

3-732

Cert. No. **716673**

Act of April 19, 1908.

Sarah E
Widow of
Daniel Neff

Rank *Priv*

Company *F*

Regiment *4 Ill Vol Cav*

Rate per Month \$ *12*

Commencing *July 20 1908*

Ending

Des Moines Agency.

Issued *Feb 9*, 19*11*

Mailed *FEB 10 1911*, 19

Entitled to \$20 per month,
Commencing Sept. 8, 1916,
Under act of Sept. 8, 1916.
Age of Seventy years.

1916 *73*

No. 1341

INCREASED TO \$40 PER MONTH FROM
JUNE 4, 1928 - ACT MAY 23, 1928

AUG 4 1908

190

DEAD.

Auditor and Pension Agent

advised

MPP

DROPPED

190

INVALID

Cert. No.

197816

Name,

Daniel Huff

Rank,

Pvt; Service, Co. F. 4. Ill. Inf. Regt.

Agency:

Original Roll:

Des Moines

Transf'd

1 to

"

1 to

Issued

Jan. 14 1908

Mailed

JAN 15 1908

Rate and period, \$15.00, from

Oct. 9, 1907

Fee, \$

Class

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Entered

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E. M.
NE
June 9, 1911.

Hon. G. W. Norris,
House of Representatives.

My dear Mr. Norris:

Your inquiry of the 6th instant was received yesterday, which relates to the delay in making payment of pension to Mrs. Sarah E. Neff of Madrid, Nebraska, on the accrued issue of February 9, 1911 in the case, certificate # 197816 of Daniel Neff who served as private, Co. "F", 4th Illinois Volunteer Cavalry, act of February 6, 1907.

In response I have the honor to advise you that the U.S. Pension Agent at Des Moines, Iowa, has this day been called upon for a report of the facts in connection with the accrued pension, and the disposition of the check for the quarter ending July 4, 1908, and upon its receipt you will be further advised in the premises.

Very respectfully,

J. B. ...
Commissioner.

H. H.
FINANCE DIVISION

Sub
3-154

Special
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

June 9, 1911.

United States Pension Agent,
Des Moines, Iowa.

Sir:

With the return of this letter please advise me whether payment of accrued pension has been made to the widow Sarah E. Neff on the accrued issue of February 9, 1911 in the case of Daniel Neff, certificate # 197816, act of February 6, 1907, and if so when. If payment has not been made I will thank you to advise me of the cause of delay.

Please furnish a description of the check drawn in payment of pension for the quarter ending July 4, 1908 in this case, and state whether the same was reported paid by the Assistant Treasurer U. S. on whom it was drawn. If the check has not been reported paid, please state what disposition has been made of it, if your records show it.

This information is desired with a view of furnishing the Hon. G. W. Morris with a report of the facts in the case.

Very respectfully,

Commissioner.

Mar 4-1906 Election
City to Am. & City
H. C. P.

Feb: 14-1988 marriage cir-f. E. H.

[3-230.]

INVALID. (Series

Cert. No. 197814

Name, *Daniel Neff*
Rank, *Prof.* ; Service, *Co. F 4th Ill. Cav*

Original Roll: *Chicago*
Transf'd (Ex. Order May 7 77) to Des Moines.
Agency. Transf'd _____, 18____, to _____

Transf'd _____, 18____, to _____
 " _____, 18____, to _____

Issued Nov. 19, 1891

Mailed _____ 11 Feb _____, 18

Rate and Period, \$ 60, from 24th Feb, 1863

Deductions :

Disability Disease of liver and
Spleen

Issued Mar. 20, 1888

Mailed March 3, 1891

Rate and Period, \$ 0.00, from 12/1/18, to 12/31/18

Deductions

Disability: *Loss of weight
+ sleep*

Issued May 28, 1904

Mailed June 4, 1894

Rate and Period, \$ 8, from Jan. 30, 1888

124, Mich 30, 1904

ACT JUNE 27, 1890.

Deductions :

~~Drop under The General Law upon the same.~~

Disability :

Issued _____, 18

Mailed _____, 18

Rate and Period, \$ _____, from _____, 18____

Deductions :

Disability :

INDORSEMENTS.

INDORSEMENTS.

Apr. 29/84. Inc. Recd.
Sept. 5/88 Atty. Gen. of
Feb. 12-96 - mature & orig
bound for Mr. Kept. A. F. H.
Low

March 30-76 Clmt & City of Phancel
ELECTION. CIRCULARS
By Ad Gene J. H.
May 5/97 Clmt. Wm Van N. E.
Undrawn. nothing pending E. J.

R.M.

AM

June 16, 1911.

Hon. G. W. Norris,

House of Representatives.

My dear Mr. Norris:

I have the honor again to refer to your letter of the 6th instant received the 8th, in the case certificate # 197816 of Daniel Neff, who served as private, Co. "F", 4th Illinois Volunteer Cavalry, act of February 6, 1907.

In response you are advised that the U.S. Pension Agent at Des Moines, Iowa informs this Bureau under date of the 12th instant that payment of accrued pension was made to the widow Sarah E. Neff of Madrid, Nebraska on February 24, 1911, amounting to the sum of \$3.50. The check # 104287 for \$45 drawn July 16, 1908 in payment of pension for the quarter ending July 4, 1908 was forwarded by the U.S. Pension Agent at Des Moines, Iowa on August 26, 1908 to the Auditor for the Interior Department, Treasury Department, this city, as is the practice in the cases of deceased pensioners.

Said Auditor is charged with the settlement of matters of this kind, and to whom further correspondence relative to the payment of the check should be addressed.

Very respectfully,

J. L. Stewart
Commissioner.

Ex'r.

No. *Ind 197816*

Act of June 27, 1890.

Daniel Meff
 P. O. *Madrid*
Perkins Co. Neb.
 Service: *F. H. Ills. Car.*

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *Jan 2*, 189*1*.

Alleges: _____

Any other Claim filed: _____

Numerical No. *547919*Attorney: *J. W. Morris*P. O. *City*

Recognized. _____ Contract.

Cert. of Dis. Searched for _____, 18 .

IND.

ILL.

IOWA.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

No.

IND.

ILL.

IOWA.

WIS.

MINN.

NEBR.

KANS.

NEV.

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OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

No.

Circ. 9/1/16
JH7

Menona Sll.

Aug. 25-1916

Washington D. C.

Mr. Guy O. Taylor

Dear sir I saw by the
papers that the widows or
severely have an increase
of pension. would like to
no what I will hafta do. if
I will hafta sign any paper
and when it will be payed
this next pay or not I will
be severely four my next
birth day. please let me no.
all about it by return mail
Obige Sarah E. Jeff ^{best.} 716 673
Menona Sll.

Ex'r.

INVALID.

No.

286,114

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

Daniel Neff

P. O.

Rutland,

Sa. Salto Co. Ills.

Service:

Fri. Co. "F" 4 Ills. Cav
E & 2nd Cav

Enlisted:

Sept. 18, 1861.

Discharged:

July 23, 1862

Application filed:

May 14, 1879.

Alleges:

Disease of liver & spleen

Re-enlisted:

Attorney:

Milo B. Stevens & Co.
Cleveland,
Ohio.

P. O.

Recognized.

Contract

~~A. G. S. S.~~ Apr 30 '80

May 10 { A. G. for Verification
1881 { 2^d Lieut. A. A. Lontzenheiser

" Continuance

" Dr Chester Hard
Ottawa LaSalle Co. Ill.

Oct 25 { Milo B. Stevens & Co. attys.
1881 { for Soundness
T. H. M.

JL

Turley

Ex'r.

DEPENDENT.

No.

900858

Act of

Apr 19 - 1908

Sarah E. Neff

Madrid

Perkins Co. Neb.

Wid.

Daniel Neff

Service F & E 4 Ill Car

Died

July 10 - 1908

other claim.

I. of 197816 09a

Clerk.

Application filed:

July 20 - 1908

Attorney:

Blunt -

P. O.

30 Notified Aug 12, 1908
m H C

Aug. 26/08 sub. proof
of death, mar, mar h.
mar. over discol. H. 1.



197816
Des M

Two Briefs

3-556.
(Old No 2-145 a.)

Act of June 27, 1890.

Additional

INVALID PENSION. Ct. No 197.816

Claimant, Daniel Neff,
P. O., Madrid,
County, Perkins,
State, Nebraska,
Rank, Private,
Company, F,
Regiment, 4 Illinois Vt. Cav.

Rate, \$ 8 per month, commencing January 30, 1903 and \$12 from March 30, 1904.

Pensioned for partial inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, J. W. Morris, Fee, \$ 10
P. O., Washington, D.C., Agent to pay.

APPROVALS.

Submitted for ad. May 11, 1904, H. Turley, Examiner.

Approved for disease of liver & spleen, dyspepsia, piles, rheumatism, disease of heart, disease of abdominal viscera, general and senile debility. (Original)

Deduct subpayments under general law and drop name from rolls thereunder.

May 17, 1904, O. H. Innes, Legal Reviewer.
May 25, 1904, F. W. Zapp, Re-Reviewer.
May 20, 1904,
" 26 "

Approved for disease of liver, spleen and rectum, rheumatism and senile debility

Aggregate of disabilities shown, permanent in character: \$ 8.00 to March 30, 1904 and \$12.00 thereafter

W. Bell, Medical Examiner.
May 21, 1904, Cooke, Medical Reviewer.
Sam. ..., Medical Referee.

Now pensioned under other laws at \$ 8 per month for disease of liver and spleen.

Enlisted Oct. 17, 1861, honorably discharged Feb. 23, 1863

Reenlisted 18, honorably discharged 18

Declaration filed Jan. 30, 1903, alleges permanent disability, now due to vicious habits, from disease of liver and spleen dyspepsia piles rheumatism affection of heart, general debility, disease of abdominal viscera and debility from age.

No, M. C. Claimant does not write.

INVALID PENSION

Claimant, Daniel Greff
P. O., Madison
County, Park
State, Nebraska
Rate, \$ per month, commencing
Rank, Private
Company, 7
Regiment, 4 Ill. vol. cav
January 30, 1900.

Pensioned for inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, J. W. Morris Fee, \$ 10.00
P. O., city Agent to pay.

APPROVALS.

Submitted for ad. Aug 9, 1901, M. M. Johnson Examiner.

Approved for disease of liver, spleen, dyspepsia, abdominal viscera, disease of heart, and general debility, and rheumatism
Approved for disease of liver, spleen and rectum

Aggregate of disabilities shown, permanent in character: \$ 8.

Aug 19, 1901 W. H. Patton Legal Reviewer.
Aug 27, 1901 S. S. Porter Re-Reviewer.

Stanton acting Medical Examiner.
Aug 28, 1901 C. F. Whitney Medical Referee.

Now pensioned under other laws at \$ 8 per month for disease of liver and spleen.

Enlisted Oct 17, 1861, honorably discharged Feb 23, 1863
Reenlisted no, 18 , honorably discharged , 18

Declaration filed Jan 2, 1891, alleges permanent disability, not due to vicious habits, from disease of liver and spleen, dyspepsia and piles.

Declaration filed Jan 30, 1897 alleged disease of liver & spleen, dyspepsia, piles, general debility and rheumatism.

Decln filed Jan 30, 1900 disease of liver & spleen, dyspepsia, piles & heart trouble. Decln filed June 19, 1900 disease of liver, spleen, abdominal viscera, piles, rheumatism & general debility.
M. C. Claimant does write.

Western Division

Additional
Revised to issue
Under claimant's
elects as he is now
receiving an invalid
rate from a pension
law passed
in 1901
Sept 31, 1901

REJECTED

Sept. 24, 1901

Act of June 27, 1890.

Rule 10 allow Additional
INVALID PENSION. *cy. 197816*

Claimant, *Daniel Neff,*
 P.O., *Madrid,*
 County, *Parkus,*
 State, *Nebraska,*
 Rate, \$ *per month, commencing June 30, 1897.*

Rank, *Private,*
 Company, *F*
 Regiment, *4th Ill. Vol. Cav.*

Disabled by

RECOGNIZED ATTORNEY.

Name, *J. W. Morris*
 P.O., *City*
 Fee, \$ *10-* Agent to pay.
 Articles filed, *189*

APPROVALS.

Submitted for *Ref. Sept. 11, 1897*
 Approved for *Dis. of liver, spleen*
files, dyspepsia, rheumatism,
general debility.

Approved for *Dis. of liver, spleen*
and files.

Sept. 13, 1899. *Legal Reviewer.*
Sept. 19, 1899.

Check *15* now pensioned under other laws. Last paid to *189*, at \$ *8-*

Pensioned from *July 24*, 1863, at \$ *6-*, for *dis. of liver and spleen*

and *Dis. of liver* *July 15* 1890 *\$8* " *same & same*

SERVICE SHOWN BY RECORD.

Enlisted *Sept. 17*, 1861, and *July 23*, 1863, honorably discharged.

Re-enlisted *no*, 18, honorably discharged.

Declaration filed *January*, 1891, alleges permanent disability, not due to vicious habits,

from *dis. of liver and spleen, dyspepsia and files.* *Ref. Mch. 9/196.*

Pending declaration filed June 30/97 alleges *same*; also *general debility*

and *rheumatism.*

Check mailed.
no m.c.

145 a.)
Act of June 27, 1890.

3-100.
nt of

INVALID PENSION.

Claimant, *Daniel Peff.* 197.816
P.O., *Madrid*
County, *Berking*
State, *Nebr*
Rank, *Pvt*
Company, *H*
Regiment *H Ill Vol Cav*
Rate, \$ *19*, per month, commencing *January 2. 1891*

Disabled by

REJECTED.

RECOGNIZED ATTORNEY.

Name, *J. M. Morris* Fee, \$ *10* Agent to pay.
P.O., *City* Articles filed, *189*

APPROVALS.

Submitted for *ad* *Feb 27, 1896* *J. E. Hart*, Examiner.

Approved for *disease of liver, spleen & piles. Dyspepsia.* *Approved for disease of liver, spleen & rectum dyspepsia, \$6.*
no benefit.

Recant Sub payments
Legal Reviewer.

March 5, 1896

March 13, 96

Raymond W. Thos. Stearns
Medical Referee.
March 9, 1896

now pensioned under other laws. Last paid to *189*, at \$ *8*

Pensioned from *Feb 24, 1863*, at \$ *6 & 88* for dis of liver & spleen

SERVICE SHOWN BY RECORD.

Enlisted *Oct 17, 1861*, honorably discharged *Feb 23, 1863*

Re-enlisted *18*, honorably discharged *18*

Declaration filed *Jan 2, 1891*, alleges permanent disability, not due to vicious habits, from *disease of liver & spleen, dyspepsia & piles*

W. B. Bates *Hon W. E. Anderson*

Department of the Interior,
BUREAU OF PENSIONS,

Nov. 25, 1887.

Nature of Claim *Inc -*

No. *197,816 -*

Soldier: *Daniel Neff -*

Service: *Bn, F. 4 Ill. Cav.*

It is desired in this case that the examination be made with special reference to—

Disease of liver & spleen -

Please make a very thorough examination and give a full and clear description of his disease -

State his actual height & weight, his temperature, respiration & pulse rate & state of general nutrition

Give the condition of his spleen, bowels, skin, tongue & heart -

Note any gastro intestinal disturbance; constipation, diarrhoea, lymphatic or ascites -

Is there tenderness, atrophy or enlargement of liver or spleen?

Is there any evidence of dyspepsia?

Rate separately

John Campbell

Medical Referee.

These special instructions are forwarded for your information, and when the claimant reports you will read them carefully before making an examination, and return them with your certificate.

Very respectfully,

JOHN CAMPBELL,
Medical Referee.

Dr. Langley
N. Platte
Lincoln - 4
Nebr

[OVER]

17/137

3-1647.

Act of Feb. 6, 1907.

14/116

Cert. 197 816

Name, Daniel Neff

Application filed Apr. 9, 1907
Service, E 4 Ill. Car
F. 4- Ill. Car.

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RECORD DIVISION.

Department of the Interior,
BUREAU OF PENSIONS.

Briefed by

ABV

Claim No.

Certificate No.

197816

Claimant

Soldier

Daniel Heff

Service

E & F 4 Ill Mas

Additional Service

No other claim, State records

Dec 18, 1907
ABV

No claim, combination records

, 190

REMARKS:

Records Corrected

G. C. Kniffin

W.O. 900858
3-198.

DROP ORDER AND REPORT.

Department of the Interior,
BUREAU OF PENSIONS,
FINANCE DIVISION.

Washington, D. C., Aug 4, 1908

Daniel Meff

(Pensioner.)

197 816

(Certificate number.)

ACT FEBRUARY 6, 1907.

(Class.)

(Soldier.)

7-4 Ill Car

(Service.)

U. S. Pension Agent,

Des Moines

SIR: You are hereby directed to drop from
the roll the name of the above-described pen-
sioner who died July 10, 1908

J. L. Davenport.

Acting Commissioner.

REPORT.

Commissioner of Pensions.

SIR: The name of the above-described pen-
sioner, who was last paid at \$ 15 per
month to 4 Jul, 1908, has this
day been dropped from the roll of this agency.

W. V. Willcox.

U. S. Pension Agent.

AUG 11 1908, 190

FIFTY-NINTH CONGRESS

RICHARD BARTHOLDT, MO., CHAIRMAN.
EDWIN C. BURLEIGH, ME.
BENJAMIN F. HOWELL, N. J.
JAMES P. CONNER, IOWA.
EBEN W. MARTIN, S. DAK.
EDWARD S. MINOR, WIS.
WILLIAM A. RODENBERG, ILL.
GEORGE W. NORRIS, NEBR.
FREDERICK LANDIS, IND.
JOHN E. ANDRUS, N. Y.
JOHN H. BANKHEAD, ALA.
WILLIAM G. BRANTLEY, GA.
CHARLES R. THOMAS, N. C.
MORRIS SHEPPARD, TEX.
JOSEPH T. JOHNSON, S. C.
EATON J. BOWERS, MISS.
EDWARD E. MILLER, CLERK.

COMMITTEE ON PUBLIC BUILDINGS AND GROUNDS,
HOUSE OF REPRESENTATIVES U.S.

WASHINGTON, D. C.



McCook, Nebraska.

April 6, 1907.

Honorable Commissioner of Pensions,

Washington, D. C.

Dear Sir:-

I have the honor to enclose herewith application for increase of pension under the Act of February 6, 1907, signed by Mr. Daniel Neff, of Madrid, Perkins County, Nebraska. You will please note that the soldier was born November 24, 1832, served in Company "F", 4th Ill. Cav., and is now pensioned under certificate No. 197,816. I trust that his case may have prompt attention.

Very respectfully,

G. H. Morris

Enclosure.

Declaration for Invalid Pension.

State of Nebraska, County of Perkins ss:

ON THIS 13th day of May A. D. one thousand nine hundred and four
before me, a John McHenry a Notary Public, in and for the County
and State aforesaid, personally appeared Daniel Neff
aged 69 years, a resident of Perkins, Nebraska, County of Perkins
State of Nebraska, who being duly sworn according to law, declares that he is the
identical Daniel Neff who was enrolled on the 18th
day of Sept, 1861, as F in Co. 4th Reg't., Ills Cav Vols.
Here state rank, company and regiment, if in the Military service, or vessel, if in the Navy.

in the service of the United States during the war of the rebellion, and served at least ninety days, and was
honorably discharged at or near Quincy
in the State of Illinois, on the 23rd day of Feb. 1863

That he is Totally unable to earn a support by reason of debility from age
Partially or totally
Liver & Spleen Dispepsia & Piles & Rheumatism
Here state the name and nature of every disease,
and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.
Diarrhea

That he was born on the 24 day of the month of Nov in the year 1834

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

If in other service, here state in what organization, and when it began and ended.

That he has not been in the military or naval service of the United States since the 23 day of Feb 1863

That he has not received not applied for a pension Oct 197.816
No
If now pensioned, state your rate number of certificate, and disability,

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

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 May 9, 1900, amending the Act of June 27, 1890.

He hereby appoints J. W. MORRIS, of Washington, D. C., his attorney to prosecute his claim
with power of substitution. His post office address is Madrid
Including number and street, or number of R. F. D. route, if any.

If none, so state.

County of Perkins, State of Nebr

Joseph Oaker
Harlan Livingood
Two witnesses who can write, sign here.

I Daniel Neff
Signature of Claimant.



Also personally appeared Joseph Asler, residing
at Madrid Neb. and Harlan Livingston
residing at Elsie Nebraska, 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 Daniel Neff, 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 16 years and 1 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.

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

Joseph Asler
Harlan Livingston
[signature of two witnesses.]

Sworn to and subscribed before me, on the day first above written, 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.]

John M. Glavin
Signature.
Notary Public
Official character.
My Commission expires May 8th 1904.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No. 5
Certificate No. 197816

INVALID
APPLICATION FOR PENSION.

ACT OF MAY 9, 1900,

AMENDING

ACT OF JUNE 27, 1890.

Daniel Neff
"H"
"H"
Co. Ill. Cav. Reg't. 4 Vols. 4

LAW DIVISION
MAY 20 1904
RECEIVED
FILED BY
J. W. MORRIS,
[Late Principal Examiner U. S. Pension Office]
Attorney at Law,
WASHINGTON, D. C.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., Dec. 12, 1898

Mr. Daniel Neff

late a

Co. 4, 4th Regiment Ill V Cav

an applicant for

Invalid Pension, No. 197,816

on account of disability from SEE SLIP.

has been directed to report himself to you.

Very respectfully,

H. CLAY EVANS,

Commissioner.

Dr. H. H. Grosbach, Sr.

Imperial
Co. Chase, Mo.

CLAIMANT'S POST-OFFICE ADDRESS:

Madrid
Perkins Co.

Mo.

N. B.—Read the inside of this circular before examining a claimant.



Filed to appraiser

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned, and each order of this character must be indorsed "*Claimant* failed to appear within the specified time."

Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.

Act June 27, 1890
West. Div. (Old No. 2-100.) 2-340. 26.9. ✓

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Nov. 19, 1903

Dr. Voorhees Lucas, Secretary,
North Platte,
Co. Lincoln, Neb.
(State.)

Sir:
Mr. Daniel Neff,
P. O. Madrid,
Co. Perkins, Neb.
(State.)

late a private
Co. H, 4 Regiment Ills. Vol. Cav.
(State.)
an applicant for additional
Invalid Pension No. 197.816

has been directed to report himself to you for
examination on account of disability from
disease of liver and spleen,
dyspepsia, piles, rheumatism
disease of heart disease
of abdominal incern,
general debility and debility
from age.

Are there any other disabilities?

Are there evidences of vicious habits?

Very respectfully,

E. F. WARE,
Commissioner.

Apr 6 1904
Claimant failed
to appear on
specified time
Geo B Dunt
Seal

TO THE EXAMINING SURGEON.

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Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

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Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular **must be returned to this Bureau with your certificate of examination**, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON

June 9, 1911.

United States Pension Agent,

Des Moines, Iowa.

Sir:

With the return of this letter please advise me whether payment of accrued pension has been made to the widow Sarah E. Neff on the accrued issue of February 9, 1911 in the case of Daniel Neff, certificate # 197816, act of February 6, 1907, and if so when. If payment has not been made I will thank you to advise me of the cause of delay.

Please furnish a description of the check drawn in payment of pension for the quarter ending July 4, 1908 in this case, and state whether the same was reported paid by the Assistant Treasurer U. S. on whom it was drawn. If the check has not been reported paid, please state what disposition has been made of it, if your records show it.

This information is desired with a view of furnishing the Hon. G. W. Norris with a report of the facts in the case.

Very respectfully,

J. L. Sargent

Commissioner.



HENRY D. CLAYTON, ALA., CHAIRMAN.
 ROBERT L. HENRY, TEX.
 EDWIN Y. WEBB, N.C.
 CHARLES C. CARLIN, VA.
 WILLIAM W. RUCKER, MO.
 WILLIAM C. HOUSTON, TENN.
 JOHN C. FLOYD, ARK.
 R. Y. THOMAS, JR., KY.
 JAMES M. GRAHAM, ILL.
 H. GARLAND DUPRE, LA.
 MARTIN W. LITTLETON, N.Y.

WALTER I. MCCOY, N.J.
 JOHN W. DAVIS, W. VA.
 DANIEL J. MCGILLICUDDY, ME.
 JOHN A. STERLING, ILL.
 REUBEN O. MOON, PA.
 EDWIN W. HIGGINS, CONN.
 PAUL HOWLAND, OHIO.
 FRANK M. NYE, MINN.
 GEORGE W. NORRIS, NEBR. ✓
 FRANCIS H. DODDS, MICH.
 J. J. SPEIGHT, CLERK.

COMMITTEE ON THE JUDICIARY.

HOUSE OF REPRESENTATIVES U.S.

WASHINGTON, D. C.

June 6, 1911.

Honorable J. L. Davenport,
 Commissioner of Pensions,
 Washington, D. C.

Dear Mr. Davenport:-

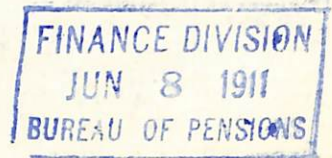
Respectfully referring to the
 pension case of Mrs. Sarah E. Neff, of Madrid, Nebraska,
 widow of Daniel Neff, late private in Company F, 4th
 Ill. Vol. Cav., No. 716,673, on February 9th, 1911,
 you advised that Mrs. Neff's case had been allowed
 and also, that the claimant had been allowed the
 invalid accrued pension to the date of soldier's
 death. I am in receipt of a letter from Mrs. Neff
 in which she says that she has received her widow's
 pension, but has never received the accrued pension.
 Mrs. Neff also states that a pension check for the
 three months from April 4th to July 4th, 1908, came
 while Mr. Neff lay dead and was returned by the
 postmaster.

I would be glad to hear from you at your
 earliest convenience in regard to this matter.

Very respectfully, *Geo. W. Norris*

*Received June 9 8-again June 16/11.
 R. W. Kim-Sw.*

VC



7/6673
Wm.

WASHINGTON D. C.
U. S. DEPARTMENT OF JUSTICE
COMMISSIONER OF THE GENERAL LAND OFFICE

DEPARTMENT OF THE INTERIOR

UNITED STATES PENSION AGENCY

Des Moines, Iowa, June 12, 1911.

Hon. Commissioner of Pensions,

Washington, D.C.,

Sir;

In reply to your letter of the 9th inst.
enclosed herewith you are informed that Sarah E. Neff,
widow of Daniel Neff, Certificate No. 197816, Act February
6-1907, was paid \$3.50 accrued pension February 24, 1911.

Check No. 104287 for \$45.00 dated July 16, 1908 for
the quarter ending July 4, 1908, was forwarded to the
Auditor for the Interior Department August 26, 1908.

Very respectfully,

Wm. B. Keagy
U.S. Pension Agent.



ACT OF FEBRUARY 6, 1907.

✓ Claimant, Daniel Reff

P. O., Madrid

County, Perkin

State, Nebraska

Rate, \$ 15 per month, commencing April 9, 1907

Rank, Private

Company, F

Regiment, 4. Illinois Vol. Coy

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____

P. O., _____

APPROVAL.

Submitted for in, Nov 27, 1907, James M. Miller, Examiner.

Approved for Admission

Age over 70.

Rate \$15. per month.

Reissue to allow under Act February 6, 1907. Deceased sub.
70 years under name from roll under Act June 27, 1890.

Jan 11, 1908, J. W. Moore

Legal Reviewer

Jan 11, 1908, J. W. Moore

Re-Reviewer

Enlisted Apr 17, 1861; honorably discharged Feb 23, 1863

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

Enlisted _____, 18 _____; honorably discharged _____, 18 _____

✓ Pensioned at \$ 12 per month, under act June 27, 1890

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

✓ Declaration filed April 9, 1907.

✓ Date of birth alleged, November 24, 1832

Age shown by evidence 72 ~~74~~ years.

Claimant does _____ write.

W.
(3-145)
Increase INVALID PENSION *cf. 197816.*

Claimant, *Daniel Raff,*
P.O., *Madrid,*
County, *Parkus,*
State, *Nebraska.*
Rank, *Private.*
Company, *4th*
Regiment, *22d. Vol. Cav.*

Rate, \$ _____ per month, commencing _____

Disabled by _____ REJECTED

RECOGNIZED ATTORNEY:

Name, *J. W. Morris* Fee \$ *2*, Agent _____ to pay.
P.O., *city* Articles filed _____, 18 ____

APPROVALS:

<p>Submitted for <i>Adm. Sept. 11, 1899</i> <i>Adm. Sept. 16, 1899</i> Approved for <i>disease of liver & spleen.</i> <i>Dyspepsia alleged as result, referred to Med. Referee.</i></p>	<p><i>Andrew J. [Signature]</i>, Examiner. Approved for <i>disease of liver and spleen & no opinion.</i> <i>Dyspepsia covered by official and note.</i></p>
---	---

Sept. 19, 1899, *Wright*, Legal Reviewer *Sept. 26, 1899*, *J. S. Rant*, Medical Referee.

Enlisted *Sept. 17, 1861.*
Discharged *July. 23, 1863*, Last paid to _____, at \$ *8-*
Pensioned from *July. 24, 1863*, at \$ *6-*, for *dis. of liver and spleen.*

Original declaration filed _____, 18 ____; alleged _____

Arrears allowed from _____, 18 ____ to _____, 18 ____ at \$ _____

PRESENT CLAIM.

Declaration filed *Nov. 9, 1892* alleged *marasmus & dis. of liver and spleen; also dyspepsia due to same.*

Clmt. notifies, no m.c.

Inmate

INVALID PENSION.

Claimant,

Daniel Neft

P. O.,

Grand

County,

Putkins

State,

Nebraska

Rank,

Private

Company,

F

Regiment,

4 Ill. vol. cav.

Rate, \$

per month, commencing

Pensioned for

RECOGNIZED ATTORNEY.

Name,

J. M. Morris

P. O.,

city

Fee, \$ *2.00*; Agent to pay.

Articles filed

1

APPROVALS.

Submitted for

ad. Aug 9

, 1901,

Wm. Johnson

Examiner.

Approved for

Approved for

, 1901,

Legal Reviewer.

Medical Examiner.

Medical Reviewer.

, 1901,

Re-Reviewer.

, 1901,

Medical Referee.

Enlisted

Oct 17

, 18

61

Discharged

Feb 23

, 18

63

Last paid to

1

Pensioned at \$

6.00

per month for

direct of liver & spleen from Feb 24, 1863.

PRESENT CLAIM.

Declaration filed

April 16

, 1901,

me as pensioned

in dyspepsia caused by peritonitis

Claimant does write.

