

Also personally appeared M. G. H. G., residing at \_\_\_\_\_,

residing at \_\_\_\_\_, persons whom I certify to be respectable and

entitled to credit, and who, being by me duly sworn, say that they were present and saw James

McStulane, 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 ac-

quaintance with him for \_\_\_\_\_ years and \_\_\_\_\_ years respectively, that he is the

identical person he represents himself to be; and they have no interest in the prosecution of this claim.

(Signatures of Witnesses.)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 1893

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 \_\_\_\_\_

omitted, and the words \_\_\_\_\_  
added; and that

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

[L. S.]

(Signature.)

(Official character.)

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

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

Act of June 27, 1890.

**SOLDIER'S APPLICATION.**

Name

James McStulane

Service

Cert. "B" 1574 H. G. Inf

Address

FILED BY

Louis B. Gibson

Washington, D. C.

Date of Execution \_\_\_\_\_

Printed and for sale by J. F. Sheiry, Claim Blank Printer,  
623 D Street, Washington, D. C.



Act of June 27, 1890.

## DECLARATION FOR INVALID PENSION.

—To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of New York, County of Cattaraugus, ss:

On this three day of \_\_\_\_\_, A. D. one thousand eight hundred and ninety-  
three, personally appeared before me,

\_\_\_\_\_ within and for the County and State aforesaid,

Amos McEntyre, aged \_\_\_\_\_ years, a resident of the \_\_\_\_\_

State of New York, who, being duly sworn according to law, declares that he is  
the identical Amos McEntyre, who was ENROLLED on the \_\_\_\_\_

day of \_\_\_\_\_, 18 \_\_\_\_\_, in Co. "B" 1574<sup>th</sup> A. G. Infantry.  
(Here state rank, company, and regiment in Military service, if in the Army.)

\_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_.

That he has \_\_\_\_\_ 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 he is \_\_\_\_\_ unable to earn a support by manual labor by reason of Chorea -  
(Here state the disease or  
fever and disease of heart and kidneys  
Injuries from which disabled.)

\_\_\_\_\_ That said disabilities are not due to his  
\_\_\_\_\_ vicious habits, and are to the best of his knowledge and belief permanent. That he has \_\_\_\_\_

applied for pension under ~~application~~ No. \_\_\_\_\_ That he is a pensioner under Certificate No.  
701295  
(If a pensioner, the Certificate number only need be given. If not, give the number of the former application if one was made.)

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

He hereby appoints, with full power of substitution and revocation,  
Charles H. Wilson of Washington, D. C.

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That  
his POST-OFFICE ADDRESS is Box 232, Hornsada, County of  
Cattaraugus, State of New York

1 \_\_\_\_\_  
(Chairman's Signature.)

2 \_\_\_\_\_  
(Two witnesses who write sign here.)