence before me and my knowledge
of the case. I Recommend Rejection
Respectfully of voucher Per Order

Very Respectfully
J. R. Eddington Surg.
Wilmington Del

Feb 13th 1886

7

Hon. Commissioner of Pensions

Washington D.C

Sir

I have the honor to submit report in Pension Claim # 208.684. of Wesley Fay late. Sgt Co B 54. Mass Regt.

A.G. report

Enrolled March. 14th. 1863 Co. B. 54. Mass vol Colds
Mustered out. with co Augt. 20th. 1865 at Charleston S.C
Co. was in Skirmish on. James Island July 13th. 1863
Attacked Fort. Wagner July 18th. 1863
No evidence of Wd. or disability
March. 13th. 1863 admitted Regtl. Hospital with bronchitis April
30th. 1863 returned to duty: July 24th. 1864. and April 30th. 1865-
No diagnosis or prescription June 5th. 1865- Diarhea no
date return to duty
Regtl. prescription book. Nov 3 - 28th. 1863 Jan 2d. 1864. no diagn-
-osis or. prescription date of return not stated No record
of Wd. alleged or disability during Service 3 men by the
name of Fay in Same Co. Sgt Wm. and Wesley Fay

S.G. report

treated in Regtl. Hospital March and April 1862 for. bronchi
Oct. 1863 for. Diarhea and Contusion Nov 1863 Malaria
No further record found

Basis of Claim G.S. Wd. Index finger. Hernia. Malarial
disease and Piles

Claimt. Declaration dated Sept. 9th 1879. alleges at Fort Wag-
-ner Morris Island. S.C. July 18th 1863. was shot through the
fore finger of left hand. June 15th 1863 ruptured while
detailed in Pioneer Corps carrying heavy timber for
pontoon bridges at James Island. S.C
Treated in Hospital & Quartermaster Dept Sept 15th 1863 Morris Isld
S.C. July 18th 1863 James Island S.C June 15th 1863
The following is a reply of the testimony taken in
the case

Dept A
Page 8 to 11

Wesley Jay Claimant 45 years old. Common Laborer
R.D. Oxford. Chester Co. Pa. Resumes for. Truth
Says Claimt about Pile and Malaria disease rela-
tive Claim on G.S. Wd. of index finger left hand and injury
to right testicle

Dept B
Page 12 to 13

Wm. Jay Comrade brother to Claimt. Sworn in behalf of Claimt.
Resumes for. Truth Says 42 years old Laborer R.D
Jamesville Chester Co. Pa testimony in some respects
adverse to the claim.

Dept Je
Page 21 to 22

D. A. Stubbs M.D. Mustered Sworn in behalf of
Claim Deputation for. Truth Says 33 years old Physician
R.D Oxford. Chester. Co Pa testifies to continuance

June Feb 1879

Depn 4 — Thomas. W. Nelson not related interested witness
Page 25 to 26 for. Truth. good 62 years old Farmer P.O Lincoln Chester
Co Pa testimony adverse to the claim

Depn 9 — James. Fulton. M.D. Not related interested witness
Page 27 to 28 for. truth good. 53 years old Physician P.O New London
Chester Co. Pa testimony adverse to the claim

Depn 12 — William. Neill Cousin to Claimt heard in behalf of claim
Page 31 to 32 witness for. truth fair 37 years old. Laborer P.O
London University Chester Co Pa testimony in regard to
Material fraud

Depn 44 — James. Cole. Comrade cousin to claimt heard in behalf
Page 36 to 37 of claim witness for. truth fair 42 years old
Laborer P.O. Bennett Square Chester. Co Pa testimony
adverse to the claim

Depn 20 — Stephen Seofield Not related interested witness
Page 45 to 46 for. truth fair 35 years old Driver of coal cart
P.O. Oxford. Chester. Co. Pa testimony adverse to
the claim

Depn 48 — Worley for Claimt. Final Statement abandons
Page 47 to 48 Pier and Material claim testimony adverse to the
claim

Depn 5 — Worley for Claimt Ld. Final Statement does

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Page 49 to 52

not much to record a notice of any further examination

Concluding

Nothing that Dr. Stubbs M.D. did not see his testimony would develop in nothing in the case The claim is in the hands of the Stubbs family I am. no Physician but I had dr. to show me his disabled hand There is no deformity or enlargement about his knuckles that I could discover Not accurately His is no redness or tenderness at present and if he has any drainage of the scrotum or testicles it is owing enlargement of the vein of the scrotum the upper and index finger left hand is present in appearance this finger is normal. no shortening of the finger that is a small scar at the first joint or through cut with a knife it reflexes very easy at the first joint the nail and all. part of the finger is normal in appearance I have no conclusions how a ball. or any projectile could strike the joint of that finger a lesion such slight would admit that. his finger was hurt as alleged by dr. he is not disabled in a pensionable degree. There is no evidence in the case to warrant that. dr. has suffered with any disability since

6/12/9

(3—450.)

5

S. E. D.

No. 308184

Claimant: Wesley Jay

Soldier: Wesley Jay

P. O. address: Oxford

County: Chester State: Pa

Recommendation: Further Ev

N. C. Sawyer
Special Examiner.

REFERENCE.

....., 189...

Chief S. E. Division.

RECOMMENDATION.

....., 189...

Reviewer.

ACTION.

June 11, 1893

To New Castle Co. Del.

for Origin

Commissioner.

S. E. DIVISION.
RECEIVED
JAN 4 1893
BUREAU OF PENSIONS.

8964 b—25 m 0—4

(3—448.)

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Claim of Wesley Jay No. 308,684

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JANE JAY
COATESVILLE PA
566984 ACT APR
R R 5

3-1081

DROP REPORT—PENSIONER

_____ Cert. No. _____

Pensioner _____

Soldier _____

Service _____

Class Act May 23, 1928 SEC. W.

RECORD DIVISION

_____, 192

In the above-described case a declaration filed in this Division indicates that said pensioner died _____, 19_____

Chief, Record Division.

FINANCE DIVISION

SEP 24 1928
_____, 192

The name of the above-described pensioner who was last paid at the rate of $ 40 per month to AUG 4 1928, 19_____, has this day been dropped from the roll because of death Sept. 2, 1928

O J Randall
Chief, Finance Division.

6—2249 U. S. GOVERNMENT PRINTING OFFICE 1917

DEPOSITION A

Case of Worley Fay, No. 308,684

On this 21st *day of* Jan, 1886, *at* Oxford, *County of* Chester, *State of* Pa, *before me,* J. R. Eldridge, *a Special Examiner of the Pension Office, personally appeared* Worley Fay, *who, being by me first duly sworn to answer truly all interrogatories propounded to h* during this *Special Examination of aforesaid pension claim, deposes and says:* That he is 45 years old occupation Common Labor P.O. address Oxford Chester Co Pa that Enlisted March 3 45 9 I desire the examination to begin at once I elect to be present at the examination of this case who say that he is the identical Worley Fay who enlisted March 1863 Co B. 54 Mass Regt

9/a

What do you claim I remain for

I was Wounded in left hand and right thumb I was building or helping to build Earthworks. lifting timber at James Island I stood I supposed my left finger the cords in my Hand I remain in Hospital about 24 hours before I was sent on. I was wounded in the under lines of the left hand the ball struck me in the first joint of the finger the same finger was injured. Pat. Collins Jay Hospital in which I was wounded my wounds were dressed by Med Surgeon but I can not give his name. I was not in Hospital for my wounds received on duty all the time Asst. Surgeon was with me in the Hospital I supposed my self that is he was with me in the Hospital Chief Surgeon looked with me the Doctor gave me a liquid medicine to take internally for my wounds on the day I was wounded I took about 2 ounces of the medicine at one time I took more than the other that is one side I took is larger than the other that is I can not say that one side is larger than the other no swelling in arm or groin all the pain or misery I had that continued to my privates I had chills of Rheumatism but I can not give the date that is all the disease I had in the army that I can remember of at present

not further to dispute

(915—100,000.)