INVALID PENSION.

REISSUE TO ALLOW ADDITIONAL DISABILITY.

Pensioner, *Daniel Neff*
 P. O., *Madrid*
 County, *Perkins*
 State, *Nebraska*

Rank, *Private*
 Company, *F.*
 Regiment, *4 Illinois Vol. Cav.*

Rate, \$ *7.74* per month, commencing *May 25-1904*

Pensioned for *May 25-1904*

RECOGNIZED ATTORNEY.

Name, *J. W. Morris* Fee, \$ *2*; Agent to pay.
 P. O., *Washington D.C.* Articles filed *1*

APPROVALS.

Approved for *as pensioned. Refect piles and rheum; no record, and failure to furnish necessary evidence of origin and continuance. All disability due to dyspepsia, pain & diarr. covered by rate for pensioned cause.*
 Submitted *May 11*, 1904; *H. Turley* Examiner.

Approved for *disease of liver and spleen (old)*
Increase funding.

Reject rheumatism and piles (unless the latter is accepted by the Medical Referee as a result of previous disability) on the ground of no record at the War Department and claimant's evident inability to prove origin in service or existence for many years after discharge.

Reject chronic diarrhoea and dyspepsia on the ground of no disability other than ~~that~~ covered by approval and rate as now pensioned. Subject to approval of Medical Referee.

Approved for *disease of liver and spleen, and receding piles*

10/18 from March 30, 1904

No disability from alleged resulting chronic diarrhoea & dyspepsia, independent of that covered by approval and rate.

Chronic diarrhoea cannot be accepted as a result of S.H.

May 17, 1904, *O. H. Davis* Legal Reviewer.

May 20, 1904, *F. H. Jaff* Re-Reviewer.

Oct. 17, 1861, Discharged, *Feb. 23*, 1863 Last paid to *1*

Pensioned at \$ *8* per month for *disease of liver and spleen*

PRESENT CLAIM.

Declaration filed *April 16*, 1901 increased disability from pensioned cause, also alleges dyspepsia, piles and rheumatism of service origin. *Refect filed Oct. 2, 902* that in Feb. 1862 near Ft. Henry, Tenn. he contracted ch. diarrhoea and liver disease, and that caused piles, and also rheumatism by exposure. The ch. diarrhoea being caused by liver trouble.

Claimant does *no* write.

INCREASE INVALID PENSION.

Claimant,

P. O.,

County,

State,

Attorney,

Rate, \$

per month, commencing

Rank,

Company,

Regiment,

Fee, \$

Disabled by

Submitted

Approved for

Approved for

Reviewer.

, 18

Med. Referee.

Discharged

, 18

Certificate surrendered

, 18

Original application filed

, 18

Last paid at \$

, 18

Increase application filed

, 18

Pensioned

, 18

from

, 18

at \$

per month

for

Claims

1978
Chicago

ORIGINAL INVALID PENSION.

Claimant, Daniel Neff
P. O., Rutland
County, La. Salle
State, Ill.
Rank, Private
Company, "F"
Regiment, 4th Ill. Cav.
Attorney, Milo B. Stevens & Co. Cleveland Ohio
Fee, \$ 10 Agent not to pay
Rate, \$ 6 per month, commencing Feb. 24th 1863.

Disabled by disease of liver and spleen
Submitted for admission Oct. 26th 1881, by T. H. Morris, Examiner.

Approved for Disease of liver and spleen.
Approved for dis. of liver & spleen, 3/4.

F. M. Vaughn
Nov. 11, 1881, Reviewer.
Nov. 15, 1881, Med. Referee.

Enlisted Oct. 17th 1861, service from
Mustered Oct. 17th 1861, 18, to 18, in
Discharged Feby. 23, 1863.
Declaration filed May 14th 1879, Not in military or naval service since Feb. 23rd 1863, when discharged.
Last material evidence filed 18

BASIS OF CLAIM.

Alleges in declaration filed May 14/79. that at Shiloh Tenn. on the 6th day of April 1862. he contracted disease of liver and spleen by exposure and hard duty.

A. Declaration for Original Invalid Pension. A.

To be executed before a Court of Record or some officer thereof having custody of its seal.

A Justice of the Peace or Notary Public MUST NOT authenticate this paper. If they do the work is utterly useless and must be done over again before a Judge or Clerk of a Court of Record as above stated.

State of Illinois
County of De Kalb Marshall

On this 3^d day of May, A. D., one thousand eight hundred and seventynine personally appeared before me, James Prescott Clerk of the Circuit Court of said County a court of record within and for the County and State aforesaid, Daniel P. Jeff, resident of the town of Rutland Ill., County of De Kalb, State of Illinois, who being duly sworn according to law, declares that he is the identical Daniel P. Jeff who was Enrolled on the 18th day of Sept, 1861 in Company "4th" of the 4th Regiment of Ills. Cav. commanded by Capt. A. J. Search, and was honorably Discharged at Quincy Ill. on the 23rd day of July, 1862; that his personal description is as follows: Age, 42 years; Height 5 feet 7 inches; complexion, florid; hair, brown; eyes, gray. That while a member of the organization aforesaid, in the service and in the line of his duty at in Shiloh Battle in the State of Tenn., on or about the 6th day of April 1862, he contracted disease of Liver and Spleen by exposure and hard duty. (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: Hosp. in New Hotel St Louis and Hosp. 3 Quincy Ill. [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 Ind. and Ill., 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 cook. That he is now considerably 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, MILO B. STEVENS & CO., of Cleveland O., his true and lawful attorneys to prosecute his claim. That he has not received no applied for a pension. That his Post Office Address is Rutland, County of De Kalb State of Ill.

Claimant's signature:

Daniel P. Jeff

Attest:

Rolando B. Orcutt
Emma Orcutt

[OVER.]

Received from Charles C. Orcutt Milo B. Stevens & Co.
Attorneys of Record.

Also personally appeared Rolandus Orcutt, residing at Lacou Marshall
County Illinois, and Emma C Orcutt, residing at of said Lacou
County Illinois, persons whom I certify to be respectable and entitled to credit, and
who, being by me duly sworn, say they were present and saw David Neff
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.

Rolandus Orcutt

Emma C Orcutt

(Signatures of witnesses)

Sworn to and subscribed before me this Third day of April May
A. D. 1879, and I hereby certify that the contents of the above declara-
tion, &c., were fully made known and explained to the applicant and
witnesses before swearing, including the words "La Salle" and April and

[L. S.] "St" over the word and erased and the words "Marshall" and May

indirect, in the prosecution of this claim.

James Mescott, Clerk of the
(Signature.)
Circuit Court of Marshall County
and State of Illinois
(Official Character.)

A.

INVALID.

Claim for Pension.

ORIGINAL.

David Neff, Applicant,
1st Co., 8th Regt
Ills. Vols.

Enlisted....., 186

Discharged....., 186



MILO. B. STEVENS & CO.,

PENSION CLAIM ATTORNEYS,

Charles H. Hild

B

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

B

State of Illinois County of Sasolle, ss.

On this 7th day of December, A. D. one thousand eight hundred and eighty three personally appeared before me, a Notary Public

within and for the county and State aforesaid, Daniel Steff, aged 48

years, a resident of the Village of Buttland, county of Sasolle

State of Illinois, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Chicago Ill. Pension Agency at the rate

of \$ 6.00 dollars per month, by reason of disability from Diseases of the Liver
[Here name the disability for which

and Spleen, causing Dyspepsia, incurred
pension was granted.]

in the Military service of the United States while Serving as a Private
[Military or Naval.] [Here state rank, company, and

in Co F. 4th Regiment of Illinois Cavalry Volunteers
regiment, if in the Army—vessel, if in the Navy.]

That he believes himself to be entitled to an increase of pension on account of increase in the
[Here state the reasons for applying for increase.

disability for which already pensioned and because his disability
If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the loca-

is worse and continues to get worse year by year until
tion of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the ser-

until now it is so bad that he can scarcely do anything towards
vice, should be fully stated. The dates of treatment should be given as nearly as possible.

obtaining a subsistence for himself and family, and he
believes his present physical condition is such as to warrant an increased
pension, and he desires to be examined for the same.

that he appoints Jaesh. B. Barre, of Ottawa

county of Sasolle, State of Illinois, his true and

lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is Buttland

county of Sasolle, State of Illinois

Claimant's Signature:

Daniel Steff

Attest:

G. W. Gray

2 Witnesses

Garret Lutton

Also personally appeared GW. Gray, residing at Bulland Illinois
and Garret Lutton, residing at Bulland Illinois, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
Daniel Hoff, 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, that he is the identical person he represents himself to be; and that they have no interest in
the prosecution of this claim.

GW. Gray

County of Cass, ss.

I, Patrick Finlen, Clerk of the County Court in and for aforesaid
County and State, do certify that John Madhugh, Esq., who hath signed his
name to foregoing affidavit, was at the time of so doing a Notary Public 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 fifth day of December 1883

P. Finlen

Clerk of the County Court
(Official character.)

B
INVALID.
B

CLAIM FOR INCREASE.

Daniel Hoff, Applicant,
Pratt & Co., H. 14th, Regt.,
Minnesota Cavalry, Vols.

(Pension Certificate No. 197.816.)

FILED BY

Jaest Bank
Ottawa

Swanwick Co. 20 Oliver
Printed and Sold by W. H. Moore, 511 Eleventh street,
Washington, D. C.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and wit-
nesses 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.

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

appeared G.W. Gray....., residing at Rockford Illinois
Lutton....., residing at Rockford Illinois, persons whom I
and entitled to credit, and who, being by me duly sworn, say they were present and saw
Gray....., the claimant, sign his name (or make his mark) to the
they have every reason to believe, from the appearance of said claimant and their ac-
is the identical person he represents himself to be; and that they have no interest in

2 witnesses

G.W. Gray
Garret Lutton
Signatures of Witnesses.

1st
subscribed before me this..... day of December....., A. D. 1883,
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.

John Wadleigh
(Signature.)
Notary Public.
(Official character.)

B

INVALID.

B

CLAIM FOR INCREASE.

Daniel Wiff....., Applicant,
P. R. R. Co., 74 1/2th..... Regt.,
Illinois Cavalry..... Vols.

(Pension Certificate No. 177.816.)



FILED BY

Garret Bond
Ottawa
Swanville Pa. Illinois
Printed and Sold by W. H. Moore, 511 Eleventh street,
Washington, D. C.

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Physician's Affidavit.

State of Washington, County of Skagit ss:

In the Pension Claim of

late of

Daniel Huff
4th Ills Cav.
Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.

Before me, a Notary Public, in and for the County and State

aforesaid, personally appeared Doctor

whose Residence and Post Office address is

Burlington Skagit county Washington
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 I am a Practicing Physician, and have been acquainted with said soldier about 7 years,

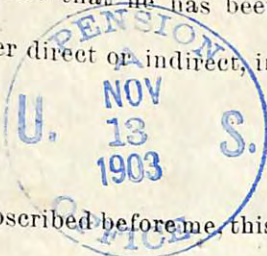
and that

Affiant should here fully describe the nature and present condition of the claimant's disability.

he is suffering from chronic diarrhoea
and comes on by spells more or less severe
lasting at times a month or two with a
slimy discharge, accompanied with blood and
in fact these spells never get entirely well.
They are also accompanied with hemorrhoids
The tumors are large and very sore
from half inch to quarter of an inch in
diameter

His liver is very much enlarged with more
or less pain, faint, stitch. His spleen
is also enlarged, and is bothered dyspepsia
with attacks of dyspepsia from which
at times he suffers severely and from
which I find said claimant is so
disabled for the performance of manual
labor to the extent of $\frac{1}{8}$ and it is not
caused by any vicious habits whatever
and in my opinion is fully entitled
to the above amt or more.

He further declares that he has been a practitioner of medicine for 28 years, and that he has no interest, either direct or indirect, in the prosecution of said claim.



J. W. Roovers M.D.
Affiant sign here, giving rank and service, if in the army or navy.

Sworn to and subscribed before me, this 16 day of Sept, A. D. 1903

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents 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 said claim

[L. S.]

A. Garl

Official Signature.

Notary Public in and for Skagit County Washington
Residing at Burlington

Official Character

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character

Commission Expires Sept. 3-1906

U. S. WESTERN BUREAU
NOV 13 1903

PENSION CLAIM OF

Amiel Muff

Reg't.

Vols.

Co.

4th
Ills Cav

AFFIDAVIT OF

Doctor J. W. Roovers

Present Degree of Disability.

-FILED BY-

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.

ATTORNEY AT LAW,

WASHINGTON, D. C.

2735
ACCRUED PENSION.

Act of March 2, 1895.

Civil War Division.

Certificate No. 197816

Last issue January 14, 1908

Pensioner, Daniel Neff

Act February 6, 1907

Date of death,

July 10, 1908

Claimant, Sarah E. Neff, widow,

Madison, Perkins County, Nebraska.

Certificate not filed

Attorney,

Fee, Agent to pay.

P. O.,

Articles filed

Submitted February 4, 1911, Schwickard, R. B., Examiner.

BOARD OF REVIEW.

Approved for admission.

Pay widow as above,

A. D. Albert, Reviewer, February 6, 1911

J. M. Riffel, Rereviewer, Feb 7, 1911

M. C.,

Claimant writes.

197816

(3-145)

Chicago Increase INVALID PENSION.

Claimant, Daniel Huff
P.O., Madison Perkins Rank, Post 7
County, Nebr Company, 4 Ill vol can
State, Nebr Regiment, 4 Ill vol can

Rate, \$ 8 per month, commencing January 1890

Disabled by disease of liver and spleen

RECOGNIZED ATTORNEY:

Name, J M Morris Fee \$ 10, Agent _____ to pay.
P.O., City Articles filed _____, 18 ____

APPROVALS:

Submitted for March 3, 18 90 Juny, Examiner.
Approved for disease of liver and spleen Approved for disease of liver & spleen, 8/8 from Juny 1890
no special results.

March 4, 18 90, Wheeler, Legal Reviewer. Payman Bill, Medical Referee.
March 9, 18 90

Discharged Feb 23, 18 63 Last paid to _____, at \$ 6
Pensioned from Feb 24, 18 63, at \$ 6, for disease of liver & spleen
Original declaration filed May 14, 18 75; alleged disease of liver & spleen
Int. reg. Apr 29 - 1884
" " Sept 5 - 1888

Arrears allowed from _____, 18 __, to _____, 18 __, at \$ ____

PRESENT CLAIM.

Declaration filed May 6, 18 89. same & dyspepsia

INVALID PENSION

Claimant, *Namuel Neff*

P. O., *Madrid by way of Aguadilla*

Rank, *Priv-*

County, *Beith-*

Company, *7*

State, *N.H.*

Regiment, *4 Ill. Inf.*

Rate, \$ _____ per month, commencing _____

REJECTED
JUL 19 1888

Disabled by *disease of liver and spleen*

RECOGNIZED ATTORNEY:

Name, *Louis K. Sullivan & Co.*

Fee \$ *10*, Agent _____ to pay.

P. O., *Chicago, Ill.*

Articles filed _____, 18 ____

APPROVALS:

Submitted for *James S. Beall*, 1888, Examiner.

Approved for *disease of liver and spleen* Approved for *no increase*

June 30, 1888, W. D. O'Connell, Legal Reviewer.

J. L. Carr, M. R. John Paul Smith, July 5, 1888, Medical Referee.

Discharged *Feb 23*, 1863. Last paid to _____, at \$ *6*

Pensioned from *4 24*, 1863, at \$ *6*, for *disease of liver and spleen*

Original declaration filed *May 14, 1879*; alleged *same*

Arrears allowed from _____, 18 __, to _____, 18 __, at \$ _____

PRESENT CLAIM.

Declaration filed *Sept 2*, 1879. *Same has caused*

depression

writes none

Renewal & Increase **INVALID PENSION.**Claimant, Daniel Steff.P. O., Madrid,
County, Perkins,
State, Nebraska.Rank, Private.
Company, F
Regiment, 4th Illinois Vol. Cav.

Rate, \$ _____ per month, commencing _____

Pensioned for _____

RECOGNIZED ATTORNEY.Name, J. W. Morris,
P. O., Washington, D. C.Fee, \$ 2; Agent to pay.

Articles filed _____, 1 _____

APPROVALS.Submitted for Feb 26, 1906,Approved for renewal under general law
for disease of liver & spleen
and resulting piles
Increase pendingApproved for renewal for disease
of liver & spleen, and result-
ing piles10/18 No increaseDeducted payments and
sub. from rolls under
act of June 27, 1890Feb 27, 1906, J. W. Bates
Legal Reviewer.Feb 28, 1906, C. B. Bates
Re-Reviewer.Barger
Medical Examiner.Mich. 1, 1906Washington
Medical Reviewer.Sam Houston
Medical Referee.Enlisted Oct-17, 1861 Discharged Feb 23, 1869 Last paid to _____, 1 _____Pensioned at \$ 12 per month for disease of liver & spleen & result-
ing piles
Chronic debility under act of June 27, 1890
was pensioned at \$8 under the general law.**PRESENT CLAIM.**Declaration filed Sept. 1, 1904, disease of liver & spleen
& resulting piles.

Claimant does _____ write.

(This Blank For Use of Pensioner Under Old Law Only.)

DECLARATION FOR THE INCREASE OF AN INVALID PENSION. 2

State of Nebraska, County of Perkins ss:

ON THIS 13th day of Aug A. D. one thousand 904

before me, the undersigned, duly authorized to administer oaths within and for the County and State
aforesaid, personally appeared, Daniel Neff

late a Ills. Cav. in Company "F" of the 4th Regiment of

Volunteers, aged 69 years, who being duly sworn according

to law, declares that he is a pensioner of the United States, duly enrolled at the Des Moines Ia.

Pension Agency, at the rate of 12 dollars per month, under Pension Certificate No 197816

by reason of disability resulting from old law approved at \$10

per month on account of disease of liver

and spleen and piles but rejected no benefit

also for chronic sinus

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes
application therefor under the old law.

On account of an increased disability, and he thinks the rate of pension he
is now receiving is unjustly and unreasonably low and disproportionate to
the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for

If you claim additional pension for a disability not mentioned in your Pension Certificate, here
describe it fully and state when, where and under what circumstances the same originated.



That he hereby appoints with full power of substitution and revocation
J. W. MORRIS, of Washington, D. C., his true and lawful attorney to prosecute said claim.

His Post Office address is Madrid
Including number and street, or number of R. F. D. route, if any. If none, so state.

County of Perkins State of Nebraska

John Purnell Daniel Neff
Signature of Claimant.

If claimant signs by mark, two persons who can write must sign here.

ATTY FILED

Also personally appeared John Purcell residing at Madrid Neb., and A. E. McKenzie, residing at Madrid Neb., persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw Daniel Neff, 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.

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

John Purcell
A. E. McKenzie
Signatures of witnesses.

Sworn to and subscribed before me, on the day first above written; 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.

John W. Morris
Notary Public
My Commission Expires May 8th 1908
Official character

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Certificate No. 19786

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

Daniel Neff
Co. "G" Reg't "4"

Ill. Cav Vols.



FILED BY

J. W. MORRIS,

[Late Principal Examiner U. S. Pension Office,

Attorney at Law,

WASHINGTON, D. C.



Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

State of Nebraska, County of Perkins ss:

In the PENSION Claim of

late of

ON THIS 3rd day of November A. D. 1900

before me John M. Hingis a Notary Public, in and for the County and State aforesaid,

duly authorized to administer oaths, personally appeared William Price

aged 58 years, a resident of Madrid Precinct, in the County of

Perkins, and State of Nebraska, whose Post Office address is

Madrid Perkins Co Neb and Jonas Hegwood

aged 55 years, a resident of Yonkee Precinct, in the County of

Perkins, and State of Nebraska, whose Post Office address is

Madrid Perkins Co Nebraska, well known to me to be respectable

and entitled to credit, and who being duly sworn, declare in relation to aforesaid case as follows:

That we have been well acquainted with said soldier, for 45 years, and years, respectively, and

that we were familiar with his physical condition during the period from Jan 30 1890

until present 189 and knew him to be affected as follows: Piles

Dyspepsia disease of Abdominal visera

Rheumatism disease of heart & General debility

None of these were caused by vicious habits

That the degree of disability for the performance of manual labor resulting from above causes, in our opinion

was during said time as follows, viz: no able to do any manual

Labor

period, state the different degrees.

Said facts stated are personally known to us by reason of Person Acquaintance

& observation

which they testify.

We further declare that we have no interest, either direct or indirect, in the prosecution of said claim.

William Price

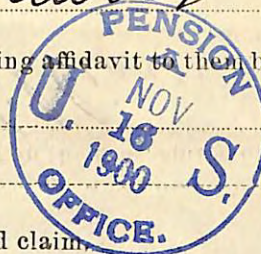
Jonas Hegwood

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

Signature of affiants.

Sworn to and subscribed before me this 3 day of November A. D. 1900

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing, including the words _____ erased, and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of said claim.



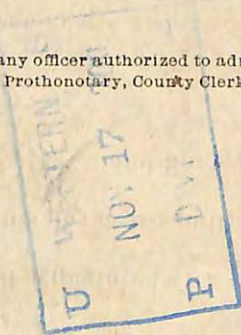
[L. S.]

John M. Kenzie
Official Signature.

Notary Public
Official Character.

My commission expires May 5th 1902

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.



Application No. _____
Certificate No. 197816

PENSION CLAIM OF

David Tapp
Co. B Reg't. 4
Geo. Lang Vols. _____

AFFIDAVIT OF

Existence and Degree of Disability.

-FILED BY-
J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.
ATTORNEY AT LAW,
WASHINGTON, D. C.

Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

State of Kansas, County of Mitchell ss:

In the PENSION Claim of Daniel Niff

ON THIS 11th day of June, A. D. 1901, before me, a
Notary Public, in and for the aforesaid County, duly authorized to
administer oaths, personally appeared Joseph E. Sangster
aged 58 years, a resident of Ellen Elder, in the County of
Mitchell, and State of Kansas, whose Post Office address is
Ellen Elder and
aged _____ years, a resident of _____, in the County of
_____, and State of _____ whose Post Office address is
_____, well known to me to be respectable
and entitled to credit, and who being duly sworn, declare in relation to aforesaid case as follows:

That we have been well and personally acquainted with Daniel Niff
the said soldier, for 20 years and _____ years, respectively, and we know from our own
personal knowledge that after said soldier's discharge from the U. S. service, we first met him in the
year 1883, and at that time we noticed he was affected as follows: Dyspepsia

Piles and Rheumatism

Dyspepsia Piles and Rheumatism

Instructions. Read carefully.

The witnesses must state: How long they have known the soldier, and if they have employed or worked with or for him since his return from the army, they should state where and at what business; or if they have known him as neighbors only, they should state about what distance from him they have lived, how frequently, on an average, each week, month, or year they have seen and conversed with him, and how intimate they have been with him: from what disease or disability he has suffered during all that time, and how severely: whether at any time during said period he has been obliged to stop work: whether confined to his bed or house, or wholly unable to do manual labor by reason thereof, giving dates as nearly as possible when such attacks occurred, how long they lasted, and how severe they were, and stating the symptoms of his disease or disability as actually observed by them. They should state about what proportion of a sound able-bodied man's work he has been able to do, and should compare the degree of disability to that which would result from the loss of an arm or leg, hand or foot, thumb, finger or toe, according to their best judgment; what his actual earnings were, and whether or not the wages paid him were less than were paid to others physically sound.

The above testimony was written by Joseph E. Sangster

State by whom written.

in our presence and from our _____ to him then made on the
If in "your presence," so state. If from your "oral statements," so state.

day of _____ 189____, at or near _____, and that I was _____
Town or City and State. If "not prompted by any printed

or written statement of any other person" so state; but, if so prompted, state that fact, and attach such other statement to this affidavit.

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



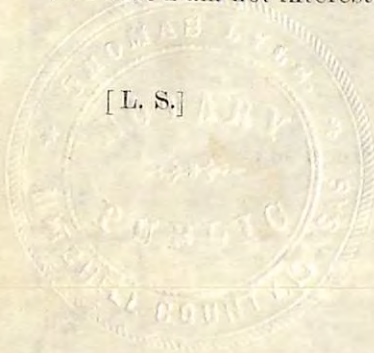
Joseph E. Sangster

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

Signature of Affiants.

Sworn to and subscribed before me, this 11th day of Jan, A. D. 1901

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing thereto, including the words _____ erased, and the words _____ added; and that I am not interested in said claim.



Thomas Lyle

Signature.

Notary Public

Official Character.

com Exp 9-30-1903

Cert No. 19786

PENSION CLAIM OF

Daniel C. Hoff

Co. E 4th Reg't Ill. Cav.

Reg't.

Vols.

AFFIDAVIT OF



Continuance and Degree of Disability.

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

State of Illinois, County of Marshall ss:
In the PENSION Claim of Daniel Reff

ON THIS 31st day of January, A. D. 1890, before me, a
Justice of the Peace, in and for the aforesaid County, duly authorized to
administer oaths, personally appeared R. L. Orcutt
aged 48 years, a resident of City of Lacon, in the County of
Marshall, and State of Illinois, whose Post Office address is
Lacon Illinois and
aged _____ years, a resident of _____, in the County of _____
and State of _____ whose Post Office address is _____

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

That we have been well and personally acquainted with Daniel Reff
the said soldier, for 12 years ~~and 20 years~~, respectively, and we know from our own
personal knowledge that after said soldier's discharge from the U. S. service, we first met him in the

Instructions.
Read carefully.

The witnesses must state: How long they have known the soldier, and if they have employed or worked with or for him since his return from the army, they should state where and at what business; or if they have known him as neighbors only, they should state about what distance from him they have lived, how frequently, on an average, each week, month, or year they have seen and conversed with him, and how intimate they have been with him; from what disease or disability he has suffered during all that time, and how severely; whether at any time during said period he has been obliged to stop work; whether confined to his bed or house, or wholly unable to do manual labor by reason thereof; giving dates as nearly as possible when such attacks occurred, how long they lasted, and how severe they were, and stating the symptoms of his disease or disability as actually observed by them. They should state about what proportion of a sound able-bodied man's work he has been able to do, and should compare the degree of disability to that which would result from the loss of an arm or leg, hand or foot, thumb, finger or toe, according to their best judgment, what his actual earnings were, and whether or not the wages paid him were less than were paid to others physically sound.

year 18 68, and at that time we noticed he was affected as follows: Dyspepsia
Piles and Rheumatism. This Affiant further says
that he lived in village of Rutland in La Salle County,
Illinois, for a period of about 18 months since
the Civil War, and during that time said Daniel
Reff also lived in Rutland, and this Affiant saw
him several times a week, and knew him to be
affected with Dyspepsia and Rheumatism,
and that he would be some times confined
to his house. After said 18 months this Aff
cant move to Lacon, Ill. a distance of some 22
miles from Rutland, for a period of about ten
years from that time he saw said Daniel
Reff 3 or 4 times a year, during all of which time
he knew him to be affected with dyspepsia and
Rheumatism, and in the judgment of this Aff
iant - he was not able to do more than half of a
sound, able-bodied man's work.

The above testimony was written by M. J. Monahan
State by whom written.

in our presence and from our oral statements to him then made on the
If in "your presence," so state. If from your "oral statements," so state.
day of Jan 1890, at or near Lacon, Ill., and that I was
Town or City and State. If "not prompted by any printed

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

R. L. Orcutt

Sworn to and subscribed before me, this 31st day of January, A. D. 1907

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing thereto, including the words _____ erased, and the words _____ added; and that I am not interested in said claim.

[L. S.]

[Signature]
Signature.
Justice of the Peace
Official Character.

PENSION CLAIM OF

Daniel C. Hoff

Co. 7th Reg't. 4th Vols. Albany

AFFIDAVIT OF

[Signature]

U. S. WESTERN S
JAN 30 1907
DIVISION B

Continuance and Degree of Disability.

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

Testimony of Employers, Neighbors or Acquaintances of Soldier,

[OTHER THAN NEAR RELATIVES.]

State of Nebraska, County of Perkins ss:

In the Pension Claim of Es. Daniel Neff
late of 4" Ills. Cav.
Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.

ON THIS 22 day of April, A. D. 1898, personally appeared
before me, a Notary Public in and for the County and

State aforesaid, duly authorized to administer oaths, Thomas Krusenberg
aged 53 years, a resident of Madrid Perkins in the County of

and State of Nebraska whose Post Office address is
Madrid and Charles Vandergraft

aged _____ years, a resident of Madrid in the County of
Perkins and State of Nebraska whose Post Office address is

Madrid, 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 we have been well acquainted with said soldier, for 4 years, and _____ years, respectively, and
that we were familiar with his physical condition during the period from Dec 31 1890

until Sept. 7 1892 and knew him to be affected as follows: Disease of
Date of examination by U. S. Pension Surgeons. Affiants should here state the name or nature
liver and spleen dyspepsia & piles
of each disability, not due to vicious habits, which claimant then had, no matter whether due to the service or not.

That the degree of disability for the performance of manual labor resulting from above causes, in our opinion,
was during said time as follows, viz: 1/3 Dyspepsia 1/3 for Piles
1/3 for Liver & Spleen
Here state the degree of claimant's disability from said causes. If the degree varied during said
period, state the different degrees.

Said facts stated are personally known to us by reason of He was present when
the Doctor was attending him
Affiants should here state how they obtained knowledge of the
facts to which they testify.

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

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

Thomas Krusenberg
Charles H. Vandergraft
Signature of Affiants.



Sworn to and subscribed before me, this 22 day of April, A. D. 1893

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing including the words _____ erased, and the words _____ added; and that I am not interested in said claim.



Geo W Snider

Signature.

Notary Public

Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court is necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.



Original No. 1978/6
Certificate No. 1978/6
PENSION CLAIM OF
Daniel Jeff
"J" 4th
Co. Ills. Cav. Reg't. Vols.

AFFIDAVIT OF

Existence and Degree of Disability

FROM DATE OF FILING APPLICATION TO DATE EXAMINED,

ACT OF JUNE 27, 1890.

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.



Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

State of Nebraska, County of Perkins ss:

In the Pension Claim of

late of

ON THIS

day of

, A. D. 1893, personally appeared

before me, a

State aforesaid, duly authorized to administer oaths,

aged 53 years, a resident of

Madrid

in the County of

Perkins

and State of

Nebraska

whose Post Office address is

Madrid

and

Mary E. Lumsinbery

aged 48

years, a resident of

Madrid

in the County of

Perkins

and State of

Nebraska

whose Post Office address is

Madrid

, 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 we have been well acquainted with said soldier, for four years, and said years, respectively, and that we were familiar with his physical condition during the period from Dec. 31 1892

Date of filing application under Act of June 27, 1890,

until Sept. 7 1892 and knew him to be affected as follows:

Affiants should here state the name or nature

disease liver and spleen, dyspepsia and piles
of each disability which claimant then had; also, whether or not said disability was, to the best of their knowledge and belief due to vicious habits, he is not a man of vicious habits
and their means of knowledge and the basis of such belief.

and being a close neighbor of the said soldier have been there more or less during the four years, and know he is troubled with the above named diseases

That the degree of disability for the performance of manual labor resulting from above causes, in our opinion, was during said time as follows, viz: disease liver and spleen & dyspepsia & piles

Here state the degree of claimant's disability from said causes. If the degree varied during said

period, state the different degrees.

Said facts stated are personally known to us by reason of

Affiants here state their means of knowledge of the facts to

which they testify.

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

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

Signature of Affiants

Sworn to and subscribed before me, this 10 day of June, A. D. 1893

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing including the words _____ erased, and the words _____ added; and that I am not interested in said claim.



John M. Kenzie
Signature.

Notary Public
Official Character.

My commission expires Feb 16th 1894

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Original No. _____
Certificate No. 197.816

PENSION CLAIM OF

Samuel Pepp

Co. F, 14 Reg't.

1st Regt Co Vols.



AFFIDAVIT OF

Existence and Degree of Disability

FROM DATE OF FILING APPLICATION TO DATE EXAMINED.

ACT OF JUNE 27, 1890.

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

State of Nebraska, County of Perkins ss:

In the PENSION Claim of Daniel Reff
late of Co F 4th Ill Cav
Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.

ON THIS 22nd day of July, A. D. 1897,
before me, a J M Sheridan, in and for the County, and State aforesaid

duly authorized to administer oaths, personally appeared John Purnell
aged 44 years, a resident of Madrid, in the County of

Perkins, and State of Nebraska, whose Post Office address is

Madrid Nebr and John G. Robinson

aged 33 years, a resident of Madrid, in the County of

Perkins, and State of Nebraska, whose Post Office address is

Madrid Nebr, 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 we have been well acquainted with said soldier, for 10 years, and 7 years, respectively, and

that we were familiar with his physical condition during the period from March 1890

until July 22 1897 and knew him to be affected as follows: General
Date of examination by U. S. Pension Surgeons. Affiants should here state the name or nature

of each disability which claimant then had; also, whether or not said disability was, to the best of their knowledge and belief, due to vicious habits,

debility Rheumatism Piles Liver disease
not due to vicious habits

and their means of knowledge and the basis of such belief.

by his complaining of above
debilities and diseases and by his
general appearance

That the degree of disability for the performance of manual labor resulting from above causes, in our opinion,

was during said time as follows, viz:

Here state the degree of claimant's disability from said causes. If the degree varied during said

period, state the different degrees.

Said facts stated are personally known to us by reason of by his statements at

different times since we knew him
which they testify. Affiants here state their means of knowledge of the facts to

We know he has not been able to do
manual labor

(Here state by whom, when and where the above testimony was written; whether in the presence of the witnesses, and from their oral

statements only; and whether they were prompted by any printed or written statement or recital prepared or dictated by any other person, and not

they were not prompted by anyone or thing
attached as an exhibit.)

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

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

John Purnell
John G. Robinson
Signature of Affiants.

Sworn to and subscribed before me, this 22 day of July, A. D. 1897

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing including the words _____ erased, and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of said claim.

[L. S.]

J. M. Sheridan
Official Signature.
Notary Public
Official Character,

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No.

Certificate No. 197816

PENSION CLAIM OF

Samuel Neff

Co. A, 4th Reg't.

Vols.

Wm. C. Carr

AFFIDAVIT OF



Existence and Degree of Disability.

FROM DATE OF FILING APPLICATION TO DATE EXAMINED.

ACT OF JUNE 27, 1890.

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

Grant, Nebraska, July 16th, 1908.

Department of the Interior,

Bureau of Pensions,

Washington, D. C.

Gentlemen.

Herewith I enclose you application for Pension by Sarah E. Neff of Madrid, Nebraska. Please file same and advise me of your requirements under this application.

Also will you advise me what steps are necessary to obtain the Pension due Mr. Neff at the time of his death July 10th and greatly oblige,

Very Truly Yours,



P. F. Hastings



Physician's Affidavit.

(This affidavit should, if possible, be in the handwriting of the affiant, who should carefully observe marginal instructions.)

State of Texas. County of McLennan ss:

In the Pension Claim of Daniel Neft.
late of Co. F. 4th Ills. Cav.
[Company and Regiment of service, if in the Army; or Vessel and Rank, if in the Navy.]

Before me a Notary Public in and for the County and State
aforesaid, personally appeared Doctor W. J. Bartolomeus,
whose Residence and Post-Office address is Waco, McLennan Co. Texas,
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in

NOTES.

The Physician's Affidavit must show the following facts:

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

2d. If he treated the soldier while in the service, either as his regimental surgeon or while the soldier was home on furlough, that fact should be stated. The soldier'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 the soldier since discharged 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 or advice.

4th. He should state the extent to which the soldier has been unable to perform manual labor, and should compare the degree of disability existing during each year to that which would result from the loss of an arm or leg, hand or foot, thumb, finger or toe, as the case may be, according to his best judgment.

relation to aforesaid case as follows:—

That he is a Practicing Physician and has been acquainted with the said soldier since about September 1887, and that he too attended him at the following dates, Dec 12th 1887, July 8 to Aug. 30th 1888, Sept 18-1888, Feb 13 to Mch. 21st 1889, July 17 to Aug. 28th 1890.

That the said soldier since his acquaintance with him has been a constant sufferer from Gastralgia, Haemorrhoids, and neuralgia of the ophthalmic branch of 5th nerve.
He too not been able to perform manual labor during my acquaintance with him.

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

W. J. Bartolomeus
[Affiant sign here.]

Sworn to and subscribed before me this 2nd day of August A. D., 18 91

I hereby certify that the affiant is a practicing physician in good standing; that the contents 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.

W. M. Steeper
[Signature]

Notary Public McLellan Co,
Official Character Texas



PENSION CLAIM OF

Daniel Neff

Reg't.

Co.

Vols.

4th

Ill. Cav.

AFFIDAVIT OF

Doctor

Bartholomew

Continuance and Degree of Disability.

FILED BY

J. W. MORRIS,

(Late Principal Examiner U. S. Pension Office)

Attorney at Law,

WASHINGTON, D. C.

Physician's Affidavit.

State of Nebraska, County of Perkins ss:

In the Pension Claim of

late of

Before me, a

State aforesaid, personally appeared Doctor

whose Residence and Post Office address is

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 I am a Practicing Physician, and have been acquainted with said soldier about _____ years,

and that I was familiar with his physical condition during the period from Dec 31 1890

until Sept. 7 1892 and knew him to be affected as follows: Disease of liver and spleen, dyspepsia and piles.

Date of examination by U. S. Pension Surgeons. Affiant should here state the name or nature of each disability, not due to vicious habits, which claimant then had, no matter whether due to the Service or not.

with dyspepsia of an inoperable nature, due very probably to hardships incident to service with piles - 3 external and 2 internal - an aggravated case owing to age and debility of claimant.

That the degree of disability for the performance of manual labor resulting from above causes, in my opinion, was during said time as follows, viz: 1/3 for dyspepsia and 1/3 for piles.

Here state the degree of claimant's disability from said causes. If the degree varied during said period, state different degrees of variation.

above has not varied since my acquaintance with claimant.

Said facts stated are personally known to me by reason of Being of family

Physician of the claimant, Affiant should here state how his knowledge of the facts to which he testifies was obtained.

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

[Signature]
Affiant sign here,

Sworn to and subscribed before me, this 20 day of April, A. D. 1893

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents were fully made known to him before swearing, including the words

.....erased, and the words

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

Geo W Snider
Official Signature. Notary Public

[L. S.]

Official Character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Original No. 197,816.
Certificate No. 197,816.

PENSION CLAIM OF

Daniel Neff

Co. "F" 4th Reg't.

Ills. Cav. Vols.

AFFIDAVIT OF

Doctor

Existence and Degree of Disability

FROM DATE OF FILING APPLICATION TO DATE EXAMINED,

ACT OF JUNE 27, 1890.

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.



HISTORY OF DISABILITY.

To be filled up and sworn to by Claimant.

State of Nebraska, County of Perkins ss:

ON THIS 16th day of March, A. D. 1901, before me, a

Notary Public, in and for the aforesaid County, duly authorized to administer oaths,

personally appeared Daniel Kuff, a resident of Madrid
Name of claimant

in the County of Perkins, and State of Nebraska

whose post office address is Madrid Nebraska

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

That I am the identical person who under that name served in Co. G, 4 Reg't.,

Ills. Army Vols.

I further state that Rheumatism and piles and dyspepsia
for which I claim pension,

I incurred on or about February 13th 1862, at or near Fort Donelson

under the following circumstances, to wit: Rheumatism was contracted by

exposure laying in ground in rain & snow
which received.

Dyspepsia was caused by disease of liver
and eating food poorly cooked and unfit
for use

Piles was caused by disease of liver
and dyspepsia. That I am unable to
support my self by manual labor and am
unable to do manual labor

This to be applied as amendment to old law claim.
Said disabilities contracted in U.S. service and line of duty.

JOHN W. MORRIS, of Washington, D. C., being my true and lawful attorney, with full power of substitution, is hereby authorized by me to prosecute this claim to completion, before the Commissioner of Pensions, on appeal to the Secretary of the Interior, or before the Committees of Congress, as may be found necessary or deemed by him best for my interest.

B F Hastings

Claimant's attorney



Daniel Kuff

Signature of Claimant.

Madrid Nebraska

Also personally appeared Claire Wetherman, residing
at Grand Nebraska and Charles H. Purinton
residing at Grand Nebraska, 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 Daniel Neff, 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 10 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.

Claire Wetherman
Charles H. Purinton
[Signature of two witnesses.]
If either witness sign by mark, two persons who can write sign here.

Sworn to and subscribed before me this 16th day of March A. D. 1901

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, in said
claim, either direct or indirect.

[L. S.]

My Commission Expires July 20, 1904

J. Hastings
(Signature.)
Notary Public
(Official Character.)

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No. _____
Certificate No. 1907 816

PENSION CLAIM OF

Daniel Neff

Co. _____ Reg't. _____ Vols. _____
4
Geo. E. Neff

HISTORY OF DISABILITY.
MAR 28 1901
P DIVISION B

-FILED BY-
J. W. MORRIS,
LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.
ATTORNEY AT LAW,
WASHINGTON, D. C.

Declaration for Invalid Pension.

State of Nebraska County of Perkins

ON THIS 26 day of January, A. D., one thousand nine hundred 19

before me, a John M. Kungis a Notary Public in and for the County
and State aforesaid, personally appeared Daniel Peff
aged 68 years, a resident of Madrid, county of Perkins

State of Nebraska, who being duly sworn according to law, declares that he is the
identical Daniel Peff, who was enrolled on the
day of Sept, 1861, as Private in Co F-4 Reg Ills Cav Vols.
Here state rank, company and regiment, if in the Military service, or vessel, if in the Navy.
in the service of the United States during the war of the rebellion, and served at least ninety days, and was
honorably discharged at or near Quincy

in the State of Illinois, on the 23 day of Feb, 1863

That he is Totally unable to earn a support by reason of disease of
liver and spleen, dyspepsia,
piles, rheumatism, affection of heart,
general debility, disease of abdominal
ficera and debility from age

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

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

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the 23 day of Feb, 1863

That he has not received applied for a pension Cy # 197576
If now pensioned, state your rate, number of certificate, and disability

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

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 May 9, 1900, amending the Act of June 27, 1890.

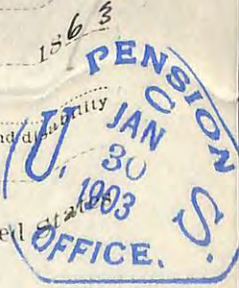
He hereby appoints J. W. MORRIS, of Washington, D. C., his attorney to prosecute his claim with

power of substitution. That his post-office address is Madrid

County of Perkins, State of Nebraska

Luther W. Hornick
John Hoall
Two witnesses who can write, sign here.

Daniel Peff
Signature of Claimant.



FILED

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

if either witness sign by mark, two persons who can write sign here.

Luther M. Cornick
John Hall
[Signature of two witnesses.]

Sworn to and subscribed before me, on the day first above written, 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.]

John McKenzie
Notary Public
Official character.

My commission expires May 8th 1908

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No. _____
Certificate No. 19786 019

INVALID

APPLICATION FOR PENSION.

ACT OF MAY 9, 1900.

AMENDING

ACT OF JUNE 27, 1890.

Daniel Neff Reg't. _____
John Carr Vols. _____
Madrid Neb. Address _____

RECEIVED
FEB 12 1903
FILED BY
W. MORRIS,
LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU
ATTORNEY AT LAW,
WASHINGTON, D. C.

Noty. Feb. 5/03
a. w. d.

Declaration for Invalid Pension.

State of Nebraska

County of Perkins

55:

ON THIS 11 day of June, A. D. one thousand nineteen hundred and nine

before me, a Notary Public in and for the County

and State aforesaid, personally appeared Daniel Neff

aged 65 years, a resident of Madrid, county of Perkins

State of Nebraska, who being duly sworn according to law, declares that he is the

identical Person who was enrolled on the 18

day of September, 1861, as Private in Co. J. H. Reg't 2nd Vols.,
Here state rank, company and regiment, if in the Military service, or vessel, if in the Navy.

in the service of the United States during the war of the rebellion, and served at least ninety days, and was

honorably discharged at or near Quincy

in the State of Illinois, on the 23 day of February, 1863

That he is Totally unable to earn a support by reason of Disorder
(Partially or totally.) Here state the name and nature of every disease,

and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.

Chronic & abdominal viscera, piles,

inflammation, disease of heart &

general debility, and spleen

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

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

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the 23 day of Feb, 1863

That he has received applied for a pension Oct 19 1898
If now pensioned, state your rate, number of certificate, and disability

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

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 May 9, 1900, amending the Act of June 27, 1890.

He hereby appoints J. W. MORRIS, of Washington, D. C., his attorney to prosecute his claim with

power of substitution. That his post-office address is Madrid

County of Perkins State of Nebraska



Daniel Neff
Signature of Claimant.

Two witnesses who can write, must sign here.

ATTY FILED

Also personally appeared John Purnell, residing
at Madrid Nebraska and Henry C. Freas
residing at Madrid Nebraska, 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 Daniel Neff, 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 10 years and 7 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.

Either witness sign by mark, two persons who can write sign here.

John Purnell
Henry C. Freas
(Signature of two witnesses.)

Sworn to and subscribed before me this 11 day of June A. D. 1900

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, in said
claim, either direct or indirect.

[L. S.]

John McKenzie
(Signature.)
Notary Public
(Official Character.)
My commission expires May 5th 1902

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Application No. 045

Certificate No. 197816

INVALID

APPLICATION FOR PENSION.

ACT OF MAY 9, 1900.

AMENDING

ACT OF JUNE 27, 1890.

Daniel Neff

Co.

Reg't.

Ills. Cav.
Vols.

Address

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.

ATTORNEY AT LAW,

WASHINGTON, D. C.

not June 24 - 1900

Act of June 27, 1890.

Declaration for Invalid Pension.

State of Nebraska County of Perkins 33:

ON THIS 23 day of January A. D. one thousand eight hundred and ninety

before me, a Notary Public in and for the County

and State aforesaid, personally appeared Daniel Neff

aged 65 years, a resident of Madrid, county of Perkins

State of Nebraska, who being duly sworn according to law, declares that he is the

identical Person who was enrolled on the

day of , 186 , as Privat in Co. F. 4 Reg't Ills. Cav. Vols.,

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

in the service of the United States during the war of the rebellion, and served at least ninety days, and was

honorably discharged at or near Quincy

in the State of Illinois, on the day of , 186

That he is Totally unable to earn a support by reason of Disease of

(Partially or totally.)

Here state the name and nature of every disease,

and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.

I never have been dyspeptic, piles, rheumatism & general debility heart trouble & that I am totally unfit and unable to support even my self by manual labor

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

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

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the day of 18

That he has received applied for a pension Certif # 197.816

If now pensioned, state your rate, number of certificate, and disability

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

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 J. W. MORRIS, of Washington, D. C., his attorney to prosecute his claim with power of substitution. That his post-office address is Madrid

County of Perkins, State of Nebraska

John Burnell

John G. Robinson

Two witnesses who can write, must sign here.



Daniel Neff
Signature of Claimant.

Also personally appeared John Purnell, residing
at Madrid Neb and John G. Robinson
residing at Madrid Neb, 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 Daniel Neff, 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 10 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.

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

John Purnell
John G. Robinson
[Signature of two witnesses.]

Sworn to and subscribed before me this 23 day of January A. D. 1900

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, in said
claim, either direct or indirect.

[L. S.]

John M. Kenzie
[Signature.]
Notary Public
[Official Character.]

My Commission Expires May 5th 1902

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Original No.
Certificate No. 197.876
82 INVALID AD. 1900
APPLICATION FOR PENSION.

ACT OF JUNE 27, 1890.

Daniel Neff
4"
Reg't
Co. F
Ills. Cav
Vols

Address

Filed Feb 2-1900
FILED BY

J. W. MORRIS,
Late Principal Examiner U. S. Pension Office,
Attorney at Law,
WASHINGTON, D. C.
1900
DIVISION.

Act of June 27, 1890.

Declaration for Invalid Pension.

State of Nebraska County of Perkins ss:

ON THIS 15th day of June A. D. one thousand eight hundred and ninety seven
before me, a Notary Public in and for the County

and State aforesaid, personally appeared Daniel Neff
aged 62 years, a resident of Perkins Madrid, county of Perkins

State of Nebraska, who being duly sworn according to law, declares that he is the
identical Daniel Neff who was enrolled on the 18th

day of September, 1861, as private in Co F, 4th Reg't Ill's Cav Vols.,
Here state rank, company and regiment, if in the Military service, or vessel, if in the Navy.

in the service of the United States during the war of the rebellion, and served at least ninety days, and was
honorably discharged at or near Quincy Illinois

in the State of Illinois, on the 23rd day of February, 1863

That he is totally unable to earn a support by reason of Disease of Liver
(Partially or totally.) Here state the name and nature of every disease,
and spleen, Dyspepsia, Piles and General Debility
and describe every wound and injury that causes the disability, no matter whether incurred in the service or not.
and Rheumatism

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

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

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the 23 day of Feb, 1863

That he has received applied for a pension Off # 197,516 at \$8.00

per month for disease of Liver & Spleen. This application for increase
mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

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 J. W. MORRIS, of Washington, D. C., his true and lawful attorney to prosecute
his claim. That his post-office address is Madrid

county of Perkins, State of Nebr.

Joseph Perkins
J. M. McKeown
Two witnesses who can write must sign here.

Daniel Neff
(Signature of Claimant.)

ATTY FILED.

Also personally appeared Joseph Perkins, residing
at Mauch Nebraska and JW Melpton
residing at Mauch Nebraska, 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 Daniel Meff, 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 8 years and 4 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.

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

(Signature of two witnesses.)

Sworn to and subscribed before me this 15th day of June A. D. 1899

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, in said
claim, either direct or indirect.

[L. S.]
my commission Expires June 5th 1900

B. Martins
(Signature.)
Notary Public
(Official Character.)

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character

Certificate No.

INVALID

APPLICATION FOR PENSION.

ACT OF JUNE 27, 1890.

Daniel Meff
Co. F Reg't. 44th
Ill's Cav Vols.
Address _____



FILED BY

W. MORRIS,

(Late Principal Examiner U. S. Pension Office,

Attorney at Law,
WASHINGTON, D. C.

Act of June 27, 1890.

Declaration for Invalid Pension.

This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Clerk of a Court must affix his seal thereto and certify to the signature and official character of said officer.

State of Nebraska County of Perkins ss:

ON THIS 27 day of December A. D. one thousand eight hundred and ninety
before me, John M. Kenzie a Notary Public in and for the County
and State aforesaid, personally appeared Daniel Keff
aged 55 years, a resident of Madrid, county of Perkins
State of Nebraska, who being duly sworn according to law, declares that he is the

identical Person who was enrolled on the 18
day of September, 1861, as Private in Co. F, 4" Reg't. Ill. Cav. Vols.,
Here state rank, company and regiment if in the Military service, or vessel, if in the Navy.
in the service of the United States during the war of the rebellion, and served at least ninety days, and was
honorably discharged at or near Quincy
in the State of Ill., on the 23rd day of February, 1863

That he is Totally unable to earn a support by reason of disability of
[Partially or totally.] Here state the name and nature of every disease
Liver & spleen & dyspepsia & Piles
and describe every wound and injury that causes the disability, no matter whether incurred in the service or not,

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

That he has received applied for a pension Oct 19 1896
Eight dollars Per month
If now pensioned, state your rate, number of certificate, and disabilities mentioned in it. If you have applied, but not received pension, state when and for what disability and give number of claim.

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 J. W. MORRIS, of Washington, D. C., his true and lawful attorney to prosecute his claim. That his post-office address is Madrid
county of Perkins, State of Neb.

Daniel Keff
(Signature of Claimant)

Two witnesses who can write must sign here.

Also personally appeared Harvey Randall, residing
at Madrid and Geo. W. Snider
residing at Madrid, 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 Daniel Jeff, 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 4 years and 3 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.

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

Harvey Randall
Geo W Snider
[Signature of two witnesses.]

Sworn to and subscribed before me this 27 day of December A. D. 1890

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, in said

claim, either direct or indirect.

[L. S.]

John A. McKenzie
(Signature.)
Notary Public
(Official Character.)

547919

Original No.

C. Certificate No. 197816

INVALID

APPLICATION FOR PENSION

ACT OF JUNE 27, 1890.

Daniel Jeff
Co. F Reg't. 4

Vols.

Address

- FILED BY -

J. W. MORRIS,

[LATE PRINCIPAL EXAMINER, U. S. PENSION BUREAU.]

ATTORNEY AT LAW,

WASHINGTON, D. C.

C.H.

Department of the Interior,
BUREAU OF PENSIONS,

Oct. 9, 1889.

Nature of Claim *ing*

No. *197816*

Soldier: *Samuel Neff*

Service: *7 4 Ill. Cav.*

It is desired in this case that the examination be made with special reference to—

*Disease of liver & spleen
for which pensioned
at 6/8.*

*He also alleges resulting
dyspepsia.*

*Note condition of skin,
conjunctiva, heart, stom-
ach, spleen & other viscera.*

*Note Shape & location of
liver, whether atrophied
or enlarged. Is there ten-
dency, induration or
nodulation? Note any
gastro-intestinal dis-
turbance, any constipa-
tion, diarrhea, piles, hem-
orrhoids, or ascites.*

*Note separately each
disability found.*

Chas. W. Mullen

Medical Referee.

EXAMINING SURGEON'S CERTIFICATE

1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 286114

State: *Illinois* County: *Lasalle*
 Post Office: *Ottawa May 30th, 1881.*

Applicant's service.

I hereby certify That I have carefully examined
Daniel Keff, late a Private in
 Co. *F*, 4th Reg't, *Ill. Cav.*
 in the service of the United States, who is an APPLICANT for an
 invalid pension by reason of alleged disability resulting from "*Disease*
of Liver & Spleen"

Degree of disability.

In my opinion the said *Daniel Keff*
 is *one half* incapacitated for obtaining his subsistence
 by manual labor from the cause above stated.

Origin.

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

Probable duration.

The disability is of *uncertain duration*

Particular description.

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

Height, *5 ft. 7 in.*; weight, *140*; complexion, *Light*
 age, *24*; pulse, *70*; respiration, *16*

I find the liver enlarged & hardened
 especially the left lobe. There is probably
 some adhesion to the diaphragm. The enlargement
 is slight but distinct & there is a hardened
 feeling upon pressure. The Spleen is also
 enlarged but not tender upon pressure. He
 suffers but little pain. is not jaundiced but
 is constipated & appetite irregular. & assimilation defective.
 From his own statement I learn he was for a year
 confined to his house after his discharge from the Army
 & has gradually been improving & is now able to do
 half a man's day's work.
 (He is a teamster) & did not think
 of applying for pension until after the
 "armorers act" - He is undoubtedly
 disabled but is slowly & surely improving

Chester Hard
 Examining Surgeon.

May 24

1 SURGEON'S CERTIFICATE 1

IN CASE OF

Vanil Jeff
Co. *F*, *H* Reg't, *Ill. Cav.*

Application for Pension.

No. *286114*

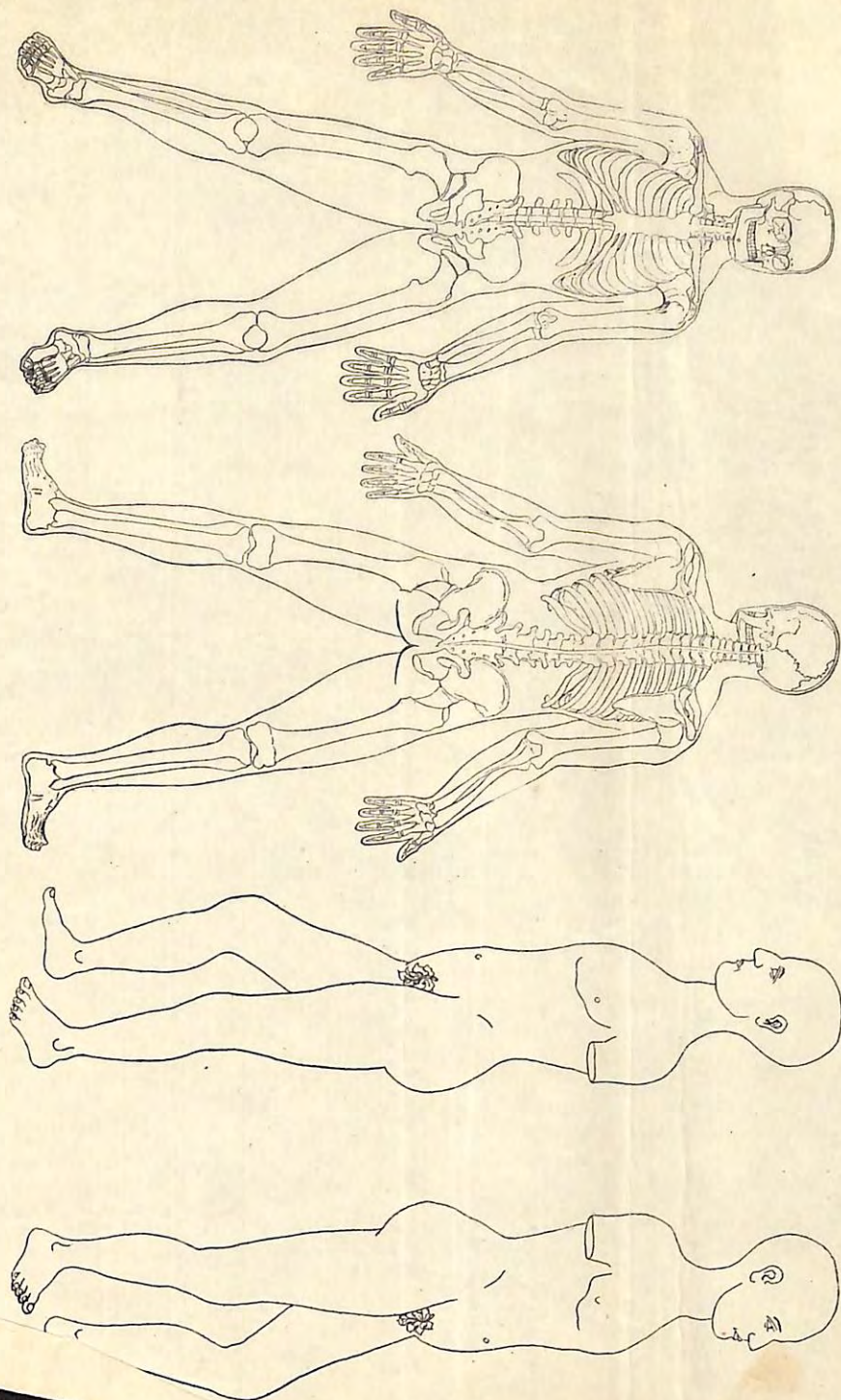
Date of Examination: *May*
30 188*7*

Chester Hard
Examining Surgeon.

Post Office, *Ottawa*
County, *LaSalle*
State, *Illinois*



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



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.

Pension Claim No.

Name and rank of claimant.

Rank,

Company.

Reg't.

(Post office address of the Board.)

Claimant's post office address.

(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.

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

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

Pulse rate per minute, 100; respiration, 22; temperature, 99; height, 5 feet 8 3/4 inches; weight, 160 pounds; age, 52 years.

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

He makes the following statement upon which he bases his claim for Increase of Pension. At Pittsburg Landing After Battle was taken Sick. Also claimed two diseases of Liver & Spleen was sent to Regt Hosp and from there was sent to St Louis Mo from there to Quincy Ill where I was discharged on act of disabilities enumerated since discharge have been troubled with Dyspepsia & Constipation I am not able to do 1/2 day's work

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.

Upon examination we find the following objective conditions: Liver enlarged & slightly nodulated easily detected below angle of Ribs also tenderness.
Spleen enlarged & tender
Conjunctiva slightly jaundiced
Increased with excessive lacrymation
Shin waxy and indicative of imperfect nutrition
Rectum Hemorrhoids well marked & roughness of surface
Acute possibly present strong tendency toward development of some lower portion of Abdomen Very prominent when standing
Dyspepsia surely present which is the result of Disease of Liver

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to 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.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, Very probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 7/8

Rate for each cause of disability.

