

REQUEST FOR MILITARY RECORDS				1. DATE 6/15/22		2. PULLTIME/STAFF INITIALS EKA	
3. NAME OF REQUESTER Brian Rhinchart				4. RESEARCHER CARD NO. 1000091			
ITEM NOS. 2, 5, 6, 7, 8, AND 9 FOR STAFF USE ONLY	5. STACK AREA 18E3	6. ROW 8	7. COMPARTMENT 14	8. SHELF 4	9. SEARCHER JW		
10. RECORD IDENTIFICATION (Check one only) <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> ☐ MILITARY ☒ PENSION ☐ BOUNTY LAND							
11. NAME OF SOLDIER Robert Robinson				12. NAME OF DEPENDENT Sarah			
13. UNIT (CO, BN, or REGT.) B 126 16 Inf				14. STATE SERVED FROM IL		15. WAR, OR DATE OF SERVICE CW	
16. PENSION FILE NUMBERS							
a. INVALID		APPLICATION 488 572			CERTIFICATE 600 186		
b. WIDOW		605304			420340		
c. MINOR							
d. MOTHER							
d. FATHER							
e. OTHER NUMBERS (XC, etc.)							
17. RECEIVED BY		18. DATE		19. RETURNED TO		20. DATE	

(3-231.)

No. 420,340

Sarah A. Robinson

WIDOW OF

Robert Robinson

Rank Wagoner, Co. B.

Regt. 126 Ill Vol Inf.

Des Moines Agency.

Rate per month, \$ 12.

Commencing Nov. 4, 1894

DEAD.

Additional sum of \$2 per month for each of the following children, until the age of 16

1. Rosa 1894

Rosa E.	16 yrs.	18
	" Oct 29	18 ⁹⁶
	"	18
	"	18
	"	18
	"	18
	"	18
	"	18
	"	18

Issued. 21, 18⁹⁶

Mailed 21, 18⁹⁶

Fee, \$ 25.

April 26, 1911. Check
for \$36. returned to Hon. Jas.
McKinney & adv. as per copy
of letter. R. M. Fin. Div.

APR 27 1911

Auditor and Pension Agent
advised. *[Signature]*

DROPPED

May 1, 1911 C.M.H.

**REIMBURSEMENT
ALLOWED
MAY 8 1911**

INVALID. (Series

Cert. No. **601186**Name, *Robert Robinson*Rank, *Wag-*; Service, *Co. B - 126th Ill*Original Roll: *Lopezka*

Agency Transf'd, 18, to

" 18, to

Issued *June 20-*, 18*91*Mailed *29*, 18*91*Rate and Period, \$ *4*, from *June 29, 1883*and \$ *8* " *Mich 4* 18*91*

Deductions:

Disability: *Chronic Diarrhoea*

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Deductions:

Disability:

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Deductions:

Disability: *See Widow*

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Deductions: *Accrued Pension Certificate and*Order issued *Feb. 21, 1886*Pen Qty. *widow*Disability: *payable to*Mailed *Feb. 24, 1886*

INDORSEMENTS.

Jan. 22/96 Corresponded with
Carpenter & Venable, new dis. claim
To A.G. verification of above com.

See Wid. Ctf. 420 340

Ex'1

No.

IND

III.

IOWA

Wis.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON

INT. P.

N. MEX.

DAKOTA

WASH.

UTAH.

No

And

Wagler. B. 126" Ells. Eng.

Died at _____ Nov. 3rd 1894

other claim.

Law. 65 601. 186

See New Law-

Dec. 14, 1894

Clerk

Application filed: Nov. 30, 1894

Attorney: Barton Macafee

P. O.

city

Filed
P

~~Seaside~~ [3-216.] ~~Monahan~~
~~Am. Harper~~ Ex'r. INVALID.
Nichols No. 488,572

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

~~Elbert Co. Col.~~
~~Racine, Buffalo Co.~~
~~Robert Robinson~~ not
~~Henderson~~ ~~Reed Island~~
P. O. ~~Reed Island~~
~~Hills Co. Ia.~~ ~~Reed Island~~
Service: ~~Mugger~~ 13/26 Ills.

Enlisted: ~~Sept 11~~, 1862

Discharged: ~~Apr 4~~, 1864

~~Informal~~ June 29, 1883
Application filed:

Alleges: ~~Chronic Diarrhea and~~
~~Ulcerations~~

Re-enlisted:

12/91

Attorney: ~~Claimant~~
P. O. ~~N. H. Leaph~~
~~City~~

BOARD OF RE-REVIEW
JAN 21 1883

Recognized.

Contract.

1 Cert. of Dis. Searched for July 23, 1883
(10345-12,000)

Notified. 7-14-83.
IND. ~~July 26:83~~ ~~att. Const. Bond~~ ~~vt. unclaimed~~
ILL. " " ~~Ex Bd. Davenport~~
IOWA. Dec. 4-84 - Clmt. for formal Dec.
& returnary discharge.
" C.O. Res. & addresses.
" Contin. & Med. Service.

WIS. " Med. Ex. on Omaha Bd.
April 4" 87. Clmt.
MINN. for Clmt.
NEBR. July 2" 87. Clmt.
KANS. for Clmt.
NEV. July 5" 85. Clmt.
COLO. ~~Dr. Lyman~~ testimony
CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

THIS CLAIM IS REJECTED ON ACCOUNT OF
CLAIMANT'S FAILURE, AFTER A REASONABLE
TIME, TO FURNISH THE NECESSARY PROOF
TO ESTABLISH THE CLAIM, AND ON
OF REJECTION BY

clmt.
Feb. 23 88
does not furnish, or
regiment the use of blank
forms for affid.
claim requires evi-
dence of continuance
Feb 23, 1889
& Colby Rd
copy etc.
an affidavit from
J. H. Coon

No.

[3-216 a.]

Ex'r.

Smith No. *601,186* ©

Act of June 27, 1890.

IND.

ILL.

IOWA.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

Enlisted: _____, 18 .

Discharged: _____, 18 .

Application filed: *Sept. 16*, 18*92*

Alleges: _____

Any other claim filed: *601,186*

See Mar 605304

Numerical No. _____

Attorney: *Burton Macafee*

P. O. *City*

Recognized.

Contract.

No.

[3-218 a.]
Leavelle Ex'r.

No.

Act of June 27, 1890.

12/91

Sarah A. Robinson

Henderson Mills Co. Iowa

Wid

Robert Robinson

Wage 93. 126" Ill. Inf.

Died at ~ 3" Nov. 1894

No other claim.

Em. of 601. 186

See Old Law

Dec 14, 1894

Clerk.

Numerical No.

Application filed: Nov 30, 1894

Attorney: Burton Macafee

P. O.

City

Nov Dec 15/94

IND.

May 23/95 atty Macafee

ILL.

for 10/14 income & depd

IOWA.

Jan. 22/96 atty Old Law Jucker
C. M. W. B.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

Nov 5/96 Bur of reject
to Claimt. & atty M.
B. P.

No.

Residence, 2225 Seventh Avenue
Residence Telephone, West 286

Rock Island, Ill. April 20th 1911

Mrs. Nancy J. Ficken

Dr. to Emily Wright, M. I. Safety Building

Office Hours—9:00 to 10:00 a. m.
2:00 to 4:00 p. m.
7:00 to 8:00 p. m.

OFFICE 1716 SECOND AVENUE
Office Telephone, West 1655

For Professional Services rendered Mrs. Sarah
A. Robinson during last
illness \$31.50
" stomach tube 1.50

33 00

Received Payment "Exhibit A"

Having been called by Mrs. Robinson to
attend her mother, Mrs.
I hold Mrs. Ficken responsible
for payment of this account—C.M.

STATE OF ILLINOIS, }
ROCK ISLAND COUNTY, } ss.

VS.

STATE OF ILLINOIS, }
COUNTY OF ROCK ISLAND, } ss.

I, Emily Wright

being first duly sworn, depose and say that I am

the same person

who has a claim or demand against

Nancy J. Ficker

that said

Nancy J. Ficker is

indebted to

this affiant

as hereinafter stated on an open account

of which a copy is hereto attached, and marked Exhibit A; that said indebtedness is for and on account of ~~goods,~~

~~wares and merchandise, sold and delivered by said~~ professional services rendered to
to said Sarah A. Robinson who was the mother of said Nancy J. Ficker
at her special instance and request,

that after allowing to said

Nancy J. Ficker

all

just credits, deductions and set-offs, there is now justly due to

this affiant

from the said

Nancy J. Ficker

the full sum of

Thirty-three (33)

Dollars, and

Cents

with interest thereon from the

day of

190

at the rate of

per cent per annum.

Emily Wright, M. D.

I, Will M. Walker

a Notary Public in and for the County

of Rock Island and State of Illinois

hereby certify that the foregoing affidavit

was this day subscribed and sworn to before me by

Emily Wright

and I further certify that I am duly authorized by the laws of the State of

Illinois

to

administer oaths and affirmations, and that I am duly qualified and commissioned for that purpose.

WITNESS, My hand and official seal, this

21st

day of

April

1901

at the County and State last aforesaid.

Will M. Walker

Notary Public.

Drs. C. and C. O. Bernhardt

Rock Island, Ill.

May 1st 1901

RECEIVED of

Mrs. Nancy J. Fixen

One $\frac{50}{100}$

DOLLARS

for my receiver to Mrs. Sarah A. Robins deceased

\$ $\frac{50}{100}$

C. Bernhardt

April 10 1911

Received of Mrs. Nancy J
Fricken twelve dollars (\$12) for
nursing Mrs. Sarah A Robinson

Mrs. Mary Shaw
(Nurse)

REIMBURSEMENT

I hereby certify I hold my wife Nancy J. Ficken
responsible for any claim which I may have for services rendered,
supplies furnished or money expended during the last sickness and
burial of Sarah A. Robinson (deceased) late a pension-
er by certificate number 420.340.

(This need not be sworn to)

Frederick H. Ficken

WIDOW'S PENSION.

No. 505,304.
605,304.

Claimant Sarah A Robinson Soldier Robert Robinson
 P. O. Henderson Rank Wagoner, Co. B
 County Mills, State Iowa Regiment 126 Ill. Vol. Inf.
 Rate, \$ 12.00 per month, commencing Nov. 4, 1894, and

and two dollars a month additional for each child, as follows:

By former marriage.	{ Born, -----, 18 . }	{ Commencing -----, 18 . }
	{ Sixteen, -----, 18 . }	
	{ Born, -----, 18 . }	{ " -----, 18 . }
	{ Sixteen, -----, 18 . }	
	{ Born, -----, 18 . }	{ " -----, 18 . }
	{ Sixteen, -----, 18 . }	
By last marriage.	{ Born, <u>Oct. 30</u> , 18 <u>80</u> }	{ <u>Nov. 4</u> , 18 <u>94</u> }
	{ Sixteen, <u>" 29</u> , 18 <u>96</u> }	
	{ Born, -----, 18 . }	{ " -----, 18 . }
	{ Sixteen, -----, 18 . }	
	{ Born, -----, 18 . }	{ " -----, 18 . }
	{ Sixteen, -----, 18 . }	
	{ Born, -----, 18 . }	{ " -----, 18 . }
	{ Sixteen, -----, 18 . }	
	{ Born, -----, 18 . }	{ " -----, 18 . }
	{ Sixteen, -----, 18 . }	

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

All pension to terminate -----, 18 --, date of -----

RECOGNIZED ATTORNEY:

Name Burton Macafee Fee \$ 25.00 Agent ----- to pay.
 P. O. Washington, D.C. Articles filed Jan. 3, 1895.

APPROVALS:

Submitted for Admission, Feb. 13, 1896, C. R. McBride, Examiner.

Approved for Admission & continuance, origin of Chronic diarrhoea accepted,
 Approved for admission; death resulted from chronic diarrhoea due to

cause ----- which has been legally accepted,

Mr. Bare Feb. 14, 1896, Legal Reviewer. Wilson Feb. 15, 1896, Medical Reviewer.
J. U. Raymond, Q. S.

-----, Re-Reviewer. Acting -----, Medical Referee.

IMPORTANT DATES:

Enlisted Aug. 11, 1863. Invalid application filed O. L. June 29, 1883.

Mustered -----, 18 --. Invalid last paid to -----, 18 --.

Discharged Sept. 4, 1864. Former marriage of soldier or claimant -----.

Died Nov. 3, 1894. Death of former wife -----, 18 --.

Declaration filed Nov. 30, 1894. Claimant's marriage to soldier Aug. 19, 1854.

Writes.

W. M. C.

WIDOW'S PENSION. No. 605,304.

✓ Claimant *Sarah A. Robinson* Soldier *Robert Robinson*
✓ P. O. *Henderson,* Rank *Wagoner*, Co. *B*
✓ County *Mills*, State *Iowa* Regiment *126 Ill. Vol. Inf.*
✓ Rate, \$8 per month, commencing *Nov. 30*, 18*94*, and \$2 per month additional for each child, as follows:

[illegible]

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

All pension to terminate _____, 189____, date of _____

RECOGNIZED ATTORNEY.

✓ Name Burton Macafee, Fee \$ 10.00 Agent to pay.
✓ P. O. Washington, D.C. Articles Filed _____, 189

APPROVALS:

Submitted for Admission, Feb. 15, 1896, C. R. M. Bride, Examiner.
 Approved for Repetition, no addnl. benefit, claim under general law for
Admission —
 Feb. 18th, 1896. Mr. Case, Legal Reviewer.

The soldier was pensioned at \$ <u>8.00</u> per month for <u>chronic diarrhoea</u>. Enlisted <u>Aug. 11</u>, 1862. <u>And</u> honorably disch'd <u>Sept. 4</u>, 1864. Re-enlisted <u>not</u>, 18. <u>—</u> honorably disch'd <u>—</u>, 18. Died <u>Nov. 3</u>, 1894. Declaration filed <u>Nov. 30</u>, 1894.	Soldier's app'n filed <u>June 29</u>, 1883. " " " <u>M.C. Sept. 17, 1892</u>. Clt's app'n under other laws <u>Nov. 30</u>, 1894. Former marriage of <u>neither</u>, 18. Death of former <u>no</u>, 18. Clt's marriage to soldier <u>Aug. 19</u>, 1852. Clt <u>not</u> remarried <u>—</u>, 18.
---	--

Claimant iswithout other means of support than her daily labor.

Declaration for an Original Pension of a ~~Father or Mother~~ Widow

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal, or Notary or J.P.

State of Iowa, County of Pattawattawie, ss:

ON THIS 24th day of November A. D., one thousand eight hundred ninety four personally appeared before me S. C. Campbell a Notary Public a Court of Record within and for the County and State aforesaid Mrs. Sarah A. Robinson

aged 60 years, who, being duly sworn according to law, makes the following declaration in order to obtain

the Pension provided by Acts of Congress granting pensions to dependents: That she is the widow of Robert Robinson (Father or Mother)

Robert Robinson, who enlisted (Name of Soldier.)

under the name of Robt Robinson at Rock Island, Ill.

on the August day of 1862, as a priv. Co. B 126 (Here state Company and Regiment, if in the Army, or

Ill. Inf in the war of 1861-66 who vessel and rank, if in the Navy.)

contracted the diseases for which he drew pension by Certif. No. 604 186, and of which he died, - diseases for which he was treated in hospital and for which he was discharged from the service. She further declares that her husband, the said Robt. Robinson, was never in any other U.S. army or navy service

that he died on the 3d day of Nov. A. D., 1894, who bore at the time of his death the rank of priv in Co. B, 126 Ill. Inf (Company and Regiment of service, if in the Army; or vessel and rank, if in the Navy.)

that said son soldier left a left neither widow and child under sixteen years of age surviving;

that the said declarant was married to the Robt. Robinson of said son at Edgington Ill (Mother or Father.)

on the 19 day of August A. D., 1892, by Albert E. E. E.