I can not give the date of my sickness while in the
army I have no leaving and I can not give date. I was
not in hospital for any disease or disability except
for a day or two and that was in Regt Hospital
I done duty until discharged Aug 1865 I worked
when I came home with chills and fever and Rheumatism
and Dr. Tenison attended me I was unfit to do any thing
for a month after I came home I got better and worked to
work a little for Ridge Swift 2 years after I came out
of the army I resided at London Ky I left London
moved to Oxford Ky and have lived here to the present
and I have been employed as common laborer here in
Oxford all the time

9 Which disease have you suffered with since your
return from the army

9 I have suffered with pain in my kidneys they have
never troubled much more until a year or two ago
from my kidneys and I often have chills and fevers
through me

9 When was the last time that you have been disabled
by any disability made to work since you returned
from the army or since you have been a resident
of Oxford Ky

9 The last summer and fall in the fore part that I could
not work bleeding from my nose and mouth and pain
in right side I can not lay on my right side nor
stand on both at a time. Ky when bothered me
while in the army they came on me about 12 years
ago the Dr Cook they with say they are blind piles and
but a pain me now for it they come down in a fruit and
boil like a chestnut burr

9 When was the last time since you came home from
the army that you suffered with bothered you that you
could not work

9 I have had but little trouble to me except flooding
from my kidneys I can not say that it has
ever lasted me up a week to work

Dr. Frank Hubelmun Dr. D A Shuber and Dr. Teufbur all
have attended me since my return from the army
Dr. Wm. Hubelmun attended me prior to my enlistment
he is dead he attended me for crump and fever
through mi I had a touch of diabetes while in the army
did not bother me much my throat was sore but I
soon got well of that the rash that has broken me
out I have come home from the army is showing
itself in my testicles and scrotum kind of malignant
ulcers and there is about ten or eleven. Both
groin and sub stern of the testicles the right testicle
is the one that is affected

Q Who are those that know you were ill from exposure
groin and sub stern since you enlisted

A Thomas Wilson and Edwin Dolph

Q Who are those that know you contracted sub stern and
while in the army

A Elbert Barnes but he is with me I do not know his residence
Wm. Jay and Jab Cole they were with me in the army there
were 5 of us from here that enlisted that were sequestered
with each other the rest were all strangers to me the
Regt were connected of Mass. Men. Wm. Jay Geb Jay. Jab
Cole about Wells and my self all enlisted from the same
neighborhood about Wells were killed or from Gland

Q Who are those that know that you had a confirmed
groin and affected with sub stern when you came
home from the army ::

A I can not just say which but. I have expected every time
I came out of that army that is my confirmed groin
from it my testicle the Doctor that dressed my sore
attest
F. R. Ellsworth
Jno. G. McLaughlin

his
Wesley X Jay
mark

Deponent.

Sworn to and subscribed before me this 21st day of Jan
1886, and I certify that the contents were fully made known to deponent before signing.

F. R. Ellsworth
Special Examiner.

Page 15 Deposition a

11

in the army was a yellow Kind man & he was called a Breed. I do not know the Regt surgeon name was Capt. Wallace. Saith Nolan they are all the officers that I can remember. our orderly Sgt. I have forgotten his name no other comrades in this neighborhood. that I know of and I cannot remember any one outside of the State of Mo that would from here except Allen Hamm and I do not know his address

9 What witnesses do you wish to have in your case
9 I wish all men that have testified in the case
and any other that may be necessary
9 Who is Richmond Dr prosecuting your claim
for pension.
9 Thurber Stubbs or Ford Bros is my attorney. I have not
agreed to give him anything have not signed any contract
to pay him a cent: I employed the Government Fraud
Print my claim has cost me for traveling expenses
and office costs about $10

about Verbally + fay Del
about
J. R. Ellerson
Pra. G. McLaughlin

Sworn to and subscribed before me this 21st day of Jan 1886
and I certify that the contents were fully made known to
deponent before signing

J. R. Ellerson
Special Examiner

DEPOSITION 2

Case of Wesley Fay, No. 308,684

On this 22d *day of* Jan, 1886 *at* Mechanicsville, *County of* Chesterfield *State of* Va, *before me,* J. R. Ellerbrook, *a Special Examiner of the Pension Office, personally appeared* Wm Allen Fay, *who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says:* Chas Wilson

"That his age is 42 years and occupation is Comm. Sergt B. 9 Ala Cavalry Mechanicsville Chesterfield Co. Va that he enlisted in Ala and was mustered in Augusta Ga March 1863 the members drawn in this vicinity Barton Mann and was enrolled Co B. 54 mass Regt by said Wesley Fay. Saw Fay Albert Wells, Jas Cobb, Lewis Cote & Jas Sullivan the others Comm Albert Wells was killed on Jamis Island.

9 Which was Chas Fay's real Christian name was he enlisted

a He was a forward Young man and very friendly and he was detailed in this city Richmond Chas Cobb and he refused himself saying boys I never fire a Jamis Fair. he said he was sent in the Service that they were needed and that in the after part of Jamis Island Cote & Jamis Fay & Sullivan the others Comm Albert Wells was killed on Jamis Island.

9 Which was Chas Fay's real Christian name was he enlisted

He was a forward Young man and very friendly and he was detailed in this city Richmond Chas Cobb and he refused himself saying boys I never fire a Jamis Fair. he said he was sent in the Service that they were needed and that in the after part of Jamis Island Cote & Jamis Fay & Sullivan the others Comm Albert Wells was killed on Jamis Island.

were was a true or brave boy as to my knowledge just before the Charge on Fort Wagner in January 1863 and during the Charge on Fort Wagner at night met wounding I saw him he came to me with his fingers doubled up. but I do not know how it was done I noticed he had his fingers hurt can not remember which finger. neither can I say that he was sick he might have a boy not named into

into his finger & saw him fall & that is all
& saw until & saw him with wounding the injury
was not serious it was soon well he was not
off duty to my knowledge with his wife or
else wound of his finger & not saw told me
how he got my word that is all & saw know
& not to suffer with white in the army of
Union he lived elsewhere but not serious we all
lived Dearborn were known him to have Deer
white in the army. & was during August 1865
& not came home & Dr. Tenbrook attended him
for rheumatism of fever he was out of his
head & not sent that Dr told me & to get
over that & has worked steady ever since &
& never heard him complaining of any thing
since the war but from in his breast
& never heard him complain of pain in
his breast before enlistment the has lost
Deer since he came out of the army he died not
have Deer white in the army but fingin was
not injured before he enlisted. but the leg of his
finger but & do not know: & have made some
effort under in this case Mr. Stubbs dressed them
up & can not just say what they complain
but what & have told to day is the truth
in the matter &. & not has complaint of
to me since his return from the army in
pain in his breast but his injured finger in
so much so it does not disable him & have
no account directly or indirectly in the
prosecution of this claim.

attest

Charlotte Jay
J. R Ellsworth

his
Overley + Jay
mark

Deponent.

Sworn to and subscribed before me this 22d *day of* Jan
1886, and I certify that the contents were fully made known to deponent before signing.

J. R. Ellsworth
Special Examiner.

[1374—100 M.] ELECTRO'S.

Affidavit of Member of same Company.

State of Pennsylvania)
County of Chester)

In matter of Wesley Jay Co B. 54th Mass Vols. gun shot wound & rupture on duty.

Personally came before me a Justice of the Peace in and for said County William Jay a citizen of Lincoln University Chester County Pennsylvania well known to me to be respectable and entitled to credit, and who being duly sworn in said case deposes and says that he was well acquainted with the Applicant Wesley Jay for ten years prior to his enlistment March 14th 1863 and knew him to be a sound hearty man in good physical health, and having served with applicant in same Company and while on Jamies Island near Charleston South Carolina (about the middle of March we enlisted and this was about three months afterward) he was detailed on the pioneer corps, and had heavy lifting to do, and On or about July 16. 1863 Wesley Jay while in line of duty detailed in Pioneer

DEPARTMENT OF THE INTERIOR
NOV 20 1879
PENSION OFFICE

14 Exhibit C

corps and forced to carry heavy logs and timber to build a pontoon bridge from James Island to Block Island in evening I saw him carrying heavy logs across the Marsh him and Alexander Dawson both stout men, the next day I saw Wesley Jay and he told me he had fell down and strained himself carrying them big logs and was ruptured. and was sick in a tent for some three weeks afterward taking medicine every morning.