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

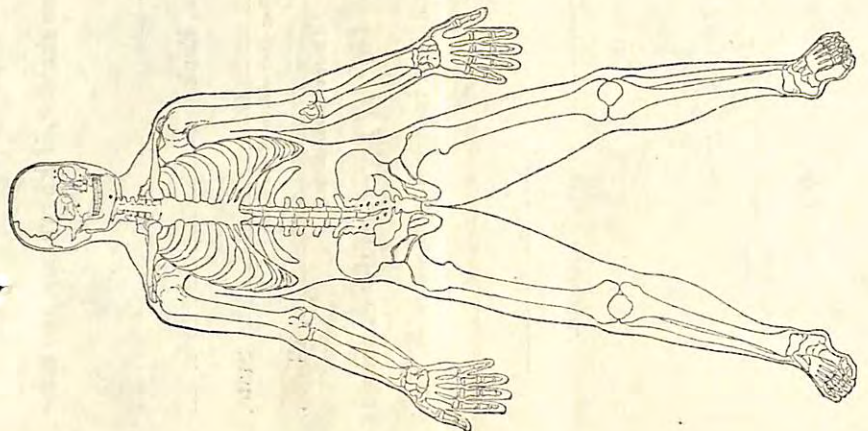
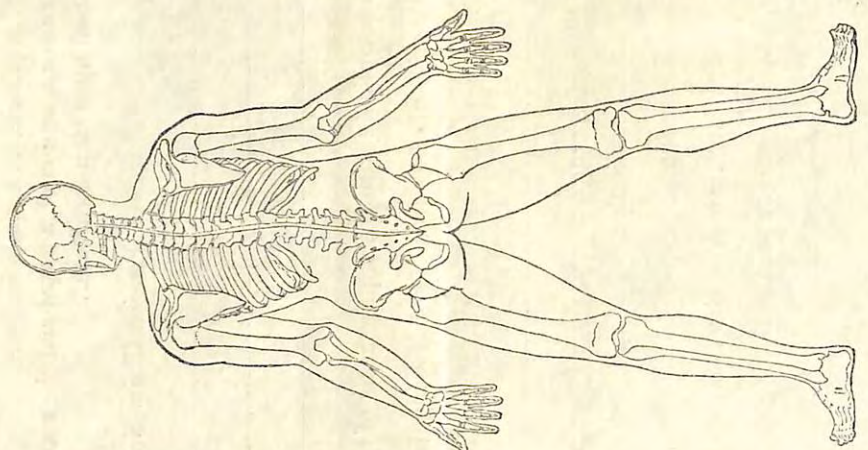
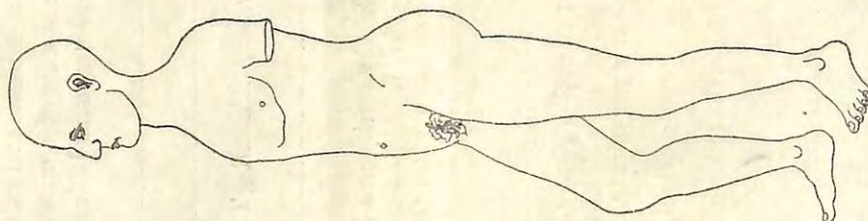
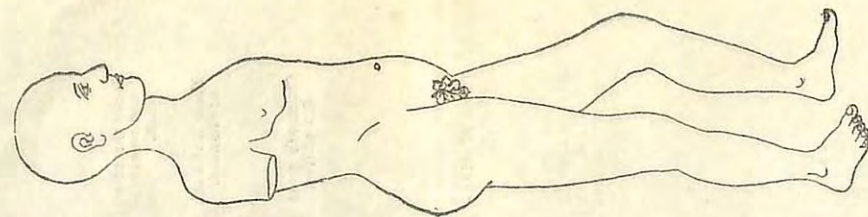
rating for the disability caused by Disease of Liver, 7/8 for that caused by Disease of Spleen, and 2/8 caused by Hemorrhoids & Disease of Rectum

* See the back.

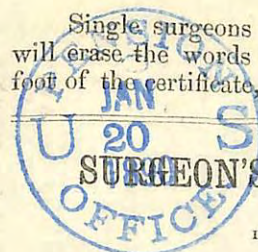
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. H. Rager M.D. Pres. B. B. Baker M.D. Sec'y. E. F. Purchase M.D. Treas.

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



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.



SURGEON'S CERTIFICATE

IN CASE OF

Daniel Hoff
Co. *H*, 4th Reg't *Ill Cav*

Applicant for *Increase Pay*

No. *197.816*

DATE OF EXAMINATION:

January 13th, 189*0*

J. R. Hazzard Pres.,
B. B. Baker Sec'y, } BOARD.
E. R. Hurdman Treas., }

Post office, *Courtis*

County, *Frontier*

State, *Nebraska*

P. S.—Write your Post-office address plainly 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.]

EW

DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS

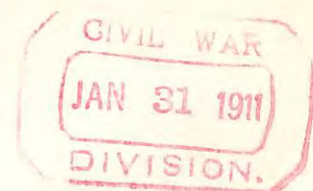
West Division,
Widow's Application, No. 900858,
by Sarah E. Neff, widow of Daniel Neff,
Company F 4th Regiment Illinois Vol. Cavalry.
State of Kansas,) SS.
Mitchell County, (

I, Isaac Neff, being first duly sworn upon oath depose and say that my name is Isaac Neff, that I am 61 years of age, that my Post Office address is Glen Elder, Mitchell County, Kansas, that I have known the claimant herein, Sarah E. Neff, the widow of Daniel Neff, ever since she became of marriageable age, that said Claimant was married to Daniel Neff, who served in Company F 4th Regiment Vol. Cavalry, on the 25th day of November, 1863, and that she had not been previously married.

Isaac Neff

I, R. W. THOM, a Notary Public in and for the County of Mitchell and State of Kansas, duly commissioned and qualified, do hereby certify that Isaac Neff, who is to me well known and a credible person, signed the foregoing affidavit in my presence and swore to the same before me at my office in Glen Elder, in Mitchell County, Kansas, and that before he signed and swore to the same that he knew the contents of the same; and that all erasures and interlineations, if any, were made before the oath was administered.

Dated January 2nd 1909. R. W. Thom
Notary Public.
My Commission Expires Oct. 21, 1910



John Purnell

DEPARTMENT OF THE INTERIOR,, BUREAU OF PENSIONS.

West Division,

Widows Application, No. 900858,

by Sarah E. Neff, widow of Daniel Neff,
Company F 4th Regiment Illinois Vol. Cavalry.

State of Nebraska,) SS.
Perkins County, (

I, *John Purnell*, being first duly sworn upon oath depose and say that my name is *John Purnell*, I am *54* years of age, my Post Office address is *Madrid* in Perkins County, that my occupation is *Postmaster*, that I have lived in Perkins County for more than twenty years, and that during all that time I have know the Claimant, Sarah E. Neff, personally, and also personally knew said Daniel Neff until the time of his death on July 10th, 1908; that during all these years that I knew him said Claimant. Sarah E. Neff and Daniel E. Neff were living together, as husband and wife and were so living together at the time of his death, that at the time of his death they had a family of eight children living, and that they were never divorced.

I, *O. F. Hastings*, a Notary Public in and for the County of Perkins and State of Nebraska, duly commissioned and qualified, do hereby certify that *John Purnell*, who is to me well known and a credible person, signed the foregoing affidavit in my presence and swore to the same before me at my office in *Grauer* in Perkins County, Nebraska, and that before he signed and swore to the same he knew the contents of the foregoing affidavit; and that all erasures and interlineations, if any, were made before the oath was taken.

My commission Expires July 25, 1912.

O. F. Hastings
Notary Public.



DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS.

West Division,
Widow's Application, No. 900858,
by Sarah E. Neff, widow of Daniel Neff,
Company F 4th Regiment Illinois Vol. Cavalry.
State of Kansas,) SS.
Mitchell County, (

I, Isaac Neff, being first duly sworn upon oath depose and say that my name is ISAAC NEFF, that I am 61 years of age, that my Post Office address is Glen Elder, Mitchell County, Kansas, that I have known the claimant herein, Sarah E. Neff, the widow of Daniel Neff, ever since she became of marriageable age, that said Claimant was married to Daniel Neff, who served in Company F 4th Regiment Vol. Cavalry, on the 25th day of November, 1863, and that she had not been previously married.

Isaac Neff

I, R. W. THOM, a Notary Public in and for the County of Mitchell and State of Kansas, duly commissioned and qualified, do hereby certify that ISAAC NEFF, who is to me well known and a credible person, signed the foregoing affidavit in my presence and swore to the same before me at my office in Glen Elder, in MITCHELL County, KANSAS, and that before he signed and swore to the same that he knew the contents of the same; and that all erasures and interlineations, if any, were made before the oath was administered.

Witnessed January 2, 1909. R. W. Thom
Notary Public.
My Commission Expires Oct. 21, 1910



JAN 5 1911
DIVISION.

Div.

Ex'r,

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., *Feb. 14th*, 1898.

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,

Mr. Daniel Niff
Madison,
Mo.

A. C. Brown
Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: *yes my wife's name is Sarah Elizabeth Niff ne Sarah Elizabeth Rector*

No. 2. When, where, and by whom were you married? Answer: *was married at*

Harrison Ohio on November 25th AD 1863 by a justice of the Peace

No. 3. What record of marriage exists? Answer: *in my Family Bible &*

also a Record of marriage Recorded at Cincinnati Ohio

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: *never married before*

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: *eight children living as follows Fannie May*

Niff Born May 17th 1864 Jane Elizabeth Niff Born July 12th

1865, Mary Alameda Niff Born Sep 7th 1867, Joseph Enoch

Niff Born Sept 9th 1871, Daniel Benjamin Niff Born

April 24th 1874, Susan Lilly Niff Born February 18th 1877

William Madison Niff Born Aug 26th 1881, Charles Oren Niff

Born July 22th 1884

Date of reply, *February 28th*, 1898.

Daniel Niff
(Signature)

Madison Perkins county
Nebraska

DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS.

West Division,

Widow's Application, No. 900858,

by Sarah E. Neff, widow of Daniel Neff,

Company F 4th Regiment Illinois Vol. Cavalry.

State of Nebraska,) SS.
Perkins County, (

aged sixty six years, Post-Office, Madrid, Nebraska,
I, Sarah E. Neff, being first duly sworn upon oath deposes and says,
that I am the widow of Daniel Neff, deceased, formerly a member of Company
F 4th Regiment Illinois Vol. Cavalry, that said Daniel E. Neff died at
Madrid in Perkins County, Nebraska July 10th, 1908; that the affiant's
maiden name was Sarah E. Rector, that the Affiant and the said Daniel Neff
were married at Harrison, Hamilton County, Ohio on the 25th day of November,
1863; that we were married by a Justice of the Peace residing at Harrison,
Ohio, but the Affiant is unable to give the name of the Justice of the Peace,
but remembers that he was an elderly, gray-haired man at that time, November
25th, 1863, and has doubtless since died; that there were three witnesses of
the said marriage, namely: the wife of the said Justice of the Peace, an
elderly lady at that time, and their son, a young man about thirty five or
forty years of age, as I would suppose, and the said Justice of the Peace;
that there were no other witnesses present at the time of the ceremony;
that there was no certificate of the said marriage furnished by the said
Justice of the Peace, nor was there any Church record of said marriage, of
which Affiant has any knowledge, and the Affiant is unable to produce any
affidavit of any witnesses of said marriage; that Affiant by her Attorney,
B. F. Hastings, caused application to be made to the Probate Judge of
Hamilton County for a certified copy of the record of said marriage, and
was furnished by said Probate Judge with a certificate that the marriage
records of said County for the year 1863 were partially lost or destroyed
in the burning of the Court House in the city of Cincinnati in the state of
Ohio on the 29th day of March, 1884, and that the remaining records do not
disclose the entry of the record of the said marriage; that the said
certificate is hereto attached and made a part of this affidavit.

Sarah E. Neff

I, B. F. Hastings, a Notary Public in and for the County of Perkins, and
State of Nebraska, duly commissioned and qualified do hereby certify that
Sarah E. Neff, widow of Daniel Neff, deceased, who is to me well known and
a credible person signed the foregoing affidavit in my presence and swore
to the same before me at my office in Grant in Perkins County, Nebraska,
and that before she signed and swore to the same that she knew the contents
of the foregoing affidavit; and that all erasures and interlineations, if
any, were made before the oath was administered.

Related Dec. 25th 1908

B. F. Hastings
Notary Public.



DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS.

West Division,

Widow's Application, No. 900858,

by Sarah E. Neff, widow of Daniel Neff,

Company F 4th Regiment Illinois Vol. Cavalry.

State of Nebraska,)

Perkins County, { SS.

aged sixty six years, Post-Office, Madrid, Nebraska,
I, Sarah E. Neff, being first duly sworn upon oath depose and say that I am the widow of Daniel Neff, deceased, formerly a member of Company F 4th Regiment Illinois Vol. Cavalry, and that prior to her marriage to the said Daniel Neff on November 25th, 1863 she, the claimant had not been previously married, but that she the said claimant, had lived with and co-habited with the said Daniel Neff continuously from the date of their said marriage, November 25th, 1863 until his death July 10th, 1908 in the relation of husband and wife.

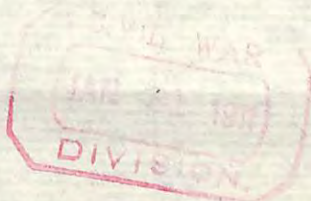
Sarah E. Neff

I, B. F. Hastings, a Notary Public in and for the County of Perkins, and State of Nebraska, duly commissioned and qualified do hereby certify that Sarah E. Neff, widow of Daniel Neff, deceased, who is to me well known and a credible person signed the foregoing affidavit in my presence and swore to the same before me at my office in Grant in Perkins County, Nebraska, and that before she signed and swore to the same she knew the contents of the foregoing affidavit; and that all erasures and interlineations, if any, were made before the oath was administered.

Dated Dec 25th 1908

B. F. Hastings
Notary Public.

My commission expires July 25, 1912



DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS.

West Division,

Widow's Application, No. 900858,
by Sarah E. Neff, widow of Daniel Neff,
Company F 4th Regiment Illinois Vol. Cavalry.

State of Nebraska,)
Perkins County,) SS.

Frank Wheeler Post-Office, Madrid, Perkins County, Nebraska,
being first duly sworn upon oath deposes
and says, that I am 34 years of age, that I was personally well acquainted
with Daniel Neff, who served in Company F 4th Illinois Vol. Cavalry in the
Civil War of the United States for the period of 5 years immediately
before his death. That during the time I knew him the said Daniel Neff lived
in or near the village of Madrid in Perkins County, Nebraska; that on the
morning of the 10th day of July, 1908 the Applicant herein, Sarah E. Neff,
the widow of the said Daniel Neff, called me to his residence in the
village of Madrid and I there found in his residence the corpse or remains
of the said Daniel Neff, he having died there about five o'clock in the
morning and I was called there a few moments later, and examined the body
and remains, and found life extinct; that I assisted in his burial in the
village of Madrid on the ensuing day, July 11th, 1908. That there was no
attending physician at the time of his death, nor is there any public
record of the same.

Frank Wheeler
I, A. L. Bourquin a Notary Public in and for the County of Perkins, and
State of Nebraska, duly commissioned and qualified do hereby certify that
Frank Wheeler, who is to me well known and a credible person signed the
foregoing affidavit in my presence and swore to the same before me at my
office in Madrid in Perkins County, Nebraska, and that before he signed
and swore to the same that he knew the contents of the foregoing affidavit;
and that all erasures and interlineations, if any, were made before the
oath was administered.

A. L. Bourquin
Notary Public.



DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS.

West Division,

Widow's Application, No. 900858,
by Sarah E. Neff, widow of Daniel Neff,
Company F 4th Regiment Illinois Vol. Cavalry.

State of Nebraska,)
Perkins County,) SS.

W. K. Labor

Post-Office, Madrid, Perkins County, Nebraska,
being first duly sworn upon oath deposes

and says, that I am 42 years of age, that I was personally well acquainted with Daniel Neff, who served in Company F 4th Illinois Vol. Cavalry in the Civil War of the United States for the period of 4 years immediately before his death. That during the time I knew him the said Daniel Neff lived in or near the village of Madrid in Perkins County, Nebraska; that on the morning of the 10th day of July, 1908 the Applicant herein, Sarah E. Neff, the widow of the said Daniel Neff, called me to his residence in the village of Madrid and I there found in his residence the corpse or remains of the said Daniel Neff, he having died there about five o'clock in the morning and I was called there a few moments later, and examined the body and remains, and found life extinct; ~~that I assisted in his burial in the village of Madrid on the ensuing day, July 11th, 1908.~~ That there was no attending physician at the time of his death, nor is there any public record of the same.

W. K. Labor

I, A. L. Bourquin a Notary Public in and for the County of Perkins, and State of Nebraska, duly commissioned and qualified do hereby certify that W. K. Labor, who is to me well known and a credible person signed the foregoing affidavit in my presence and swore to the same before me at my office in Madrid in Perkins County, Nebraska, and that before he signed and swore to the same that he knew the contents of the foregoing affidavit; and that all erasures and interlineations, if any, were made before the oath was administered.

A. L. Bourquin
Notary Public.



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.

Pension Claim No.

Name and rank of claimant.

Rank,

Company 7, 4 Reg't

North Platte Neb

State,

Claimant's post office address.

Madrid Neb

Feb'y

(Post office address of the Board.)

(Date of examination.)

188 5

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.

Disease of liver & spleen

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

and that he receives a pension of \$14 dollars per month.

Pulse rate per minute, 100; respiration, 24; temperature, 98 4/5; height, 5 feet 6 inches; weight, 150 pounds; age, 52 years.

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

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

My disease is increasing, am not as well as heretofore - Have fainting spells and confined to bed from two to ten days at a time - These spells occur about once in two months - Have pain in right & left sides - Pain in stomach & belch up my food - Am quite nervous at times - Giddy at times - am constipated - cannot do more than 1/2 day work

Upon examination we find the following objective conditions:

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.

Tenderness and enlargement of liver & spleen - Tympanitis of bowels. Tenderness at pit of stomach - Tip & edges of tongue red; but clean - Skin Normal - No ascites - no diarrhea - find signs of dyspepsia Nutrition fair Condition of heart Normal

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as a 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.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, and probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a rating for the disability caused by disease of liver & spleen for that caused by, and caused by

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.

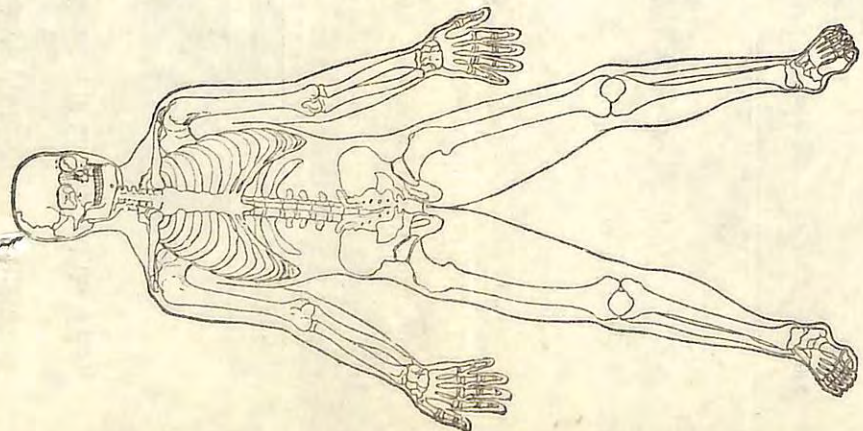
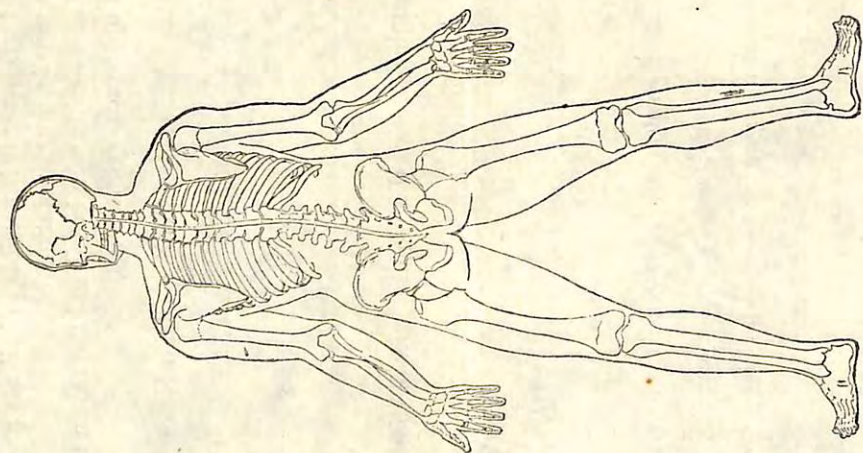
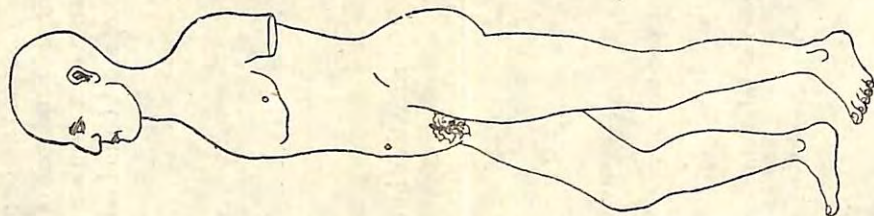
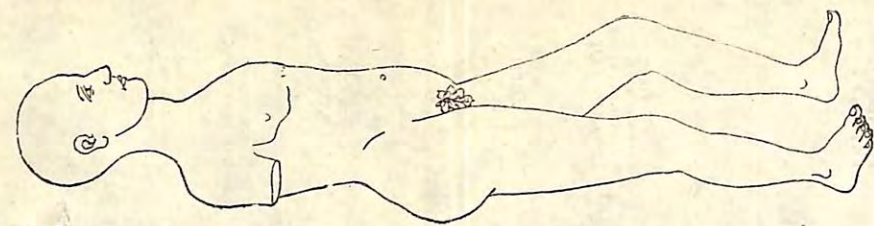
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

Pres.

Sec'y.

Treas.

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



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.

SURGEON'S CERTIFICATE

Haff Laurel

Co. *7*, *4* Reg't *Ill Cav*

Applicant for _____

No. *197,576*

DATE OF EXAMINATION:

Feb'y 1st, 188*8*.

_____, Pres.,
J. H. Longley, Sec'y,
Examining Surgeon, Treas., } BOARD.

Post office, *No. Platte*

County, *Lincoln*

State, *Nebr*

P. S. Write your Post-Office address plainly 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.]

THE STATE OF OHIO, }
HAMILTON COUNTY, } ss.

PROBATE COURT.

Chas. F. Malsbary

I, ~~CARL L. NIPPERT~~, Sole Judge and Ex-Officio Clerk of the PROBATE COURT within and for the County aforesaid, do hereby certify that the marriage records in this Court for the year 1863 were partially lost or destroyed in the burning of the Court House in the City of Cincinnati, County and State aforesaid on the 29th day of March, A. D. 1884.

That I have examined the records preserved from said fire and also the records since partially restored but find that said records do not disclose the entry of a marriage between Daniel Neff & Sarah Elizabeth Rector alleged to have taken place in this County pursuant to a marriage license issued from this Court on the 25 th. day of November A. D. ~~1884~~ 1863. And that if a record of such marriage existed previous to said 29th day of March, A. D. 1884, the same is not now in my possession or under my control.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the said Court at Cincinnati, this 15 th. day of July A. D. 1908.

Chas. F. Malsbary.

~~CARL L. NIPPERT~~

Probate Judge and Ex-Officio Clerk.

By

H. A. Taylor

Deputy Clerk.

ACT OF APRIL 19, 1908.

WIDOW'S PENSION.

716673
Dis M.
Claimant, Sarah E. Neff ✓ Soldier, Donich Neff ✓
P. O., Madrid ✓ Rank, Private ✓; Co. E. F. ✓
County, Perkins; State, Nebraska ✓ Regiment, 4 Illinois Vol. Co. ✓
Rate, \$12 per month, commencing July 20, 1908, and \$2 additional for each child, as stated below:

All pension to terminate _____, 1 _____, date of _____

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

{ 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.

B. & S.
77A
1916 73

AUG 20 1916

INCREASED TO \$40 PER MONTH FROM
JUNE 4, 1928 - ACT MAY 23, 1928
A.C.S.

No RECOGNIZED ATTORNEY.

Name, _____ Fee, \$ _____; Agent to pay.

P. O., _____

APPROVALS.

Submitted for admission Feb 4, 1911; Schwartz, R. B., Examiner.Approved for admission under Act of April 19, 1908.February 6, 1911, A. D. Albert
Reviewer.Feb 7, 1911, T. M. Riffel
Reviewer.The soldier was pensioned at \$ 15 per month for Ret Feb 6, 1904.Enlisted, September 19, 1861 Soldier's application filed May 14, 1879.honorably disch'd, February 23, 1863 Clt's app'n under other laws, None, 1 ✓Reenlisted, No other service, 1 ✓ Former marriage of None, 1 ✓honorably disch'd, _____, 1 ✓ Death } of former None, 1 ✓
Divorce }Died, July 10, 1908 Clt's marriage to soldier, November 25, 1863, 1 ✓Declaration filed, July 20, 1908 Clt. not remarried, Not divorced, 1 ✓Claimant _____ write. E. M. Morris, M. C.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

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.

Increase Pension Claim No. 197516
Name of claimant. Daniel Keff
Company F. 4 Reg't 2nd Col Cav Address of Board. { Ogalala P. O.
{ Ketr State.
Claimant's post-office address. Madrid Mo March 30th, 1904
[Date of examination.]

Disease of liver & spleen also claims additional disabilities Piles & Rheumatism. Syphilis, general disability. He receives a pension of Eight dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: disease of liver & spleen during war Piles during civil war rheumatism during civil war general disability resulted from the disease & has increased of late on account of age
Birthplace, Hamilton Co Ohio; age, 69 years; height, 5 ft 9 in, weight, 140 pounds; complexion, fair; color of eyes, blue; color of hair, brown; occupation, Cooper; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:
Pulse rate, 78 96 108; respiration, 20 24 30; temperature, 99.
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

disease of liver palpation & percussion increased on percussion condition of liver extending below margin of floating ribs under one pressing with a constant burning pain no jaundice but simply a result of congestion from engorged portal vein spleen a rating of 9/8 given for disease of liver not due to vicious habits spleen no evidence of disease of spleen no rating given for disease of spleen Piles. The applicant is afflicted with protruding hemorrhoids there is one sigmoid externally the 1 1/4 in in diameter denuded of mucus membrane on one side there are five or six tumors from 1/2 to 3/4 in in diameter completely surrounding the anal orifice sensitive to touch a rating of 8/8 given for piles. Rheumatism The applicant is afflicted with a general subacute form of rheumatism with stiff joints weak back walks in a stooping position general disability The applicant presents the appearance of being poorly nourished and of an infirm physique a rating of 4/5 given for general disability & rheumatism and is in the opinion of this board totally disabled for the performance of manual labor other than these no other disabilities are found to exist

Assignments, Sec'y. Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

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

"I hereby certify that Dr. _____, Dr. _____, and Dr. _____, were personally present and actually participated in the examination of _____, the claimant in this case, on _____ day of _____, 190 _____."

(Signature.) _____

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

"I, _____, 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 **APR -7 1904**

Daniel A. Jeff
Co. *F*, *H* Reg't *2nd Col Cav*

APPLICANT FOR *Increase*

No. *197816*

DATE OF EXAMINATION:

March 30, 190 *4*

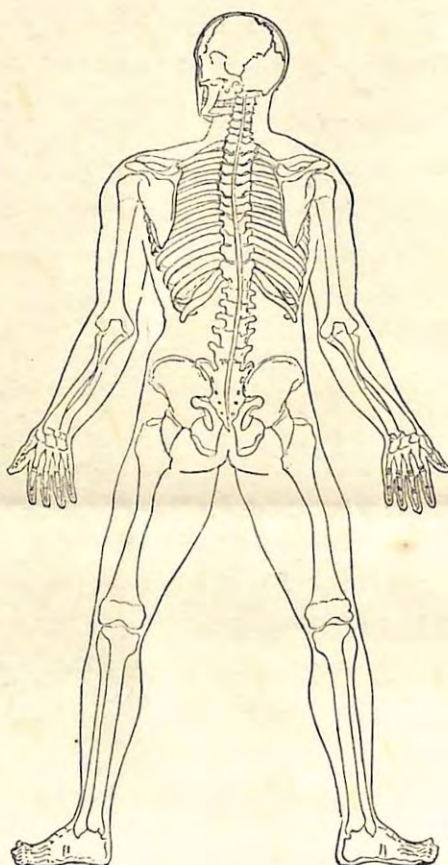
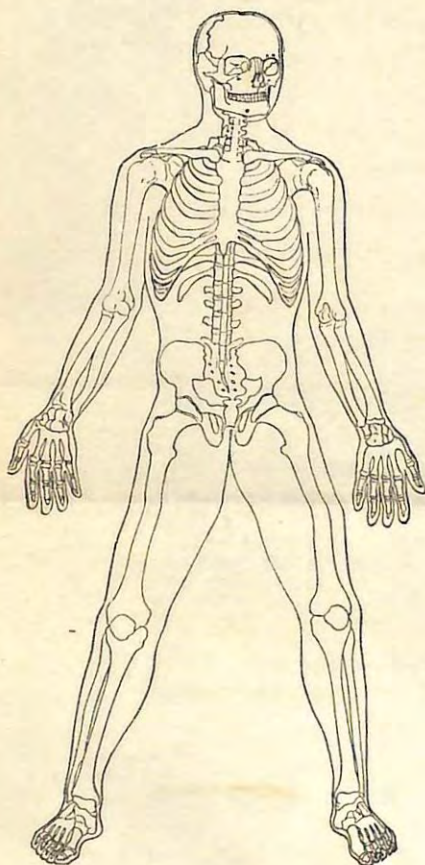
A. H. Williams } BOARD.
Pres., Sec'y, Treas.,

Post office, *Cyprus*

County, *North*

State, *Arkansas*

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-552 a



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

D.H.
M
Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., APR -7 1904

~~Board of~~ U. S. Examining Surgeons, *Ogallala. Mbr.*

Dr. A. Hallingworth ~~Secretary.~~
Gentlemen: *Sir;*

In the case of *Daniel Neff, Co F, 4th R, Ill V. Cav.*
CH No. 197816 whom you examined on *March 20th 04*
further information is desired as indicated below. Please write
your amendment upon the accompanying blank and forward it
promptly in the inclosed envelope, together with this letter.
It should be dated, and signed by each member who participated
in the examination.

If it is necessary to recall the applicant, he may be
addressed at *Madrid. Mbr.*

*Disease of the heart appears on the order as an
alleged disability which has not been disproved, and
you are respectfully requested to report on the same
in accordance with par. 73, Book of Inst. 1902.*

Rheumatism:

*Is there atrophy of muscles, contraction
of tendons, enlargement of joints or limitation of
motion? If so, state the parts affected, and the ex-
tent of each. See par. 74, Book of Inst. 1902.*

*Also state a rate for rheumatism, independent
of general debility.*

Chronic Diarrhoea:

*Please state the condition of the skin,
tongue, stomach and bowels. See par 95. Inst. 1902*

*Are there any evidences of venereal disease
or other indications of vicious habits.*

See par. 68. Book of Inst. 1902

Sam Houston

Medical Referee.