And she also hereby applies for the accrued pension due her late husband up to the time of his death

that he was dependent upon said son for support that the one child of said son died at one child on the day of A. D., 1894

that there were surviving at date of soldier's death, his brothers and sisters, who were under sixteen years of age, as follows:

Ross A. Robinson born Oct. 30th 1880 1880 ✓

None other under 16 years of age born 18

born 1880

born 1880

That she has not heretofore received or applied for pension, but her husband (If the Father, the Mother, or the sol-

dier had previously applied, so state, giving number of claim that she has not aided or abetted the rebellion; and that

neither her husband nor herself had been before married & she has not married Declarant hereby appoints, with full power of substitution and revocation, (If mother's claim, here add "she has not again married.")

Barton Macafee of Washington, D.C.

true and lawful attorney to prosecute claim; that residence is No.

street and Post Office address is Henderson

Mills Co., Iowa

Frank Shinn

A. J. Bell (Two witnesses who can write, sign here.)

Sarah A. Robinson (Signature of Claimant.)

ATTY FILED

Also personally appeared

Frank Shinn + A. F. Bell both of Carson Iowa,

in _____ street, in _____, and _____

residing at No. _____ in _____ street, in _____, persons whom I certify to be

respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw *Mrs.*

Sarah A. Robinson, the claimant, sign her name, or make her mark, to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with her that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

Frank Shinn

A. F. Bell

(Signature of Affiants.)

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

Sworn to and subscribed before me this *24* day of *November*, A. D. 18*94*,

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.]

Clerk of the

William P. Rube
Notary Public
or notary or Justice of the peace

Widow's Gen. Law
Accepted

DEPENDENT RELATIVE
CLAIM FOR PENSION.

ORIGINAL.

Mrs. Sarah A. Robinson, Applicant.

Widow of Robt. Robinson

Co. B, 126 Reg't.

Ill. Inf. Vols.

General Law
Said
Accepted

FILED BY

Forston Macghee,

Washington,

Nov 24 1894

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

RECEIVED.
DEC 3 1894
LAW DIVISION

791 260

o. 26.

To be filed for general reference
*If this certificate is to be filed in the Pension Office for general reference, the Magistrate must sign here, if otherwise, his signature need not be endorsed hereon.

*

William B. Redman
(Official signature of Magistrate.)

STATE OF

Iowa

COUNTY OF

Mills

I,

O. C. Potter

Clerk of the

District Court

of the County and State aforesaid, do hereby certify that *William B. Redman*
is a *Justice of the Peace* in and for said *County* and
duly qualified to act as such; that his term of office commenced on the *1st* *Mon* day of *January*
in the year 189*5*, and will expire on the *1st* *Monday* of *January* in the year 189*7*,
and that his signature, above written, is genuine.

GIVEN under my hand and seal of the said County, at

Glenwood

on this

16th

day of

July

in the year of our Lord 189*5*.

Clerk.

O. C. Potter
J. E. Robinson Deputy

*county court do hereby
certify that William B Redman
& W. B. Redman is one and the
same Person*

O. C. Potter Clerk
J. E. Robinson
Deputy Clerk

State of Iowa { 55
County of Mills

Mrs. Sarah A. Robinson aged 60 years, well known respectable and entitled to credit, whose address is Henderson, Mills Co., Ia., being sworn says; that she cannot furnish record proof for there is none as far as she knows; that she has furnished ample other proof which she asks to have accepted in lieu of a better class of proof; that she has heretofore applied for the accrued pension due on her husband's certificate no. 60/186, and hereby again applies for it together with her own proper claims; that her attorney in this and all her other claims is Burton Macafe.

in presence of

1 W B Redman

2 W H Darnell

Sarah A Robinson

widow of Robt. Robinson
C.B. 126 Ill. Inf.

Also W B Redman and W H Darnell both of whose addresses are Henderson, Ia., well known, respectable and entitled to credit, who being sworn say they fully identify Mrs. Sarah A. Robinson who has executed the foregoing declaration which they believe to be true and that they have no interest whatever in the claim or its prosecution.

W B Redman

W H Darnell

Sworn and subscribed this 3 day of April A.D. 1895, by both claimant and witnesses each one of whom was fully acquainted with the statements and declarations before executing and show no interest in the case or its prosecution.

L.S. ✓

clt.

A D Davis

Notary Public
Ia

Widow's ~~601186~~
General laws 605-3045

Mrs. Sarah A., wid. of
Robt. Robinson
Co. B, 126 Ill Inf.

"Inability"



Filed by
Burtis Macfar,
Wash., D.C.

State of Iowa } 58.
County of Mills }

Mrs. Sarah A. Robinson, aged 60 years, well known, respectable & entitled to credit being sworn says that she has been taken sick while trying to find work which she could do; that she had no money to take care of her self and had to receive charity in the shape of the money which brought her to these kind people who are now supporting her; that she has not a cent of money and is in great need of medical and surgical treatment and is at the present time a burden upon people in no way bound to help her and who support her solely by reason of their pity and sympathy for her suffering; and that for these reasons she begs to have her case made special-

in presence of
1. H. B. Davis
2. E. Campbell

Sarah A. Robinson
Widow of Robt. Robinson
Co. B, 126 Ill. Inf.

Sworn and subscribed this 8th day of July, 1895,
by both claimant & her witnesses all of
whom are entitled to full credit & have
no interest whatever in the case

L.S.

W. B. Redman
Justice of the Peace

wid. 605-304
Currey April 17
Sarah H.

Wid. of
Robt. Robinson
Co. B, 126 Ill. Inf.

kg

Claimants'
Sworn reasons
why case should
be made "Special"

NOV 16 1895

Filed by
Burton Massey,
Wash., D.C.
R 91 260

Claimant's sworn reply to require-
ment on other side

State of Iowa }
County of Mills } 55

Mrs Sarah A. Robinson, aged years, whose address is Henderson, La., well known, respectable & entitled to credit, being sworn says that she is informed and believes that this call is unnecessary and improper for the reason that she has as she believes completed the proof in claim for pension under general laws which laws require no such proof; that she prefers noting under said general laws and requests that it be so made; that she only made application under act of June 27, 1890, so as to guard against delays in date of noting in case there might be delay in proving up the general law case; that she therefore asks that her general law case be speedily considered; and that she has already stated that she has filed the best class of proof within her power. Therefore, that she asks that if any defect be found in her general law proof, those defects be promptly pointed out to her attorney Ruston Macfar of Washington, D.C. —

Witnesses } in presence of
 } Amos Borel
 } J. J. Musselman

Sarah A. Robinson
widow of Robt. Robinson
Co. B, 126 Ill. Inf.

Sworn & subscribed by both claimant & her two witnesses, This 28th day of June A.D., 1895 &
I have no interest in the case or its prosecution

W. B. Redman
Justice of the Peace

See other side for sworn statement of claimant

Western Div.

3-479 a.

Ex'r.

Return this letter with your reply.

WIDOW.

[Handwritten signature/initials]

Department of the Interior,
BUREAU OF PENSIONS,

[Handwritten signature]

Washington, D. C., May 23, 1895.

In the pension claim No. 601,186, Act of June 27, 1890, of Sarah A. Robinson as widow of Robert Robinson, Co. B. 126 Ill. vol. Inf a strict compliance with the requirements indicated by paragraph 7 will insure early action.

Par. 1. The date of the soldier's death should be shown by the testimony of persons having a personal knowledge of the fact.

Par. 2. The marriage of the soldier to the applicant should be shown by a verified copy of the public or church record, or by the affidavit of the person who officiated, or by affidavits of witnesses to the ceremony, or by a certified copy of the church record of baptism of the children.

Par. 3. It should be shown by competent evidence whether the soldier or claimant had been previously married, and if so, the death or divorce of the former wife or husband should be proved.

Par. 4. It must be shown by competent testimony whether the applicant has remarried since the soldier's death.

Par. 5. The dates of birth of all the soldier's children who were under sixteen years of age _____, date of filing the claim, should be proved by a verified copy of the church record of baptism or public record, or by the affidavit of the attending physician, or of female attendants, who should state how they are able to testify to the precise dates. If any of the children have died, the dates of their deaths should be proved.

Par. 6. It should be shown by competent testimony whether the child _____ still living.

☒ **Par. 7.** The claimant's means of support, the character and value of all property possessed by her, and the amount of her income from all sources should be shown by competent evidence.

All witnesses should state their ages, post-office addresses, and means of knowledge of facts to which they testify; and it must appear in the jurats that they are credible and knew the contents of their affidavits before the oaths were administered.

Very respectfully,

[Handwritten signature: Wm Lockman]
Commissioner.

[Handwritten signature: Burton Macafer Exr.]
City.

See other side for the sworn statement of claimant

R 91 260

State, of Iowa,

County of Mills--- s. s.

Mrs. Sarah A. Robinson, aged 61 years, well-known, respectable and entitled to credit, whose address is Henderson, Iowa, being sworn says that she again begs to have her case made SPECIAL, because of her own feebleness and financial destitution and further because in addition to her own great need, she is now being pressed for payment of the funeral expenses of her late husband and has not a cent in the world with which to make payment; she believes that her general law claim is complete, if not, asks that her attorney, Burton Macafee, be promptly informed what is lacking; she hereby requests and directs that all declarations, statements, powers of attorney, fee-agreements, testimony, &c., filed by her attorney, Burton Macafee, be held and kept in full force interminably, forever in each and every one of her claims and prays most earnestly for promptness in granting her requests for in her present poverty and misery life is a burden.

Witness { *In presence of*
1 *E. A. Emmott*
2 *J. C. Bedman*

Sarah A. Robinson *widow*
of Robt. Robinson, Co. B, 126 Ill. Inf.

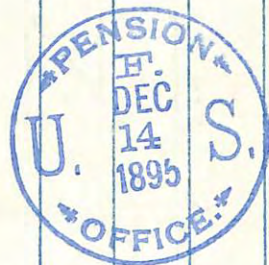
Sworn and subscribed this 7th day of ~~November~~ *December*, A. D. 1895, by both claimant and her two witnesses, all well-known, and entitled to full credit and I certify that neither the witnesses or myself have any interest in the claim or its prosecution.

L.S.

W. B. Redman
Justice of the Peace

Widow's Aug. 605304
Mrs. Sarah A.,
Widow of
Robert Robinson
Co. B, 126 Ill. Inf.

Claimant's state
ment and petition
to make her case
Special



Filed by
Burton Macafee,
Washington,
D.C.

Abeey "Order no. 229"



EXAMINATION.

STATE OF Iowa
COUNTY OF Mills } SS.

Doctor's name
and P. O. ad-
dress.

M.A. Priest M. D., whose P. O. address
is Emerson County of Mills State of Iowa

Name of Soldier.

being first duly sworn, says that his age is now 47 years, and that he is a regular practicing physician of 20
years standing, and that he ~~has this day examined carefully one~~ attended Robert Robinson

who, he is informed, was late a soldier in Company B Reg't 126
Vol's, and ~~finds him afflicted as follows:~~ during his last illness which terminated

in death on the 3rd day of November A.D. 1894, and
was caused by Chronic Diarrhœa

Doctor: Here give
a full and clear
diagnosis of the
disability upon
which pension is
claimed as you find
it now upon exam-
ination, and state
what was the prob-
able cause, giving
all rational and
physical signs of
each disease.

I also attend him in his last
illness

~~and he further says that the said~~ is incapacitated for the performance
~~of manual labor by reason of aforesaid disabilities in about the following degree~~

Here state in
about what degree
claimant is dis-
abled IN YOUR
JUDGMENT.
That is state
how much of the
time he is not able
to work.

I wrote this without
aid - don't see how I could
have used help

and the affiant further says that he is in nowise interested in the prosecution of this claim for pension.

M.A. Priest M. D.
Affiant's signature.

Subscribed and sworn before me, this 27 day of February 1895

The affiant is a credible witness, and the person he represents in the foregoing
affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written.

[Signature] [L.S.]
Official Signature.

date & cause of death

widows 605-304^{ms}
Soldier's Certif. 607/82

EXAMINATION.

— BY —

CIVIL SURGEON

as to Cause of Death
No. _____

CLAIM OF

Mrs. Sarah A., wid. of
Robt. Robinson
Co. B, 126 Ill. Inf.

Co. _____ Reg't _____ Vols. _____

FOR

_____ Pension

FILED BY

Burton Macfarlane
Washington,
D.C.

**DO NOT WRITE A LINE UNTIL YOU HAVE READ IN-
STRUCTIONS CAREFULLY, THEN FOLLOW
THEM TO THE LETTER.**

Do not send testimony of "bum" witnesses,—it is a positive damage; find witnesses who are respected and believed by their neighbors, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, covering as many years back as possible and naming all disabilities claimant appears to have, the degree of the disabilities, and that disabilities are not caused by vicious habits. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and should, if possible, write out his own affidavit, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

READ every word of ORDER No. 229, which is:—

"BUREAU OF PENSIONS, WASHINGTON, D. C., June 19, 1893.

"Order No. 229.

"In the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written, or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing, or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written, or prepared for type-writing (as the case may be), in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony.)

"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF milch, ss:
Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, Mrs. S. B. Storer, aged 28 years, whose post-office address is Henderson, county of milch, state of Iowa, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

I S B Storer say I knew Mr Robert
Robinson well. I was there from about the
middle of October until his death & helped
to do the work & wait on Mr Robert Robinson
he had bloody discharges & it kept me about
busy to wash & dress him for he hardly ever
could get to the chamber in time he was
in so much misery all the time & kept get-
ting weaker all the time until he died. he said
several times he believed that old Chronic
Diarrhea would take his life yet he died Nov
3rd 1894 with Chronic Diarrhea.

AFFIANT WILL SIGN ON REVERSE SIDE.

I further declare that I am in no way interested in this case or concerned in its prosecution.

Mrs S. B. Storer *c*

(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Texas*, COUNTY OF *Smith* ss:

Sworn and subscribed before me, this *18* day of *March*, A. D. 189*4*,

and I certify that *Mrs S. B. Storer* made this statement
(Comply with Order No. 220.)

*in her own hand writing that in making
the same she did not use and was not aided
or Promoted By any written or Printed
Statement or Recital Prepared or Dictated
By any other Person and not attached as an
Exhibit to her testimony*

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W B Redman

(Official Signature.)

[L. S.]

Justice of the Peace
(Official Character.)

CLAIM OF

*Mrs Sarah A. wife of
Robt Robinson
Co. B, 126 Regt. Ill Inf*

GENERAL AFFIDAVIT.

Proof of



FILED BY
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

*General Laws
Wilson's
No. 605-304*

1291 260

**DO NOT WRITE A LINE UNTIL YOU HAVE READ IN-
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THEM TO THE LETTER.**

Do not send testimony of "bum" witnesses,—it is a positive damage; *find witnesses who are respected and believed by their neighbors*, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, *covering as many years back as possible and naming all disabilities* claimant appears to have, the *degree* of the disabilities, and that *disabilities are not caused by vicious habits*. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and *should*, if possible, *write out his own affidavit*, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony."

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Mills, ss:
Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, Sam R. P. Storer, aged 36 years, whose post-office address is Henderson, county of Mills, state of Iowa, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

That I R. P. Storer was well acquainted with Robert Robinson I have known him for a bout 12 years and he was bothered with chronic diarrhea at times and I was with him quite a good deal I know that the diarrhea was bad prior to his death. I was with him quite a bit during his last illness it was the worst case that I ever helped to take care of I helped the said Robert Robinson to the table 2 or 3 times and before I could get sat down to the table he would want the chamber before I could get him to it. it would go in to him clothing he said to me just 2 or 3 days before his death that the old army diarrhea is going to take my life he had no control of his bowels

AFFIANT WILL SIGN ON REVERSE SIDE.