He complained of being sore and strained and sick off and on nearly all the time while he was in the service after the rupture and have loaned him money to buy Sedlentz Powders and medicine for him and he would be cramped and drawed up at times and complain of an awful feeling never was the same man always in low spirits and complaining.

About three days after he came home August 1865 or on the second day afterward he was in bed sick the

doctor (James Fulton now U.S. Examining Surgeon) called at & think the fever. Wesley Jay was in bed for three months anyhow after he was discharged and was sick and good for nothing physically all the season of 1866 and and Spring of 1867 and unable to work about August 1867 he told me he was feeling something better that he was not able to work and was out of money and thought he would enlist again hoping he could stand it & he kept out of Pioneer Co. 2. he went with some six men four of whom were accepted but Wesley Jay was rejected on account of rupture.

His ailment has been continuous since then and he had to leave off farm work entirely and has been driving and tending a horse since then sometimes driving two horses, unable to endure exertion or manual labor.

I further declare that I have no interest in the above case and am not concerned in its prose-cution.

William his X Jay
mark

16
Exhibit C

Mark made in the Presence of us
Theo K Stubbs and James Black

#308684

DEPARTMENT OF THE INTERIOR
MAR 20 1879

Inv.

1 Pa. - Orig. & Invalid

Mass

Wm Jay

1-2-3

Wm Jay

Claim # 308684
Affidavit
of member of same
Company 2nd Sergeant
case of
Wesley Jay
Co. B. 54th Mass. Vol.

For Pension

Sergeants Affidavit
To Private disability

Filed by
Fred K Stubbs
attorney
Oxford Chester Co Pa

17

Sworn & subscribed before me this 9
day of March A.D. 1879
by the above named affiant, who
being duly sworn according to law
deposes & says that he is the identical
Wesley Jay named in the foregoing
affidavit; that he is a credible person &
that he is entitled to credit & that
no reputed interest in the claim
for which he makes application
personally knows the facts
set forth in said affidavit.
And that I am not of counsel
nor interested in the prosecution
of said claim.
Witness my hand & seal this 9th
day of March A.D. 1879

James Black JP
Justice of the Peace
of the State of Pa.
My Commission expires

GENERAL AFFIDAVIT.

State of Pennsylvania } ss.
County of Chester — }

In the matter of Invalid Pension No. 308684 of
Wesley Jay. late of Co. B. 54th Mass. Vols.

Personally came before me, a Justice of the Peace in and for aforesaid County and State, William Jay, aged 38 years

and ....., aged ..... years

citizen of the Town of Jennerville, County of Chester —, State of
Post Office Address.
Pennsylvania —, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case, as follows:

I know the Claim-
ant and was in same Company and
Regiment with him. and I know on or
about the night of July 17th 1863 he was
wounded through left hand. I saw
him fall at the charge at Fort Wagner
and I said to one of my Comrades
"We is dead-is gone" but he did not stop
we marched on. I dont know what
hit him but the next day he had
his hand bandaged up. was still
alive and then complained of his
wound pain from being strained
and was under treatment of the
Spanish Surgeon, He was under the
Surgeon's Care for about two month
as near as can recollect but was
on his pins part of the time. But
most of the time he was a very sick man.
and in the first of his Sickness I was
afraid he would die

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

1 Miller Lord
2 Thomas Pingler

Signature of Affiants. { his
William X Jay
mark }

Note.—In the execution of papers and evidence, whenever a p[illegible] or witness signs by mark (†), two [illegible] must attest the signature by ei[illegible] their names opposite.
The official before whom papers are executed is *not a comp*[illegible]

18 Exhibit

19 of pens.

Sworn to and subscribed before me this day by the abo[illegible], and [illegible]
affidavit to said affiant , and acquainted h with its contents before he executed the same.
ther 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; that he is a creditable person and so reputed in the community in
which h reside

Witness my hand and official seal this 24th day of December 1881

Sign here James Black Ld
Justice of the Peace

ADD SEAL HERE.

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

STATE OF**....., *COUNTY OF*****....., *ss.***

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who hath signed his name to foregoing affidavit, was at the time of so doing a.....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office this.....day of.....18

.....

Clerk of the.....

☞If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. ☞Such Certificate for each Department where many authentications are required, will save much expense.☜

☞Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be used in one case.

☞Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

I am sure

DEC 27 1881

No. 308,684

GENERAL AFFIDAVIT.

CASE OF

Conrade

FOR Mutual

AFFIDAVT OF

Conrade
who saw soldier
drop wounded in battle

FILED BY

direct from client

Printed and sold by W. H. Moore, 511 11th st., Washington, D. C.

DEPOSITION A

Case of Wesley Jay, No. 308,684

On this 26th *day of* Jan *1886, at* Lewiston, *County of* Cayuga, *State of* Ills, *before me,* J. R. Eldridge, *a Special Examiner of the Pension Office, personally appeared* Thornton W. Wilson, *who, being by me first duly sworn to answer truly all interrogatories propounded to h during this Special Examination of aforesaid pension claim, deposes and says:* Examination

Q Ques. 1. What is your age, occupation and residence?

A I am 62 years old occupation farmer P.O. address Lewiston Cayuga Co Ills

Q Ques. 2. Are you related to claimant by blood or marriage? If so, how? Claimant first his boyhood to your knowledge and belief? Remember his evidence can not give the date

Q Ques. 3. What was his family, social condition prior to and at the time he enlisted?

A He appeared to be in good health, free from complaint from this he came home from the army he and his

2 Brothers at the close of the war.

Q Ques. 4. What was his family, social condition when he did return?

A I have no knowledge of his complaining with any thing I have never known him to be disabled with any disability since his return from the army but I and neighbors after his return from the army he worked regularly after his return I heard the complaint from him he went to Oxford Pa and has resided there a number of years and I have no personal knowledge of his Physical condition while a resident of Oxford Pa

Q Ques. 5. Are you any knowledge how the injury figured on his right hand

A No sir but it appears to me he told me he got it hunting while in the army

Q Did he not hunt himself sometime by leaving

after his return from the army

4 I can not answer that question I do not think
he was considered a stout rugged man considered
a good hand to load coal at or feed Battens
but it was not at work I never knew or heard that
complain of hernia rupture or piles prior to or since
the war I have always considered that to be a
stout rugged man since the war never heard
him complain of any disability

5/ Have you subpoenaed him that can be found
6/ or do I have not but it is the first time
I knew him to be an applicant for
pension

7/ Have you any interest directly or indirectly
in the prosecution of this claim

8 None whatever his
attest Testimony Not Taken Before Deponent
C. M. Eggan marked
J. R. Ellerson

Deponent.

Sworn to and subscribed before me this 26th day of June
1886, and I certify that the contents were fully made known to deponent before signing.