A. Hallingworth
Pres.

Sec'y.

Treas.

3-156.
(Old No. 3-111 g.)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Pension Claim No. 197816
Name of claimant. Daniel Jeff.
_____, Company 1st Reg't Ill. V. Cav.

Address of Board. { Ogallala
Nebr.
March 30", 1904
[Date of examination, not of amendment.]

EXAMINATION--Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Amended April 16th 1904
No evidence of organic heart disease
as is evidenced by auscultation & percus-
sion or condition of circulation
Rheumatism no contraction of tendons
atrophy of muscles or limitation of motion
or tenderness of joints. Stiffness upon
exercise of function but simply a want
of a gility owing to age & gradual
destitution of system the Applicant
presenting the appearance of poor health
& hard work during life time

Marginal entries must never be made.

A. H. Jenningsworth, Pres.

_____, Sec'y.

_____, Treas.

2nd return
Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., APR 22 1904

Board of U. S. Examining Surgeons, *Ogallala, Nebr.*

Dr. *A. Hollingworth* *Secy.*

Gentlemen: *Sir:*

In the case of *Daniel Neff, Co F 4 R, Ill V. Cav.*
CH No. 197.816 whom you examined on *March 20/1904*
further information is desired as indicated below. Please write
your amendment upon the accompanying blank and forward it
promptly in the inclosed envelope, together with this letter.
It should be dated, and signed by each member who participated
in the examination.

If it is necessary to recall the applicant, he may be
addressed at *Madrid Nebr.*

Under date of April 7th 1904 you were requested
to amend the certificate of the above named claim
ant; dated March 20-1904, by stating whether or
not there are any evidences of venereal disease
or other indications of vicious habits.

Also to state the condition of the skin, tongue
stomach and bowels. Your attention was called
to pars. 68 & 78, respectively.

You were also requested to recommend a
rate for rheumatism, independent of general
debility. You have failed to comply with
these requests. The certificate can not be
acted upon, until such amendment has
been made. Please comply with the above
requests,

Sam Houston

Medical Referee.

A. Hollingworth

, Sec'y.

, Treas.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No. 197816
Daniel Neff
_____, Company D 4, Reg't Ill, V Co

Address of Board.

Ogallala
Nebr
March 28, 1904

[Date of examination, not of amendment.]

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

April 28th 1904 No evidence of malarial disease the disabilities are not due to vicious habits. Skin presents a dry condition with a slight coat of brownish scales over the face. Digestive not good all the time. Appetite irregular bowels incline most of the time to constipation with tendency to melioidosis of stomach & bowels. A tating of 78 given for rheumatism.

Marginal entries must never be made.

A. H. Heringworth

, Sec'y.

, Treas.

CIVIL SURGEON'S CERTIFICATE.

Insert character and number of claim.

Pension Claim No.

197816

Name of claimant.

Daniel Hef

Address of Surgeon.

Grant

P. O.

Claimant's post-office address.

Company E Reg't 5th Ill. Cav.

Helm.

State.

Feb 3

, 1906

[Date of examination.]

Cause of disability.

Exposure while in service

He receives a pension of Twelve 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: Originated from time of service and was caused by exposure to inclement weather - sleeping out without shelter cause him acute pain at times - with lowered vitality

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, Cincinnati, Hamilton Co. Ohio; age, 71 years; height, 5 ft 8 in; weight, 140 pounds; complexion, fair; color of eyes, light blue; color of hair, now white; occupation, Retired; permanent marks and scars other than those described below, vaccination marks on each arm.

I hereby certify that upon examination I find the following objective conditions:

Pulse rate, 70; respiration, 20; temperature, 98.4;

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

Here describe all physical and rational signs of disability and give the condition of the vital organs as revealed by inspection, palpation, percussion, and auscultation. State general appearance.

Inspection and palpation reveals nothing abnormal in the symmetry or shape of chest.

The apex beat is heard most distinctly in the left 5th interspace, almost on the mammillary line.

The area of cardiac dullness practically limited to the following boundaries viz - a line dropped from the 4th Cartilage down along the left border of the sternum - and another line dropped from the same point as the first to the 6th rib on the parasternal line.

I detect no heart murmurs, dilatation or hypertrophy. There is no dyspnea, the respiratory movements are easy and without friction.

He has the abdominal type of respiration, with 3 in of respiratory expansion.

There is no edema or cyanosis.

Carefully comply with the slip of instructions of the Medical Referee.

The actual or probable origin of every existing disability must be fully set forth.

State whether or not there are any indications of venereal disease or vicious habits.

I find nothing pointing to venereal disease or other vicious habits.

State to what extent the claimant is disabled.

He has 5 pile tumors (external) one large one, the others small. The mucous membrane of rectum is of stagnant, bluish, congested character. These piles inconvenience him to the extent that he is not able to be upon his feet but little on account of their bleeding, protruding and causing pain. Probable cause was a chronic diarrhoea brought on by the use of indigestible food.

F. M. Bell M.D.

(Civil) Examining Surgeon.

N. B.—Forward a certificate of examination whether a disability is found to exist or not. Do not use backs of certificates for any purpose other than indicated by printed matter thereon. If additional space is needed to complete report of examination use inclosed additional blank certificate properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must not be made.

I HEREBY CERTIFY that I am personally acquainted with Dr.

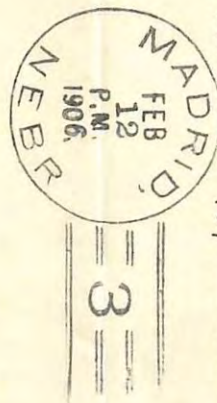
Wm. B. Bell

who has signed this paper, and know that his reputation for skill and integrity is good.

Dated at *Madrid, Neb.* this *12* day of *February*, 1906

John Burnell

Postmaster.



JAN 17 1906
JAN 17 1906



3-157.

CIVIL SURGEON'S CERTIFICATE

IN CASE OF

Daniel Neff

Co. *74* Reg't *Ill Cav*

Applicant for *inc*

No. *197.816*

DATE OF EXAMINATION:

Feb 3, 1906

F. M. Bell M.D.

(Civil) Examining Surgeon.

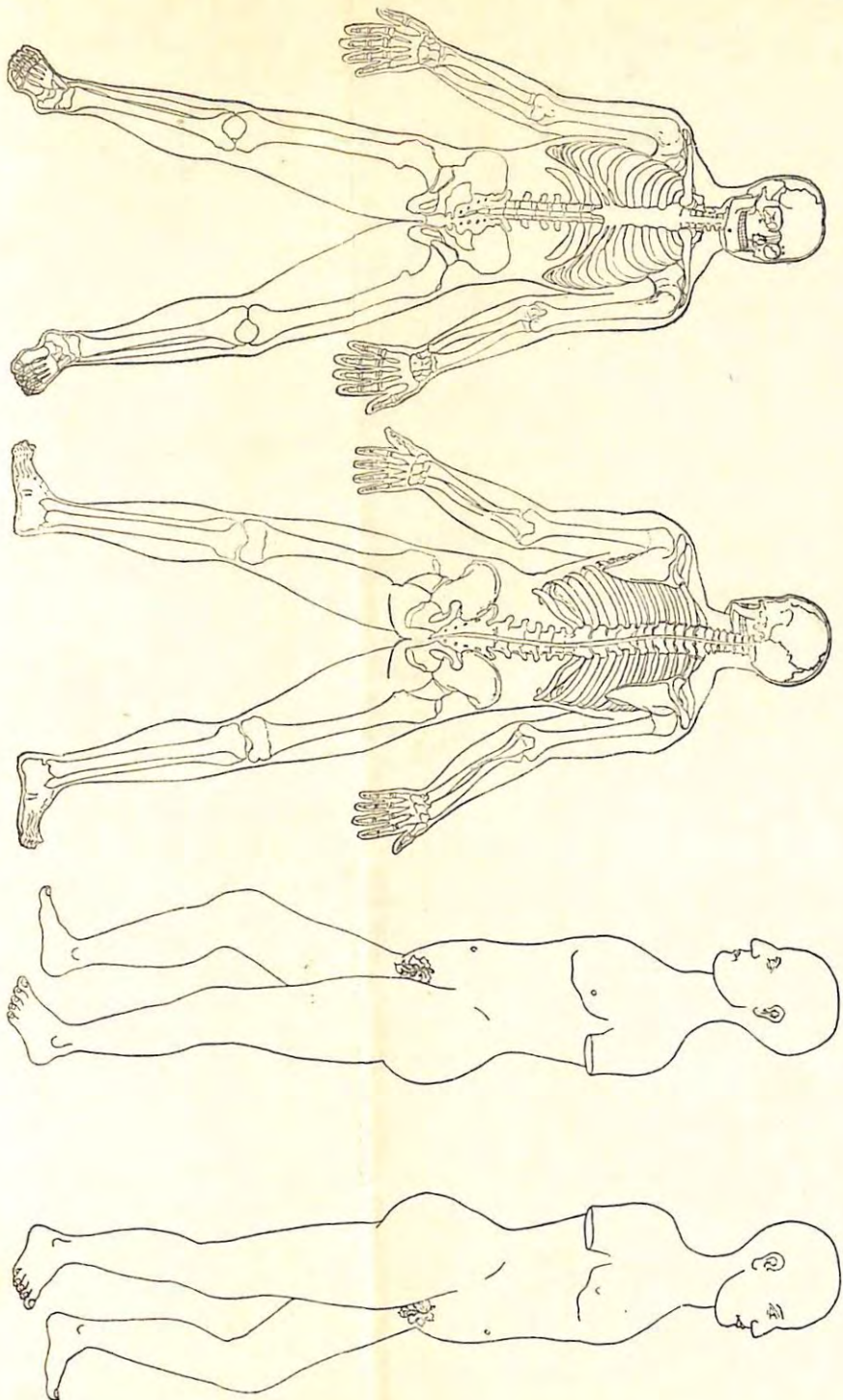
Post Office, *Grant*

County, *Perkins*

State, *Nebr.*

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

DOCTOR: When completed, return report to postmaster for certification; it can not be accepted without same.



SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No. 197816
Daniel Hefz.
_____, Company B, Reg't 5th Ill. Cav.

Address of Board.

Isant-Mich.July 3

[Date of examination not of amendment.]

, 1906

EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Urinalysis - Sp. 1024 Slightly acid - slight trace of albumin. With some evidence of slight cystitis
Physical examination reveals nothing abnormal in the kidneys.I find some enlargement of the spleen but no tenderness over that viscusThere is considerable tenderness over the region of the gall bladder and some tenderness over the entire hepatic region
The right lower portion of the liver is somewhat enlarged and falls below the normal liver boundaries - it is smooth to touch.

Marginal entries must never be made.

F. M. Bell
per WWA

_____, Pres.

_____, Sec'y.

_____, Treas.

Do not use the back of this blank for any purpose except as indicated.

Civil Home

✓

SURGEON'S CERTIFICATE

IN CASE OF

Daniel Huff

Co. F, 4 Reg't Ill Cav.

Applicant for Signature

No. 147816

DATE OF EXAMINATION:

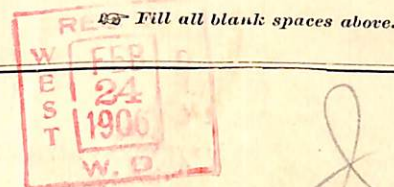
Feb. 3, 1906

_____	, Pres.,	} BOARD.
<u>F. M. Bell</u>	, Sec'y,	
<u>per W. D.</u>	, Treas.,	

Post-office, Grant

County, _____

State, Ut.



J. L. J.

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.

June

Pension Claim No.

197816

Name and rank of claimant.

Daniel Heff

Rank,

Priv

Company

F, 4 Reg't 2d vol

Ogdena Hebr

State,

Claimant's post-office address.

Madrid Hebr

[Post-office address of the Board.]

[Date of examination.]

, 189 *2*

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: *Dis of Liver & Spleen dyspepsia & piles*

Cause of disability.

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

and that he receives a pension of

\$ Eight

dollars per month.

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

Increase

[Original, increase, restoration, &c.]

I feel that my disabilities have increased

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

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *18*; temperature, *98°*; height, *5* feet *8* inches; weight, *150* pounds; age, *57* years.

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

Disease of liver. The liver is enlarged $\frac{1}{2}$ & tender on inspection. Spleen is also enlarged $\frac{1}{2}$ & tender on inspection. See diagram.
Dyspepsia. The applicant is affected with dyspepsia as is evidenced by acid eructations & occasional emesis.
Piles. There exists three piles one of them is 1 in in diameter. The others $\frac{1}{2}$ in. Mucous membrane of rectum congested. He is troubled with chronic constipation. Bowels seldom move only under the influence of a purgative.
Other than these no other disabilities are found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a

8/18

rating for the disability caused by

Dis of Liver & Spleen

7/18

for that caused

by

Piles

, and

for that caused by

R.D. Harris

Pres.

A. Holliman

Sec'y.

W. L. Foster

Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Daniel Webb
Co. *H*, Reg't *2d*

Applicant for *mc*

No. *19986*

DATE OF EXAMINATION:

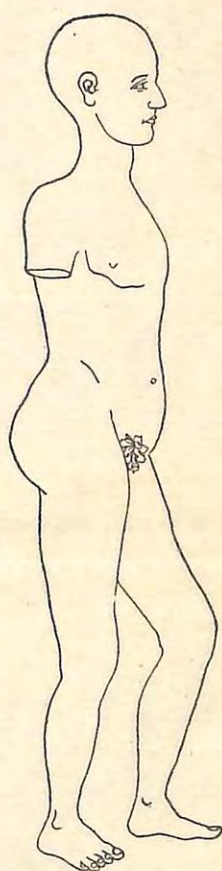
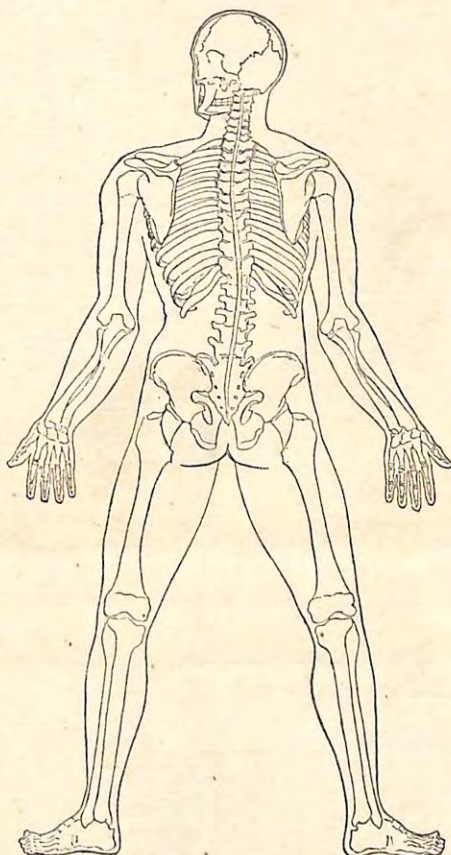
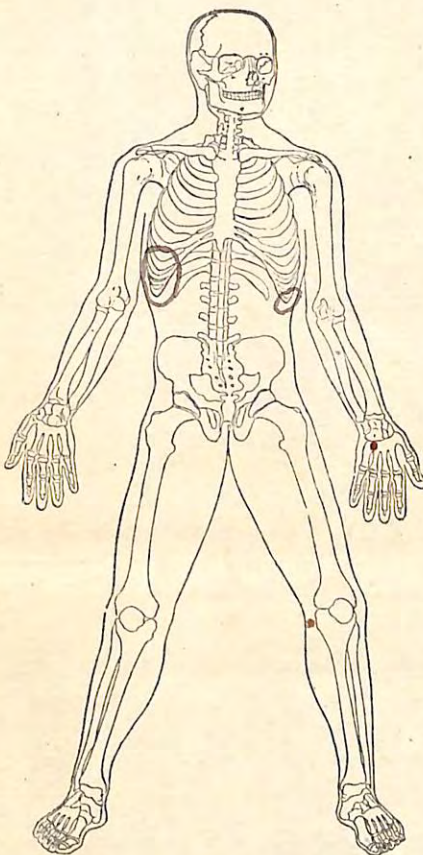
Sept-7th, 189*2*

R. D. Harris, Pres.,
A. H. H. H. H. H., Sec'y,
C. A. H. H. H., Treas.,
BOARD.

Post office: *Opalula*
County, *Shenandoah*
State, *West*

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

White



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.]

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.

Increase

Pension Claim No. 197, 816

Name and rank of claimant.

Daniel Neff

Rank, Priv

Company A, 4 Reg't Ill Cor

Grant Neff

State,

Claimant's post-office address.

Madrid

Aug 31

[Date of examination.]

, 1898.

I 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: Disease of Liver and Spleen. Dyspepsia And Piles. Disease of rectum General disability & Rheumatism

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

and that he receives a pension of Eight (\$8) dollars per month.

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

[Original, increase, restoration, &c.]

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

I was sent to hospital at Pittsburg Landing, for enlargement of Liver and Spleen. Affected with same ever since Dyspepsia first attack was at Fort Donaldson Disease of rectum is the Piles. General disability was resulted from the above. Rheumatism was contracted while at Pittsburg Landing. (Can give dates.) Claims to have been at Hospital 8 months.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 20; temperature, 99; height, 5 feet 10 inches; weight, 140 pounds; age, 63 years.

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

Disease of Liver & Spleen
At this date I find the following morbid conditions to exist in the right Hypochondrium: A heaviness. Tension. downward pressure, with a dislocation downward, with tenderness and somewhat enlargement, and complaints of some gastric derangement. And headache, palpitation and percussion reveals a sound, and the enlargement, as well as the tenderness and downward displacement, I also find an enlargement of anterior portion of the Spleen, and tender to some extent, and anterior portion swollen to almost to double its normal size. He claims that the liver & spleen has been diseased ever since the battle of Pittsburg Landing. At this date the heart's action is normal, tongue fairly clean. Skin rather tawny but not a jaundiced color, and not looking healthy.

This claimant is so disabled from disease of liver & spleen as to be incapacitated for the purpose of manual labor to the extent of 8/18 — Over

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by _____, for that caused by _____, and _____ for that caused by _____

_____, Pres. _____, Sec'y. _____, Treas.

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

Dyspepsia.

Is a result of disease of the liver, and the affection is sympathetic, and only affects him when the disease of the liver grows worse and is fully accounted for under the above heading No eating

Piles

I find this claimant badly affected with Piles. The exploration reveals the existence of four large Tumors, one of them is one and one fourth inch long by $\frac{3}{4}$ of an inch

SURGEON'S CERTIFICATE

IN CASE OF

Co. _____ Reg't _____

Applicant for _____

No. _____

DATE OF EXAMINATION:

189 _____

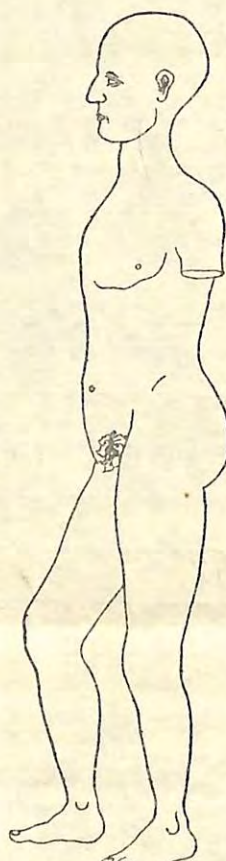
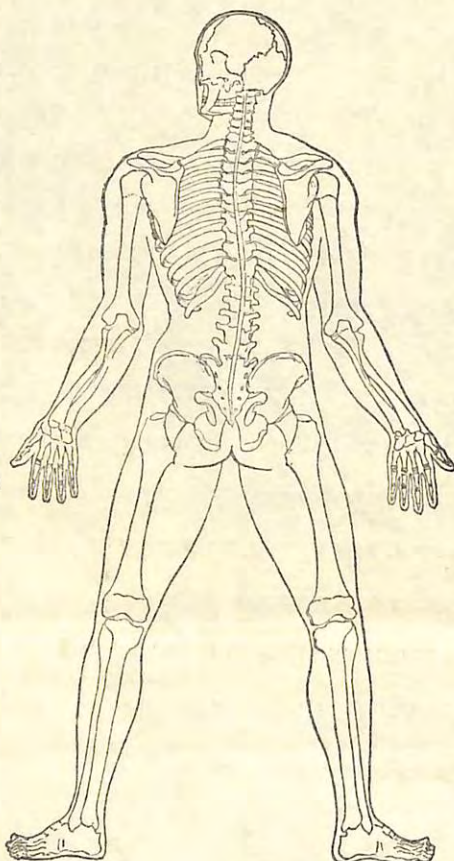
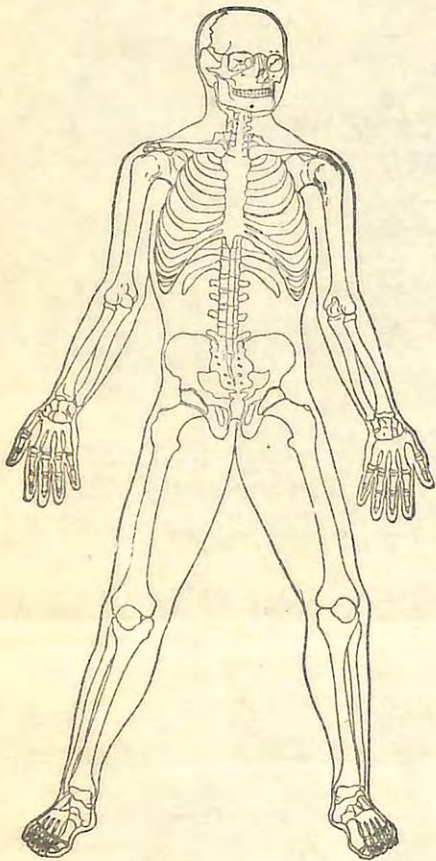
Pres., _____
Sec'y, _____
Treas., _____
BOARD.

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," 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.]

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character
and number of
claim.Name of claim-
ant.

Increase Pension Claim No. 197,816
 Daniel Neff
 F, Company H, Reg't Ill Cor
 [Rank.] Private Aug 31, 1898
 [Date of examination.]

EXAMINATION—Continued.

Wide, and three others $3/4$ of an inch in diameter, and are external. And as they almost cover the anus, and being tender I was not able to use the Speculum and to see if there was other tumors internal. He thinks there is none, and says the tumors have not been reduced for a number of years. So far as I could discover the rectum was not inflamed to any great extent. No bleeding at this time, but the tumors were considerably enlarged, and quite tender. There is no ulcer, fissure, or fistula that I could discover. The Skin, Stomach, Tongue, Liver and Spleen has been fully explained under the heading of disease of Liver & Spleen. And so far as I can judge the piles exists as a separate disability, and that the piles came on first while marching from Fort Henry to Fort Donaldson, and have attacks ever since gradually growing worse.

I find this Claimant is so disabled from Piles for the purpose of Manual labor to the extent of $8/18$

Disease of rectum.

Is fully explained under heading of Piles therefore No Rating

General disability

Is a result of the above described diseases, and not to the extent of a pensionable degree No Rating

Rheumatism

There is no enlargement of any joints or muscles or swelling of the same. No stiffness of the joints or contraction of the tendons. Heart is normal in action. There is no symptoms existing that would indicate any very severe attacks of rheumatism, or the results of the same. No Rating

J. W. Boyker
 Surg Gen Surgeon

, Pres.

, Sec'y.

, Treas.

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

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

(Signature.)

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

"I, _____, 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

Samuel Neff
Co. F, 4 Reg't Ill Cav-

APPLICANT FOR *Increase*

No. *197,816*

DATE OF EXAMINATION:

Aug 31, 189*8*

W. W. Barker, Pres.,
Sam. E. Smith, Sec'y,
Grant, Treas.,
BOARD.

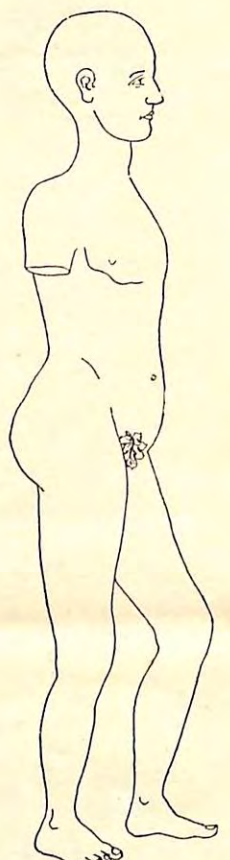
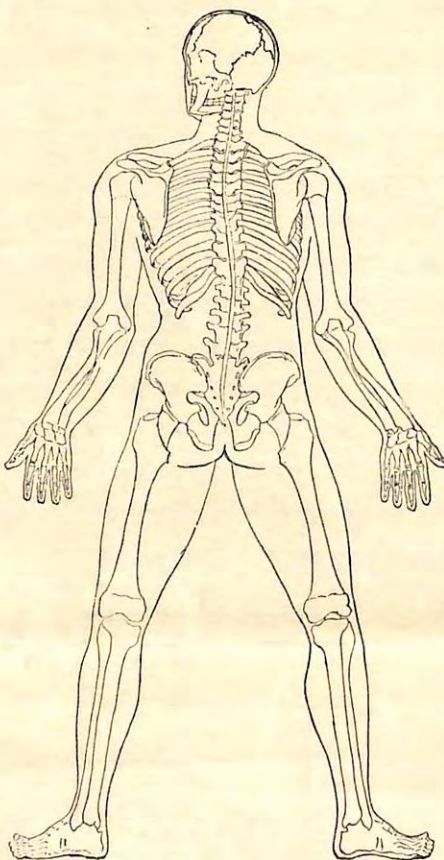
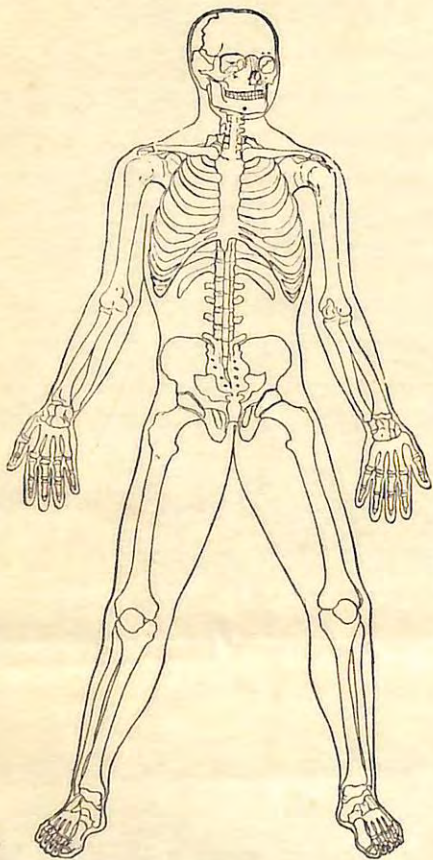
Post office, _____

County, *Peoria*

State, *Illinois*

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

Samuel Neff



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.]

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. Increase Pension Claim No. 197816
[State above whether for original, increase, or restoration.]
 Name and rank of claimant. Daniel Neff, Rank, (Private)
 Company F, 4 Reg't Ill Cav Grant Neb. State, 9:8:74
[Post-office address of the Board.]
 Claimant's post-office address. June 6, 1910, 189 .
[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: Disease of Liver and Spleen, Dyspepsia, rheumatism, piles, general debility, gastralgia, neuralgia.
 and that he receives a pension of (8.00) eight dollars per month.

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

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

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

Disease of Liver in my right side, Dyspepsia burning and burning in stomach, Piles hurting me every day, coming out, Rheumatism in my ankles and left shoulder, general debility. Great trouble palpation of heart every night and my other disability, gastralgia and pains neuralgia with more or less pain.

Upon examination we find the following objective conditions: Pulse rate, 68; respiration, 20; temperature, 98.3; height, 5 feet 8 inches; weight, 140 pounds; age, 45 years.

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

Disease of Liver - came on in 1862 and is gradually getting worse - I find the following morbid conditions to exist. Hypochondria, a heaviness and a downward pressure with also a dislocation of the Liver downward with a tenderness and some what enlarged and complains of some gastric derangement, complains with attacks of headache and palpation and percussion reveals a dull sound with enlargement and tenderness, I also find an enlargement of the posterior portion of the spleen and tender to some extent, and posterior portion swollen to a considerable degree he claims that liver has been diseased ever since the battle of Pittsburg landing. At this date the heart's action is normal, tongue fairly clean, skin rather tawney and not healthy. I find that patient has been affected so long with Liver disease and it is my opinion that it has become permanent. And I further find that claimant is so disabled for Liver and Kidney affection so as to be incapacitated for performing manual labor to the extent of 1/8.

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.

Dyspepsia or Gastralgia.