In witness & date

I further declare that I am in no way interested in this case or concerned in its prosecution.

R. P. Stover

(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Iowa*, COUNTY OF *Miller*

Sworn and subscribed before me, this *20th* day of *March*, A. D. 189*5*,

and I certify that *The witness wrote the statement*
(Comply with Order No. 229.)

*him self and was not prompted by
no one that in making the same he did
not use and was not aided or prompted
by any written or printed statement
or recital prepared or dictated by
any other person and not attached as
an exhibit to his testimony*

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W. B. Redman

(Official Signature.)

[L. S.]

Justice of the Peace
(Official Character.)

CLAIM OF

No.

605-304

*State of Iowa
Proth Robinson
Co. B, 126 Regt. Ill. Inf.*

GENERAL AFFIDAVIT.

Proof of



FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

1241 260

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Mills, ss:

Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, William H Darnell, aged 55 years, whose post-office address is Henderson, county of Mills, state of Iowa, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

on or about September 15th 1894
Robert Robinson. Was at my House four or
five days and he was in very Bad condition
with Chronic Diarrhea he had Be up
and Down Every five minutes through
the nights he was there part of the
time he was confined to his Bed

NOTE:—State fully how knowledge of facts is gained and years covered.

I have known Robert Robinson about
Ten years and know that he has Been
Troubled with said Disease ever since
I have known him
I William H. Darnell say that this is my
Personal Knowledge of the Facts in the
case and is my oral Statement to
the officer

AFFIANT WILL SIGN ON REVERSE SIDE.

To submit to

I further declare that I am in no way interested in this case or concerned in its prosecution.

William H. Darnell
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Iowa*, COUNTY OF *Mills*

Sworn and subscribed before me, this *11* day of *March*, A. D. 189*4*,

and I certify that *William H. Darnell* made this
(Comply with Order No. 220.)

*Statement to me and I wrote it
down as he dictated it and that in making
the same he did not use and was not aided or
prompted by any written or printed statement
or Recital Prepared or dictated by any other person
and not attached as an Exhibit to his Testimony*

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W B Ridman
(Official Signature.)

[L. S.]

Justice of the Peace
(Official Character.)

CLAIM OF

GENERAL AFFIDAVIT.

Proof of



FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

*General Darnell
Darnell's
No. 605304*

*Frank A. Wid. of
Robt. Robinson
Co. B, 126 Regt. Ill. Inf.*

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Smith, ss:

Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, Olin Wilkinson, aged 34 years, whose post-office address is Carson, county of Pottawattamie, state of Iowa,

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

I Olin Wilkinson will say that I was well acquainted with Robert Robinson for the last 13 years and know that he was badly afflicted with the chronic diarrhea he was bed fast part of the time he was at my house in September 20th 1894 for several days and he was in bad shape I am satisfied in my own mind that he died from said disease I was with him just prior to his death

NOTE:—State fully how knowledge of facts is gained and years covered.

Justice of the Peace
AFFIANT WILL SIGN ON REVERSE SIDE.

I further say that I was not prompted
by any written or printed statement prepared
or dictated by any person

I further declare that I am in no way interested in this case or concerned in its prosecution.

Oliver Wilkinson
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Iowa*, COUNTY OF *Mills* ss:

Sworn and subscribed before me, this *25th* day of *March*, A. D. 1894,

and I certify that *Oliver Wilkinson made this statement*
(Comply with Order No. 229.)

*in his own hand writing and was not prompted
By any one with written or printed statements
or Dictations of any other persons, was made
from his own Personal Knowledge*

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W. B. Redman
(Official Signature.)

[L. S.]

Justice of the Peace
(Official Character.)

CLAIM OF

*Frank A. wid. of
Robt. Robinson
Co. B, 126 Regt. Ill. Inf.*

GENERAL AFFIDAVIT.

Proof of



FILED BY
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

R 91 26

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Illinois COUNTY OF Rock Island, ss:

Personally appeared before me a Notary Public, duly authorized to administer oaths, Leonardo Carmichael, aged 76 years,

whose post-office address is Edgington, county of Rock Island, state of Illinois,

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

I knew Robert Robinson before he was married to Sarah A. Bell for twelve or fifteen

NOTE:—State fully how knowledge of facts is gained and years covered.

years. I knew said Sarah A. Bell for about one or two years before she married said Robert Robinson when they were so married together, they were both young and I was well and personally acquainted with each of them and I believe neither one of them were married before, if they or either of them had been I would have been in a position to know it, said Robert Robinson and Sarah A. Bell were publicly married at Edgington Rock Island County Illinois by the Rev. Albert Eberhart about the year A.D. 1852. I was at said wedding and saw said Robert Robinson and said Sarah A. Bell married as aforesaid. After they were so married they lived together for a great many years as husband and wife and until the death of said Robert Robinson

AFFIANT WILL SIGN ON REVERSE SIDE.

neither are or were ever divorced as I ever
heard of and my relations with them were
such that if they had been divorced I
would have known it. I make this statement
of my own knowledge as it is my own
personal statement made from memory
and without any prompting or aid of
any kind whatever direct or indirect

I further declare that I am in no way interested in this case or concerned in its prosecution.

Lorenzo Parmenter
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF Illinois, COUNTY OF Rock Island ss:

Sworn and subscribed before me, this 24th day of January, A. D. 1895,

and I certify that the above affidavit was written by
(Comply with Order No. 229.)

me in the presence of said Lorenzo Parmenter
and from his oral declarations then made
to me, that said affiant in making
the same did not use and was
not aided or prompted by any written
or printed statement or recital
prepared or dictated by any one

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is person-
ally, as well as by repute, known to me and is a credible person.

Edwin E. Parmenter
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

Widow's
No. 605-304

CLAIM OF

Mrs. Sarah A.

widow of
Robert Robinson

Co. B, 126 Regt. Ill. Inf.

GENERAL AFFIDAVIT.

Proof of *Marriage &c*

FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

91260

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WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Mill, ss:

Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, G. A. Binnix, aged 23 years, whose post-office address is Henderson, county of Mill, state of Iowa, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

NOTE:—State fully how knowledge of facts is gained and years covered.

I G. A. Binnix State that I have known Sarah A. Robinson widow of Robert Robinson for a number of years, & can say that she has not remarried since the death of her husband Robert Robinson. If she had of remarried since the death of Mr. Robinson, I would of known it for she has been a neighbor to me since that time. I make this statement in my own hand writing & was not prompted by any one, or any statement what ever.

AFFIANT WILL SIGN ON REVERSE SIDE.

Widowhood - Survival

I further say that Rosa E. Robinson
Daughter of Robert Robinson
is now living According to
my own personal knowledge

I further declare that I am in no way interested in this case or concerned in its prosecution.

G. A. Binnix ✓
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF Iowa, COUNTY OF Mills ss:

Sworn and subscribed before me, this 20th day of Dec, A. D. 1894,

and I certify that G. A. Binnix made this
(Comply with Order No. 229.)

affidavit in his own hand
writing and was not prompted
By any written, printed or oral
statement of others

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W. B. Redman
(Official Signature.)

[L. S.]

Justice of the Peace
(Official Character.)

GENERAL AFFIDAVIT.

Proof of *ans. to calls #*
476 of Dec. 11, 1935



FILED BY
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

Wid's
orig. No. 605-3524
CLAIM OF
Mrs. Sarah A.
wid. of
Robert Robinson
Co. B, 126 Regt. Ill. Inf.

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"BUREAU OF PENSIONS, WASHINGTON, D. C., June 19, 1893.

"Order No. 229.

"In the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written, or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing, or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written, or prepared for type-writing (as the case may be), in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony.)

"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Miller, ss:

Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, C. E. Irwin, aged 41 years, whose post-office address is Henderson, county of Miller, state of Iowa, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

NOTE:—State fully how knowledge of facts is gained and years covered.

I C. E. Irwin state that I have known Mrs Sarah A Robinson widow of Robert Robinson for a number of years— and can say that she has not re married since the death of her husband Robert Robinson. I further state that I have made this statement in my own hand writing & was not prompted by any one through my own knowledge. I C. E. Irwin further say that Rosa E Robinson daughter of Robt Robinson is now living.

AFFIANT WILL SIGN ON REVERSE SIDE.

I further declare that I am in no way interested in this case or concerned in its prosecution.

E. E. Irwin
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Iowa*, COUNTY OF *Miller* ss:

Sworn and subscribed before me, this *20th* day of *Dec*, A. D. 189*5*,

and I certify that *E. E. Irwin* made the within
(Comply with Order No. 229.)

*Statement in his own hand
writing and was not dictated
By the writer or printed or oral
Statements of others made
from his own personal
knowledge*

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W B Redman
(Official Signature.)

[L. S.]

Justice of the Peace
(Official Character.)

CLAIM OF

Mrs Sarah A.

wid. of
Robt Robinson

Co. B, 126 Regt. Ill. Inf.

GENERAL AFFIDAVIT.

Proof of

res. to call #
486 of Dec. 11, 1905



FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

DO NOT WRITE A LINE UNTIL YOU HAVE READ INSTRUCTIONS CAREFULLY, THEN FOLLOW THEM TO THE LETTER.

Do not send testimony of "bum" witnesses,—it is a positive damage; find witnesses who are respected and believed by their neighbors, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, covering as many years back as possible and naming all disabilities claimant appears to have, the degree of the disabilities, and that disabilities are not caused by vicious habits. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and should, if possible, write out his own affidavit, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

READ every word of ORDER No. 229, which is:—

"BUREAU OF PENSIONS, WASHINGTON, D. C., June 19, 1893.

"Order No. 229.

"In the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written, or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing, or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written, or prepared for type-writing (as the case may be), in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony.

"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Mill, ss:

Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, J. G. Bone, aged 49 years, whose post-office address is Henderson, county of Mill, state of Iowa, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

NOTE:—State fully how knowledge of facts is gained and years covered.

I J. G. Bone Will say I have been acquainted with Sarah A Robinson for 10 years. and know that she has no income to the best of my knowledge and is not able to earn a support by her own individual labor. I J. G. Bone write this Affidavit in my own hand write and was not prompted by any written or printed statement.

AFFIANT WILL SIGN ON REVERSE SIDE.

Dependence

I further declare that I am in no way interested in this case or concerned in its prosecution.

J. G. Bone
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Iowa*, COUNTY OF *Miller*
Sworn and subscribed before me, this *29th* day of *June*, A. D. 189*3*,
and I certify that
(Comply with Order No. 229.)

*J. G. Bone wrote his own statement
himself and was not prompted
by any printed or written or oral
statement*

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W. B. Robinson
(Official Signature.)
Justice of the Peace
(Official Character.)

[L. S.]

GENERAL AFFIDAVIT.

Proof of

CLAIM OF

Sarah A.

*Wid. of
Robt. Robinson*

Co. B, 126 Regt. Ill. Inf.

FILED BY
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.



Wed 6-05-3024

R 91 260

**DO NOT WRITE A LINE UNTIL YOU HAVE READ IN-
STRUCTIONS CAREFULLY, THEN FOLLOW
THEM TO THE LETTER.**

Do not send testimony of "bum" witnesses,—it is a positive damage; *find witnesses who are respected and believed by their neighbors*, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, *covering as many years back as possible and naming all disabilities* claimant appears to have, the *degree* of the disabilities, and that *disabilities are not caused by vicious habits*. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and *should*, if possible, *write out his own affidavit*, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

READ every word of ORDER No. 229, which is:—

"BUREAU OF PENSIONS, WASHINGTON, D. C., June 19, 1893.

"Order No. 229.

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Miller, ss:

Personally appeared before me a Justice of the Peace, duly authorized to administer oaths, C. E. Drwin, aged 40 years, whose post-office address is Henderson, county of Miller, state of Iowa, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

NOTE:—State fully how knowledge of facts is gained and years covered.

Have known Mrs Sarah A. Robinson
about two years. She is one of our most
highly respected old ladies. She has no
property, real or personal, where by she can
support herself, and is dependent on
friends & relations for her support.
Mrs Robinson is becoming quite old & feeble,
and is sorely in need of any assistance
the Government can give her, on account
of being an old soldiers widow.
She can not make her own living, and
is compelled to depend on others.

AFFIANT WILL SIGN ON REVERSE SIDE.

Dependence

I hereby make the following statement from my own personal knowledge and was not prompted by any written or printed statement of others

I further declare that I am in no way interested in this case or concerned in its prosecution.

C. E. Irwin

(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF Iowa, COUNTY OF Mitchell

Sworn and subscribed before me, this 8th day of July, A. D. 1894, and I certify that C. E. Irwin made his statement

(Comply with Order No. 229.)

in his own Hand Writing and was not Prompted By any written or Printed statement of others

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

W. B. Redman

(Official Signature.)

Justice of the Peace

(Official Character.)

[L. S.]

GENERAL AFFIDAVIT.

Proof of

CLAIM OF

Sarah A.,

wid. of Robt. Robinson

Co. B, 126 Regt. Ill. Inf.

FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

1291260

DO NOT WRITE A LINE UNTIL YOU HAVE READ IN-
STRUCTIONS CAREFULLY, THEN FOLLOW
THEM TO THE LETTER.

Do not send testimony of "bum" witnesses,—it is a positive damage; find witnesses who are respected and believed by their neighbors, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, covering as many years back as possible and naming all disabilities claimant appears to have, the degree of the disabilities, and that disabilities are not caused by vicious habits. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and should, if possible, write out his own affidavit, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Iowa COUNTY OF Mills, ss:
Personally appeared before me a Justice of the Peace, duly authorized to
administer oaths, A. S. Paul, aged 48 years,
whose post-office address is Henderson,
county of Mills, state of Iowa,
well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

NOTE:—State fully how knowledge of facts is gained and years covered.

I, A. S. Paul hereby certify that I have been personally acquainted with Mrs Sarah A Robinson for the past fifteen years and know that her Husband Mr. Robert Robinson died last winter leaving her in very destitute circumstances without means for her support, and that she is quite aged and unable to earn a living. I further state that she is truthful and reliable worthy and intitled to a pension I write this statement voluntarily and have no personal interest in the matter except a desire to see justice done her

AFFIANT WILL SIGN ON REVERSE SIDE.

A. S. Paul

I further declare that I am in no way interested in this case or concerned in its prosecution.

A. S. Paul
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Iowa*, COUNTY OF *Mills*

Sworn and subscribed before me, this *25* day of *June*, A. D. 189 *4*,

and I certify that

(Comply with Order No. 220.)

A. S. Paul made this statement in his own handwriting and was not prompted by any written printed or oral statement of others

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

[L. S.]

W. B. Redman
(Official Signature.)

Justice of the Peace
(Official Character.)

CLAIM OF

Sarah A. J.

wid. of
Robt. Robinson

Co. B, 126 Regt. Ill. Inf.

GENERAL AFFIDAVIT.

Proof of

FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,

WASHINGTON, D. C.

R 91 260



State of Iowa } ss. J. C. Robinson being
Ottawattawia Co } first duly sworn on
my oath before me as

That I am the legally elect assessor
for Macdonia Township and have been
for the past year - elected in the Fall of
1894 for the term of two years -

That while in the performance of my duty
as such assessor for the year 1895. I
called upon ~~Robert~~ Sarah A. Robinson
then living ⁱⁿ Macdonia Township but
found no property subject to enlistment
for taxes under the laws of this State.
and further depose and certify not

J. C. Robinson

Subscribing and sworn to before me by J. C.
Robinson this 19th day of Decr 1895;

Justus Kelly
Notary Public



Certificate of assessor

Wid. 603304
Mrs. Sarah A.,
Wife of
Robt Robinson
Co. B, 126 Ill. Inf.