J. R. Ellerson
Special Examiner.

DEPOSITION K

Case of Wesley Jay, No. 308,684

On this 26th *day of* Jan, 1886, *at* Mem. Lawrence, *County of* Carroll, *State of* Ia, *before me,* J. R. Ellenbeck, *a Special Examiner of the Pension Office, personally appeared* William Wallace, *who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says:* Claimant returning

Testimony 37 years old occupation Carroll Co. Ia Address Lawrence County Clinton Co. Ia I am acquainted by claimant & I have known him all my life he enlisted Aug 1863 & had a brother in the same Co. Albert Wallace Co. B. 54 Mass Reg. & was not in the army & was to have enlisted when they did claimant & my brother belonged to same Co & Reg. My brother was killed while in the army

Q What was claimant Phys. & mental condition prior to & when he enlisted

A He was perfectly sound the whole family where examined

Q Do you know when he returned from the army & can not give the date it was at the close of the war & I saw claimant in about 3 weeks after his return from the army & he complained of being ruptured but I do not know when the rupture is located & was heard him say that he was ruptured & was to be sick unable to work prior his return from the army was heard him complain of Piles. & have had a general knowledge of him since the war he has not lived where I could from me was the war & I saw him about once in two weeks he has complained more this last year than ever since the nature of his complaint & I know

nothing about. I have never known him to injure himself since the war

Q/ Do you know how he injured the index
finger of ~~his~~ his right hand

A I understood he got it injured in the army but how I do not know neither do I know I have heard him say how he got injured

Q/ Were you subpoenaed in this case before

A/ Yes sir I have

Q/ In affidavit made Nov 4th 1879 you give your age as 29 years old now also say that you are about to Mr. Mahoney of this Township and see to enlist January 1867. and that you injured on R/C of Rubber and he and he & you have subpoenaed diffrent times you any explanation to make relative to this affidavit

A My age should have been 31 years old I will remember going to Wilmington to enlist I was injured on R/C of Rifle I feel about every way that what I have stated on R/C of rupture. this brother I enlisted for was taken and he is still in the Regulars army I do not know where they are. Rupture is located so we were not examined at the same time that we were told me while his ruptures were located I have no further knowledge of this case and all I know about the case I have given this date the amount that has been disabled I know nothing about the affidavit I made Nov 4th 1879 is correct as far as I know no intent in the presentation of this claim it will never be any advantage to me

William Wells

Deponent.

Sworn to and subscribed before me this 26th day of Jan 1886, and I certify that the contents were fully made known to deponent before signing.

J. R. Ellerston

Special Examiner.

[1371—100 M.] ELECTRO'S.

State of Pennsylvania }
County of Chester } ss:-

Personally appeared before me a Notary Public in and for said County and State William Jay late of Company B" 54th Mass. Infty. Vols. who being duly affirmed says he saw Mosley Jay (Navy application 308684) a few minute after he was shot, at the time he was shot you could not see anything for smoke. he was along side of me when we went into battle and saw him fighting and know he was shot by seeing blood dripping from his finger. affirmed and subscribed before me this fifth day of May A.D. 1883. My Post office address is Jeansville Chester Co. Pa.

Witness Present
D. A. Stubbs
J. W. Nichols

William X Jay
his
Mark

affirmed & subscribed before me May 5th 1883
D. A. Stubbs

State of Pennsylvania }
County of Chesto } ss:-

Personally appeared before me a Notary Public in and for said County and State William Jay Late of Company B" 54th Mass. Infty. Vols. -
who being duly affirmed says he saw Wesley Jay (Navy application 308684) a few minute after he was shot, at the time he was shot you could not see anything for smoke. he was along side of me when we went into battle and saw him fighting and know he was shot by seeing blood dripping from his finger.
affirmed and subscribed before me this fifth day of May A.D. 1883.
My Post office address is Jeanville Chesto Co. Pa.

affirmed & subscribed before me May 5th 1883
D. A. Stubbs

Witness Present
D. A. Stubbs
Jeff. Nichols

William X Jay
Mark

PENSION
MAY - 8.1883
OFFICE.

State of Pennsylvania }
County of Chester } ss.

In the matter of the Invalid Pension
Claim of Wesley Jay No.
908684 Co. B. 54th Mass. Vols

Personally came before me a
Justice of the Peace in and for said
county and state William Walls
aged 29 years a citizen of Lincoln
University P.O. Chester County Penna.
well known to me to be a reputable
citizen and entitled to credit, and
who being duly sworn in relation to
the aforesaid Case declares as follows:

That I have known Wesley Jay
for more than 20 years and at the time
of his enlistment Mar. 14. 1863 I was
his near neighbor often with him
and frequently at his place and from
my intimate acquaintance and frequent
observation know him to be a
sound man when he was enrolled.

I saw him again August 1865 five days
after he was discharged complaining of being
Strained ill and sore scarcely able to
walk said he had strained himself carry-
ing timber for breastworks while in line
of duty in Florida about a month before,
that time. We undertook to walk to Oxford
three miles distant one week after he was
discharged and he gave out and had to

33. Exhibit of

(over)

be hauled home and was in bed three months (3 mo.) and under the Doctors Care for about six months continually quite sick. I was still his neighbor and know that he was still sick from strain all of 1866 and Spring of 1867. In the summer of 1867 he felt better and he went to Wilmington Delaware to enlist in regular army I went with him and saw him examined, Surgeon Maloney told me he was ruptured and unfit for service so Wesley Jay being rejected came home much disheartened and has never been well since. Has been laid up frequently but able to do light work at times. Could not since then chop wood plow or endure exertion on account of his rupture feebleness from the same and weakness from his wounded hand.

Has been driving and taking Care of horses most of the time since then and I have met him frequently and known him continually.

I further declare that I have no interest in said case nor in its result and prosecution whatever. November 4th 1879.

William Wales

Sworn and subscribed before me this day by the above named affiant and I certify that I read said affidavit and acquainted him 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 personally known to me and that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and seal this 4th day of November 1879.

James Black (Seal)

Justice of the Peace

35. Exhibit of

General Affidavit
Inv. Pen. Claim
No. 308684
Wesley Jay
Co. B. 54th Mass. Vols.
Enrolled Mar. 14. 1863
Discharged Aug. 1865

Affidavit of
William Walls.

Neighbor
Soldiers
&
Ofiicer

Filed by
Theo K Stubbs
Oxford Chester Co.
Penna.

The Walls

1—3

Mrs. Mary

DEPOSITION Me

Case of Wesley Jay, No. 308,684

On this 9th day of Feb, 1886, at Kennett Square, County of Chester, State of Pa, before me, Jno R. Eldridge, a Special Examiner of the Pension Office, personally appeared Jesse Cole, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: Clerk Witness

Q/ That his age 42 years old occupation Common Labor P.O address Kennett Square Chester Co. Pa Claimt is my Br. Cousin. I have known claimt all my life was born and brought up both enlisted at the same time March. 1863 Co B 57 Pa. Vols. Reg't Vol I. C. T.

Q/ What was claimt Physical Condition prior to and at the time he enlisted:

A/ He was a sound man he passed the examination before the Surgeon

Q/ Was he sick or injured while in the service B. 57 Vols Reg't

A/ He said he got his foot frozen but. while in a fight but I can not give the date when or which fight it was in the was sick or not I did not see him until the next day after the injury was done. his finger was injured but how it was done I do not know. claimt said he got it hurt in a fight. I did not see it done. claimt said he stood under burning buckwheat at Gaithersville Pa but I can not give the date he said he stood during about his murder while coming on. him of burden I was sent the injured finger especially his finger me when I went it that finger was well it looked as though it had been sore. I was told him to be sick no work since all I know about claimt disability

is what he has told me or was all damaged
Fall. 1864 Clark was taken sick with Sore Throat
& fever after he was discharged for. I came home
in 2 weeks and Clark was out of his head suffering
with fever he got well in about 3 or 4 weeks and
I have very little knowledge of him since
About 1 yr after the war I became I have not
lived in the same neighborhood
9/ If Clark had been wd by guerrilla band in the
direction you think you moved known to
a I was wd at Ft. Wagner and was in Hospital
after words. I was wd in the night I did not
see Clark wd at that time in fact I can
not say where he was wounded and I can
not profess that he was wd or injured
in any manner by what he says
9/ Have you testified in this case before
a Yes sir I have
9/ In affidavit Dec 29th 1881 you say Clark was 3 feet
from you when he was wd in the hand at Ft
Wagner S.C. and he fell and cried to me you say
you did not see him wounded here you
say by refreshing to make reference to that
affidavit
9 I have no knowledge of that affidavit I could
not say that Clark was wd. I was right
and. I was wd in my hand and I did not see
Clark again until I months after that and
all I know about Clark my wife is what he
has told me what I have testified to this date
is the truth I have no interest in the prosecution of this
claim
attest
J. C. Mapwell
J. R. Ellerbe

James X Cole
mark
Deponent.

Sworn to and subscribed before me this 9th *day of* Feb
1886 and I certify that the contents were fully made known to deponent before signing.

J. R. Ellerbe
Special Examiner.

[1374—100 M.] ELECTRO'S.

Comrade in Same Company

Claim No. 308684. of Wesley Jay of
Company "B" 54th Mass Vols.
Rupture & Gun shot wound.