I find that claimant complains of a pain in the stomach or gastralgia but complains at night when he first lies down and it is about the only

_____, Pres. _____, Sec'y. _____, Treas.

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

SURGEON'S CERTIFICATE

IN CASE OF

Co. —, Reg't —

Applicant for —

No. —

DATE OF EXAMINATION:

—, 189 —

—, Pres.,

—, Sec'y,

—, Treas.,

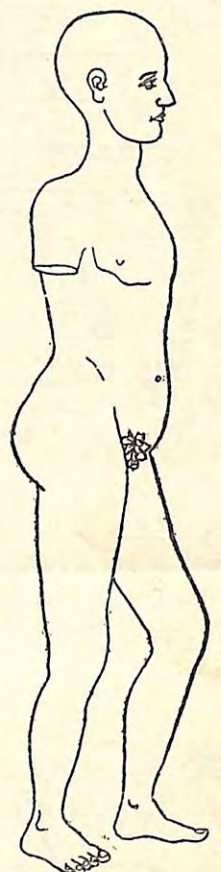
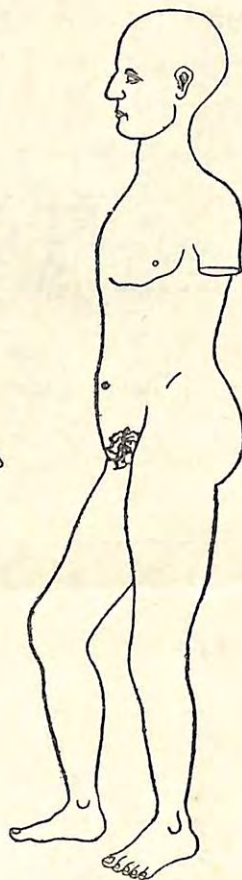
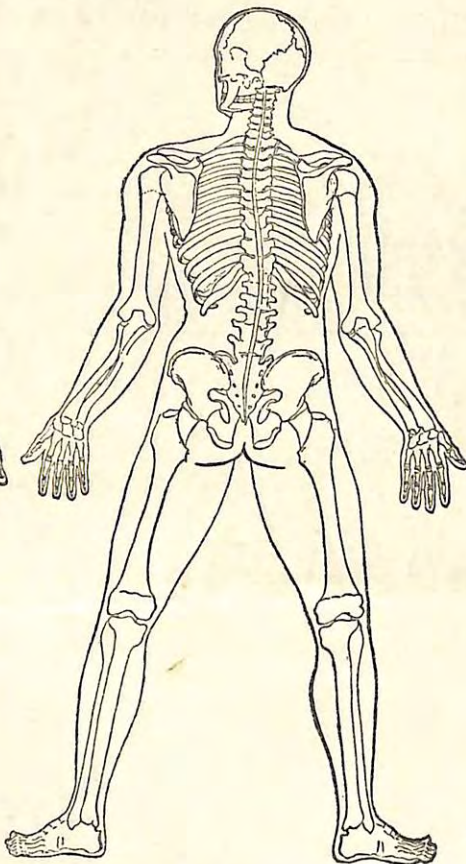
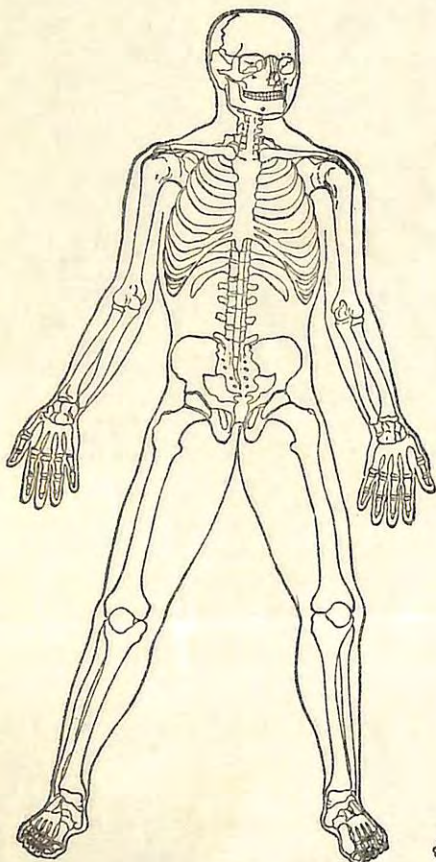
BOARD.

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," 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.]

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character
and number of
claim.Name of claim-
ant.*Increase*Pension Claim No. *197, 816**Daniel Keff**F* 4, Company *11th* Reg't

[Rank.]

*Private**June 6**1904*

[Date of examination.]

EXAMINATION—Continued.

time he complains and it is my impression that a little care in the form of diet would relieve his stomach materially—I don't find but little the matter with his stomach—Hence no rating.

Piles—

I find that claimant has piles very badly. The rectum is inflamed. The hemorrhoidal vessels are engorged. There are tumors four in number externally from the size of $\frac{1}{2}$ to $\frac{3}{4}$ inches in diameter, and are out, and look fearfully bad there are smaller ones in clusters on inside. Was not able to use speculum and I am not able to state how many on inside. They bleed more or less, they are very sensitive there is no fissure, there is no stricture no fistula no proapsas. The piles protude are very sore and are out all the time, and prevent him from work, in fact I can't see how the man is to do any work the skin is pale and without the use of medicine and washes he would not be able to do any kind of work, and the fact is that he is not able to do manual labor and at his age of 63 the probability is that he never will be cured—I find that claimant is so disabled from affect of piles for performing manual labor to the extent of $\frac{1}{2}$.

Rheumatism.

I find that rheumatism only exists in ankles and right shoulder, there is no swelling of joints neither are they stiffened or other wise limited in motion, there is no atrophy, the heart's action is correct and normal and there is no evidence of lesions—Hence no rating.

General Debility— is a result of his diseased liver but more especially the piles, Hence no rating.

The heart's action is only to be found when the liver affects him, At this date there are no murmurs no dilatation no hypertrophy nor dyspnoea, oedema or cyanosis the number of pulsations when at rest is 68, after exercise 72, Its action is normal or about so. Hence no rating.

Gastralgia— There is only a gastralgia when

, Pres.

, Sec'y.

, Treas.

*J. W. Rooster**Sig. M. S. Exam Surg*

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

(Signature.) _____

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

"I, _____, 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

Reg't _____

Co. _____

APPLICANT FOR _____

No. _____

DATE OF EXAMINATION:

_____, 189 ____

Pres., _____

Sec'y, _____

Treas., _____

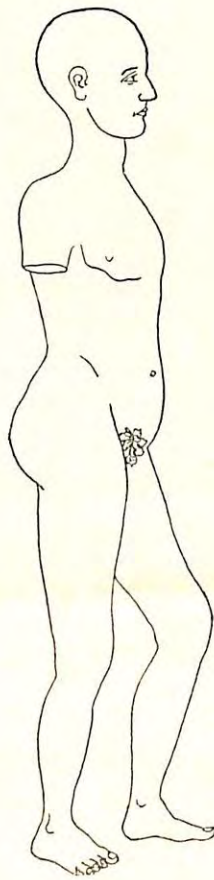
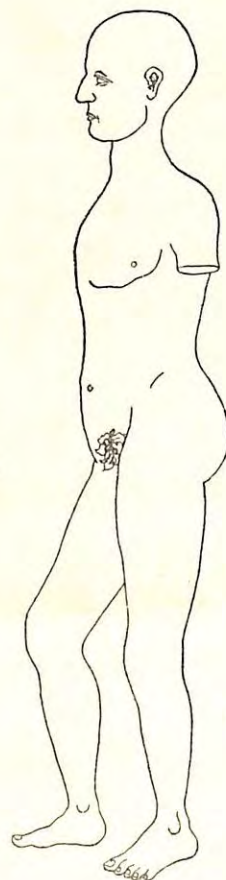
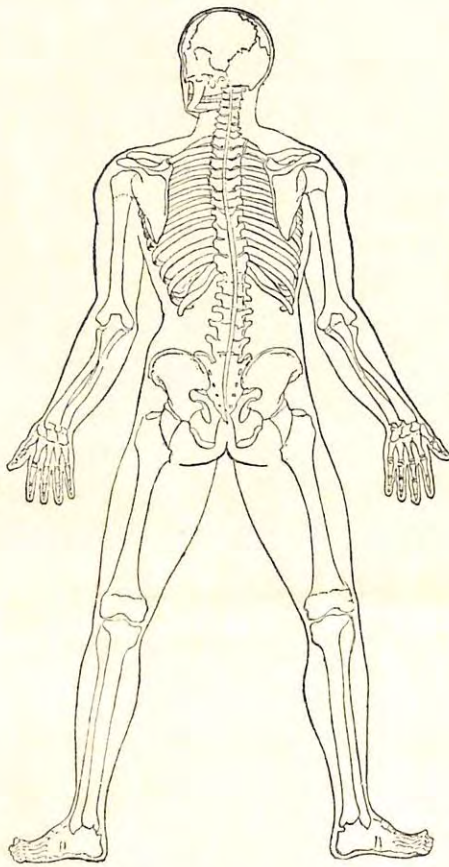
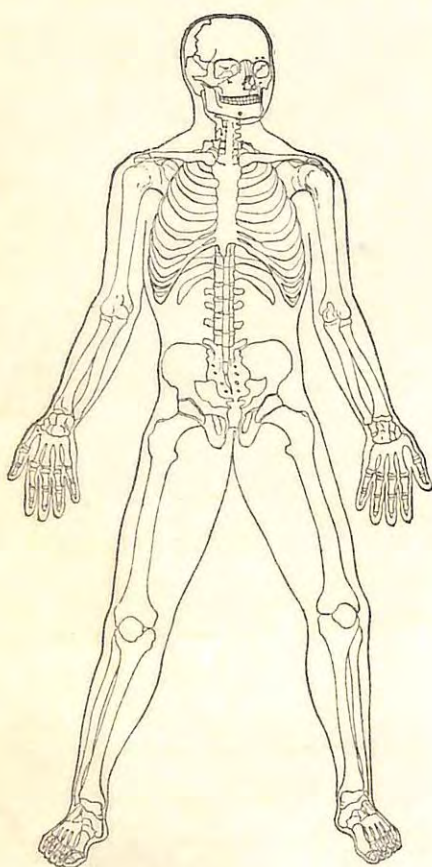
BOARD.

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.

"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.]

... 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.]
5-1119.

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim.

Name of claimant.

Increase Pension Claim No. 197,816
Daniel Neff
Private, Company F 4, Reg't Ill Col
[Rank.]
June 6 1900, 189
[Date of examination.]

EXAMINATION—Continued.

the fever is severe, and then only a nervous palpitations which lasts for a few minutes only when he ~~is~~ lies down (see heart's action above)
Hence no rating.

Neuralgia
There is no neuralgia only as it may grow out of the former named disease.
No rating.

There is no other disease existing that I could find and no evidence whatever of venereal disease or vicious habits ever existed

H. M. Brooker
Single M.S. Exam Surg

_____, Pres. _____, Sec'y. _____, Treas.

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

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

(Signature.) _____

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

"I, _____, 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

Daniel Jeff
Co. F, 14 Reg't Ill Cav

APPLICANT FOR *Increase*

No. *197, 816*

DATE OF EXAMINATION:

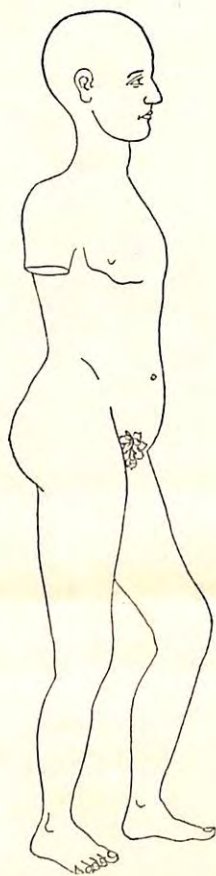
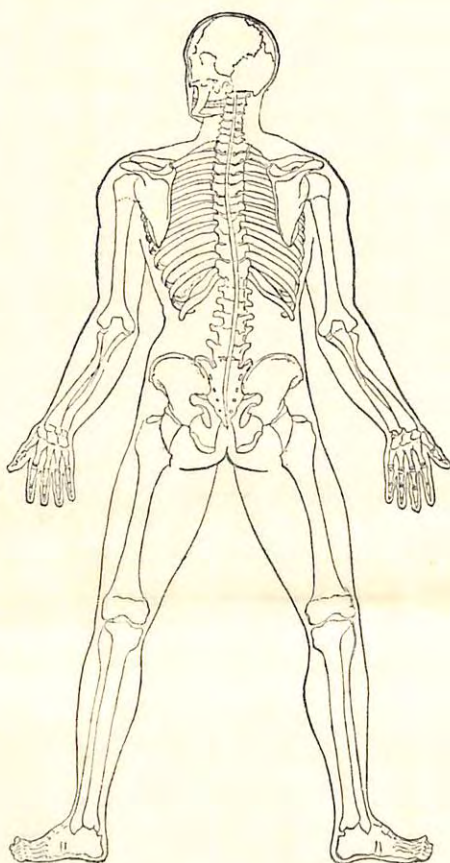
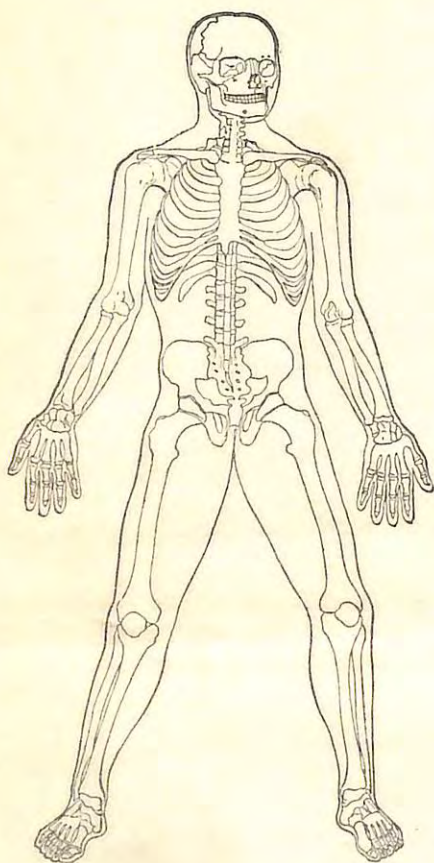
June 6 1890

BOARD:
Pres., _____
Sec'y, *H. W. Brewster*
Treas., *Single M. S. S. S. S.*

Post office, *Grand*
County, *Perkins*
State, *Iowa*

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

Commissioner



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.]

Testimony of Employers, Neighbors or Acquaintances of Soldier.

[OTHER THAN NEAR RELATIVES.]

State of Nebraska, County of Perkins ss:

In the PENSION Claim of

Danl. Neff
Co. G 4th Ill. Cav.

ON THIS 14th day of April, A. D. 1894, before me, a

Notary Public, in and for the aforesaid County, duly authorized to administer oaths, personally appeared K. G. Smith

aged 56 years, a resident of Madrid, in the County of

Perkins, and State of Nebraska, whose Post Office address is

Madrid, Nebraska, and Charles H. Vandegrift

aged 34 years, a resident of Madrid, in the County of

Perkins, and State of Nebraska whose Post Office address is

Madrid Neb, well known to me to be respectable

and entitled to credit, and who being duly sworn, declare in relation to aforesaid case as follows:

That we have been well and personally acquainted with Danl Neff

the said soldier, for 18 years and 18 years, respectively, and we know from our own

personal knowledge that after said soldier's discharge from the U. S. service, we first met him in the

Instructions.

Read carefully.

The witnesses must state: How long they have known the soldier, and if they have employed or worked with or for him since his return from the army, they should state where and at what business; or if they have known him as neighbors only, they should state about what distance from him they have lived, how frequently, on an average, each week, month, or year they have seen and conversed with him, and how intimate they have been with him; from what disease or disability he has suffered during all that time, and how severely; whether at any time during said period he has been obliged to stop work; whether confined to his bed or house, or wholly unable to do manual labor by reason thereof, giving dates as nearly as possible when such attacks occurred, how long they lasted, and how severe they were, and stating the symptoms of his disease or disability as actually observed by them. They should state about what proportion of a sound able-bodied man's work he has been able to do, and should compare the degree of disability to that which would result from the loss of arm, hand or leg, hand or foot, thumb, finger or toe, according to their best judgment; what his actual earnings were, and whether or not the wages paid him were less than were paid to others physically sound.

year 1867, and at that time we noticed he was affected as follows:

Have been acquainted with said soldier ever since 1874 have known him & he sick several times he complained of indigestion since 1884 I think he has had poor health don't think he is able to do manual labor I lived in the same town where Daniel Neff lived about 1/2 a mile from him and some of the time I have been living farther off we have lived neighbors most of the time I have probably seen him an an average of 2 or 3 months from 1874 up to 1887

The above testimony was written by

K G Smith

State by whom written.

in our _____ and from our _____ to him then made on the _____

If in "your presence," so state.

If from your "oral statements," so state.

day of _____ 189____, at or near _____

Town or City and State.

, and that I was

If "not prompted by any printed

or written statement of any other person" so state; but, if so prompted, state that fact, and attach such other statement to this affidavit.

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

K G Smith

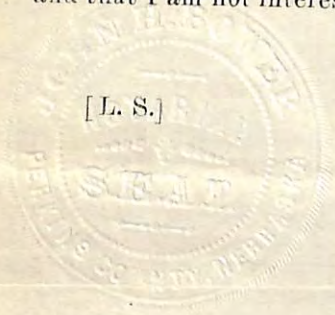
Charles H. Vandegrift

Signature of Affiants.

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

Sworn to and subscribed before me, this 14th day of April, A. D. 1894

I certify that said affiants are credible persons, and that I read the foregoing affidavit to them before swearing thereto, including the words _____ erased, and the words _____ added; and that I am not interested in said claim.



John H. Bower
Signature.

Notary Public
Official Character.

My commission expires July 1, 1898

PENSION CLAIM OF

Samuel Coffey

Co. 5th 4th Reg't.
McCarver Vols.

AFFIDAVIT OF

Continuance and Degree of Disability.



- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.



Div.
Ex'r.
No. 197816 Department of the Interior,
BUREAU OF PENSIONS,
Washington, D. C., May 23, 1895.

Co. F 4 Reg't. Ill Cav

Return this 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,

Wm Lockman

Commissioner.

Mr. H. G. Smith,
Madrid,
Nebr

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

Answer: *in 1874 or 1876 I think placed in the town where he lived*

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

Answer: *Dispepsia had to be very careful what he eat*

How frequently did you see him after your first acquaintance?

Answer: *Once or twice a month more often*

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

Answer: *I don't think he was able to do much labor or work I never saw him working much*

My means of knowing the facts of the case are these:

We came to Neb in 1889 and he never worked much as I never saw him do much of the work since he has been here

Very respectfully,

H G Smith

COMMISSIONER OF PENSIONS,
Washington, D. C.



W
J. H. A. Div.
Ex'r.
No. 197,816 Department of the Interior,
Daniel B. Keff BUREAU OF PENSIONS,

Co. F 4 Reg't 111 Cav Washington, D. C., May 23, 1895.
Return this 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,

Wm Lockren

Commissioner.

Mr. Chas. H. Vandegraft
Madrid

Belx

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

Answer: *I seen him in the year of 1884*

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

Answer: *Enlargement of the liver spleen and dyspepsia
it effected his eating and digestion*

How frequently did you see him after your first acquaintance?

Answer: *I seen him once or twice a week*

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

Answer: *his collar was very brown and every
thing he ate soured on his stomach
and he hasent bin able to do any manual
labor sine I knew him*

My means of knowing the facts of the case are these:

*I have bin to his place frequently and
I have lived nabor for several years*

Very respectfully,

Charles H. Vandegraft

COMMISSIONER OF PENSIONS,
Washington, D. C.

GENERAL AFFIDAVIT.

State of Illinois

County of La Salle } S. S.

In matter of

Pension claim of Daniel
Neff
(Character of claim)

(Name of claimant and service of soldier.)

Personally came before me, a

Police Magistrate

(Justice, Notary, Judge, Clerk, or Deputy Clerk.)

in and for


aforesaid County and State,

Joel Allen M. D.
(Here write the name of affiant or of each affiant, together with RESIDENCE and POST OFFICE address.)

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

That he first became acquainted with said Neff in the Spring of 1869 when he called on him for medical treatment, after which he continued to treat him for disease of the Liver & Spleen for about three years and it is his opinion that said disease was contracted while in the Army and that said disease renders ^{the said Neff} him unable to perform more than one fourth manual labor

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

 If either affiant sign by X mark, two persons who write their names MUST sign here as witness thereto.

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

2 _____
(Name of other witness to X Mark.)

Signature of
Affiant, or of
each Affiant.

Dr. Joel Allen

SWORN TO AND SUBSCRIBED before me this 20th day of October 1879, at

Dana, in the county of La Salle, State of Illinois and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

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

erased, and the words

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

added ;

that the affiant is to me well known and is respectable and worthy of full credit; and I further (Is or are.) (Is or are.)

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

That said affiant is & has been a regular

STATE OF ILLINOIS, } ss.
COUNTY OF LA SALLE.

I, PETER W. STOCKSLEGER, Clerk of the County Court, in and for said County, do hereby certify that Robert M. Pritchett Esquire, before whom the annexed instrument in writing was executed or acknowledged, was, at the time of taking the same, an acting Police Magistrate, duly commissioned and qualified, in and for said County, "with the same jurisdiction as other Justices of the Peace;" that his commission took effect on the 2nd day of Dec. 1878, and expires April 18th 1880, and that said instrument is executed and acknowledged in accordance with the laws of this State, and I verily believe that his signature thereto attached is genuine.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, in my office, at Ottawa, in said County, this 18 day of November A. D. 1879.
P. W. Stocksleger CLERK.

No. 286 1/4

CASE OF

Daniel Neff
Craw Co. F. 4th
S. L. C. C. C. C.

FOR

Invalid Pension

AFFIDAVIT OF

Mr. Allen

FILED BY

MILO B. STEVENS & CO.,

PENSION ATTORNEYS.

Chicago, Ill.

SWORN TO AND SUBSCRIBED before me this 20th day of October 1879, at
Danu, in the county of La Salle, State of Illinois
and I hereby certify that the contents of the foregoing affidavit were fully
made known and explained to the affiant before swearing thereto, including the words

(If any words have been erased in this affidavit, enter them here.)
erased, and the words

(If any words have been added in place of any erased, enter them here.)
added;
that the affiant is to me well known and is respectable and worthy of full credit; and I further
(Is or are.) (Is or are.)
certify that I have no interest, direct or indirect, in the prosecution of this claim.

That said affiant is & has been a regular
practicing Physician for 20 years

[L. S.]

R. M. Pittchell
(Name of Officer before whom executed)
Police Magistrate
(State whether Justice, Notary, Clerk, or Deputy Clerk.)
Village of Danu

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST NOTE IN HIS CERTIFICATE ALL ERASURES AND
INTERLINEATIONS, AS INDICATED ABOVE.

NOTE.—It is preferable this should be executed before a Clerk of a Court. When executed before a Notary
Public or Justice of the Peace, a certificate from the Clerk of a Court **MUST** be added or attached, certifying that
the Notary or Justice had authority to act as such.

No. 286/14

CASE OF

Samuel Neff
Carr Co. & Co. 4th
S. W. Carr. Coll.

FOR

Invalid Pension

AFFIDAVIT OF

Mr. Allen

FILED BY

MILO B. STEVENS & CO.,

PENSION ATTORNEYS.

Chicago, Ill.

Placed in opening
of 1879. For 3 years

GENERAL AFFIDAVIT.

State of Indiana }
County of Livingston } S. S.

In matter of

(Character of Claim.)

No. 286114

Daniel Neff. Pvt. Co. "F" 4th Ills. Cav. Vols.
(Name of Claimant and service of soldier.)

Personally came before me, a

Notary Public

in and for

aforesaid County and State,

Stephen Sanson and Elizabeth
(Here write the name of the affiant or of each affiant, together with RESIDENCE and POST OFFICE address.)

Sanson of Nebraska Livingston County State
of Illinois. (P. O. Address Minonk Woodford County, Ill.)
persons of lawful age and well known to me to be reputable and entitled to credit, who, being duly sworn, declare

in relation to the aforesaid case, as follows:

We became acquainted with Daniel Neff in the month
of March 1869. he lived within about one mile of our house
from March 1869 to the month of March 1872. in the Town
of Nebraska in the County of Livingston and State of Illinois.
During the three years that he lived in our neighborhood
he worked for us on the farm off and on during each year.
We see him on an average of at least once a week during
that time. His business was farming. In the month
of March 1872 he moved to Rutland in La Salle
County Illinois where he has resided until the present
time. It is about 14 miles from where we live. we have
seen him several times since he moved to Rutland.
During the time that he lived within about a mile from us we
know that he was afflicted with a disease but we could
not say what the disease was. He complained a great deal of the

the time during the entire three years of a pain in his left side.
And a part of the time he was laid up entirely and not able to work
at all. Several times we went to get him to help us but could not get
him on account of his sickness, he was confined to his bed several times when
we went for him and unable to do any work at all cannot give the exact
dates but was during the three years spoken of. We think he was not able
to do more than one third of a days work on an average during said period of
three years and when he did work out he usually got about half wages, or half
as much as an able bodied man was getting at that time.

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

23- If either affiant sign by X mark, two persons who write their names MUST sign here as witness thereto.

1. _____
(Name of one witness to X Mark.)

2. _____
(Name of other witness to X Mark.)

Signature of
Affiant, or of
each Affiant.

Stephen Sanson
Elizabeth Sanson

(SEE THE OTHER SIDE.)

SWORN TO AND SUBSCRIBED before me this 19th day of October 1888, at Minonk, in the county of Woodford, State of Illinois and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant, I before swearing thereto, including the words _____

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

_____ erased, and the words _____ added;

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

that the affiant I are to me well known and are respectable and worthy of full credit; and I further (Is or Are.) (Is or Are.) certify that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

My certificate as Notary is now on file in several cases in the Pension Office.

A. K. Fessenden
(Name of Officer before whom executed.)

Notary Public
(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS AS INDICATED ABOVE.

NOTE—It is preferable this shall be executed before a Clerk of a Court. When executed before a Notary Public or Justice of the Peace, a certificate from the Clerk of a Court **MUST** be added or attached, certifying that the Notary or Justice had authority to act as such.

No. 286114

CASE OF

Daniel Haff
Priv. Ex. G. 4th Ills
Can. Gold

FOR

Invalid Pension

AFFIDAVIT OF

FILED BY

MILO B. STEVENS & CO.,

PENSION ATTORNEYS.

Chicago, Ills.

Since Received
27th Sept 1888

GENERAL AFFIDAVIT.

State of Illinois
County of LaSalle Marshall } S. S.

In matter of

(Character of Claim.)

Daniel Neff, Pvt. Co. "F" 4. Ill. Cav. Vols.
(Name of Claimant and service of soldier.)

Personally came before me, a

Notary Public

in and for

aforesaid County and State,

Egbert S Dresser and Greenbury F Cumrine - Rutland P.O., County of LaSalle and State of Illinois.
(Here write the name of the affiant or of each affiant, together with RESIDENCE and POST OFFICE address.)

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

Greenbury F Cumrine says, "Have known Mr Daniel Neff about five or six years. He has been sick more or less since I knew him. I don't know what the disease is. Have lived in the same town with him during the above time."

Egbert S Dresser says "I have known the said Daniel Neff for the past 6 years. Have employed him more or less during Haying and Harvesting for the past 2 years. Lived 2 1/2 miles from him & have met him on an average of once a week. He appears to be afflicted with a disease of the liver & spleen & at times has been confined to his bed for days and has not during the period I have been acquainted with him been able to do a full days work. One of the above attacks occurred last August & has continued up to the present time, not confining him to the house wholly but rendering him unable for duty. He has never claimed full wages on account of his disability but thought he could make half a hand. I am unable to state what disease he is afflicted with but have to take the doctor's word for that I think however that he is afflicted with the same disease now that he was when I first became acquainted with him."

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

33-If either affiant sign by X mark, two persons who write their names MUST sign here as witness thereto.

1. _____
(Name of one witness to X Mark.)

2. _____
(Name of other witness to X Mark.)

Signature of
Affiant, or of
each Affiant.

G F Cumrine
Egbert S Dresser

(SEE THE OTHER SIDE.)

SWORN TO AND SUBSCRIBED before me this 16th day of October 1880, at Rockford, in the county of Winnebago, State of Illinois and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant S before swearing thereto, including the words _____


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

_____ erased, and the words _____ added;

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

that the affiant S are to me well known and are respectable and worthy of full credit; and I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

CERTIFICATE OF MAGISTRACY.—Geo. Burt, Jr., Printer, Henry, Ill.

	STATE OF ILLINOIS, } COUNTY OF MARSHALL, } ss.	I, JONATHAN C. KINGSLEY, Clerk of the County Court, in and for said County, keeper of the record and seal thereof, do hereby certify that <u>J. H. Brewster</u> whose name is subscribed to the _____ annexed instrument in writing, was at the time of executing the same, a <u>Notary Public</u> in and for said County, duly qualified as such, as the same appears of record in my office, and authorized by law to take the same; and further, that I am well acquainted with his handwriting, and verily believe that his signature thereto is genuine.
		In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court, at my office in the City of Lacon, in said County, this <u>21st</u> day of <u>October</u> A. D. 18 <u>80</u> <u>Jonathan C. Kingsley</u> CLERK. By _____ DEPUTY CLERK.

Since service
2 weeks before

No. 286114

CASE OF

Daniel Meff

Proc. No. 7. 4^m

Sely Car. Sol.

FOR

Samalid Emerson

AFFIDAVIT OF

FILED BY

MILO B. STEVENS & CO.,

PENSION ATTORNEYS.

Chicago, Ill.

Physician's Affidavit.

(This affidavit should, if possible, be in the handwriting of the affiant, who should carefully observe marginal instructions.)

State of Illinois County of La Salle §§:

In the Pension Claim of Daniel Keff
late of Co F 4th Ill Cav
(Company and Regiment of Service, if in the Army; or Vessel and Rank, if in the Navy.)

Before me a Notary Public in and for the County and State
aforesaid, personally appeared Doctor Wm O. Ensign
whose Residence and Post-Office address is Rutland Ill.
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in

NOTES.

The Physician's Affidavit must show the following facts:

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

2d. If he treated the soldier while in the service, either as his regimental surgeon or while the soldier was home on furlough, that fact should be stated. The soldier'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 the soldier since discharged 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 or advice.

4th. He should state the extent to which soldier has been unable to perform manual labor, and should compare the degree of disability existing during each year to that which would result from the loss of an arm or leg, hand or foot, thumb, finger or toe, as the case may be, according to his best judgment.

relation to aforesaid case as follows:—

That he is a Practicing Physician and has been acquainted with the said soldier since about 1872, and that he has resided in the same village with him, and this for about ten years succeeding 1872. That he was his family physician for much of the period named. That he first prescribed for him as shown by his books, July 19th 1878. That he visited him March 18th and 20th 1880 and prescribed for him Aug. 21st and 27th 1880, Aug. 7th 1881 and Sept 5th 1881 which latter was the last prescription made. Did not know him prior to the date of his enlistment. Do not now remember for what conditions I prescribed but know that claimant was a man of poor health and much of the time unable to do much manual labor.

He further declares that he has been a practitioner of medicine for 22 years, and that he has no interest, either direct or indirect, in the prosecution of said claim.

Wm O. Ensign M.D.
(Affiant sign here.)

Sworn to and subscribed before me this 22nd day of July A. D., 1891.

I hereby certify that the affiant is a practicing physician in good standing; that the contents 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.



John W. Morris
(Signature)

Notary Public
(Official Character)



Lat. No. 197.816

PENSION CLAIM OF

Daniel Veff
Co. *F* Reg't. *4th* Vols. *Ills. Cav.*

AFFIDAVIT OF

Doctor

Continuance and Degree of Disability.