Off. of Assessor

Filed by
Burtin Macafer,
Wash., D.C.

No. 420.340 ✓

REIMBURSEMENT.

Claimant Mrs. Nancy J. Ficken
 Street and No. 621 - 23rd St.
 P. O. Rock Island,
Illinois
 State _____

Pensioner Sarah A. Robinson
 Class WIDOW.
 Law General, Civil War
 Agency Des Moines

Last issue February 21, 1896 Rate, \$ 12 Last paid to April 4, 1911 at \$ 12
 Last illness commenced About 6 mo. prior Date of death April 10, 1911 Accrued pension \$ 2⁸⁰ ✓

AMOUNTS CLAIMED.		CHARGES APPROVED.	DEDUCTIONS.	
Physicians' bills	\$ <u>34 50</u>	\$ <u>34 50</u>	State aid	\$
Medicine			Assets <u>Pension check</u>	<u>36</u>
Board			Insurance	
Nursing and care	<u>12</u>	<u>12</u>	Amount waived	
Rent				
Living expenses for pensioner				
Undertaker's bill	<u>83</u>	<u>83</u>		
Livery				
Cemetery charges			TOTAL	<u>36</u>
OTHER EXPENSES.			SUMMARY.	
			Charges approved	\$ <u>129 50</u>
			Deductions	<u>36</u>
			Amount approved	<u>93 50</u>
TOTALS	<u>129 50</u>	<u>129 50</u>	Necessarily disallowed	<u>90 70</u>

Approved for \$2⁸⁰ ✓

M. Anderson, Examiner.

T. H. Thompson

Chief, Finance Division.

C. J. J.

, 19

Reviewer.

Am. James McKimney
(H.R.)

No 420340



Engraved and Printed at the

Bureau, Englewood & Printing.

BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the United States, Sarah A. Robinson Widow of Robert Robinson who was a Wagoner, Co. B, 126th Regiment Illinois Vol. Inf. is entitled to a pension at the rate of Twelve dollars per month, to commence on the fourth day of November 1894, and to continue during her widowhood, unless she shall forfeit her right thereto. And she is also entitled to two dollars per month additional for each of the following named children while living and under the age of sixteen years:

	Commencing	Sixteen
Rosa E.	November 4, 1894	October 29, 1896
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"
"	"	"

Given at the Department of the Interior this Twenty-first day of February one thousand eight hundred and ninety-six and of the Independence of the United States of America the one hundred and twentieth.

Abner Smith

Countersigned.

D. D. Murphy
Acting Commissioner of Pensions.

Secretary of the Interior.

House of Representatives U. S.
Washington, D. C.

Washington, April 24, 1911

Hon. J. L. Davenport,

Commissioner of Pensions

Sir:

Enclosed please find application made by Mrs.
Nancy Jane Ficken, Rock Island, Illinois, for reimburse-
ment out of the accrued pension due her mother, Mrs. Sarah
A. Robinson, pensioned under certificate No. 420,340 as
the widow of Robert Robinson, late Co. B, 126th Ills. Infy.

Also please find evidence in support of the claim.

Kindly file these papers in your office and I will
very highly appreciate the favor if the case can have early
and favorable attention.

Very respectfully,

James McKinney

VC

House of Representatives U. S.
Washington, D. C.

Washington, May 5, 1911

Hon. J. L. Davenport,
Commissioner of Pensions

Sir:

In the matter of the claim for reimbursement made by Mrs. Nancy J. Ficken, 621 Twenty-third Street, Rock Island, Illinois, for expenses incurred in the last sickness and death of her mother, Mrs. Sarah A. Robinson, certificate No. 420,340, enclosed please find receipted bills of Drs. Bernhardt and Mrs. Mary Shaw, nurse, and certificate signed by the claimant's husband, Frederick H. Ficken, all called for in your letter of the 27th ult. also enclosed.

Kindly file these papers with the others in the case and I will very highly appreciate the favor if the claim can have early and favorable attention.

Very respectfully,

James McKinney

Receipt of papers acknowledged

By Mail Division.

VC

11-4-10
 4-3
 7

$7 \times 12 = 2^{80}$

Congressional

Sand

3-812

REIMBURSEMENT.

Certificate No. 420.340
 Pensioner Sarah A. Robinson
 Class WIDOW
 Date of Death April 10. 1911
 Claimant Mrs. Nancy Jane Ficken
 Post Office 621, 23rd St
Rock Island
Ill

Received APR 25 1911 191

APR 27 1911 Hon James M. McKinley ⁷⁴ _{U.S.}
*Act. notified 4/26/11, rel. to unendorsed pension.
 Chk and proceedings to procure its payment.
 See endorsement on R.G. (of said date) Feb 8*
 May 8, 1911. { Hon. Jas. M. McKinley notified of
 allowance. *W. L. F.*

May 8, 1911.

Hon. James McKinney,

House of Representatives.

My dear Mr. McKinney:

In the claim for reimbursement of Mrs. Nancy J. Picken, 621, 23d St., Rock Island, Illinois, in the case of Sarah A. Robinson, Certificate No. 420,340, I have the honor to advise you that the United States Pension Agent at Des Moines has this day been directed to pay the accrued pension to the claimant as reimbursement of the expenses of pensioner's last sickness and burial.

Very respectfully,

Commissioner.

WIDOW. 3

I, Sarah A Robinson,

make oath that I am the identical person named in pension

certificate No. 420340,dated 21 Feb 1896,

in my possession and now exhibited; that I am the legal widow of the person upon whose service said certificate was issued; that I have not remarried since the date of commencement of the pension therein provided; that I am entitled to and hereby make claim for payment of

THIRTY-SIX DOLLARS

\$36

pension now due, at the rate of 12 dollars per month, from APRIL 4, 1911, to JULY 4, 1911,

and that my post-office address to which I desire the check in payment mailed is as follows:

Street and No. or R. F. D. route.

Pensioner's signature must be written here in full as name appears in the head of this voucher.

Post office.

If pensioner signs
by mark or illegibly,
two witnesses who
write.

State.

DEPOSITION OF TWO WITNESSES.

We, the undersigned witnesses, do solemnly swear that the contents of the foregoing affidavit have been made known to us; that we are well acquainted with the affiant and know her to be the identical person she represents herself to be; that to our best knowledge and belief she has not remarried since the date of commencement of her pension, and that our acquaintance with her is such that had she resumed marriage relations after said date that fact would have become known to us.

Witness' signature.

Post-office address.

(One person who writes, other than magistrate or pensioner, must attest the signature of one or both witnesses, if by mark. Witnesses must not attest each others' signatures.)

Witness' signature.

Post-office address.

State of _____, County of _____, ss:

Personally appeared before me, this _____ day of _____, 1911, the witnesses whose signatures and post-office addresses appear above, whom I believe to be credible persons, and the pensioner above named, and made oath in due form of law to the truth of the foregoing statements subscribed by them in my presence; and I certify that the aforesaid pensioner *has this day exhibited to me her pension certificate*, above described.

[L. S.]

Magistrate's signature.

Official character.

(Seal must be above this line.)

Post-office address.

2005

(If any erasures or alterations appear on this voucher, the magistrate must certify above his signature to the jurat that they were made before its execution.)

3-1001.

\$ 36

From APRIL 4, 1911, To JULY 4, 1911.

PAYMENT WILL NOT BE MADE ON THIS VOUCHER IF EXECUTED BEFORE THE DATE LAST GIVEN.

PENSIONER'S NAME MUST BE SIGNED HERE AND POST-OFFICE ADDRESS GIVEN AS ABOVE.

Name.

Street and No. or R. F. D. route.

Post office.

State.

3
723

Name *Frank A Robinson*

WIDOW. 3

\$ 36

Return this voucher for payment to

HUGH B. HEDGE,
U. S. Pension Agent,
DES MOINES,
IOWA.

2005

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

In every case requiring the exhibition of the pension certificate and certification thereto, the officer should carefully compare it with the voucher. Vouchers may be executed in the United States before any officer authorized to administer oaths for general purposes or before any fourth-class postmaster of the United States; in foreign countries, before an ambassador, minister, or consul, or other consular officer of the United States, or before any civil officer of the country duly authorized to administer oaths, or to authenticate extra-judicial documents, and whose official character and signature shall be authenticated by the certificate of an ambassador, minister, or consul, or other consular officer of the United States. If the officer be required by law to have and use a seal to authenticate his official acts, it must be affixed to his jurat. In the case of officers in the United States not required by law to use a seal, a certificate of the proper officer as to their official character, signature, and term of office must be filed in this agency. One such certificate will suffice for the term of the officer. Fourth-class postmasters are required to use their mailing stamps as seals.

The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher, particularly the address to which the check is to be mailed. He will also give his own post-office address after his official title on face of voucher.

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

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in the aid of the prosecution of any claim for pension or bounty land, or payment thereof, purports to have been executed, who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

All acts involved in the execution or correction of vouchers must be performed in the presence of the officiating officer, who must certify to the corrections over his own signature, on the face of the voucher in the space indicated.

1. Signatures by mark should appear thus— his John X Doe mark.
2. Street and number, P. O. box number, R. F. D. route, or "General Delivery" must appear in P. O. address in case of residence within carrier delivery. "General Delivery" address will be accepted in such case only if no other address as above is available.
3. A married woman must sign her own Christian name, not that of her husband.
4. Fourth-class postmasters only are authorized to officiate in the execution of vouchers. Deputy, acting, or assistant postmasters, or other postal employees, not qualified.
5. Legible impression of postmarking stamp, showing same date as jurat, required. M. O. B. or R. F. D. stamps or additions to impression with pen or pencil will not be accepted.
6. Postmaster must write "Fourth-class postmaster" after his signature.
7. Jurat must be dated.



2340

REIMBURSEMENT

3-798.

DROP ORDER AND REPORT.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
FINANCE DIVISION.

Washington, D. C. APR 27 1911, 191

Sarah A. Robinson

(Pensioner.)

420.340

(Certificate number.)

INVALID.

Robert Robinson

(Name.)

"B" 126. Ill. Inf

(Soldier.)

(Service.)

U. S. Pension Agent,

Des Moines

SIR: You are hereby directed to drop from the roll the name of the above-described pensioner who died April 10, 1911

J. L. Laverneport.

Commissioner.

REPORT.

Commissioner of Pensions.

SIR: The name of the above-described pensioner, who was last paid at \$ 12 per month to 4 Apr, 1911, has this day been dropped from the roll of this agency.

Hugh B. Hedge

U. S. Pension Agent.

May 1, 1911

Mc 420.340 ^{g/l}

Sarah A Robinson

Cony

X

As of 6/27/90 - dis shows no property

no min.

no assets, except

unrecorded ck. #36.00

Alt. ntfd rel. to ck.

See W. B. J. endorsement
indicate apr 26/11

X

m + c - recpr from Mary Shaw, ①

art - husb, ②

Dr. Carl Bernhardt ③

bill - erc - ~~erc~~

all ok - yes.

April 27, 1911.

Hon. James McKinney,

House of Representatives.

My dear Mr. McKinney:

In the claim for reimbursement filed by you the 25th instant for Mrs. Fanny J. Ficker, 621 - 25th Street, Rock Island, Illinois. In the case of Sarah A. Robinson, Certificate No. 420,540, I have the honor to advise you that it will be necessary for the claimant to have her husband sign the enclosed certificate to be filed in this case, and furnish the receipted bill of Mary Shaw for nursing and care, and the bill of Dr. Carl Bernhardt, receipted to show by whom paid, or if not paid, certified by him that claimant is held responsible for payment.

Upon receipt of the evidence requested, the claim will receive prompt attention.

Very respectfully,

J. L. S. S. S.

Commissioner.

April 26, 1911.

Hon. James McKinney,

House of Representatives.

My dear Mr. McKinney:

Herewith is returned check # 631992 for \$36 drawn April 11, 1911 by the U.S. Pension Agent at Des Moines, Iowa, to the order of Sarah A. Robinson, widow of Robert Robinson, late wagoner, Co. "B", 126th Illinois Volunteer Infantry, certificate # 420340, which accompanied the application of Nancy Jane Ficker of 621 Twenty-third Street, Rock Island, Illinois, for reimbursement, transmitted to this Bureau by your letter of the 24th instant received yesterday.

In response thereto I have the honor to advise you that said check is an asset of the estate of the deceased pensioner, and is payable to her legal representative. A blank form of application for payment of pension check without administration is enclosed herewith, and as no administrator has been appointed, the same may be executed by the beneficiary and mailed to the Auditor for the Interior Department, Treasury Department, Washington, D. C., together with the check as said officer is charged with the settlement of matters of this kind, and to whom further correspondence relative to payment of the same should be addressed.

Mrs. Ficker will be advised later relative to the claim for reimbursement.

Very respectfully,

(enclosure)

J. L. Davis
Commissioner

MCA

MEDICAL DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept 15, 1894

No. Claim, Ct. 601186Claimant, Robert A. Robinson

This certificate is respectfully returned to
 Board of Surgeons at Litchfield Neb
 for amendment. Doctors: The
 object of this examination
 is to obtain a full and
 complete description of
 every disability alleged
 and your opinion as
 to whether claimant is
 or is not disabled for
 manual labor See Par
 5-6 + 117

Chronic diarrhoea: Show
 condition of skin, tongue,
 stomach, liver, spleen, and
 rectum. See Par, 102 + 103.
Bronchitis: Show condition
 of lungs as shown by
 inspection, percussion

Please amend and return this certificate promptly, inclosing this slip.

Every amendment or change made upon a certificate must be added to the copy of the same in the "Record Book." When the book has been sent in a duplicate of the amended certificate must be made and forwarded with it. See par. 41 of Instructions for 189

3 Briefs.

J.P.C.

West.

(3-562.)

ear
Lopika

ACCRUED PENSION.

Act March 2, 1895.
Under Section 4718, R. S.

Certificate No. 601,186

Last Issue June 20, 1891.
Act of July 14, 1862.

Name of pensioner, Robert Robinson

Date of death, Nov. 3, 1894

Payable to Sarah A Robinson

P. O., Henderson,
Mills Co., Iowa

Accrued Pension Certificate and Order.

Pension Certificate ~~and Voucher~~ herewith.

Issued Feb. 21, 1894

Mailed Feb. 21, 1894

Payable to widow

Relationship to pensioner shown by testimony on file

~~W~~Prior marriage of claimant or soldier as

Shown by testimony on file

Fact and date of pensioner's death shown by testimony on file

Submitted for Admission, Feb. 13, 1894

Approved for ad. Feb. 14, 1894

M. Can.

C. R. M. G. Bide, Examiner.

0-4

Notes.

No m. C.

Pension Certificate on file. Voucher not on file. Errors.

RECORD & PENSION OFFICE
JAN 24 1896
1300799
WAR DEPARTMENT

CRM 93, (3-061.)

CALL No. 10.

C- West Division.

Department of the Interior,
BUREAU OF PENSIONS,

Jan. 22, 1896.

Respectfully requested of the Officer in charge of the Record and Pension Office, War Department, a report from the records of his Office as to the presence or absence, on or about Spring of 1863, of J. A. Carpenter, priv., and James Venable, " "

of Co. B, 126 Ill. Vol. Inf. and the station, at that date, of the Command

Inv. N. L. Cur
Claim No. 601, 186 with 2nd
A No. 605304
Robert Robinson, died,
Sarah A. Robinson, widow,
Co. B, 126 Ill. Vol. Inf.

Wm Lockren

Commissioner.