State of Pennsylvania }
County of Chester } ss.

On this twenty-fifth day of
November 1879. before me a Justice
of the Peace in and for the said
County and State aforesaid,
personally appeared James Cole
a citizen of Downersville Chester
County Pennsylvania well
known to me to be of good repute
and entitled to credit and who
being duly sworn declares and
says that Wesley Jay was a
Com private in my Company "B"
54 Mass Vols" and is I am
informed an applicant for invalid
pension. I have been well
acquainted with said claim-
ant Wesley Jay for thirty years
and from intimate personal acquaintance
knew him to be a sound hale
hearty man and entirely free
from rupture at the time of his
enlistment March 14th 1863.
and that said Wesley Jay was
strained and ruptured while in

DEPT. OF THE INTERIOR. NOV 28 1879 PENSION OFFICE.

38 Exhibit A

actual service in the line of duty being detailed to carry heavy logs for pontoon bridge on James Island South Carolina to an adjacent Island under Command of Gen's Strong, Seymour and Gilmore about the middle of June 1863. detailed with the Pioneer Corps. I saw him about a week after we were discharged in August 1865 and then he was sick and complaining a great deal. That it was the rupture and the result of the strain in line of duty that made him sick then and has partially disabled him ever since and that the said strain and rupture received in the army in line of duty together with a gun shot wound through the hand does, and ever since has, partially disabled said Wesley Jay from earning his living at manual labor. during my knowledge of him his habits have been regular good and temperate. and I further swear that I have no interest direct nor indirect in their claim

Witness present
James Black
W. R. Black.

his
James X Cole
mark

Sworn and Subscribed before me this day by the above named affiant. and I certify that I read said affidavit to said affiant and fully acquainted him with the contents thereof before he executed the same. I further certify that I am not interested in said claim nor concerned in its prosecution; and that the said affiant is personally known to me; that he is a creditable person and respected in the community in which he resides.

Witness my hand and seal
this 26th day of November A.D.
1879.

Witness present
James Black
W. R. Black.

his
James X Cole
mark

Seal

The above affidavit was signed opposite
Seal by deponent by mistake the
said statement in full was sworn
and subscribed before me this day
by the above named affiant and I
certify that I read the full affidavit
carefully to said affiant throughout
and explained and acquainted him fully
with the contents thereof before he executed
the same. I further certify that I am
in no wise interested in said case nor
concerned therein nor in its prosecution:
and that said affiant is personally known
to me: that he is a creditable person and
so respected in the community in
which he resides.

Witness my hand and seal this
26th day of November A.D. 1879.

James Black J.P. Seal

H.O. Exhibit W

Jas Cole

DEPARTMENT OF THE INTERIOR
NOV 25 1919
CLAIMS SECTION
OFFICE

Jas Cole

1-2-3

10 m

Mass

Inf

#308684#

Additional Evidence
In claim
no. 308684.

Wesley Day
Co: B. 54 Mass. Vols.

James Cole soldier
a
Comrade in Same
Company
Affidavit to his
disability
Ruptured & gunshot
wound. in Summer
of 1863 near Charleston
South Carolina

I

GENERAL AFFIDAVIT.

State of Pennsylvania } ss.
County of Chester

In the matter of Claim for Invalid Pension
No. 308 684 of Wesley Jay late of Co. "B." 54th Mass. Vols.

Personally came before me, a Justice of the Peace in and for aforesaid County and State, James Cole, aged 38 years

and ....., aged ..... years

citizen of the Town of Lincoln University, County of Chester, State of
Post Office Address.
Pennsylvania, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case, as follows:

I war in same Company and with claimant at battle of Fo. A Wagner South Carolina, - way in the night three fiter below me I saw him fall a second after he was shot and saw him crawling away he war shot through the left hand, I heard the boys say he war ruptured as he came near falling himself lifting and loading 3 pounder bildger, and he war afraid of the shells, and they lifted to hard and loaded the timbers so fast that he strained himself badly and made ge bad ruptuse and he still suffers from wounded hand and ruptuse

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

1 Wm H Nethery.
2 D A Stabb

Signature of Affiants. his James X Cole mark

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark (†), two persons *who can write* must attest the signature by signing their names opposite.

The official before ... mark

...ders are executed is *not a competent witness.*

Sworn to and subscribed before me this day by the above named affiant ; and certify that I read said affidavit to said affiant , 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; that he is a creditable person and so reputed in the community in which he resides

Witness my hand and official seal this 29th day of December 1887

Sign here James Black Esq
Justice of the Peace.

ADD SEAL HERE.

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

STATE OF ....., ***COUNTY OF*** ....., ***ss.***

....., Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who hath signed his name to foregoing affidavit, was at the time of so doing a ..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of 18

.....

Clerk of the .....

☞ If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire, he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by Clerk of Court. ☞ Such Certificate for each Department where many authentications are required, will save much expense. ☜

☞ Several papers executed before one N. P. or J. P. on the same date need Co. Clerk's Certificate, on one only, if all are to be used in one case.

☞ Write an affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and if of your own personal knowledge and observation, and state how you know what you say to be true.

Eastern Bar.
Exhibit —
No. 3084.
5

GENERAL AFFIDAVIT.

CASE OF
Wesley Jay
Co. B. 54th Mass.
FOR
Donald D. Benson
shot through left
hand & all four fingers
on July 17th 1863

AFFIDAVIT OF
James Cooler Co. B. 54th
Mass. Vol. Infantry

FILED BY
direct pension clmt

Printed and sold by W. H. Moore, 611 11th St., Washington, D. C.

Department of the Interior.
PENSION OFFICE.

T. D. F. R.
E. D.

Washington, D.C. April 25, 1883

Sir;

Referring to your affidavit in claim for invalid pension No. 308684, of Wesley Jay, late a priv. Co "B", 54th Mass. Infty Vols., you are requested to state, with the return of this letter, whether you were actually present, at the time the claimant received the gun shot wound of left hand, and if so to state the circumstances under which the same was received.

An early reply is requested.

Very respectfully
W. W. Dudley
Commissioner

James Cole,
Lincoln University,
Chester Co., Pa.

1-7-1

U.S. PENSION
JUN - 8 1883
OFFICE

State of Penn^{a} Chester County SS

In the matter of the application of Westley Jay late a Private Com B. 54th Mass Infantry Volunteers.

James Cole being Present. and being affirmed in due form of Law Say that in the Charge made on Fort Wagner in South Carolina. I was wounded. and was Taken to N^{o} 10 Buford Hospital. was there about 3 months. and When I Returned from Hospital. Wesley informed me that he had been Shot in the head in the Same Charge I was wounded in. I have no interest in the application of this Pension My P.O. address is Coatesville Pa.

James $^{his}_{mark}$ Cole

affirmed and Subscribed before me by James Cole who I believe is a Creditable Person. and I have no interest in the application of this Pension

June 6. 1883

^{C}Henry S Thomas a
Justice of the Peace
Coatesville Chester County

44. Exhibit A

DEPOSITION R

Case of Worley Jay, No. 308,684

On this 9th *day of* Feb *1886, at* Cry Creek, *County of* Chester *State of* Pa, *before me,* J. R. Goldsmith, *a Special Examiner of the Pension Office, personally appeared* Worley Jay, *who, being by me first duly sworn to answer truly all interrogatories propounded to h* m *during this Special Examination of aforesaid pension claim, deposes and says:* Q Claimant's Statement
Q How old might or day were you got your finger hurt
A I was might when we made the charge on Fort Wagner the ball struck me on the top of my left thumb finger at the 1st joint. my finger was split for 2 or 3 inches I had a very bad wound and finger I make no claim for any disability except caused finger stiff from 2 inch wound. a scar. my wife makes a bandage when my wound is bad and I soak it around my neck. then to my wrists can not say how much the first time I used a bandage or when was the last time I can not remember for a long time
Q Have you any more witnesses to show that you have been disabled with rheumatism since you return from the army
A No Sir I have not told one outside of my family circle since my return more except that I had considerable I have always been at work and they from I suppose know that anything was the matter with me I have had right decent time since I returned from the army I was discharged in Charleston S. C. some time in Aug 1865 I was about 8 days on the passage to Boston Mass. there we were paid off. I was not sick while on the passage we when paid off. I came from Boston Mass to New York by steamer