FILED BY

J. W. MORRIS,

[Late Principal Examiner U. S. Pension Office]

Attorney at Law,

WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Indiana
County of Dearborn S. S.

In matter of No. 286114
Daniel Neff (Character of Claimant.)
Co. A. 4. Ill. Cav. Vols.
(Name of Claimant and service of soldier.)
Personally came before me, a Deputy Cir. Clk. in and for
(Justice, Notary, Judge, Clerk, or Deputy Clerk.)
aforesaid County and State, Rolandus Orcutt
(Here write the name of the affiant or of each affiant, together with RESIDENCE and Post Office address.)

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

I have been acquainted with Daniel Neff since 1863 worked for him on a farm in Dearborn Co Indiana in 1864 and the year following in a Cooper Shop, lived in about one half a mile and saw him on an average of twice a week from 1863 to 1866 family of each visited I knew he was afflicted with some disease and could not work more than half the time part of the time confined to his bed and was wholly unable to do more than half a mans work cannot tell what wages he earned but were about one half what a sound man earned in the same time

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

NOTE: If either affiant sign by X mark, two persons who write their names MUST sign here as witness thereto.

1. _____
(Name of one witness to X Mark.)

2. _____
(Name of other witness to X Mark.)

Signature of
Affiant, or of
each Affiant.

Rolandus Orcutt

(SEE THE OTHER SIDE.)



SWORN TO AND SUBSCRIBED before me this 21st day of October 1880, at Lacau, in the county of Marshall, State of Illinois and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto, including the words

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

erased, and the words

added;

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

that the affiant is to me well known and is respectable and worthy of full credit; and I further (Is or Are.) (Is or Are.) certify that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

James Meneath Clerk
By N L Meneath Deputy
(Name of Officer before whom executed.)

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS: AS INDICATED ABOVE.

NOTE—It is preferable this shall be executed before a Clerk of a Court. When executed before a Notary Public or Justice of the Peace, a certificate from the Clerk of a Court **MUST** be added or attached, certifying that the Notary or Justice had authority to act as such.

Neighbor from
1863 to 1866.

No. 286114

CASE OF

Daniel Meneath
Corn Co. 7-4
Edw. Corn. Gold

FOR

Amalid Emerson

AFFIDAVIT OF

FILED BY

MILO B. STEVENS & CO.,

PENSION ATTORNEYS.

Chicago, Ill.

GENERAL AFFIDAVIT.

State of Illinois
County of Woodford } S.S.

It matter of the Pension of Daniel Jeff
late Co "F" 4th Ill Cav war 1861-62
[Character of Claim.]
[Name of Claimant and service of soldier.]

Personally came before me, a Notary Public in and for
[Justice, Notary, Judge, Clerk, or Deputy Clerk.]

aforesaid County and State, Joseph E. Gaugster and
and Isaac Golder
[Here write the name of the affiant or of each affiant, together with RESIDENCE and POST OFFICE address.]

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

We have been acquainted with Claimant since the year 1861, & 3, up to date, have worked with him and known him intimately ever since former date having lived near him for just 17 years. Saw and conversed with him very often perhaps once or twice a week and have been during all of said time of the said on neighborly terms. ~~During~~ He was examined by a Physician in our presence who pronounced his disease to be an enlargement of the liver and spleen and he has been so afflicted ever since up to this date. He was at several times during said period compelled to stop work for days and weeks. These occur for perhaps two to four weeks, and during year 1863 he was unable to do any work and was not able to do a full day's work at that time. He did not claim to the full and could not do more than half a day's work on any day during said time when he was out of work at all and this was on account of his disease. He complained of a severe pain in his back and both sides ^{and shoulders} and was considerably bloated.

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

If either affiant sign by X mark, two persons who write their names MUST sign here as witness thereto.

J. C. Schuttler
[Name of one witness to X Mark.]

J. M. West
[Name of other witness to X Mark.]

Signature of Affiant, or of each Affiant.

Joseph E. Gaugster
Isaac Golder
Mark

SWORN TO AND SUBSCRIBED before me this 28th day of October 1886, at
the City of Muskegon, in the county of Woodford, State of
Michigan and I hereby certify that the contents of the foregoing affidavit were fully
made known and explained to the affiant before swearing thereto, including the words

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

erased, and the words

added;

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

that the affiant is me to me well known and are respectable and worthy of full credit; and I further
[Is or Are.] [Is or Are.]
certify that I have no interest, direct or indirect, in the prosecution of this claim.

L.S.

J. M. Joffe
[Name of Officer before whom executed.]
Notary Public
[State whether Justice, Notary, Clerk, or Deputy Clerk.]

THE OFFICER BEFORE WHOM THIS AFFIDAVIT IS EXECUTED MUST NOTE IN HIS CERTIFICATE ALL ERASURES AND
INTERLINEATIONS AS INDICATED ABOVE.

NOTE—It is preferable this shall be executed before a Clerk of a Court. When executed before a Notary Public or
Justice of the Peace, a certificate from the Clerk of a Court **MUST** be added or attached, certifying that the Notary or
Justice had authority to act as such.



Since service
2 neighbors
(861 4/80)

No. 286. 114

CASE OF

David Jeff
Carr Co. Y. 4. 7
Adv. Carr Gold

FOR

Amalid Emerson

AFFIDAVIT OF

[Handwritten signature]

FILED BY

MILO B. STEVENS & CO.

PENSION ATTORNEYS,

Chicago, Ill.

3-464 a.

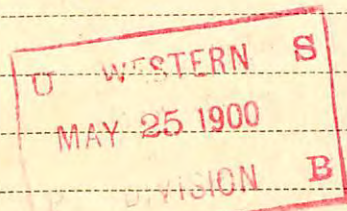
Norton Div., *MMJ*, Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *May 21, 1900*

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting ~~a full~~ *additional* military and medical his-

tory of the soldier *and the age*
of the soldier at the
date of Enlistment



No other report on file.

San. Off. No. *197.816*
Name *Daniel Neff*

Co. *F*, 4 Reg't *Ills Caoy*

Chas. J. Brown Commissioner.

Record and Pension Office,

WAR DEPARTMENT,

Washington, *MAY 23 1900*

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

Daniel Neff, Co. E & F,
4 Reg't. Ill. Caoy.

mil records furnish the fol-
lowing information in addi-
tion to that contained in
former reports herewith.

He was enrolled in (Capt
Rockwood's) Co. E, and
transferred to Co. F. Nov.
1, 1861.

Age at enlistment 26 years.

The medical records show him treated as follows:

No record found, addition
to that furnished in report
July 9/80 & May 25/95, however.
The records show him
with "dyspnea" and report
dated May 25, 95, has been
amended accordingly.



BY AUTHORITY OF THE SECRETARY OF WAR:

R. C. Simmons

Chief, Record and Pension

Per

dm

No. 11600

War Department,

Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C.,

July 9th, 1880

Sir:

I have the honor to return herewith your request for a report of hospital treatment in Claim, No. 286, 114, with such information as is furnished by the records filed in this Office, viz: that - D. Keff, les. F, 4th Ills. Cav., was transferred on board Hosp^l. Steamer Empress, from Pittsburg Landing, June - 1862. Diagnosis: Debility. No disposition given.

Entered City- & H. St. Louis Mo. June 9/62, with Bronchitis, and was transferred Oct. 10/62.

Pvt. Daniel Keff, etc., entered G. H. Quincy Ills., Oct. 12/62, Diagnosis not given. and was discharged from service Feb. 14/63, because of disease of the spleen and liver and appearance of organic disease of stomach.

By order of the Surgeon General:

To the

Commissioner of Pensions.

per

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

War Department,

ADJUTANT GENERAL'S OFFICE,

No. 286,114

Washington, May 18, 1881.

Respectfully returned to the Commissioner of Pensions.
Alonso A. Lentzenhiser 2^d Lieut. Company F, 4 Regiment
Illinois Cav. Volunteers, was enrolled on the _____ day of
_____, 186____, at _____, and

is reported: April 30 '62 Present

The Co. was in action April 6 '62 at Shiloh Tenn.

The records of this office (including discontinued
commands) fail to show his presence or absence
April 6, 1862.

H.E.
L.M.

Geo. S. Ruggles
Assistant Adjutant General.
(2.)
Wm. J. Thompson

T. H. M.

(3-061.)

Ill.

Division.

Department of the Interior,
PENSION OFFICE,

May 10th, 1881.

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
April 6th, 1862,
of Alonzo A. Lontzenheiser
late 2^d Lieut. Co. "F"
4th Ill. Cav.

of
and the station, at that date, of the 4th
Ill. Cav.

Claim No. 286114

Daniel Steff

O. G. Clarke
acting Commissioner.

West DIVISION.

3-449.

A.D. C. No. 197, F16

Claimant

Daniel Hoff

Soldier

Same

Co.

4, Reg't Ill. Co.

Enlisted

Oct, 17, 1861,

Discharged

Feb, 22, 1867,

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., *July 2, 1902,*

Mr.

Henry Monahan,

Odessa, Neb.

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and **return** this circular, **even though you do not remember the soldier** or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply **requires no stamp.**

Very respectfully,

B. F. Ware

W. C. Brandt

Commissioner.

Q. Do you remember the soldier, *Daniel Hoff*
as a member of your company?

Ans. *Yes*

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. *I remember off him been sick*

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. *don't remember of him been wounded*

(Signature:)

Henry Monahan

(Address:)

Odessa, Neb

(In cities, street and number.)

McClung

DIVISION.

3-449.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., July 2, 1902.

1. D. C. No. 197,816
Claimant Daniel Hoff
Soldier Same
Co. 4, Reg't Ill. Co.
Enlisted Oct. 17, 1861
Discharged Feb. 23, 1863

Mr. Edward Besner
Danville, Ill.

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply requires no stamp.

Very respectfully,

B. F. Ware
McClung
Commissioner.

Q. Do you remember the soldier, Daniel Hoff,
as a member of your company?

Ans. Yes

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. I don't recollect that he did

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. _____



(Signature:)

(Address:)

Edward Besner
Rural Route 6
Danville Illinois

(In cities, street and number.)

DIVISION.

3-449.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., July 2, 1902.



In Clutch
No. 197,816
Claimant *Daniel Jeff*
Soldier *James*
Co. *A*, 4, Reg't *Ill. Cav.*
Enlisted *Oct. 17*, 18 *61*
Discharged *Feb. 23*, 18 *63*

Mr. *W. Shockey*
Shockey, Kans.

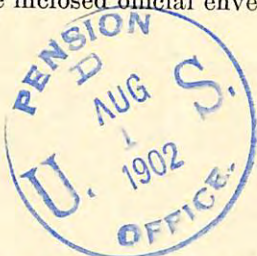
SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply requires no stamp.

Very respectfully,



B. F. Ware
McClary Brandt
Commissioner.

Q. Do you remember the soldier, *Daniel Jeff*,
as a member of your company?

Ans. *I do*

Q. Do you remember that he suffered with any wound, injury, or disease while in the service?

Ans. *I have a faint recollection only*

Q. If you do remember any such wound, injury, or disease, state the nature of the same, and when and where incurred.

Ans. *I cant call it to mind not knowing or hearing of the comrad for our forty years. But at a time when I hoped I might remember something of it*

(Signature:)

(Address:)

(In cities, street and number.)

AFFIDAVIT FOR COMMISSIONED OFFICER OR COMRADE.

State of

Illinois

S. S.

County of

Vermilion

In the Pension claim of

Daniel Neff

personally came before me,

(Name of Claimant.)

a. John W. Dale County Clerk

in and for aforesaid County and State

Alonzo A. Lutzgenhiser

(Name of Affiant.)

[Justice, Notary, Judge, Clerk, or Deputy Clerk.]

late a

2nd Lieut

(Rank of Affiant.)

in company

"B"

of the

4th

Regiment of

Ills. Cav.

Volunteers, and now a resident of

Danville

(Give City, Village or Town; if in City, give name of street and number of house.)

County of

Vermilion

State of

Ills

well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in the aforesaid case as follows:

That

Daniel Neff

late a

Private

in company

(Name of Claimant.)

(Rank of claimant.)

"B"

of the

4th

Regiment of

Ills. Cav.

Volunteers of the war of 1861, while

in the military service of the United States, in the line of his duty, and without fault or improper conduct of

his, on or about the

6th

day of

April

1862 at

the battle of Shiloh

in the State of

Tenn. contracted disease of liver and spleen, caused by exposure and hardship incident to the battle.

(State time and place of disability, and if by wound in battle, state name of battle;

if by accident, state the circumstances; and if by sickness, state the cause and nature of the disease and a full description thereof.)

He was rendered unfit for duty in consequence of said disability and left the company and did not rejoin.

AND I FURTHER CERTIFY

that I am disinterested, and that I make the above statement from

personal knowledge.

having been present at the time.

(State how you know these facts to be true. If present, in command or otherwise, when the disability was incurred, so state.)

Alonzo A. Lutzgenhiser

(Affiant sign here.)



Two persons, who wright their names, MUST sign here as witnesses to affiant's sign nature.)

R. S. McDonald

(Name of one witness.)

R. W. Hanson

(Name of other witness.)

AFFIDAVIT
For Commissioned Officer or Comrade.

ADDITIONAL EVIDENCE.

No. 286 114
Invalid Pension
Character of Claim
Daniel Moffatt
Name of Claimant
Late Private, Co. "H"
Rank
4th Regt. Ill. Cavols.

AFFIDAVIT OF

Name of Affiant.

Late _____, Co. _____
Rank _____
Regt. _____
Vois. _____

FILED BY
Milo B. Stevens & Co.,
War Claim Attorneys.

Chicago, Ill.

SWORN TO AND SUBSCRIBED before me this 13th day of November
1877 at Danville in the county of Vermilion
State of Illinois and I hereby certify that the contents of the foregoing affidavit
were fully made known and explained to the affiant before swearing thereto, including the words.....

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

.....erased, and the words

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

.....added;

that the affiant is to me well known and is respectable and worthy of full credit as a witness ; and I further certify
that I have no interest, direct or indirect, in the prosecution of this claim.

John W. Dale Clerk
(Name of officer before whom executed.)

(State whether Justice, Notary, Clerk, or Deputy Clerk.)

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

NOTE.—Execute this before a Clerk of a Court, if possible. When executed before a Notary Public or Justice of the Peace, a certificate from the Clerk of a Court **must** be added or attached, certifying that the Notary or Justice had authority to act as such.

I certify that.....before whom the above
Justice or Notary's name.
affidavit was made, is a.....duly authorized to administer oaths,
Justice or Notary's name.
and that the above is his signature.

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

.....of.....187

[L. S.]

Name of the Clerk or Deputy Clerk.

Clerk of the.....

Name of what court.

Origin of Disability.

(This affidavit must be executed by a **Commissioned Officer, or First Sergeant** of the soldier's Company, if possible. If not possible to secure the testimony of such, then **two other members** of his Company should testify to the facts.)

State of Illinois County of Peru ss:

Personally appeared before me, a James G. Payton, in and for the
County and State aforesaid, Alanzo S. Lentzenhiser, aged 77 years,
whose Residence and Post Office address is Danville Illinois

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

That I was well acquainted with Samuel Neff while he
belonged to Company E Reg't., 4 Illinois Cavalry Vols.
and know that he, while in the line of his duty, at or near Fort Donaldson and Pittsburg

Pittsburg, on or about the 13 day of February 1862, incurred disability as follows, viz:
By slipping on the ground and exposing to the wet
(If a wound or injury, state the nature and location thereof, how and under what circumstances it was received, the part of the body wounded or
ground he complained bitterly of bruising and lacerations
injured, and all the circumstances attending it. If sickness, state under what circumstances contracted, what caused it, the name and nature of the
and was unfit for duty. He was exposed at
sickness, and how it affected him then, and thereafter during his service)
Donaldson and Fort Smith, Missouri

That I was then Second Lieutenant Co. E, Reg't., 4th Cavalry Vols.
(Rank)

and the facts stated are personally known to me by reason of I was with the company
(Here state whether affiant was with the command at the time the
till the fall of 1862
soldier contracted the disability, or how his knowledge was otherwise obtained. All 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 as nearly as possible)

Alanzo S. Lentzenhiser

James G. Payton

Justice of The Peace his seal.



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

A. A. Latzenberger
Signature of Affiant.

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

Sworn to and subscribed before me, this 12 day of March, A. D. 1894.

I hereby certify that the contents were fully made known to the affiant before swearing, including the words
..... erased, and the words
.....

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

James F. Paston Jr
Official Signature.

[L. S.]

Official Character.

Application No.	
Certificate No.	197876
PENSION CLAIM OF	
<i>Emiel Meff</i>	
Co. <i>A</i>	" <i>H</i> " Reg't.
<i>Wm. Caw</i> Vols.	
AFFIDAVIT OF	
Origin of Disability.	
- FILED BY -	
J. W. MORRIS,	
LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.	
ATTORNEY-AT-LAW,	
WASHINGTON, D. C.	

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN APPLICANT FOR INCREASE OF PENSION.

No. 197,816

Name of claimant, *Daniel Neff*
 Rank, *Private*
 Company, *4*
 Regiment, *4th Cav*
 State, *Illinois*

EXAMINING SURGEON'S ADDRESS:

Post office, *Ottawa*
 County, *La Salle*
 State, *Illinois*
 Date of examination, *April 9th*, 188*4*

Present rating.

The applicant states that he is now paid at the agency for a *\$6.00* disability, on account of *Disease of liver and spleen*, and that he applies for increase on the ground that *there has been actual increase of the disability*

That the present rating is unjustly low, or that there has been actual increase of the disability.

Particular description.

He states that he is *48* years of age, that he weighs *165* pounds, and that he is *5* feet *9* inches in height.
 His pulse-rate per minute is *100*, his respiration *20*, and his temperature *98.2*

The examination reveals the following conditions:

The surgeon should not recommend increase excepting for one of two reasons—that the present rating is unjustly low, or that the disability has really increased. In either case the reasons for changing the rating should be clearly set forth, and should include a full statement of the physical and rational signs.

We find tongue furred and fissured. Abdomen full with slight tenderness upon pressure over the region of the stomach but no tympanitis. Claimant alleges that he often has constipation of the bowels followed by diarrhea. His face is thin and pale and presents an unhealthy appearance and yet his weight is in good proportion to his height. We do not advise any change in rating.

Judging from the condition and history of the claimant, it is *our* opinion the disability was incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.

*We find the disability as above described to entitle him to a *four fourths* rating.*

Chas. H. Hardman
Robert W. F. Dyer M.D.
 Examining Surgeons

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

SURGEON'S CERTIFICATE

IN CASE OF

*Samuel Neff*Co. *4*, *14th* Reg't *Ill. Cav*

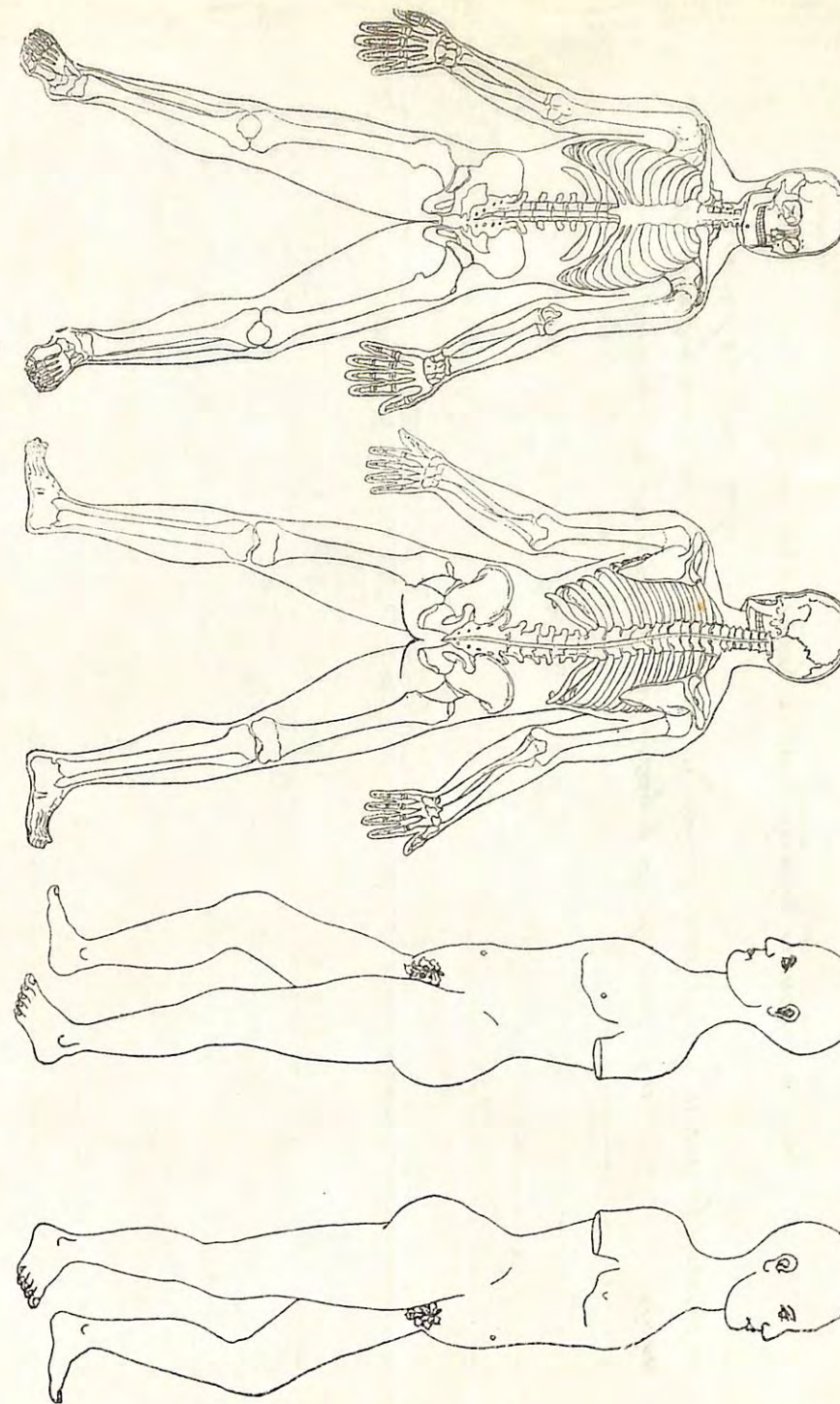
Application for Increase.

No. *197,816*Date of Examination: *April 2d, 1884**Chester Hardner**Reuben F. Dyer M.D.**Reuben F. Dyer M.D.*

Examining Surgeon's

Post Office, *Ottawa*County, *La Salle*State, *Illinois*

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



RECORD & PENSION OFFICE

1207416

WAR DEPARTMENT

3-464 aa.

M. J. N.

Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. May 23, 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.

Class. No.

197816

Name,

Daniel Neff

Co.

F 4 Reg't. 6th Cav

M. J. N.

Commissioner.

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,

MAY 25 1895

Respectfully returned to the

Commissioner of Pensions,

with the information that since re of
Daniel Neff entered ad.
Sept. 17, 1861, the military
records furnish no-
thing additional to
that contained in for-
mer report except as
above reported.

The medical records show him
treated as Daniel Neff. Pr.
as F 4 Ill Cav. Oct 12, 62 to
Feb 4, 63, disease of liver and
spleen, soreness and pain in
pit of stomach, has been
on partial duty in ward,
some indications of inter-
mittent; pain in region of
spleen & in hepatic region
also in abdominal region

& cardiac region with
palpitation, ~~disorder~~ ^{dyspnea}
sensation of smothering
feeling of heat in gastric
region & abdomen
Jan 8 soreness & tenderness in
umbilical region with
slight hardness about 2 inches
extent to the left side median
line; Jan 26 fullness in
left hypochondriac region
& hardness, Feb 14 63 dis-
charged from the service
for disease of spleen &
liver.

The above is additional to
that furnished in report
dated July 9, 80 herewith
nothing additional found.

* Amended in R & P 6 May 23, 1900
See new report

BY AUTHORITY OF THE SECRETARY OF WAR:

E. C. Minworth

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

Per *om*

(323a)



State of Illinois } ss
County of La Salle }

In the matter of invalid pension claim No. 286,114 of Daniel Neff late of Co. "F", 7th Regt. Ills. Vol. Cav.

Personally came before me as Police Magistrate in and for the aforesaid County and State,

Daniel Neff of Rutland, La Salle Co. Ills. claimant in said case,

A person of lawful age and well known to me to be reputable and entitled to credit, who, being duly sworn, declares in relation to the aforesaid case as follows:

- That for three years preceding his enlistment in the U. S. Service he resided at Logan, Dearborn Co. Ind. during the winter seasons and at Palatka, Putnam Co. Ills. during the summer seasons.
- That during the aforesaid period his occupation during the winter seasons was that of a cooper and during the summer seasons was that of a farm laborer.
- That since his discharge in 1863

he has resided at Logan, Dearborn Co. Ind. from date of said discharge to March 1869, when he moved to Nebraska Township, Livingston Co. Ills., where he remained until April 1872, when he moved to Rutland, La-Salle Co. Ills., where he has since continued to reside until date of making oath herunto.

- That during the time he was residing in Indiana he first attempted to follow his trade of Cooper, but owing to his disability was compelled to abandon such trade or occupation.

- That he then worked at such labor as he could obtain and was able to perform.

- That during his residence at Nebraska Ills. as aforesaid he attempted the occupation of laborer and farming by making use of riding plows and other labor saving implements but was compelled by his disability to abandon farming.

- That he then moved to Rutland Ills. as aforesaid, where he has since followed the occupations of laborer and teaming as his condition would permit.

- That while in the Service of the United States, at Shiloh Tenn. on or about April 6th 1862, he contracted enlargement of the liver and spleen, for which he was sent to Genl Field Hospital where he remained until May or June of same year, when he was sent to Hospital at St. Louis Mo. - Hosp^l in New Hotel but name of the same forgotten by claimant -

- That he was next sent to Hosp^l No. 3 at Quincy Ill. during the month of Oct: 1862 where he remained until his discharge in February 1863.

- That he was treated in Field Hosp^l as aforesaid by Surgeon in charge of same name of Surgeon unknown to claimant.

- That he was treated at St. Louis Mo. by Surgeon in charge of aforesaid Hospital at said City - name of Surgeon unknown to claimant.

- That while in Genl Hosp^l No. 3 Quincy Ill. he was treated by Surgeon of same, Dr R. Nicolls, residence unknown to claimant.

- That since date of discharge has been treated by Dr. Smiles of Logan Ind, Dr Joel Allen of Nebraska Tp, Livingston Co. Ill. and Dr. J. W. Evans of Barua Ill.

- That he has suffered no attacks of acute disease.

Since the incurrance of the aforesaid disability.

- That he has performed Manual labor only as herein before stated, since his discharge

- That during the year 1863 he was totally disabled from performing Manual labor by reason of disability incurred in the Service of the United States as aforesaid.

- That during the year 1869 he was again prevented from following his occupation for about one year, since which time he has been able to earn a partial livelihood only by reason of the aforesaid disability.

Daniel Peff

[Signature]

Sworn to and subscribed before me this 28th day of January 1880 at Rutland, in the County of La Salle, State of Illinois, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to it.

STATE OF ILLINOIS, } ss.
COUNTY OF LA SALLE.

I, PETER W. STOCKSLEGER, Clerk of the County Court, in and for said County, do hereby certify that Daniel Arnold Esquire, is an acting Police Magistrate, duly commissioned and qualified, in and for said County, "with the same jurisdiction as other Justices of the Peace;" that his commission took effect on the 25th day of April 1877, and expires April 25th 1881.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, in my office, at Ottawa, in said County, this 28 day of January A. D. 1880.

[Signature] CLERK

Chas. Ans. to 62



Since the incurrence of the aforesaid disability.

That he has performed Manual labor only as herein before stated, since his discharge

- That during the year 1863 he was totally disabled from performing Manual labor by reason of disability incurred in the Service of the United States as aforesaid.

- That during the year 1869 he was again prevented from following his occupation for about one year, since which time he has been able to earn a partial livelihood only by reason of the aforesaid disability.

Daniel Paff

Sworn to and subscribed before me this 28th day of January 1880 at Rutland, in the County of La Salle, State of Illinois, and I hereby certify that the contents of the foregoing affidavit were fully made known and explained to the affiant before swearing thereto; that the affiant is to me well known and is respectable and worthy of full credit; and I further certify that I have no interest, direct or indirect in the prosecution of this claim.

Daniel Arnold

Justice Magistrate

State of Illinois } ss:
County of Marshall }

In the matter of Pension
Claim No. 286114 of Daniel Neff,
Co. "F" 4th Regt Ills vol. Cav., Personally
came before me a Notary Public,
in and for the aforesaid County
and State, Daniel Neff, whose
P.O. address is Rutland, La Salle Co.
Ills, aged 45 years, well known
to me to be reputable and entitled
to credit; and who, being duly sworn,
declares in relation to the aforesaid
case, as follows:

I am Claimant in
the above case, I cannot procure
the testimony of Dr. Jesse Evans of
Rutland Ills, for the following rea-
sons, to wit:

He has preserved no
data from which to make out
his testimony with certainty as to
time and disease.

Daniel Neff
Claimant

Varna
(Marshall Co.)

I sworn to and subscribed to before
me this day, by the above named af-
fiant; and I certify that I read said
Affidavit to said affiant, and ac-
quainted him with its contents before
he executed the same. I further cer-
tify that I am in nowise interested
in said case, nor am I concerned
in its prosecution.



Witness my hand and official seal
this 22^d day of October 1880.

J H Brewster
Notary Public

Depts. aff.

Daniel Webb.
Genl Co. 4th Regt.
Sils Cav. 2nd Col.

Cameron.

No 286. 1/14.

GENERAL AFFIDAVIT.



STATE OF Illinois

COUNTY OF Marshall

ss:

In the matter of Pension Claim No. 28611

(Character of Claim.)

Daniel Neff, "F. 4," Ill. Cav.

(Name of Claimant and service of the Soldier.)

Personally came before me, a

Notary Public

(Title of Officer.)

, in and for

aforesaid County and State,

Daniel Neff,

whose P.O. Address

(Give name and address of each affiant.)

is Butland, La Salle Co, Ill.

aged 45 years, 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 am claimant in the above case, I cannot procure the testimony of Dr W. H. Smiles of Logan Indiana for the following reasons to wit: Owing to length of time that has elapsed since since treating the case, has lost his recollection of it, as he states that he has kept no notes of the same.

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

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

Signature
of
Affiants.

Daniel Neff
Claimant

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 him executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution.