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

Record and Pension Office,

WAR DEPARTMENT,

JAN 24 1896
Washington, 189

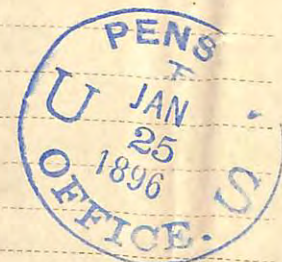
Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Jacob A. Carpenter Private
James Venable " "

mentioned in the preceding indorsement were present during the period named in that indorsement except as follows:



During the period named the station of the company and regiment was as follows: Feb. 28 - 1863
Humboldt. Ind. April 30. 1863.
Medon Ind. June 30. 63. Snyder
Bluff Miss.

BY AUTHORITY OF THE SECRETARY OF WAR:

Wm. A. R. ...

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

Per m.

PROOF OF INCURRENCE OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, or First Sergeant, of claimant's company, if possible; but if not possible to secure such evidence, then one of the soldier's late comrades should testify.

State of Illinois, County of Rock Island ss:

Personally appeared before me, a Notary Public in and for the aforesaid County and State, duly authorized to administer oaths, James Venable, aged 51 years, a resident Reynolds, in the County of Rock Island, and State of Illinois who, being duly sworn according to law, states that he is acquainted with Robert Robinson, applicant for Invalid Pension, and knows the said Robert Robinson to be the identical person of that name who served as a Teamster in Company B, 126th Regiment of Illinois Vol In, and who Discharged at (Died or was discharged.) on or about the 4th day of September, 1864, by reason of Disability.

(Here insert the reason of the soldier's discharge, if known; if not known, so state.)

That the said Robert Robinson, while in the line of his duty, at or near Picksburg, in the State of Mississippi did, on or about the first day of June, 1863, become disabled in the following manner, viz: In the Spring of 1863 he had severe

trouble with his Liver and Kidneys and his Water (Here state how the wound, injury, or disease, was incurred. Describe the wound, injury or disease, and state the location of the same.)

was troubled as I suppose from this Kidneys or Bladder he got very weak and had Diarrhea and was treated for this sickness in Camp. About the same time he had a bad Cold or Chills that seemed to affect his nose and eyes and his breathing all the rest of the time that I was with him in the Army these troubles hung to him and he could not relish his Rations. I know him personally after the War in 1884 and his troubles continue.

That the facts as above stated are personally known to affiant by reason of my being with (Here state whether with the

the Command at the time of his Disability he was command at the time the disability was incurred, and in case of wound or injury, whether an eye witness to the incurrance of the same, and the kind of Company or Regimental Teamster all the time and duty claimant was performing at the time.)

was Enlisted as such

Original sent to 1884

And deponent further states, that he is well acquainted with the claimant, having known him for about 32 or 33 years; and further, that his knowledge of the facts above stated was derived from having served as a Nurse in Reg Hospital Company B of the 126th Regiment of Illinois Vol. Inf. from 11 day of August, 1862, to the first day of August, 1867. And deponent further states, that the claimant was a sound, able-bodied man at enlistment, so far as he knew and could judge, and that he has no interest, direct or indirect, in this claim, and is not concerned in its prosecution.

That his post-office address is Reynolds Rock, Island County, Ill.
1 James Venable
(Signature of Affiant.)

2
(If Affiant signs by mark, two persons who write sign here.)

STATE OF Illinois, COUNTY OF Rock Island, ss:

Sworn to and subscribed before me this Seventh day of April, A. D. 1892,

and I certify that I read over the foregoing affidavit to the affiant, including the words

erased, and the words

added; acquainted him of its contents before he executed the same; that I am in nowise interested in said case nor concerned in its prosecution, and that affiant is personally known to me and is a credible person.

[L. S.]

W. P. Kuhns
(Official Signature.)
Notary Public
(Official Character.)

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

Witness my hand and seal of office, this _____ day of _____, 1892.

[L. S.]

Clerk of the _____

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

If the Notary or Justice has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

Old Law
New Disabilities

DIVISION.

Pension.

Conf. No. 488 572

CLAIM OF

Robt. Robinson

Co. D, 126 Ill. Inf.

PROOF OF DISABILITY.

Filed by

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

J. F. [illegible], Printer, Washington, D. C.
JUN 15 1892
WASHINGTON, D. C.
MACAFEE, D. C.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Massachusetts County of Buffalo, ss:

In the Pension Claim No. 488072
of Robert Robinson, late
Private (Hagawon) Co B 1st Ills Infantry
(Rank, company and regiment if in the army; or vessel and rating if in the navy.)

Personally came before me, a Notary Public in and for the
aforesaid County and State. J. N. Brumby M.D.
whose Post Office address is Barre, Vt.

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

That he is a practicing physician, and has been acquainted with the above-named soldier for about 1 years, and that He did not know Soldier

prior to enlistment. Have not known him
(Here embody all the facts known to the affiant in accordance with the marginal instructions.)

intimately. The Soldier has had Chronic Diarrhoea
for two years after he came out of the Army.
His bowels are now in an irritable condition

so that if he takes anything laxative they will become
too free and it is difficult to control their movement.

There is also a Chronic inflammation of Stomach
making it difficult to use his food properly.

a condition of Chronic Bronchitis causing a
morning cough with free purulent expectoration.

The Kidneys are apparently somewhat inflamed.
There is frequently an attack of Lumbago also.

He also has irritable bladder, passing water
12 to 15 times a day.

The Soldier is apparently totally incapable
of sustained manual labor.

He is much emaciated and is very weak.

NOTES.

The Physician's Affidavit must show the following facts:
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.
If he treated claimant while in the service either as his regimental surgeon or while home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.
If he has treated soldier since discharge he should so state, giving the date of first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of prescriptions, or visits.
The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.

*Physical condition
medicine*

He further declares that he has been a practitioner of medicine for 8 years, and that he has no interest, either direct or indirect, in the claim to which this affidavit is supplementary, and is not engaged in its prosecution.

(Affiant's Signature. Give rank and service, if in the army or navy.)

Sworn to and subscribed before me this 31 day of January A. D. 1892, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing affidavit were fully made known to him before its execution, including the words

erased, and the words

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

[L. S.]

(Official Signature.)

(Official Character.)

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

Witness my hand and seal of office, this day of, 1892.

[L. S.]

Clerk of the

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

If the Notary or Justice has filed his commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

DIVISION.

Pension.

Certif. No. 488572

CLAIM OF

Robert Robinson,

C. B. 126 cells. chf.

PHYSICIAN'S TESTIMONY.

Filed by

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

J. F. SHEERY, Printer, Washington, D. C.



PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Nebraska County of Buffalo, ss:
In the Pension Claim No. _____
of Robert Robinson, late _____

(Rank, company and regiment if in the army; or vessel and rating, if in the navy.)

Personally came before me, a Notary Public in and for the
aforesaid County and State. of Nebraska
whose Post Office address is Ravenna Nebraska, Dr C. A. Hale

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

That he is a practicing physician, and has been acquainted with the above-named soldier for about One years, and that he gave said Robert Robinson

(Here embody all the facts known to the affiant in accordance with the marginal instructions.)

a thorough and complete examination on the 1st day of March, 1892

That he found said Robinson suffering from Excessive and frequent urination, from habitual coughing, and weak circulation.

That he is subject to spells of constipation and diarrhoea alternating.

That said Robinson has severe form of Bronchitis, and that he (affiant) noticed dullness in the left intercostal space between the third and fourth ribs.

That the 1st day of March was the only opportunity that affiant had had for examination or treatment of said applicant.

That he is 63 or 64 years of age and broken in health and constitution, and in my judgment, based upon the examination given and symptoms found, he is unfit for the performance of manual labor.

NOTES.

The Physician's Affidavit must show the following facts:

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.

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

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

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

Physician's Examination
Medical

(Affiant's Signature. Give rank and service, if in the army or navy.)

(Official Signature.)

(Official Character.)

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

Clerk of the

If the Notary or Justice has filed his commission, or duly certified copy thereof, in the Pension Office for *general reference*, he should add statement to that effect, and the Clerk's certificate will not be required.

Pension.

Cert. No. 48572

CLAIM OF

PHYSICIAN'S TESTIMONY:

Fixed by

**BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.**

J. T. SHERRY. Printer, Washington, D. C.

DO NOT WRITE A LINE UNTIL YOU HAVE READ INSTRUCTIONS CAREFULLY, THEN FOLLOW THEM TO THE LETTER.

Do not send testimony of "bum" witnesses,—it is a positive damage; find witnesses who are respected and believed by their neighbors, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, covering as many years back as possible and naming all disabilities claimant appears to have, the degree of the disabilities, and that disabilities are not caused by vicious habits. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and should, if possible, write out his own affidavit, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

READ every word of ORDER No. 229, which is:—

"BUREAU OF PENSIONS, WASHINGTON, D. C., June 19, 1893.

"Order No. 229.

"In the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written, or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing, or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written, or prepared for type-writing (as the case may be), in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony."

"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony."

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Illinois COUNTY OF Rock Island, ss:
Personally appeared before me a Notary Public, duly authorized to administer oaths, Henry C. Harris, aged 50 years, whose post-office address is Rock Island, county of Rock Island, state of Illinois, well known to be reputable and entitled to credit, who, being duly sworn, deposes as follows:

That he personally knows Robert Robinson who was a teamster in Company "B" 126 Illinois Infantry Vol.

NOTE:—State fully how knowledge of facts is gained and years covered.

126 Illinois Infantry Vol. (war of the Rebellion so called) that he was personally and intimately acquainted with said Robinson from A.D. 1849 to A.D. 1880, that during all of said time he frequently met said Robinson and visited in his family and seen him on an average once a week except during the time said Robinson was in the army as above, before said Robinson entered said army he was a well and healthy man in every particular, when he returned from the said war (I think in A.D. 1863) said Robinson was then broken down in health with Chronic diarrhea and said Robinson then appeared to have some sort of a stomach trouble The exact

AFFIANT WILL SIGN ON REVERSE SIDE.

For medical disability. Good habits

nature of which affiant does not know, but said Robinson was not able to do a full days work on the farm after his return from said army as aforesaid by reason of said broken health, said Robinson during all the time from said years A.D. 1849 to A.D. 1880 was a man of good habits and character

I further declare that I am in no way interested in this case or concerned in its prosecution.

Henry C. Harris
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF Illinois, COUNTY OF Rock Island ss:

Sworn and subscribed before me, this 25th day of May, A. D. 1894
and I certify that in making the above affidavit signed
(Comply with Order No. 229.)
by said Henry C. Harris I did not
use and was not aided or prompted
by any written or printed statement
or recital prepared by any other person,
but in making said affidavit I wrote
down the oral statements of Henry C.
Harris as given to me by him and
after they were written down by me
said Harris signed and swore to the
same as above on the said 25th
day of May A.D. 1894 as aforesaid.

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

Elwin E. Parmenter
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

CLAIM OF

Robt Robinson

Co. B, 126 Regt. Ill. Inf.

GENERAL AFFIDAVIT.

Proof of



FILED BY
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

1291260

DO NOT WRITE A LINE UNTIL YOU HAVE READ IN-
STRUCTIONS CAREFULLY, THEN FOLLOW
THEM TO THE LETTER.

Do not send testimony of "bum" witnesses,—it is a positive damage; find witnesses who are respected and believed by their neighbors, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, covering as many years back as possible and naming all disabilities claimant appears to have, the degree of the disabilities, and that disabilities are not caused by vicious habits. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and should, if possible, write out his own affidavit, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

READ every word of ORDER No. 229, which is:—

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Nebraska COUNTY OF Buffalo, ss:

Personally appeared before me a Notary Public, duly authorized to administer oaths, Robert A. Storr, aged 35 years,

whose post-office address is Lawrence, county of Buffalo, state of Nebraska,

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

I have known Robert Robinson for eleven years—boarded with him on year and have been a near neighbor of his all this time. For these eleven years he has been troubled with chronic dyspepsia accompanied with some stomach trouble and has had a hard dry cough and has not been able to do any manual labor—He has from time to time during this time been seriously sick for a month to six weeks each time since being so sick that recovery was impossible. These spells of sickness were caused by his disabilities above named.

AFFIANT WILL SIGN ON REVERSE SIDE.

Disability no vicious habits

Mr Robison does not drink and
has had no vicious habits

I further declare that I am in no way interested in this case or concerned in its prosecution.

Robert P. Storer
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF Nebraska, COUNTY OF Buffalo ss:
Sworn and subscribed before me, this 5th day of June A. D. 1894

and I certify that in making out this statement
(Comply with Order No. 229.)

It has been at the dictation of the
said Robert P. Storer - and that
I have not used, or have been
aided or prompted by any writing
or printed statement or verbal report
or dictated by any person

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

[L. S.]

Shaw
(Official Signature.)
Notary Public
(Official Character.)

CLAIM OF

Robert Robison

Co. B, 126 Regt. Ill. Inf.

GENERAL AFFIDAVIT.

Proof of



FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

Ref 240

General Laws
city No. 601/86

ORIGINAL INVALID CLAIM.

601186
Soldier, *Robert Robinson*P. O., *Carlisle*County, *Elliptical*State, *Cal*Rates, \$ *7.50*Rank, *Major*Company, *B*Regiment, *26. Ill Vol. Inf*per month, commencing *June 29, 1883**from March 4, 1891*Pensioned for *Chronic diarrhea*

RECOGNIZED ATTORNEY.

Name, *A. N. Lofly*P. O., *city*Fee, \$ *25*, Agent *✓* to pay.Articles filed *May 16*, 18*88*

APPROVALS.

Approved for *Chronic Diarrhea and results*Submitted *April 17*, 1891;*Monahan*, Examiner. *✓*Approved for *Chronic Diarrhea**and ulceration of the bowels*Approved for *Chronic diarrhea, 7/18**to March 4th 1891, & 8/18 thereafter.**Reject, alleged ulceration of bowels, no disability therefrom since date of filing claim. Ad**M. B. Evans*, Legal Reviewer.*Mar, 22, 1891*, Re-Reviewer.*Byrne*, Med. Ex'r,*Byrne*, Med. Reviewer,*June 9th*, 1891,*Ed. Ingram*, Med. Referee.

ORIGINAL INVALID CLAIM.

Soldier, *Robert Robinson*P. O., *Burlington*County, *Stark*State, *Iowa*Rank, *Wagoner*Company, *B.*Regiment, *126 Ill Vol Inf*Rates, \$ *12* per month, commencing**REJECTED.**
FEB 1 1888

Pensioned for

RECOGNIZED ATTORNEY.

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

P. O., _____ Articles filed _____, 18 ____.

APPROVALS.

Approved for *Ref*Submitted *Jan 18*, 18 *88*, *Emmahan*, Examiner.

Approved for

Approved for

Q.A.M.
**Rejected on the ground of
Claimants failure after a reason-
able time, and due notification, to
furnish the necessary evidence to
establish the claim.***Jan. 19, 1888. Macauley*, Legal Reviewer.
_____, 1888, _____, Re-Reviewer._____, Med. Ex'r, _____, Med. Reviewer,
_____, 1888, _____, Med. Referee.

IMPORTANT DATES.

Enlisted, *Aug 11*, 18 *62*, service from _____

Mustered _____, 18 ____ to _____, 18 ____, in

Discharged *Sep 4*, 18 *64*Declaration filed *June 29*, 18 *83* Not in service since *Sept 4*, 18 *64*

BASIS OF CLAIM.