Page 48

and while on the steamer I was taken with my fits
Chills and when I got home I was quite sick with fever
for 3 or 4 weeks then I got well enough to work
and have worked ever since except when I steam
myself by lifting then my right arm hurts me
I think but I received from the time during the
examination of my claim heard some of the
witnesses testify that heard all the testimony
read no more witnesses to offer in my case
no objections to make the steamer my claim
has been examined it has been duly sworn for or against the claim I have nothing
to say against the witnesses testimony that of them
in the case no rebuttal to offer but I was hurt
in the finger and drained in my knuckle would
in this county and my knuckle that hurt me more
or less since I was discharged from the army
I walked during and prior I labored and work
my claim on wounded index finger of left hand
and missing in my knuckle

9 tried my best but my arm by lifting and Dr
Stubbs attend upon the. that night my
a per sic he died but I can not give the date
his doctored me I done it outdoing coal but
I heard my steam in my knuckle before that
I was not bad with pain in my knuckle when
in the army but after I came home from the
army when I made a heavy lift pain would
strike me in the knuckle joint. I do not lift hard
my knuckle do not hurt me it is when I lift hard
that my knuckle hurt me

attest

Wm. G. McLaughlin
J. R. Ellenton

his
Wesley X Lacy
mark
Deponent.

Sworn to and subscribed before me this 9th *day of* Sept
1886, and I certify that the contents were fully made known to deponent before signing.

J. R. Ellenton
Special Examiner.

[1371—100 M.] ELECTRO'S.

(3—456.)

DEPOSITION 2

Case of Worley Jay, No. 308684

On this 11th day of Feb, 1886, at Mt Pleasant, County of Chester, State of Penn, before me, J R Eldridge, a Special Examiner of the Pension Office, personally appeared Worley Jay, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: Claim 2d. Filed Statement

Q. Did you not have a fellon on the left index finger on the left hand

A. Yes Sir I had a fellon on one finger in my left hand I got hurt while in the army

Q. State if you found any witnesses that could establish that you had been disabled to any extent from performing your return from the Army

A. Yes Sir I have no knowledge to offer in my case except what I already testified. I have had no military or naval service except my service in Co B. 54th Mass Regt. I ought to re-enlist in the regular army after I was discharged went to Washington DC before Surgeon Woodbury and he rejected me on account of having rheumatism in my shoulder and would not take me in my former rank which I want to re-enlist in the Regular army I can not give the date when I went to re-enlist but it was after the late war was over

Q. If it should become necessary to further examine your claim by taking testimony elsewhere do you wish to be present or not?

A. I do not wish to be present or not? I have no knowledge to offer and I do not know where any of my comrades reside except those that have testified in my case (attest)

Worley X Jay
mark

Jno. G. McLaughlin
J R Eldridge

Page 49 Deposition 2

(915—100,000.)

Sworn to and subscribed before me this 11th day of Feb
1886 and I certify that the contents were fully made
known to deponent before signing

J. R. Ellis
Special Examiner

(3—459.)

Department of the Interior,

OFFICE OF SPECIAL EXAMINER U. S. PENSION BUREAU

At Of fordCheshire Co NH

Jan 21st, 1886

NOTICE OF SPECIAL EXAMINATION.

Case of Merley Fay *No.* 308,684

To Merley Fay, *Claimant:*

You are hereby notified that, by order of the Commissioner of Pensions, the undersigned will, on the 21st day of Jan, A. D. 1886 and continuing thereafter as long as may be necessary, at Of fordd, County of Chesh and State of NH, and elsewhere if necessary, conduct a special examination of the aforesaid pension claim, at which time and place all material witnesses will be heard.

And you are further notified that you have the privilege of being present, in person or by attorney, during said special examination, and of cross-examining said witnesses and of introducing any material evidence on your own behalf, if you so desire.

J. R. Ellsworth
Special Examiner.

attorneys
J. R. Ellsworth
Ira G. McLaughlin

I acknowledge service of copy of above notice this 21st day of Jan, 1886 and desire the examination to begin on ~~the~~ attorneys

2

Merley his + Fay mark

Cert 566984
Phila.

3–361.
(Old No. 3–128 a.)

No. 788,877

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

WIDOW'S PENSION.

Claimant Jane Jay,

P. O. Oxford, (South Street)

County Chester, State Pennsylvania.

Soldier Wesley Jay,

Rank Private, Co. B,

Regiment 54th Mass. Vol. Inf.

Rate, $8 per month, commencing July 30, 1903, and $2 additional for each child, as follows:

13 Mary Jane, {Born, December 10, 1894 / Sixteen, December 9, 1910} Commencing July 30, 1903.

{Born, / Sixteen,} Commencing

{Born, / Sixteen,} Commencing

{Born, / Sixteen,} Commencing

{Born, / Sixteen,} Commencing

{Born, / Sixteen,} Commencing

{Born, / Sixteen,} Commencing

{Born, / Sixteen,} Commencing

{Born, / Sixteen,} Commencing

Entitled to $20 per month,
Commencing Sept. 8, 1916,
Under act of Sept. 8, 1916.
Age of Seventy years.
11/2/16

INCREASED TO $40 PER MONTH FROM JUNE 4, 1928 - ACT MAY 23, 1928
JUN 23 1928

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

All pension to terminate ....., 190..., date of .....

RECOGNIZED ATTORNEY.

F

Name Thos K. Stubbs

P. O. Oxford, Penna.

Fee, $10.00 Agent to pay.

Articles filed —, 189...

EASTERN

APPROVALS.

Submitted for Adm. Feb. 4, 1904, J. M. Addams, Examiner.

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

Feby 6", 1904 A. D. Cook, Reviewer.

Febry 8th, 1904 A. W. Berger, Rereviewer.

The soldier was ..... pensioned at $6.00 per month for Rheumatism and disease of heart.

Enlisted March 14", 1863, Soldier's app'n filed apr. 29, 1893.

honorably disch'd Aug. 20, 1865, Clt's app'n under other laws none, 1 ✓

Reenlisted No other service, 18 ✓, Former marriage of neither, 18 ✓

honorably disch'd ✓, 18 ..., Death of former none, 18 ✓

Died July 25, 1903, Clt's marriage to soldier Oct. 3, 1865.

Declaration filed July 30, 1903, Clt's not remarried, 1 ✓

Claimant ✓ writes. No, M. C.

01

Deposition of

Case of Worley Jane # 308.687

On this 25th day of Jan 1886 at

Oxford County of Chester

State of Pa. before me J.R. Coltrane a

Special Examiner of the Pension Office personally appeared

D.A. Stubbs M.D. who being by me first duly sworn

to answer truly all interrogatories propounded to him during this

Special Examination of aforesaid Pension claim deposes

and says Claim Rejected

That his age 33 years and his residence P.O address

Oxford Chester Co Pa. graduated March 1874 Jefferson

Medical College Phila Pa and practiced Medicine

to the present. By consulting my books & find & first

treated him professionally Feb 1879. he came under

treatment during vacation of the Univ and

I have been his family Physician since 1876

I have treated him for. Inflammation of bowels bleeding

at the nose and I have treated him for rheumatism

of Mucous through the lungs he alleged that it was

brought on by a Fright & do not think it was caused

directly by Service. Last saw him in 1881. I have no personal data

I prescribed Carbol Syrup Benzoin Morrs & treated him

for Kidney trouble his disability resulted & Indirectly

He was produced by Injury by Explosion and I have treated

him for. Rupture he is affected with Hernia

I examined him and found him suffering with Hernia

Nov 25th 1879. he thinks that Hernia did not come

down on the right testicle ~~I saw~~ the scrotum was

swelled it was his intention by any treating him for Kidney

trouble he does not use of Truss or Supporting band-

age. I have had a professional knowledge of his

case 1879 he has had about 1/4 pint since 1879 year

by year to the present one of his Injuries and Hernia

I do not know how Hernia of his complaint was

contracted I think he has a disabled finger

of the left hand he claims he was wounded with that

finger while in the army. he spoke to me one

about twenty pieces treated him for them I advised

9/ Have to see an arrangement and I will be his own clerk
9/a Have you testified in this case before
Yes sir 2 times
9/b Have you any interest directly or indirectly
in the prosecution of this claim
9 No sir I have not

Deponent

L. A. Stubbs M.D.

Deponent.