Witness my hand and official seal this 22^d day of October 1887 1880

Sign here

J. H. McEvoy
(Official signature of Officer.)
Notary Public

NOTE.—Execute this before a Clerk of the Court, if possible. When executed before a Notary Public or Justice of the Peace, a certificate from the Clerk of the Court should be added or attached, certifying that the Notary or Justice had authority to act as such.

Ents aft

No 286114

CASE OF

Daniel Neff
Crosby & Co. 4th

Wm. C. C. Gold

FOR

Invalid Pension

AFFIDAVIT OF

FILED BY

MILO B. STEVENS & CO.,

PENSION ATTORNEYS,

Chicago, Ill.

CLAIMANT'S AFFIDAVIT.

State of Illinois
County of LaSalle } ss:
Marshall

In the matter of invalid pension claim No. 286114
of Daniel Neff (Character of Claim.)
1st. Ill. Cav. (Name of Claimant and service of the Soldier.)

Personally came before me, a _____, in and for
aforesaid County and State Daniel Neff (Title of officer.)

P. O. address is Buttland Ill.
aged 46 years, who, being duly sworn, states as follows: That he is the claimant in

the above described claim: and is unable to obtain other
medical testimony than that of Dr.
Geo. Allen for the reason that- Drs. J. W. Evans
of Varna Ill. and W. A. Swales of Logan Ill.
who gave him treatment, but- having
kept no notes of the case and a con-
siderable time having elapsed since
such treatment, they do not remember
the dates, or the disease for which he
was treated; and no other doctor has treated
or had a knowledge of my case.
_____ further states nothing.

(Attest-when the affiant signs BY MARK, (Two Persons.)

Daniel Neff
(Signature of claimant.)

STATE OF ILLINOIS, } ss.
COUNTY OF LA SALLE.

I, PETER W. STOCKSLEY, Clerk of the County Court, in and for the County and State aforesaid, do hereby certify that Daniel Arnold is an acting Notary Public, duly commissioned and qualified; that his commission was dated on the 29 day of November A. D. 1879, and will expire on the 29 day of November A. D. 1883.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said court, in my office, at Ottawa, in said County, this 14 day of June A. D. 18 87

P W Stocksley CLERK.

Before a Clerk of the Court, if possible. When executed before a Notary Public or Justice of the Peace, a certificate from the Clerk of the Court should be added or attached, certifying that the Notary or Justice had authority to act as such.

CLAIMANT'S AFFIDAVIT.

CASE OF

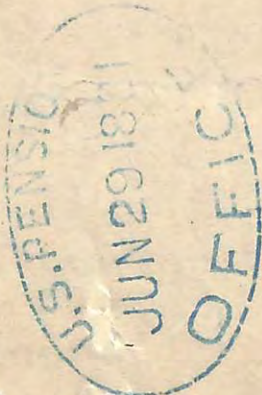
Daniel Neff
Plt. Fr. 4.
Ills. Bary
For Pension No. 286114

OK

FILED BY

MILO B. STEVENS & CO.,
PENSION ATTORNEYS.

Chicago, Ill.



DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

INSTR. ONS.—This Declaration may be executed before any officer authorized to administer oaths for general purposes.

State of Nebraska }
County of Keith } SS:

On this 19th day of August A. D. 1887, personally appeared before me,
a Notary Public within and for the County and State aforesaid
Daniel Keff aged 52 years, who being duly sworn accord-

ing to the law, declares that he is now in receipt of a pension of \$ 6.- per month, payable at the
Chicago Pension Agency, his certificate being number 197 876

That he is pensioned for disease of liver & spleen
State the name of the disability for which pension has been granted.

which was incurred while he was serving as a Private
4th Reg't, Ills. Cav. Vols.

He further declares that he believes himself entitled to a higher rate of pension for said disability, and
makes this application for increase.

disability has increased
and caused dyspepsia. He considers
pension graded altogether too low for
degree of disability.

He appoints Geo **LOUIS K. GILLSON, Pension Claim Attorney** of **Chicago, Ill.**, his true and lawful attor-

ney with power of substitution, to prosecute his claim; that his Postoffice address is Madrid by way

County of Keith State of Neb.

Also, appeared Cyrus Carver, and Gilbert W. Dye

residing at Madrid Neb., persons whom I certify appear to be respectable and
entitled to credit, and who being duly sworn, say they were present and saw the claimant sign his name (or make

(SEE THE OTHER SIDE.)

(FROM THE OTHER SIDE.)

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 his claim.

Two Witnesses to X mark, if any:

Cyrus Carver

Gilbert W. Leary
[Signature of Witnesses]

SWORN TO AND SUBSCRIBED before me, on the day first above written; and I hereby certify that the contents of the above Declaration were fully made known and explained to the applicant and witnesses before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.



CLERK'S CERTIFICATE.

REFLECTOR PRINT.

The State of Nebraska, }
COUNTY OF KEITH. } ss.

I, *M. M. Nevers* Clerk of said County of Keith, and

Clerk of the District Court therein, being a Court of Record and having a Seal, do hereby certify that

A. S. Mead, whose name is subscribed to the jurat certificate or proof of acknowledgement of the annexed instrument, was on the *26* day of *Feb*, A. D. 188*7*

duly appointed and commissioned a Notary Public, within and for said County for the term of Six Years,

and that his commission expires on the *26* day of *Feb*, A. D. 189*3* and

In testimony whereof I have hereunto set my hand and affixed the seal of said Court, at Ogallala, Nebraska, this *19* day of *August*, A. D. 188*7*

M. M. Nevers Clerk.
By Al Phelps

INVALID

CLAIM FOR PENSION

INCREASE.

Daniel Pratt Applicant,
Co. 17 " Reg't,
2d " Vols.

No. of Pension Certificate, *197876*

Present Rate, *\$6*

Disability, *div. of liver spleen*
representing dyspepsia



FILED BY

LOUIS K. GILLSON
Pension Claim Attorney,
CHICAGO, ILL.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Nebraska, County of Perkins ss:

ON THIS 2nd day of November A. D. one thousand eight hundred and ninety two

before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared, Daniel Sheff

late a U.S. Cavalry in Company H of the 4 Regiment of

Volunteers, aged 57 years, who being duly sworn according

to law, declares that he is a pensioner of the United States, duly enrolled at the Chicago

Pension Agency, at the rate of 8⁰⁰ dollars per month, under Pension Certificate No 197816

by reason of disability resulting from disease of liver and

spleen
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor.

On account of an increased disability, and he thinks the rate of pension he is now receiving is unjustly and unreasonably low, and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for dyspepsia contracted in
service and line of duty as heretofore al-
leged.
If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated.

That he hereby appoints, with full power of substitution and revocation

J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim.

His Post Office address is Madrid County of Perkins

State of Nebr.

Daniel Sheff
Signature of Claimant

Also personally appeared George W. Snider residing at Madrid Nebraska, and John H. Bower residing at Madrid Nebraska, persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw Daniel Jeff, 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.

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

George W. Snider
John H. Bower
Signatures of witnesses.

Sworn to and subscribed before me, on the day first above written; and I hereby certify that the content 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.]

John M. Kenzie
Signature.
Notary Public
Official character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Certificate No. 197816

INVALID.

APPLICATION FOR

INCREASE OF PENSION.

Daniel Jeff

4 Reg't.
Co.

Olds Car. Vols.



FILED BY

J. W. MORRIS,

(Late Principal Examiner U.S. Pension Office)

Attorney at Law,

WASHINGTON, D. C.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Nebraska

County of Perkins

ON THIS 4 day of April

A. D. one thousand nine hundred and

55:

before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared Daniel Huff

late a Private

in Company G

Claimant's name

of the

H

any Volunteers, aged 66 years, who being duly sworn according

Pension Agency, at the rate of 8 dollars per month, under Pension Certificate No 197 816

by reason of disability resulting from Disease of liver and spleen

Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor. Oct July 14th 1862

On account of an increased disability, and he thinks the rate of pension he is now receiving is unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for Nephritis, piles and rheumatism contracted in U.S. service and line of duty as heretofore alleged.
If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated

That he hereby appoints, with full power of substitution and revocation

J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim.

His Post Office address is Madrid

County of Perkins

State of Nebraska

H. Margaret Hall

Ann B. Hall

If claimant is unable to sign, two persons who can write must sign here.

Daniel Huff
Signature of Claimant



ATTY FILED

Also personally appeared H. Margaret Hall residing at Madrid Nebraska, and Ann Hall residing at Madrid Nebraska, persons whom I certify to be respectable and entitled to credit, who, being by me duly sworn, say that they were present and saw Daniel Neff, 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.

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

H Margaret Hall
Ann B. Hall
Signatures of witnesses.

Sworn to and subscribed before me, on the day first above written; 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.

John M. Kenzie
Notary Public
My commission expires May 5th 1902

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character

Certificate No. 197816

INVALED.

APPLICATION FOR

INCREASE OF PENSION.

Daniel Neff

"J" Co. 4 Reg't.

Ill. Cav. Vols.

U. S. WESTERN DIVISION
APR 24 1901

RECEIVED
APR 18 1901
TAX DIVISION

FILED BY

J. W. MORRIS
Late Principal Examiner U. S. Pension Office,

Attorney at Law
WASHINGTON, D. C.

HISTORY OF DISABILITY.

To be filled up and sworn to by Claimant.

State of Nebraska, County of Perkins §§:

ON THIS 13th day of September, A. D. 1902, before me, a

in and for the aforesaid County, duly authorized to administer oaths,
personally appeared Daniel Huff, a resident of Madrid
Name of claimant

in the County of Perkins, and State of Nebraska

whose Residence and Post Office address is Madrid Nebraska

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

That I am the identical person who under that name served in Co. F - 4th Reg't.,

Ills. Cav. Vols.

I further state that

feils and rheumatism
and Chronic Diarrhea

for which I claim pension,
I incurred on or about February 9th 1862, at or near Fort Henry Tenn.

under the following circumstances, to wit:

which received. by reason of exposure and getting wet &
If said disability be disease, state fully its cause; if wound or injury, the precise manner in

Contracted Chronic Diarrhea and liver
trouble and that caused feils
and also rheumatism by exposure
The Chronic Diarrhea being caused by liver
trouble

JOHN W. MORRIS, of Washington, D. C., being my true and lawful attorney, with full power of substitution, is hereby authorized by me to prosecute this claim to completion, before the Commissioner of Pensions, on appeal to the Secretary of the Interior, or before the Committees of Congress, as may be found necessary or deemed by him best for my interest.

P. F. Hastings

Daniel Huff
Signature of Claimant

Two witnesses who can write, sign here.

Also personally appeared Hiram W. Rooper, residing
at Grant Nebraska and Charles Eppner
residing at Grant Nebraska, 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 Daniel Neff, 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 7 years and 7 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.

_____ Hiram W. Rooper
_____ Charles Eppner
If either witness sign by mark, two persons who can write sign here. [Signature of two witnesses.]

Sworn to and subscribed before me, on the day first above written, 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.

My Commission Expires July 20, 1906.

[L. S.]

B. F. Hastings
Signature.
Notary Public
Official character.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

Macaul
Application No.

Certificate No. 197,816

PENSION CLAIM OF

Daniel Neff

Co. 4 Reg't. 10

Vol.

WESTERN B
OCT 4 1902
DIVISION B

HISTORY OF DISABILITY.

- FILED BY -

J. W. MORRIS,

LATE PRINCIPAL EXAMINER U. S. PENSION BUREAU.

ATTORNEY AT LAW,

WASHINGTON, D. C.

Application for Re-rating, Arrears and Increase of Pension.

State of Nebraska, County of Perkins, ss:

ON THIS 12 day of April A. D. one thousand eight hundred and eighty nine personally appeared before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, Daniel Kiff
Claimant's name.
aged 54 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the rate of 6 dollars per month, under Pension Certificate No. 197816 by reason of disability resulting from Disease of Liver & Spleen
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.

incurred in the service of the United States, while serving as a Private in Company F of the 4th Regiment of Illinois Cavalry Volunteers. That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor.

As he thinks the rates allowed have been unreasonably low, and disproportionate to the rates granted others for similar or equivalent disabilities, he asks that his pension be re-rated and more allowed from the beginning, and further increased for future time to correspond with the degree of disability.

And for new disability Dispepsia

That he hereby appoints, with full power of substitution and revocation, J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim. His Post Office address is Madrid County of Perkins State of Nebraska.

Daniel Kiff
Signature of claimant.

Henry Klader
M. M. T. Gary

John M. Kenzie
Signature.
Notary Public
Official character.

NOTE.—If increase of pension be claimed on account of a wound, injury or disease not previously alleged, the law requires that the application be executed before an **Officer of a Court of Record** having custody of its seal; otherwise, it may be executed before any officer authorized to administer oaths for general purposes.

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR, } BUREAU OF PENSIONS.

West Division,

Widow's Application, No. 900858,

by Sarah E. Neff, widow of Daniel Neff,

Company F 4th Regiment Illinois Vol. Cavalry.

State of Kansas,)

Mitchell County, (SS.

I, Rudolph Neff, being first duly sworn upon oath depose and say that my name is Rudolph Neff, that I am 71 years of age, that my Post Office address is Glen Elder, Mitchell County, Kansas, that I am a brother of the said Daniel Neff, who served in Company F 4th Regiment Illinois Vol. Cavalry, that he was married to the Claimant, Sarah E. Neff, on the 25th day of November, 1863, that I have known the said Daniel ~~X~~ Neff ever since he became of marriageable age, and that he had not been previously married.

Rudolph Neff

I, R. W. Thom, a Notary Public in and for the County of Mitchell and State of Kansas, duly commissioned and qualified, do hereby certify that Rudolph NEFF, who is to me well known and a credible person, signed the foregoing affidavit in my presence and swore to the same before at my office in Glen Elder, in Mitchell County, Kansas, and that before he signed and swore to the same that he knew the contents of the foregoing affidavit: and that all erasures and interlineations, if any, were made before the oath was administered.

Dated January 2nd 1909

R W Thom

Notary Public.

My Commission Expires Oct. 21, 1910



DEPARTMENT OF THE INTERIOR,, BUREAU OF PENSIONS.

West Division,

Widows Application, No. 900858,

by Sarah E. Neff, widow of Daniel Neff,
Company F 4th Regiment Illinois Vol. Cavalry.

State of Nebraska,)
Perkins County, (SS.

I, J. G. Robinson, being first duly sworn upon oath depose and say that my name is J. G. Robinson, I am 52 years of age, my post office address is Madrid in Perkins County, that my occupation is Blacksmith, that I have lived in Perkins County for more than twenty years, and that during all that time I have know the Claimant, Sarah E. Neff, personally, and also personally knew said Daniel Neff until the time of his death on July 10th, 1908; that during all these years that I knew him said Claimant, Sarah E. Neff and Daniel . Neff were living together, as husband and wife and were so living together at the time of his death, that at the time of his death they had a family of eight children living, and that they were never divorced.

J. G. Robinson

I, A. L. Bourquin, a Notary Public in and for the County of Perkins and State of Nebraska, duly commissioned and qualified, do hereby certify that J. G. Robinson, who is to me well known and a credible person, signed the foregoing affidavit in my presence and swore to the same before me at me office in Madrid in Perkins County, Nebraska, and that before he signed and swore to the same he knew the contents of the foregoing affidavit; and that all erasures and interlineations, if any, were made before the oath was taken.

A. L. Bourquin
Notary Public.



DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS.

West Division,

Widow's Application, No. 900858,

by Sarah E. Neff, widow of Daniel Neff,

Company F 4th Regiment Illinois Vol. Cavalry.

State of Kansas,)

Mitchell County, (SS.

I, Rudolph Neff, being first duly sworn upon oath depose and say that my name is Rudolph Neff, that I am 71 years of age, that my Post Office address is Glen Elder, Mitchell County, Kansas, that I am a brother of the said Daniel Neff, who served in Company F 4th Regiment Illinois Vol. Cavalry, that he was married to the Claimant, Sarah E. Neff, on the 25th day of November, 1863, that I have known the said Daniel E. Neff ever since he became of marriageable age, and that he had not been previously married.

Rudolph Neff

I, R. W. Thom

, a Notary Public in and for the county of

Mitchell and State of Kansas, duly commissioned and qualified, do hereby certify that Rudolph Neff, who is to me well known and a credible person, signed the foregoing affidavit in my presence and swore to the same before at my office in Glen Elder in Mitchell County, Kansas, and that before he signed and swore to the same that he knew the contents of the foregoing affidavit, and that all erasures and interlineations, if any, were made before the oath was administered.

Dated January 2^d 1909.

R W Thom

Notary Public.

My Commission Expires Oct. 21, 1910



DROP REPORT--PENSIONER

SARAH E. NEFF,

MADRID NEER

716673

ACT APR

Cert. No.

Pensioner

Soldier

Service

Class

Remarks

NOV 30 1933

Cancelled (payee deceased)

ACCOUNTING DIVISION

DEC 13 1933

, 193

The name of the above-described pensioner

36

who was last paid at the rate of \$

per month to OCT 31 1933, 193

has this day been dropped from the roll be-

cause of DEATH

NOV / 4 1933

Vet. Adm.

Wm. H. HOLMES,

Fin. Form 1411

Chief Accounting Division.

Rev. Mar. 1932

By

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Nebraska,
County of Perkins } ss.

On this 26th day of March, A. D. one thousand nine hundred and Seven, personally appeared before me, a Notary Public, within and for the county and State aforesaid, Daniel Neff, who, being duly sworn according to law, declares that he is 74 years of age, and a resident of Village of Madrid, county of Perkins, State of Nebraska; and that he is the identical person who was ENROLLED at Ottawa Illinois, under the name of Daniel Neff, on the 18th day of September, 1861, as a Private, in Company F 4th Regiment of Illinois Cavalry,
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Quincy, Illinois, on the 23rd day of February, 1863.
(State name of war, civil or Mexican.)
That he also served

That affiant had no other service in the army,
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 inches; complexion, florid; color of eyes, gray; color of hair, brown; that his occupation was a Cooper; that he was born November 24th, 1832, at Hamilton County, Ohio.

That his several places of residence since leaving the service have been as follows: at Logans Cross-roads, Dearborn County, Indiana, Minonk LaSalle County, Illinois, and moved from there to Rutland, Illinois, and moved from Rutland, Illinois to Perkins County, Nebraska, in 1886.
(State date of each change, as nearly as possible.)

That he is a pensioner. That he has heretofore applied for pension that the number of his pension Certificate is 107816.

(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 February 6, 1907.

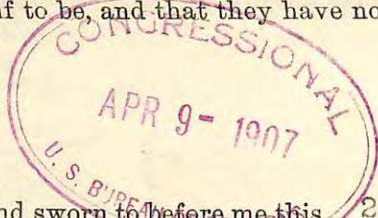
That his post-office address is Madrid, Nebraska, county of Perkins, State of Nebraska.

Daniel Neff
(Claimant's signature in full.)

Attest: (1) A. E. Hastings

(2) H. L. Hastings

Also personally appeared A. E. Hastings, residing in Grant, Nebraska, and H. L. Hastings, residing in Grant, Nebraska, 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 Daniel Neff, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 16 years and 3 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.

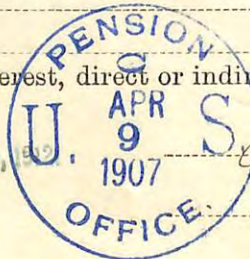


A. E. Hastings
H. L. Hastings
(Signatures of witnesses.)

Validity accepted
S. A. Cuddy,
Chief of Law Division,
PER KTM 1907

SUBSCRIBED and sworn to before me this 26 day of March, A. D. 1907, 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.]



H. L. Hastings
(Signature.)
Notary Public.
(Official character.)

3-014.

M. C. 32

Guinn
Receipt of papers acknowledged

ACT OF FEBRUARY 6, 1907.

By Mail Division.

CLAIM FOR PENSION.

Certificate No.

Name,

Service,

INSTRUCTIONS.

This form may be used for original pension or increase of pension.
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal; unless such certificate has been filed in the Bureau of Pensions for general reference.

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

6-803

Act of April 19, 1908.

Declaration for Widow's Pension.

State of Nebraska County of Perkins SS: Eight
ON THIS 16th day of July, A. D. one thousand nine hundred and

before me, a Notary Public in and for the county and State aforesaid, personally
appeared Sarah E. Neff aged 65 years, a resident
of Madrid county of Perkins

State of Nebraska who being duly sworn according to law, declares that she is
the widow of Daniel Neff, who enlisted under the name

of Daniel Neff, on the 18th day of Sept 1861,
as Private in Co. 7th Fourth Reg't., Illinois Cavalry Vols.,
Here state rank, company and regiment if in the Military service, or vessel, if in the Navy.

having served ninety days or more during the War of the Rebellion in the service of the United States, was honorably discharged
on the 23rd day of February, 1863, and died at Madrid

State of Nebraska on the 10th day of July, 1908.
That she was married under the name of Sarah E. Reitor, to her said

husband on the 25 day of November 1863, by
at Harrison State of Ohio;

that there was no legal barrier to said marriage.

That she had not been previously married
Here state whether you had been previously married, and if so, give the name and date of death or divorce of your former husband.

That her said husband had not been previously married,
Here state whether the soldier had been previously married, and if so, give the name and date of death or divorce of the former wife.

That neither she nor her said husband was married otherwise than as stated above; that she was not divorced from him, and
that she has not remarried since his death.

That the names and dates of birth of all his children now living, under 16 years of age, are as follows:
There are no children under 16 years of age

, born 1, born 1,
, born 1, born 1.

That she is not receiving pension has not applied therefore heretofore
State whether you have applied for pension, and if so, when.

That her said husband had he received a pension he made application therefore, No. 197816 Risser
Here state whether an application had been made by the soldier. If so, state whether allowed and give number of claim if possible.

bring the number of her certificate
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 CONGRESS APPROVED APRIL 19, 1908.

That she hereby appoints, with full power of substitution and revocation, to prosecute her said claim,

JOHN W. MORRIS, OF WASHINGTON, D. C.,

her true and lawful attorney. Madrid Perkins County Nebraska

That her post-office address is Perkins Including number and street, or number of R. F. D. Route if any. If none, so state.

County of Perkins State of Nebraska

A. E. Hartings Sarah E. Neff
J. R. Quinton

Two witnesses who can write must sign here.



1908
JOHN W. MORRIS, Attorney at Law, Washington, D. C., Expert in Pension Cases.

Fill up, Execute and Return to JOHN W. MORRIS, Attorney at Law, Washington, D. C.

NOTE: TWO PERSONS WHO CAN WRITE MUST WITNESS THE CLAIMANT'S SIGNATURE TO THIS DECLARATION AND SIGN THEIR NAME HEREON BELOW.

Also personally appeared A. E. Hartung residing at Grand Nebraska, and J. R. Quinton residing at Madrid Nebraska, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw the claimant sign (or make mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and from their acquaintance, the claimant to be the identical person represented; and that they have no interest in the prosecution of this claim.

P. F. Hartung A. E. Hartung
If witness signs by mark, two witnesses sign here J. R. Quinton
Sworn to and subscribed before me, this 16th day of July, A. D. 1908
and I do 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.]

My commission Expires July 25, 1912.

Validity accepted
S. A. Cuddy,
Chief, Law Division.
per JTH 7 21 08

P. F. Hartung
Signature.
Notary Public
Official character.
Grand Nebraska
Post Office Address.

NOTE: This may be executed before any officer authorized to administer oaths. If he has a seal and uses it, no certificate of the Clerk of a Court will be necessary; but if no seal be used, the Prothonotary, County Clerk or the Clerk of a Court of Record must certify to his signature and official character.

WIDOW'S

APPLICATION FOR PENSION.

Act of April 19, 1908.

ALLOWING \$12 PER MONTH.

Sarah E. Clegg

WIDOW OF

Samuel Clegg

Reg't.

Vols.

Co.

4th
Ill. Cav.



— FILED BY —

J. W. MORRIS,

(LAST PRINCIPAL EXAMINER, U. S. PENSION BUREAU.)

ATTORNEY AT LAW,

WASHINGTON, D. C.



N. 4

CERTIFICATE OF DISABILITY FOR DISCHARGE.

In the case of

Daniel Sheff
a Private in Co. F.

Fourth Reg't of Ills. Cavalry.
Adjutant-General's Office,
Mar. 17 1863.

Duplicate for the Pension Office

Spauld Neef
Asst. Adj. Genl

L. H. Sweden

Surg. U. S. A.
Med. Director

Wd. Ins. Dept. of the Ohio,
Cincinnati, Ohio. Feb. 18 1863,

To be discharged,
By order of Maj. Genl. Wright.

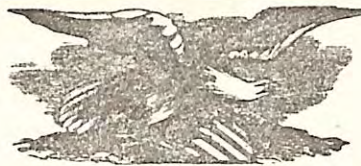
W. P. Anderson

Asst. Adj. Genl

Received (A. G. Office) _____, 186



ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

Daniel Neff Private of Captain *A. J. Search*
Company, [*H*], of the *Fourth Illinois* Regiment of United States
Cavalry, was enlisted by *Capt Rockwood*, of
the *Fourth* Regiment of *Ill. Cavalry* at *Ottawa Ill.*
on the *Eighteenth* day of *September* 1861, to serve *Three* years; he was born
in *Hamilton Co* in the State of *Ohio*, is *Twenty six*
years of age, *five* feet *seven* inches high, *florid* complexion, *Gray* eyes,
brown hair, and by occupation when enlisted a *Cooper*. During the last two
months said soldier has been unfit for duty *60* days

Here consult directions on Form 12, p. 269, Medical Dep. Gen. Reg.

Taken with diarrhea in February 1862, which continued four or five months. Pain began to be felt in the pit of the stomach in March, with distress in the left side. Ring finger of left hand broken in February last, at Cairo Ill., by falling from a horse.

STATION: *Genl Hsp'l Quincy Ill*

DATE: *Feb 10 1863*

R Riccolds Surgeon Commanding Company.

I CERTIFY, that I have carefully examined the said *Daniel Neff* Private of
Captain *A. J. Search* Company, and find him incapable of performing the duties of a soldier because of
Here consult p. 1134, p. 245 and directions on Form 12, p. 269, Medical Dep. Gen. Reg. *Enlargement of the liver and spleen. The effects of a diarrhea commencing in Feb 1862. Stool; at present not copious, but slimy, & irregular, from want of natural peristaltic action. Severe pain & tenderness on pressure at pit of the stomach, & whole upper part of the abdomen. Palpitation severe, both on making exertions, and while quiet. No benefit from treatment in last four months. Partial anchylosis of first joint of ring finger of left hand, from fracture of second phalanx in Feb 1862. *R Riccolds* Surgeon. *Has*
*is emaciated.**

DISCHARGED this *Twenty third* day of *February* 1863, at *Quincy. Ill*

R Riccolds Surgeon *has*
Commanding the *Post*

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.

NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town—

County—

State—

[DUPLICATES.]

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., Nov. 6, 1880.

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 286,114, and to return it herewith, with such information as is furnished by the files of this Office.

It appears from the Rolls on file in this Office that 17th
Daniel Neff was enrolled on the
day of October⁺, 1861, at Ottawa, Ill., in Co. F
Fourth Regiment of Illinois Cor. Volunteers, to
serve 3 years or during the war, and mustered into service as
a Private on the 17th day of October, 1861,
at Camp Hunter, in Co. F, Fourth Regiment
of Illinois Cor. Volunteers, to serve 3 years, or
during the war. On the Muster Roll of Co. F of that Regiment,

for the months of from enrollment to April 30, 1862,
he is reported Present. May and June, '2, he is reported:
absent. Received Certificate of Disability, April 25, at
Pittsburg Landing: Sent by Surgeon to Hospital at Cambridge,
Miss. Sent home from there where he is sick. He has no papers
discharge papers. July & Aug, '2, reported "Absent on
sick leave, since March 3. Received Surg. Cert. of Disab. for
discharge," and so reported to Feb. 28, 1863.
March & April, '3, he is reported "Discharged, Feb. 23, '63,
at Quincy, Ill., by reason of Surgeon's Certificate of Disability."
Cert. of Disability reports him dischd. at Quincy, Ill., Feb. 23, 1863.

Dupl. sent Pens. Office, March 11, 1863. Co. & Regt. names

furnish no additional information

I am, sir, very respectfully,

Your obedient servant,

A. Martin

Assistant Adjutant General.
(2)

The Commissioner of Pensions,

Washington, D. C.

+ See new report

REQUEST FOR MILITARY RECORDS				1. DATE <div style="font-size: 1.2em;">6/14/22</div>		2. PULLTIME/STAFF INITIALS <div style="font-size: 1.5em;">CKA</div>	
3. NAME OF REQUESTER <div style="font-size: 1.2em;">Brian Rhinehart</div>				4. RESEARCHER CARD NO. <div style="font-size: 1.2em;">1000091</div>			
ITEM NOS. 2, 5, 6, 7, 8, AND 9 FOR STAFF USE ONLY		5. STACK AREA <div style="font-size: 1.2em;">18E4</div>		6. ROW <div style="font-size: 1.2em;">7</div>		7. COMPARTMENT <div style="font-size: 1.2em;">6</div>	
		8. SHELF <div style="font-size: 1.2em;">3</div>		9. SEARCHER <div style="font-size: 1.5em;">B</div>			
10. RECORD IDENTIFICATION (Check one only) <div style="text-align: right; margin-top: 10px;"> <i>(If Military or Bounty Land checked – complete items 11, 13, 14, and 15. If Pension is checked – complete items 11, 12, 13, 14, 15, and 16.)</i> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> PENSION <input type="checkbox"/> BOUNTY LAND </div>							
11. NAME OF SOLDIER <div style="font-size: 1.2em;">Daniel Naff</div>				12. NAME OF DEPENDENT <div style="font-size: 1.2em;">Sara</div>			
13. UNIT (CO, BN, or REGT.) <div style="font-size: 1.2em;">E 4 16 Cav</div>				14. STATE SERVED FROM <div style="font-size: 1.2em;">ILL</div>		15. WAR, OR DATE OF SERVICE <div style="font-size: 1.2em;">CW</div>	
16. PENSION FILE NUMBERS							
a. INVALID		APPLICATION <div style="font-size: 1.2em;">286114</div>			CERTIFICATE <div style="font-size: 1.2em;">197816</div>		
b. WIDOW		<div style="font-size: 1.2em;">900858</div>			<div style="font-size: 1.2em;">716673</div>		
c. MINOR							
d. MOTHER							
d. FATHER							
e. OTHER NUMBERS (XC, etc.)							
17. RECEIVED BY		18. DATE		19. RETURNED TO		20. DATE	