*Chronic Ankhora and ulceration
of bowels June 1864**Chart writes No. 216*

Index Original, Claim No. *#88572*
Robert Robinson Co B 126 Reg't 2d Vol Inf

ARRANGE PAPERS IN INVALID CLAIMS—1. Declaration; 2. Soldier's statements as to origin; 3. A. G.;
 4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.
 IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence,
 &c., follow evidence of origin and continuance of fatal disease.

o. 6-113

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
192	<i>Dr</i>		
3	<i>ad</i>		
4	<i>S. G. D</i>		
5	<i>Dr M J Symon</i>	<i>May 16 / 88</i>	<i>Cont</i>
6	<i>L. Parmenter</i>	<i>—</i>	<i>—</i>
7	<i>S. S. Snyder</i>		<i>—</i>
8	<i>J. Thomas</i>	<i>—</i>	<i>—</i>
9	<i>R. P. Storer</i>	<i>—</i>	<i>—</i>



State of Illinois

Rock Island County } 55

On This 26th Day of June 1883 personally appeared before me Richard A. Donaldson Clerk of the County Court of said County Robert Robinson and after being duly Sworn according to law on his oath Says That- he is a resident of said County and has been for (45) forty five years last past That on the (11th) Eleventh day of August 1862 he enlisted as a Wagoner in Company "B" 126th Illinois Infy. Vol., And That he was discharged from said Regiment at Pine Bluff Arkansas on the 4th day of September 1864 by reason of Chronic dysentery with ulceration. That he was treated for said disability by the regimental Surgeon from June 1863 until he was discharged from said Regiment. That he has suffered from said disability from the time of his discharge to the present time. That said disability has incapacitated him from performing manual labor and increased from year to year until he is now an invalid and wholly unable to perform any kind

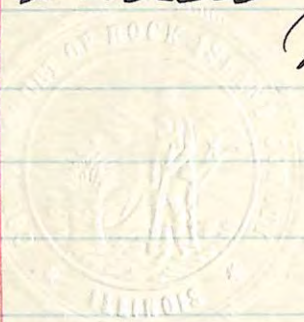
of labor. That he makes this affidavit for the purpose of procuring a pension. That his Post office is Rock Island, County of Rock Island State of Illinois

Robert Robinson

Subscribed and Sworn to before me the day and year first above written

Richard A. Donaldson

Clerk of the County Court
of Rock Island County
State of Illinois



A.

DECLARATION FOR ORIGINAL INVALID PENSION.

A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Iowa }
 County of Mills } ss:

On this 21st day of Nov, A. D. one thousand eight hundred and eighty-four
 personally appeared before me, a Justice of the Peace, a court of record
 within and for the county and State aforesaid, Robert Robinson, aged 55 years,
 a resident of the Town of Henderson county of Mills

State of Iowa, who, being duly sworn according to law, declares that he is the
 identical Robert Robinson, who was ENROLLED on the Eleventh day
 of August, 1862, in company "B" of the 126 regiment of Illinois Vols.
 commanded by Capt. H. D. Cline, and was honorably DISCHARGED at

Pine Bluffs Ark. on the Fourth day of September, 1864; that his
 personal description is as follows: Age, 55 years; height, 5 feet 8 inches; complexion, Blond;

hair, Dark; eyes, Light Gray. That while a member of the organization aforesaid, in the service
 and in the line of his duty at Duvalle Bluffs, in the State of Arkansas

on or about the First day of June, 1864, he had the Diarrhoea
(Here state name or nature of disease, or the location

and was disabled by the disease to such an extent that
of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)

he was taken to the Regimental Hospital then at
Duvalle Bluffs Now Cumant further states that he
was taken with his disease nearly one year previous
to this time but continued in his line of duty
was first taken while in the State of Mississippi

That he was treated in hospitals as follows: In the Regimental Hospital only
(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment

this located at Duvalle Bluffs Ark. about the first of
June 1864 for Chronic Diarrhoea and Ulceration of the bowels

That he has Not been employed in the military or naval service otherwise than as stated above
(Here state what the service

was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the Town of Edgington
 in the State of Illinois, and his occupation has been that of a Farmer

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

He hereby appoints H. E. Rautzary
 of Henderson, State of Iowa, his true and lawful attorney
 to prosecute his claim. That he has Not received any 1883 applied for a pension. That his Post
 OFFICE ADDRESS is Henderson, county of Mills
 State of Iowa

Claimant's signature: Robert Robinson
Frank M. Campbell
 Attest: W. R. Cooper

W. H. Little
Justice of the Peace
(Signatures of witnesses.)

[L. S.]

W. H. Little
(Signature.)
Justice of the Peace
(Official character.)

CLAIM FOR PENSION.

ORIGINAL.

Applicant.	Co.,	Reg't,	Vols.
		<i>Ills</i>	
Enlisted			18
Discharged			18



FILLED BY

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.

ARMY OF THE UNITED STATES.

CERTIFICATE

OF DISABILITY FOR DISCHARGE



Robert Robinson, a Major, of Captain Brooks R. Hamilton's Company, (B) of the 126th Ills Regt of the United States was enlisted by Henry D. Cline of the 126th Regt of Ills at Edgington Illinois on the Eleventh day of August, 1863 to serve Three years; he was born in Park County in the State of Indiana, is Thirty-Three years of age, 5-8 feet 9 inches high, Dark complexion, Brown eyes, Dark hair, and by occupation when enlisted a Farmer. During the last two months said soldier has been unfit for duty 60 days.* He was taken sick at Snyder's Bluff Ark. about the 15th day of June 1864, with Diarrhoea - contracted from exposure while in the line of his duty, since which time he has been able to do but little duty.

STATION: Snyder's Bluff Ark.
DATE: August 13th 1864.

Brooks R. Hamilton Capt!
Co "B" 126th Ills Inf, 1863
Commanding Company.

I CERTIFY, that I have carefully examined the said Robert Robinson a Major of Captain Brooks R. Hamilton's Company, and find him incapable of performing the duties of a soldier because of Chronic Enteritis with Ulceration of the Bowels the sequel of an attack of acute Diarrhoea more than one year ago. He suffers almost constant pain, is emaciated and has from three to six purulent discharges daily. He is unfit for further service. Degree of disability One half.
J. V. P. Bridger
126th Ills Inf Surgeon.
Snyder's Bluff Ark 3
August 13th 1864 2

DISCHARGED, this Fourth day of September, 1864, at Pine Bluff Ark.

John Morris
Capt
Commanding the Reg't.

The Soldier desires to be addressed at
Town Edgington County Rock Island State Illinois

* See Note 1 on the back of this. † See Note 2 on the back of this.

NOTE 1.

The company commander will here add a statement of all the facts known to him concerning the disease or wound, or cause of disability of the soldier; the time, place, manner, and all the circumstances under which the injury occurred, or disease originated or appeared; the duty, or service, or situation of the soldier at the time the injury was received or disease contracted, stating particularly whether the injury was received or the disease contracted in the line of his duty; and whatever other facts may aid a judgment as to the cause, immediate or remote, of the disability, and the circumstances attending it.

When the facts are not known to the company commander, the certificate of any officer, or affidavit of other person having such knowledge, will be appended—as the surgeon in charge of a hospital, the officer commanding a detachment of recruits, &c., &c.

NOTE 2.

When a probable case for pension, special care must be taken to state the degree of disability—as $\frac{1}{2}$, $\frac{3}{4}$, &c., &c.; to describe particularly the disability, wound, or disease; the extent of which it deprives him of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor or earn his subsistence. The surgeon will add, from his knowledge of the facts and circumstances, and from the evidence in the case, his professional opinion of the cause or origin of the disability. In the case of discharges by Medical Inspectors, the last paragraph will state that the "discharge was given by consent of the soldier, after a personal examination, and for disability, the nature, degree, and origin of which are correctly described in the within certificate."

Par. 1260 Regulations, Edit. 1861.

Medical officers, in giving certificates of disability, are to take particular care in all cases that have not been under their charge; and especially in epilepsy, convulsions, chronic rheumatism, derangement of the urinary organs, ophthalmia, ulcers, or any obscure disease liable to be feigned or purposely produced; and in no case shall such certificate be given until after sufficient time and examination to detect any attempt at deception.

DIRECTIONS.

This certificate will be made out in duplicate by the soldier's company commander, or other officer commanding the separate detachment to which he belongs, and sent by him to the surgeon who has charge of the hospital where the soldier is sick. The surgeon will then fill out and sign the surgeon's certificate, and forward these papers to the regimental, detachment, or post commander, who will forward them, with his action endorsed thereon, through the proper channel, to his division commander; or, if the troops are not attached to a division, to his corps, department, or other commander or officer to whom the authority to discharge enlisted men may be specially delegated.

These certificates, after having received the action of the highest authority to which they are required to be sent, will be returned through the same channel to the regimental, post, or detachment commander, who will, if the discharge is authorized by the endorsement of the proper authority, sign the soldier's discharge, and the last certificate on this paper; see that the soldier is furnished with the proper final statements in duplicate, and forward BOTH of these certificates direct to the Adjutant General United States Army, at Washington D. C.; they will not, under any circumstances, be given into the hands of the soldier.

CERTIFICATE OF DISABILITY FOR DISCHARGE

IN THE CASE OF

Robert Robinson
a Wagoner Co. "B"
126th Reg't of Ills Infantry

Head Quarters, Department of Ark's, &c.,
Little Rock, Ark. August 23rd 1864.

TO BE DISCHARGED,

By order of Maj. Gen'l F. STEELE:

W. D. Emsw

Assistant Adjutant General.

Adjutant General's Office,
Per 26 1864.
Duplicate for the Pension Office
Adj. Gen'l
Asst. Adj. Gen'l

190

Office Med & Board
W. D. Emsw Bluff Aug 18th 1864
Personally examined
and approved
By order of the Med &
& Board

C. A. Lin
Ming's & Co. S. D. S. S. S.
M # 25 - S. R. 243
Hd. Quarters 126th Reg't Ills Infantry
Gunnels Bluff. Ark. Aug 18th 1864
Respectfully forwarded
Approved

John Morris
Capt. Comd'g Reg't

Hd. Quarters 24th Reg't 2nd Div. 7th A. C.
Brownsville, Ark. Aug. 17th 1864
Respectfully forwarded
Approved
Col. 2nd Div. 7th A. C.

Adj. Gen'l
Head Quarters 2nd Div. 7th A. C.
Gunnels Bluff Aug 19th 1864
Respectfully forwarded
Approved
C. A. Lin
M # 23454
Hd. Quarters 24th Reg't 2nd Div. 7th A. C.

PHYSICIAN'S AFFIDAVIT

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

19 1888

State of Illinois }
County of Cook } SS.

In the Pension Claim No.....

of Robert Robinson late of

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

Personally came before me a Notary Public in and for the aforesaid
(Official character of magistrate.)

County and State Illinois a citizen of England
in the County of Cook and State of Illinois

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

That he is a practising physician, and that he has been acquainted with said Soldier for about 27 years, and that between the years 1861 & 1869 I was
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)
his family physician & his own except during his absence in the Army. When at home I used to see him almost daily & knew him intimately. Before entering the Army he was a sound hardworking farmer. He returned from the Army with Chronic Diarrhea & broken down in health - suffered from almost constant derangement of his digestive organs, & from sick headaches & other ailments so that I think he was confined to the house half of the time. In 1869, I removed from the place, & do not know as I have met him more than once since, but have often heard of him, & always as invalid. I am unable to make a more specific statement as to Mr Robinson's ailments because my old account books have been destroyed, & my memory of exact complaints of twenty five years ago, is too defective. I do know that Robert Robinson is a worthy, deserving man, & that he lost his health while in service of his Country.

NOTES.

The Physician's Affidavit should show the following facts:

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

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

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

4th. The extent to which claimant has been able to perform manual labor since discharge.

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

W. B. Lyman M.D.
[Affiant's Signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this 24th day of April A. D. 1888

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words During that time erased, and the words When at home Substituted added; and that I have no interest, direct or indirect, in the prosecution of this claim,

W. B. Smith

Magistrate's Signature.

Notary Public

(Official character.)

I certify that W. B. Smith, Esq., who hath signed his name to the 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 24th day of April 1888

Henry Duff

County Clerk

[L. S.]

Clerk of the

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

MEDICAL EVIDENCE.

Affidavit of

Dr. W. B. Lyman

Claim of

Robert Robinson

No. 488-592

for

Law pen.

Filed by

HENRY W. COPP,
LANDS and PENSIONS
WASHINGTON, D. C.

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

GENERAL AFFIDAVIT.

State of Illinois }
County of Rock Island } SS.

In the matter of Robert Robinson
Lorenzo Parmenter

Personally came before me, a Justice of the Peace in and for aforesaid County
and State, Lorenzo Parmenter, aged Seventy years
and , aged years
citizen of the Town of Cozington, County of Rock Island, State of
Illinois
Post Office Address.

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

I have known Robert Robinson since the year
1838. Who is listed in the 126 Regt of Ill Vol
in the year 1862 (Wont be positive as to the year)
He was a near neighbor. And I joined Farms
with him for more then 20 years. Was sound and well
and could do as much hard labour as most men when
he entered the army. After serving about one year
and a half. He came home on sick furlow. But this
furlow extended. When time was up he returned to his
Regt no better. According to my best recollections in about
two months after he returned home discharged on
account of disability. He remained sick a long time
in 1864 and 1865 was not able to do any or but little
work. I know that he had chronic diarrhea during that time
and the Dr said he had ulceration of stomach also. I saw
him every few days since untill he removed to Iowa
6 or 7 years ago. I know that he never fully recovered
his health. The degree of his disability during that
time according to the best of my judgment and belief
was fully one half. Work requiring strength and exertion
he could not do at all, such as picking Hay make Rails
&c. The kind of work he did do such as driving to plant
mow. Harvest Thrash. Also a sulkey cultivator to tend
corn could do as much as ever when able to do any thing
His will and necessitys caused him to work when not able

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

1	Signature of Affiants.	{ <u>Lorenzo Parmenter</u>
2		

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

Sworn to and subscribed before me this day by the above named affiant ; and I certify that I read said affidavit to said affiant , and acquainted h^m with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me; that he is a creditable person and so reputed in the community in which h^e reside

Witness my hand and official seal this... 31st ... day of... July ... 1888

Sign here... *H. Sherman Justice of the Peace*

ADD SEAL HERE.

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

STATE OF Illinois... COUNTY OF Rock Island... ss.

I, R. A. Donaldson... Clerk of the County Court in and for aforesaid County and State, do certify that H. Sherman... Esq., who hath signed his name to foregoing affidavit, was at the time of so doing a Justice of the Peace... 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... 2nd ... day of... August ... 1888

R. A. Donaldson

Clerk of the County Court



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

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

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

GENERAL AFFIDAVIT.

CASH OF

Robert Robinson

\$126.00 all in

FOR

Wm. Bell

Nov 19 1888

OFFICE

RECORDED

AFFIDAVIT

Nov 19 1888

FILED BY

NOV 14 1888

WESTERN

RECORDS

NOV 14 1888

WASHINGTON, D. C.

Printed and sold by W. H. Moore & Co. Washington, D. C.

State of Colorado } ss
County of Elbert.



I hereby certify that I have known
Robert Robinson ^{formerly of Co B 126 Ill Volunteers} since Sept 18. 1887, having since
that time lived in close neighborhood to him
And know him to be an honest and worthy
man. I also state that during my close
acquaintance with him I have fully noted
his inability to perform any manual labor
to any extent. I also fully believe that the present
weak condition of the said Robert Robinson is due
from disease contracted while in the service.
And I further say that I have no interest
direct or indirect in the prosecution of this claim.
P.O. address Carlisle, Colo. Samuel S. Snyder.

Sworn to and subscribed before me this 14th
day of April 1888

And I hereby certify that Samuel S. Snyder is a
person of good moral character and one to whose
affidavit full credence should be given



Edward S. Mack
Notary Public

at Carlisle Elbert County Colorado
my commission expires Feb 9 1891

State of Nebraska }
County of Burk } ss.