Sworn to and subscribed before me this 25th day of Jan
1886, and I certify that the contents were fully made known to deponent before signing.

J. R. Ellison

Special Examiner.

Page _____ Deposition _____

DROPPED
Feb 23 1904
Death. C. & J.

Accrued Pension:
ACT OF MARCH 2, 18[illegible]
Accrued Pension Certificate and Order issued Feb 10 1904
(Pen. Ctf. is herewith)
Payable to wid.
Mailed Feb 12 1904

3-730. Old No. 3-230.

INVALID. (Series .....)

Cert. No. 830.207

Name, Stanley Jay

Rank, Pt. ; Service, Co B 57th Mass. Vol. Inf.

Agency. Original Roll: Philad.
Transf'd ....., 190 , to .....
" ....., 190 , to .....

Issued Dec. 19", 1901.
Mailed " 20 , 1901.
Rate and Period, $ 6 , from Mch 2, 1899.
Deductions: .....
Disability: Partial inability to earn a support by manual labor.

Issue. 2 Class Renewal Fee, $10
Entered .....

Issued ....., 190 .
Mailed ....., 190 .
Rate and Period, $ ....., from ....., 190 .
Deductions: .....
Disability: .....

Issue. Class ..... Fee, $ .....
Entered .....

Issued ....., 190 .
Mailed ....., 190 .
Rate and Period, $ ....., from ....., 190 .
Deductions: .....
Disability: .....

Issue. Class ..... Fee, $ .....
Entered .....

Issued ....., 190 .
Mailed ....., 190 .
Rate and Period, $ ....., from ....., 190 .
Deductions: .....
Disability .....

Issue. Class ..... Fee, $ .....
Entered .....

Issued ....., 190 .
Mailed ....., 190 .
Rate and Period, $ ....., from ....., 190 .
Deductions: .....
Disability .....

INDORSEMENTS.

June 9/1903. Atty Lock Coll. Reg "no wife under act." [illegible]

July 29. 1903. Atty Stubbs says no claim for increase appears to be pending an examination is not warranted. N.J.S.

See wid. Ctf. 566984

Jan. 10-99 atty. Stubbs
& clmt. advised of
rejection. No rated
disability under the
act of June 27/90.

March 24-99- Cause of rejection
of addl. claim & Res. to splnt. Clm.
from S. S. Butler Atty Stubbs
Wash

(8—230.)

ID. (Series _____)

Cert. No. 850207

me, Wesley Jay

lk, Pvt.; Service, Co B 54
Mass Vol Inf

ncy. { Original Roll: Phila.
Transf'd _____, 18__, to _____
" _____, 18__, to _____

Issued Mar. 15, 18 9
Mailed 9 [illegible], 18
Rate and Period, $ 12, from Aug 4, 18
Disability Rheumatism

Issued _____, 18
Mailed _____, 18
Rate and Period, $ _____, from _____, 18
Deductions: _____
Disability: _____

Issued _____, 18
Mailed _____, 18
Rate and Period, $ _____, from _____, 18
Deductions: _____
Disability: _____

Issued, _____
Mailed _____, 18
Rate and Period, $ _____, from _____, 18
Deductions: _____
Disability: _____

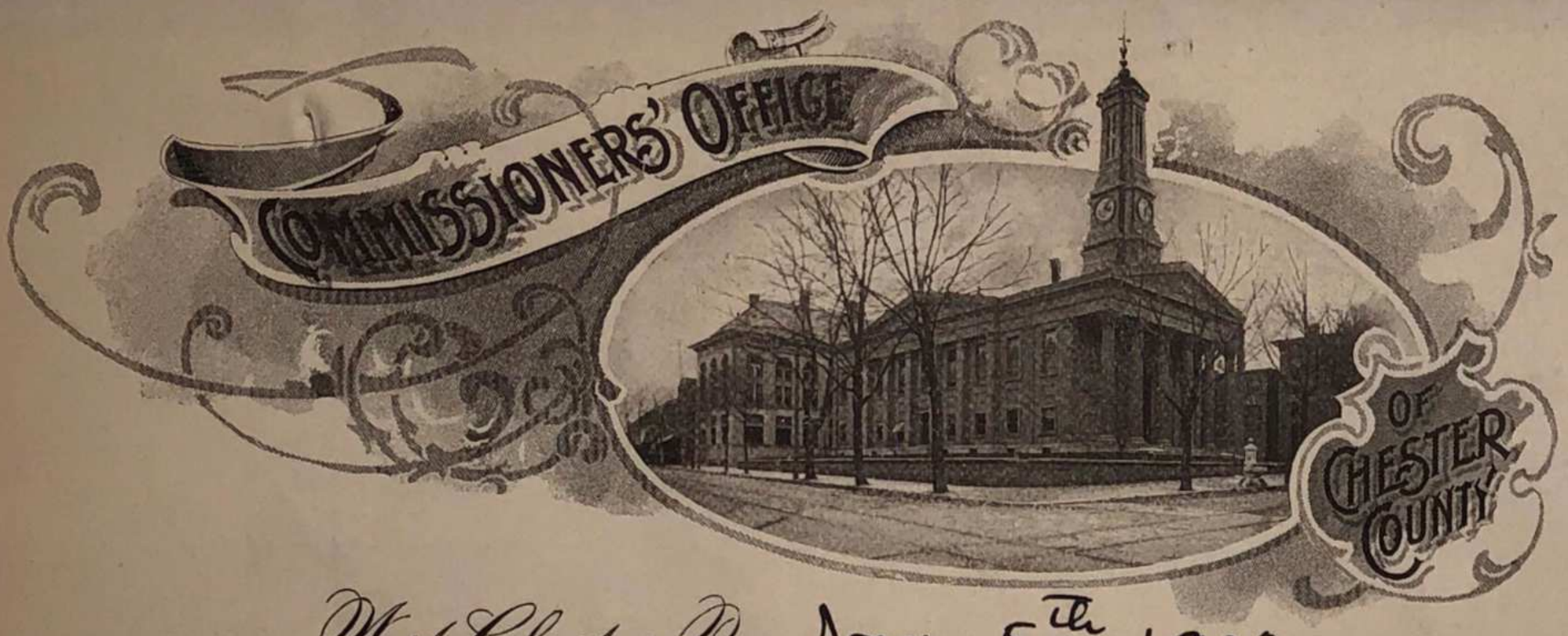
Issued _____, 18
Mailed _____, 18
Rate and Period, $ _____, from _____, 18
Deductions: _____
Disability: _____

INDORSEMENTS.

Jany 8-98 Clmt & Atty Stubbs
informed of rejection of Clm & Cause
& Removed [illegible]

Nov 18-96 Atty advised of
date & Cause of rejection of Mal
Varicosities, Dyspepsia Piles
& Rheumatism. JRS

[illegible] Clmt & Atty informed of
[illegible]



J. ELLWOOD QUAY,
PRESIDENT.

JESSE J. HICKMAN,

S. S. BOSSERT,
SECRETARY.

W. E. PENNYPACKER,
CLERK.

J. THORNTON FOX,
MORT. CLERK.

West Chester, Pa. Nov. 5th 1903

This is to certify That- I am Custodian of The Tax Records of Chester County and upon search of the same I find the following pro--perty assessed to Wesley Jay.
Frame House on South Street. Oxford. Chester Co Pa
assessed at $300.00.

J. T. Fox.
Custodian of Tax Records.

PENSION
U. S.
NOV
6
1903
OFFICE.

OFFICE HOURS
8 TO 10 A. M.
1 TO 3 P. M.
7 TO 8 P. M.

BELL TELEPHONE 1280

BREUNINGER APARTMENTS
336 EAST LINCOLN HIGHWAY
COATESVILLE, PA.