MAY 19 1888

I John W. being
duly sworn make oath as follows -
I am a practicing Physician and Surgeon
of 21 Years standing and a Graduate
of Burk Medical College Chicago Ills
Class of 1868 & 1869. I am acquainted
with Robert Robinson late of C B
126 Ill. Vols. I was his family physician
from early in the year 1882 until late
in 1884. That he (Robert Robinson) was
during those years afflicted with
Chronic Diarrhea and ulceration of
the bowels, in the Spring of 1883 he was
confined to his bed for several weeks
and it was only by the closest attention
that he pulled through. The hemorrhage
from the ulcerated bowels was so profuse
that the physician called to consult with
me advised him to settle his business for he
was sure to die. He lay for some days and
nights unconscious and it was only through
the use of Stimulants given Hypodermically
that he rallied at all. I sat by his bedside
as much of the time as my strength would
permit and attended him myself, so know
whereof I write. From actual knowledge

PENSION
MAY 16 1888

of his case and of the man I can say
that he is a man worthy of credence,
honest and honorable in every sense,
and ^{but} ~~that~~ for his indomitable pluck
would have succumbed to his disease
long ago - This is as near a case of
total disability as I have seen from
any cause except from loss of limbs or
eyesight in all my experience with
sickened veterans of the late war -
J. Knowles

State of Nebraska }
County of Burk } 12

Personally appeared
before me in my office in the town of
Craig Burk Co. Nebraska. J. Knowles,
known to me to be in good standing
in his profession and worthy of credence,
who on oath says that he executed the
above affidavit with his own hand ^{and}
that he is in no ^{way} interested in the
procuring of a pension for the petitioner
in this case or in the prosecution of it.
That the erasure of the word that in 4th line
second page and the addition of the word
but in same line was done by him.

L. H. Warner
Notary Public

Robt. Robinson

P. O. 126 4th

NO 488894

HENRY H. ROOPER
LANDS and REVENUE
WASHINGTON

State of Colorado }
County of Elbert } 59
April 14 1888

RECEIVED
MAY 19 1888

Robert P Storer of Elbert County Colorado
being first duly sworn according to law deposes
and says; I have been ^{personally} acquainted with Robert
Robinson of Elbert County, Colorado formerly of Co B
126 Illinois Volunteers; ^{three years} that his health has
been in a bad condition all the time since I have
known him; that he has been troubled with the
chronic diarrhea as often as once a month and lasting
sometimes as long as a week at a time; that only
part of the time he has been able to be around the
house, but at no time has he been able to work
any; that I live one half mile from him and haul
water for my own use from his well and see him
nearly every day and boarded with him one year
in Iowa and know him to be a good worthy
honest man; that I have no personal interest
in the success of his pension application; that I
know that he is the identical Robert Robinson of
Co B 126 Ills Volunteers Robert P Storer

Sworn to and subscribed before me this 14th day of
April 1888 and I hereby certify that Robert P Storer is person-
ally known to me to be a man of good moral character and
one to whose affidavit full credence should be given

Edward P Mack

Notary Public

at Carlisle Elbert County Colorado
com expires Feb 9 1891

ORIGINAL.

(FOR A BOARD.)

Claim No. 486,572

Name of the claimant,

Robert Robinson

Rank,

Wagoner

Company,

"B"

Regiment,

126 Ill. Vt.

Post-office address,

Hudson Iowa

ADDRESS OF THE BOARD:

Post office,

Omaha

County,

Douglas

State,

Nebraska

Date of examination,

January 21, 1883

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Hudson, Bluffs, Mo., and while in line of duty, on or about the day of June, 1863, he incurred Chronic diarrhoea and ulceration of bowels

Degree of disability.

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

His pulse-rate is 80 per minute; his respiration 14; his temperature 100°; his height is 5' feet and 8 1/2 inches; he weighs 130 pounds, and states that he is 35 years of age.

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

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

statement: has attacks of diarrhoea about once a month
which time the discharge runs from 2 to 5 per day,
and the attack last 2 or 3 days. The stools are
dark color, offensive odor and a burning pain
with pain. Appetite poor, has had attacks
of vomiting but not lately.

SUBJECTIVE SYMPTOMS.

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

The examination reveals the following objective facts in support of his statements: The tongue
is red, thick, beefy in appearance - deeply fissured in both directions
cornea down center into a yellow coat. Has only four teeth
and one peg in upper jaw and one incisor in lower jaw.
His abdomen is drawn in in both hypochondriac regions. Full in
lower portion, giving a pot bellied appearance. Wall of
abdomen thin. Liver and spleen apparently normal
in size and position. Lymphatic over action
abdomen excepting a part about size of its pulsation
below and right of umbilicus.

OBJECTIVE SYMPTOMS.

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

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

* See the back.

W. D. Guise, Pres.,
George B. Vines, Sec'y,
R. H. Moore, Treas., } BOARD.

1

SURGEON'S CERTIFICATE
(FOR A BOARD)

IN CASE OF

Robert Johnson

Co. B, 126th Reg't Ill. Inf.

Application for Pension.

No. *488272*

Date of examination : _____

January 24 1882

Board
Examining Surgeon.

Post office, *Omaha*

County, *Douglas*

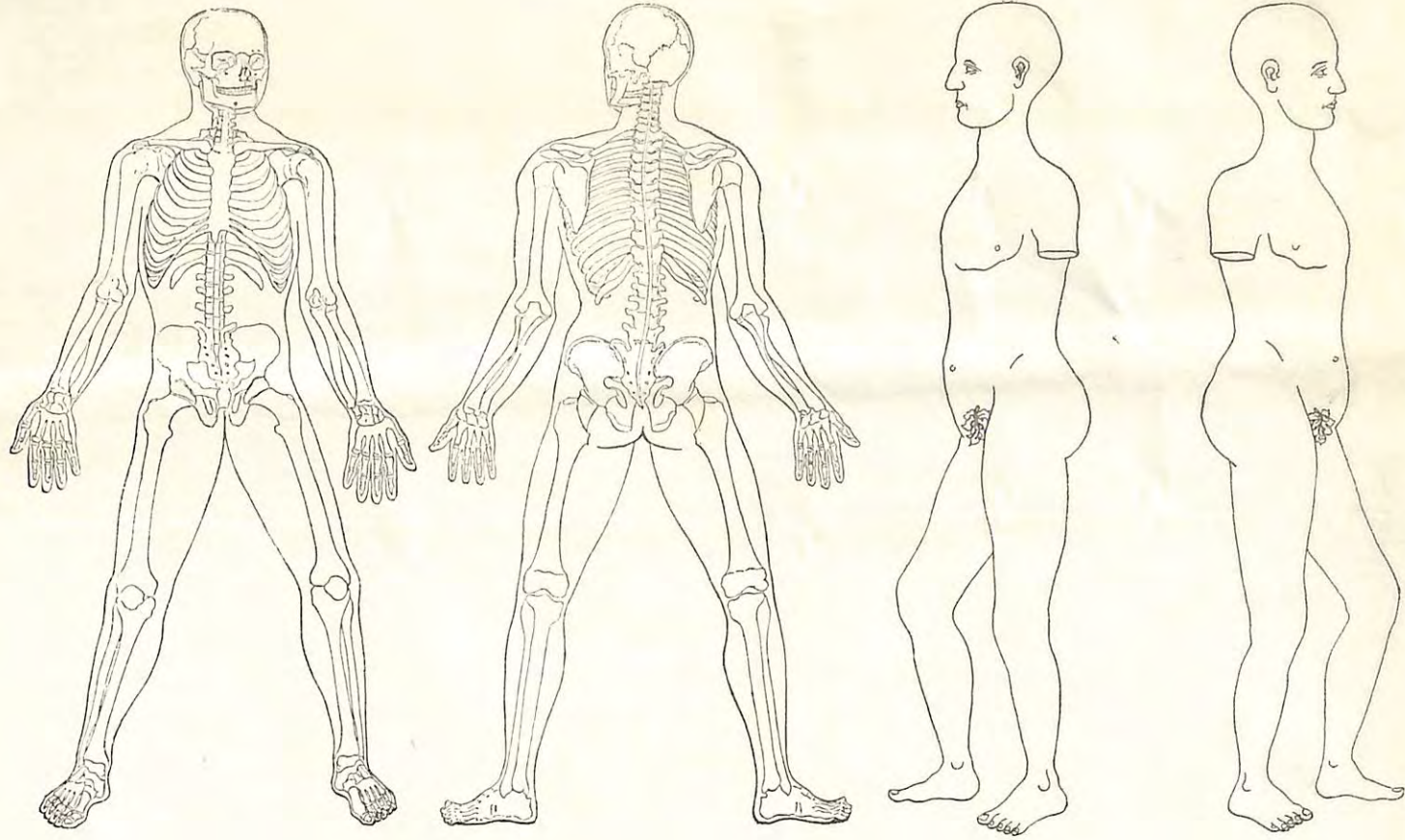
State, *Nebraska*

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

488

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.]

(460—100 21.)



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.

Name and rank of claimant.

Claimant's post-office address.

Original. Pension Claim No. 488572
 [State above whether for original, increase, or restoration.]
 Robert Robinson, Rank, Priv.
 Company B 126 Reg't Ill. Vol. Inf. Litchfield Sub. State,
 Ravenna, Ind. [Post-office address of the Board.]
 Mar 4, 1891. [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Chronic Bronchitis & Emphysema

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

and that he receives a pension of \$20 dollars per month.

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

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

Think my lungs will average one a year a running off and have bronchitis 2 or 3 days at a time. Then they have spells of being coughing. Sometimes I pass blood. Have pain in my stomach whenever I exercise and cough a great deal causing considerable emphysema.

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

Upon examination we find the following objective conditions: Pulse rate, 66; respiration, 24; temperature, 98.5; height, 5 feet 8 inches; weight, 125 pounds; age, 41 years. We have examined element & find lungs distended with gas & some tenderness. Stomach is distended with gas & tender. Tongue coated & parched. Skin dry & pallor. Liver enlarged & tender extending 2 1/2 in below ribs. Spleen dull & medium sized. Veins enlarged over region of liver. Spleen normal. Marked emphysema. We find dullness at apex of right lung with moist rales. Measurement of chest both sides unequal in size. Exhalation 31 1/2 inhalation 33 1/4. Throat granulated. expectorates never fruitful. No present indications of tuberculosis. All other organs apparently normal.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 14 rating for the disability caused by Chronic Bronchitis & Emphysema for that caused by Liver trouble, and 10 for that caused by Lung trouble and 10 for that caused by Chronic Bronchitis & Emphysema. Pres. V. Hahn, Sec'y. J. H. Miller, Treas.

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



SURGEON'S CERTIFICATE

IN CASE OF

Robert Robinson

Co. *B*, *126* Reg't *Ill Cav Reg*

Applicant for *Disch*

No. *488572*

DATE OF EXAMINATION:

Mar 7, 1891

J. J. Smith, Pres.,
H. R. Jones, Sec'y,
J. W. Miller, Treas.,

BOARD.

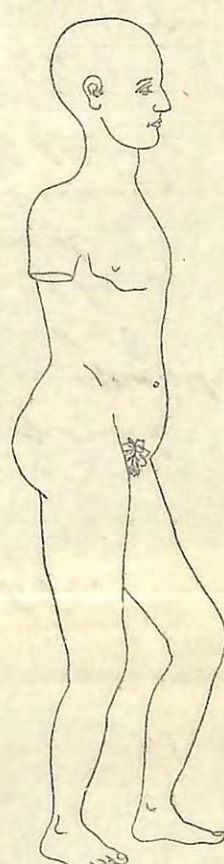
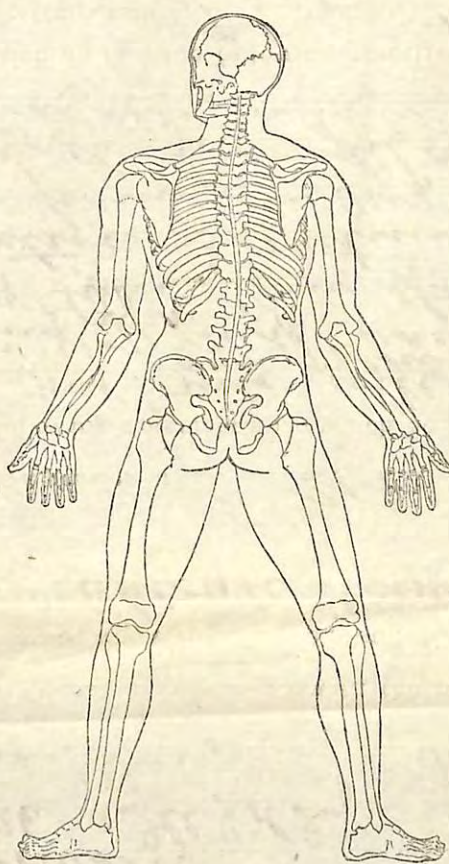
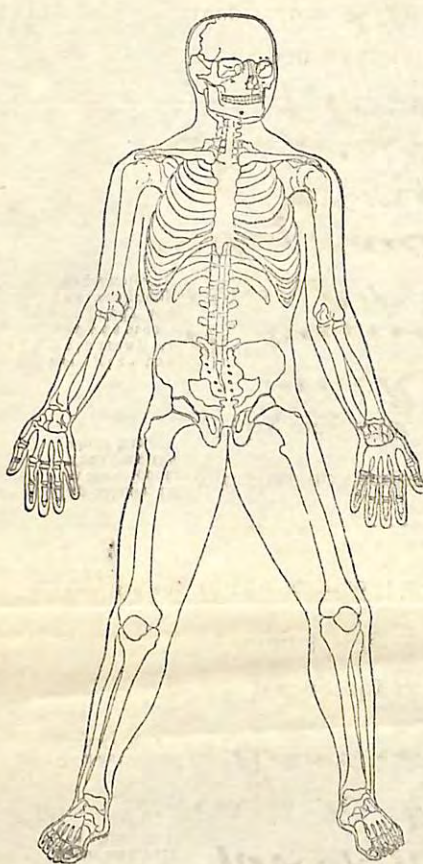
Post office, *Satchfield*

County, *Sherman*

State, *Ind.*

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

Smith



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.

Name and rank of claimant.

Claimant's post-office address.

Incom Pension Claim No. *601 186*
 [State above whether for original, increase, or restoration.]
Robert Robinson Rank, *Private*
 Company *B, 12th Reg't Ill* *Litchfield N.H.* State,
 [Post-office address of the Board.]
Keenera N.H. *May 23*, 189 *4*
 [Date of examination.]

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

Cause of disability.

in the service, viz: *lps diarrhoea. bronchitis. liver. spleen.*

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

Stomach. hands. kidneys digestion & nervous system also
Catarrh & dis of rectum & total disability Dis of nervous system
 and that he receives a pension of *Eight* dollars per month.

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

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

[Original, increase, restoration, &c.]

My stomach is badly affected & cannot hold my water haft to get up after at night. My lungs is affected have pain in breast and cough very hard have weakness in back & pains in my right side same time. same time cannot sleep at night when I get a cold the catarrh give trouble

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

Upon examination we find the following objective conditions: Pulse rate, *96*; respiration, *20*; temperature, *98 $\frac{3}{4}$* ; height, *5* feet *$\frac{1}{2}$* inches; weight, *120* pounds; age, *44* years.

we have examined this claimant and find Stomach Inflamed and tender to pressure. Kidneys. inflamed and Catarrh of Bladder. Which we rate Four Dollars lungs. right lung has a sore at the region of right nipple we rate Four Dollars liver slightly Enlarged and Painfull on Pressure we rate two Dollars Catarrh of head. throat is red & granulated no drooping down we rate two Dollars

Except as above all organs normal
There was no albumen in urine but urine Ammoniacal. Skin dry, dry & sallow. tongue coated light yellow

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *4 $\frac{1}{2}$* *Four Dollars* rating for the disability caused by *Stomach & kidneys* *Four* *$\frac{1}{2}$* for that caused by *l. lung*, and *two* *2* for that caused by *liver*

& two for that caused by Catarrh of head
L. L. Goff, Pres. *H. R. Palmer*, Sec'y. *Treas.*

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

PENSION OFFICE. U.S. DEPT. OF THE INTERIOR. SEP 11 1894. PENSION OFFICE. U.S. DEPT. OF THE INTERIOR. DEC 18 1894.