Mrs Jay. DR.

To J. M. Toomey, M. D.

4-29.27	House	call	2	00	
5-7.27	"	"	2	00	
6-10.27	"	"	2	00	
10-15.27	"	"	2	00	
10.24.27	"	"	2	00	
10-16.27	"	"	2	00	
12-2.27	Office		1	00	
1-24.28.	House	call	2	00	
1-30.28.	"	"	2	00	
2-11.28.	"	"	2	00	
2-17.28	"	"	2	00	
2-18.28	"	"	2	00	
2-26.28	"	"	2	00	
3.5.28	"	"	2	00	
3.26.28	"	"	2	00	
3.27.28	"	"	2	00	
3.29.28	"	"	2	00	
4.3.28	"	"	2	00	

U. S. PENSION OFFICE JAN 22 1929

BILLS RENDERED MONTHLY

OFFICE HOURS
8 TO 10 A. M.
1 TO 3 P. M.
7 TO 8 P. M.

BELL TELEPHONE 1280

BREUNINGER APARTMENTS
336 EAST LINCOLN HIGHWAY
COATESVILLE, PA.

Mrs Mary Jane Rider
for
Mrs. Jay

DR.

To J. M. Toomey, M. D.

4.-	6.28	Home call		2	00
4-	7.28	"	"	2	00
8-	18.28	"	"	2	00
8.	20.28	"	"	2	00
8.	21.28	"	"	2	00
8.	24.28	"	"	2	00
8.	25.28	"	"	2	00
8.	28-28	"	"	2	00
9.	1-28	3 "	"	6	00
9.	2-28	1 "	"	2	00
9-	3-28	"	"	2	00
				61	00

Bal.

OFFICE
U. S.
JAN 22 1929
PENSION

BILLS RENDERED MONTHLY

3-2014

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
FINANCE DIVISION

R E I M B U R S E M E N T.

I certify that I hold Mrs Mary Jane Rider

responsible for the payment of any portion of the accrued pension to which I may be entitled for services rendered, supplies furnished, or money expended during the last sickness and burial of Mrs ~~Mary~~ Jane Lay

late a pensioner under certificate No. 566 984

(This need not be sworn to.)

W. L. Branch for
Coatesville Transfer Co Livery

All creditors whose bills are unpaid (wholly or in part), and who hold the above-named claimant responsible for the payment thereof, should sign here.

PENSION
U. S.
JAN
22
1929
OFFICE

October 7th 1916

Widow's Certificate Number 566984

Name of Soldier (or sailor) Mealey Jacob

Service of Soldier (or sailor) Privt. Co. B 54th Mass. Vols

Commissioner of Pensions,

Washington, D. C.

Sir: I am pensioned under the above certificate number, because of the service of the soldier (or sailor) named. I was his wife during the Civil War.

I am 72 years of age, having been born Feby 4th, 1844, at Philadelphia Pa

I am entitled to the increase of pension provided by the first section of the Act of September 8, 1916.

Witnesses to mark (Signature) her Jane X Jacy mark

R. L. Brown

Dora Stubbs

(Postoffice address) Oxford

Chester County - Pennsylvania

Copy of circular letter issued by Bureau of Pensions.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON, D. C.

Madam:

The first section of the Act of Congress, approved by the President September 8, 1916, reads as follows:

" * * * That from and after the passage of this Act the rate of pension for a widow, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, who was the lawful wife of any officer or enlisted man in the Army, Navy, or Marine Corps of the United States, during the period of his service in the Civil War, shall be twenty dollars per month, and the rate of pension for a widow of an officer or enlisted man of the Army, Navy, or Marine Corps of the United States who served in the Civil War, the War with Mexico, or the War of 1812, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereafter provided, who has reached or shall hereafter reach the age of seventy years, shall be twenty dollars per month; * * * "

If you are pensioned as the widow of a soldier, sailor, or marine, who served in the Civil War, the War with Mexico, or the War of 1812, and if you have reached the age of seventy years, you should fill out the blank on the back of this communication and return same to the Commissioner of Pensions, Washington, D. C., being careful to state correctly your pension certificate number, the name and service of the soldier, sailor, or marine, the exact date of your birth, the place of your birth, your name as it appears in your pension certificate, and your present postoffice address in full.

If the evidence in your pension case shows that you are entitled to the increase of pension provided by this legislation, the Bureau will, as soon as possible, grant the increase. If further evidence be necessary, a call for same will issue.

No claim agent or attorney will be recognized in connection with this matter.

Respectfully,

G. M. SALTZGABER,

Commissioner.

FERREE

3—812

REIMBURSEMENT

Certificate No. 566984

Pensioner Jane Jay

Class Widow

Date of Death Sept 9/28

Claimant Mrs. Mary Jane Rider

Post Office

Received , 192

MAR 9 - 1929 Rejected.

U. S. GOVERNMENT PRINTING OFFICE: 1929

MAR - 5 1929

Finance Division

November 9, 1928

W. L. Branch
515 South 1st Avenue
Coatesville, Pennsylvania

Sir:

In response to your letter of the 6th of September, 1928, in the case of Jane Jay, certificate No. 566,984, I have to advise you that there is no law under which a tomb stone can be furnished for the grave of the widow but such law applies only to the grave of the soldier. Further information may be obtained by writing the Quartermaster General, United States Army, War Department, Washington, D. C.

I am enclosing a reimbursement blank which may be used in filing claim for the accrued pension as reimbursement on the expenses of the last sickness and burial if the facts warrant it as set forth under the Act of Congress approved March 2, 1895, copy of which is printed on the reverse side thereof.

According to a report from the War Department which is on file in the case, the soldier was mustered out of service with his company August 20, 1865 at Charleston, South Carolina.

Respectfully,

TDL

E. W. Morgan
Acting Commissioner

(3-231.)

No. 566987

Jane Jay

WIDOW OF

Wesley Jay

Rank Pvt Co. B

Regt. 54 Mass Vol Inf.

Philadelphia Agency

Rate per Month, $ 8

Commencing July 30 1918

Additional sum of $2 per month each of the following children, arriving at the age of 16 years, commencing July 30 1918

Joan Jay 16 yrs Dec 4 18

" 18

" 18

" 18

" 18

" 18

" 18

" 18

DEAD

REIMBURSEMENT
DISALLOWED
MAR 9 - 1929

Issued Feb 10, 19

Mailed " 12 19

Fee, $

(DOC.)

Filed in the Treasury Department
Commenced Sept. 8, 1916
Under act of Sept. 8, 1916
Age of Seventy years

1916

INCREASED TO $40 PER MONTH FROM
JUL - 1928 - ACT MAY 23, 1928

11/9/28

M. L. Pearl Asst Clerk of Claims & Accts.

at the Eureka Cleaner & Dyers
515 South 1st Ave

at the Pride Tailor Shop
528 South 1st Avenue

Pd. 30 to 8/4/28
Increased to 40
Died 9/2/28
Reported.

W. L. BRANCH

UNDERTAKER

COATESVILLE, PA. Sept 6th 1928

FINANCE DIVISION
OCT 27 1928
BUREAU OF PENSIONS

Department Of The Interior.
United States Pension Agency
Washington, D.C.

Gentlement:-

On Sept 5th I928 I buried the remaines of Mrs Jane Jay, the wife Westley Jay. a privatof company E.B. 54th Regt Massachusetta Vol Invatry, a pensionary under actof June 27th I890

The old lady had practly no resores for funeral expenses, she died just a rew days before she were to receive her check of pension for Sept the 4th I instructed her daufhter Mary J. to return the check, or not to accept it, the County of Chester State Of Pennsylvaniva, pays $75.00, to such widows, my bill was ~~$202~~ $220.20, I am writing to find out if the Govement pay any funeral expenses or place a stone to such widow.

On the pension certificat itgive no date of discharge of the said Vetrean, kindly give me the date of discharge of the said West;ey jJay

Kin give me the date of his discharge so I may get what I can for buring her.

Yours Very truely

W. L. Branch

U.S. PENSION OFFICE
SEP 8 1928

5 564 984
Certificate