SURGEON'S CERTIFICATE

IN CASE OF Robert Robinson

Co. B, 126 Reg't 2d Inf

Applicant for Increase

No. 601/186

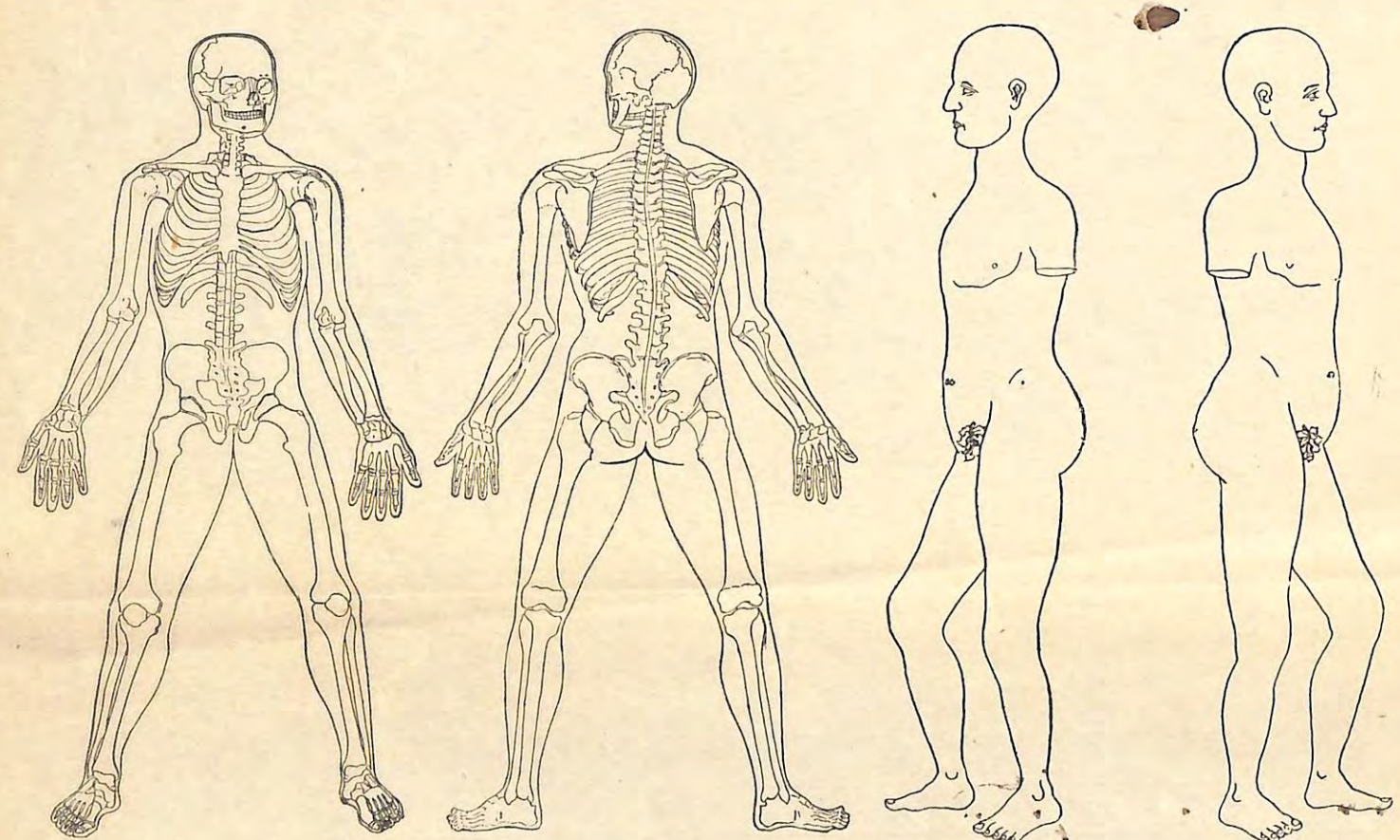
DATE OF EXAMINATION:

May 23, 1894

J. G. Palmer, Pres.,
H. R. Palmer, Sec'y,
Board, Treas.,

Post office, Sittler
County, Sherman
State, Mich

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. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

MEDICAL DIVISION

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., 189

No. Claim,
Claimant,

This certificate is respectfully returned to

Board of Surgeons at
for and auscultation,
Include the heart
See Par 92.93 & 94
1st for 1893.

Kidneys: Analyze a
sample of urine passed
in your presence and
report the result as
to presence of sugar,
albumen, for other
abnormal deposits
Is there disease of any
of the urinary organs,
Stricture, or Scarb that
would indicate syphilis?
Is claimant wholly
disabled for manual
labor? See Par 6-65-72 & 117
THOS. FEATHERSTONHAUGH,
Medical Referee.

[OVER.] 0-4
14002 b-20 m

Rock Island, Ill. April 18th 1911

Mrs Nancy J. Ficken

Sarah A.
for Mrs. Anna Bill Robinson

TO B. F. KNOX, DR.

This Account must be settled by _____

April 11 th 1911	To Blk Cor Casket 55 ⁰⁰	2 doz Chairs 100 ⁰⁰	Call Bessie Briggs 50 ⁰⁰	3 Cans 1200	Hess 1000	\$ 83.00
-----------------------------	------------------------------------	--------------------------------	-------------------------------------	-------------	-----------	----------

Robinson, mother of said Nancy J. Ficken. I hold said Nancy J. Ficken responsible for the payment of this indebtedness, as it was incurred at the personal request of Mrs. Ficken.

B. F. Knox

Subscribed and sworn to before the undersigned this 19th day of April, 1911. I further certify that I have no interest in this matter.

Will M. Walker

Notary Public of Rock Island County, Illinois.



State of Illinois :
: ss.
Rock Island County :

B.F. Knox, being first duly sworn deposes and says, I am now and have been for thirty five years last past an undertaker in the city of Rock Island, Illinois . I herewith attach a statement of account in the sum of eighty three (\$83.00) Dollars covering all my charges against Mrs. Nancy J. Ficken, for services rendered and casket and other items furnished in connection with the burial and funeral of Mrs. Sarah A. Robinson, mother of said Nancy J. Ficken. I hold said Nancy J. Ficken responsible for the payment of this indebtedness, as it was incurred at the personal request of Mrs. Ficken.

B.F. Knox

Subscribed and sworn to before the undersigned this 19th day of April, 1911. I further certify that I have no interest in this matter.

Will M. Walker

Notary Public of Rock Island
County, Illinois.



2

Also personally appeared Will M. Walker
and Louis Ostrom M.D., 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
Nancy Jane Ficken, the claimant, sign her name (or make _____ mark)
to the foregoing application, and that they know the claimant therein; that they have read all the questions, answers, and
declarations in said application and believe the facts therein set forth to be true; and that they have no interest, direct or
indirect, in this claim.

Will M. Walker
Louis Ostrom M.D.

(Signatures and post-office addresses of witnesses.)

Subscribed and sworn to before me this 17 day of April
A. D. 1911; and I certify that the contents of the foregoing application, etc., were fully made known and explained to the
claimant 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.

A. J. Hemenway
(Signature.)

Notary Public
(Official character.)

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death April 10th 1911.
Give date of commencement of pensioner's last sickness About October 1st, 1910.
From what date did the pensioner require the regular and daily attendance of another person constantly until death?
March 15th, 1911.
During what period did you attend the pensioner? From March 18th to April 10th, 1911.
State nature of disease from which pensioner died Cancer of the stomach.

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Mrs.
Nancy J. Ficken, daughter; Mrs. Mary Shaw, nurse.

Give name of any other physician who attended the pensioner in last sickness Dr. Carl Bernhardt
attended her before I was called, making one visit.

Does your bill include a charge for all medicine furnished the pensioner during last sickness? No.

State whether you have read the questions in the foregoing application, and the claimant's answers thereto, and whether such
answers are correct according to your best knowledge, information, and belief? Yes; they are.

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

I certify that the foregoing statement is correct.

April 17th, 1911

Emily Wright, M.D.
Attending Physician.

6-1572, 191

Attending Physician.



Receipt of papers acknowledged

By Mail Division.

APPLICATION FOR REIMBURSEMENT.

Certificate No.

Deceased Pensioner.

Claimant.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

AN ACT to provide for the payment of accrued pensions in certain cases. (28 Stat. L., 964.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense. And the mailing of a pension check drawn by a pension agent in payment of a pension due, to the address of a pensioner, shall constitute payment in the event of the death of a pensioner subsequent to the execution of the voucher therefor. And all prior laws relating to the payment of accrued pension are hereby repealed.

Approved March 2, 1895.

The act making appropriations for the payment of invalid and other pensions of the United States for the fiscal year ending June 30, 1910, and for other purposes, approved March 4, 1909, contains the following:

"And provided further, That hereafter the settlement of all claims for the reimbursement of expenses of the last sickness and burial of deceased pensioners shall be under the direction of the Commissioner of Pensions."

FINANCE DIVISION
APR 26 1911
BUREAU OF PENSIONS

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
 - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered. Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person. Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
 - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Illinois
COUNTY OF Rock Island ss:

On this 17 day of April, A. D. one thousand nine hundred and eleven, personally appeared before me, a Notary Public within and for the County and State aforesaid, Nancy Jane Hicken, aged 57 years, a resident of Rock Island, County of Rock Island, State of Illinois, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) by claimant for the last sickness and for the burial of Sarah A. Robinson, who was a pensioner of the United States by certificate No. 420340, on account of the service of Robert Robinson in Wagoner Co. B. 126 Regt. Ill. Vol. Infy (Name of soldier or sailor.)
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Army, if in the Navy.)

That pension was last paid to January 4-, 1911, by the U. S. Pension Agent at Des Moines Iowa

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

1. What was the full name of the deceased pensioner? Sarah A. Robinson

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

widow of Robert Robinson

3. If decedent was pensioned as an invalid soldier or sailor—

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

(b) How many times, and to whom?

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

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

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

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

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

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

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

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

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

7. If so, give the name of each company in which a policy was carried and the amount in which each policy was written

No policy

8. Who was the beneficiary named in each policy?

9. What was the relation of each beneficiary to the pensioner?

10. Were the premiums paid by the deceased pensioner?

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



12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) No
13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? No executor or administrator and none will be applied for.
14. Did the deceased pensioner leave any money, real estate, or personal property? None whatever
15. If so, state the character and value of all such property _____
16. What was the assessed value (last assessment) of the real estate? _____
17. How was the pensioner's property disposed of? _____
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) Yes.
19. What was your relation to the deceased pensioner? I am daughter of deceased pensioner
20. Are you married? (Answer yes or no.) Yes
21. What was the cause of pensioner's death? Cancer of stomach
22. When did the pensioner's last sickness begin? about six months ago
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? about three weeks in bed
24. Give the name and post-office address of each physician who attended the pensioner during last sickness
Dr Emily Wright - Rock Island Illinois
or Carl Bernhardt - Rock Island Illinois
25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance
this affiant acted as nurse for two weeks and then as Mrs Mary Shaw - 513-10th St Rock Island for the last week
26. Where did the pensioner live during last sickness? with this affiant since about Dec 15-1910
27. Where did the pensioner die? april 10-1911
28. When did the pensioner die? 621-23rd St Rock Island - this affiant's home.
29. Where was the pensioner buried? Chippianock Cemetery Rock Island Ill
30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) No
31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
Dr Emily Wright	Physician	not paid	33 00 ✓
Mary Shaw	Medicine	paid	
B. F. Knapp	Nursing and care	paid	12
	Undertaker	not paid	83 ✓
	Livery		
	Cemetery		
	Other expenses and their nature:		
<u>No bills presented from cemetery</u>			
TOTAL			128 00

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) Yes

That my post-office address is No. 621, on 23rd street,
 town or city of Rock Island, County of Rock Island,
 State of Illinois

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Nancy Jane Ficken
 (claimant's signature in full.)

RECORD & PENSION OFFICE
DEC 13 1287222 1895
WAR DEPARTMENT

3-464 aa.

C-West Division.

C. W. M. G. B.
Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *Dec 11, 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.

Widows
Claim No. *605-304*
Sarah A. Robinson, wid. of
Name, *Robert Robinson*

Co. B, 126 Reg't. Ill. Vol. Inf.

Am. Lockman

Commissioner.

Record and Pension Office,
WAR DEPARTMENT,
Washington, DEC 13 1895

respectfully returned to the

Commissioner of Pensions,

the information that in the case

Robert Robinson (also

as Robinson. Robert

son. & Robinson.) Co. B. 126,

Regt. Ill. Inf. the only

records given nothing

additional to that contain-

ed in report dated Oct

20-1883.

The medical records show

him treated as Robt

Robinson, Co. B. 126

Ill., April 17 to 25. 64

diarrhoea acute, rec'd to duty.

Nothing additional found

By Authority of the Secretary of War:

J. A. M. W. W. W.

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

Per *m*
(323)

DECLARATION FOR WIDOW'S PENSION.

ACT OF JUNE 27, 1890.

To be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or prothonotary or a clerk of a court shall be necessary; but when no seal is used by the officer before whom the declaration is executed, then a clerk of a court of record or a county or city clerk shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

State of Iowa, County of Pottawattamie ss:

On this 24th day of November, A. D. one thousand eight hundred and ninety four personally appeared before me, a Notary Public of the Town of Carson within and for the county and State aforesaid, Mrs. Sarah A. Robinson aged 60 years, a resident of the Hobson of Henderson county of Mills, State of Iowa, who, being duly sworn according to law, declares that she is the widow of Robt. Robinson, who enlisted under the name of Robt. Robinson, at Rock Island, Ill. on the August day of 1862, in Co. B, 126 Ill. Inf. Here state rank, company, and regiment, if in military service, or vessel, if in the Navy.

and served at least ninety days in the late War of the Rebellion, in the service of the United States, who was honorably discharged, and died Nov. 31, 1894 The cause of death need not be stated.

That she was married under the name of Sarah A. Bell to said Robt. Robinson on the 19th day of August, 1852, by Albert Everhart, at Edgerton, Ill., there being no legal barrier to said marriage. and neither her husband nor herself had ever before been married If there was a former marriage of claimant or her husband, state it here and how dissolved.

That she has not remarried since the death of the said Robt. Robinson Name of soldier or sailor.

That she is without other means of support than her daily labor; that names and dates of birth of all the children now living under sixteen years of age of the soldier are as follows:

Rossa E. Robinson, born 30th Oct., 1880 None other under 16 years of age
born _____, 18_____, born _____, 18_____
born _____, 18_____, born _____, 18_____

That her husband has not been employed in the Military or Naval service otherwise than as stated above.

That she has not heretofore applied for pension and the number of her former application is late husband's Certif. is 609 186 Be careful to fill this part of the blank correctly.

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

She hereby appoints, with full power of substitution and revocation Burton Macafee of Washington, D.C. State of _____, her true and lawful attorney to prosecute her claim, and to receive therefor a fee of ten dollars; that her post-office address is Henderson, county of Mills State of Iowa.

Sarah A. Robinson
Claimant's signature.

Attest: Frank Shinn
A. F. Bell
Two witnesses who can write sign here.

all Dec Art Jan 27, 1890

ATTY FILED

Also personally appeared Frank Skinner, residing at Carson Iowa, and A. F. Bell, residing at Carson Iowa, 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 Mrs Sarah A Robinson the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and an acquaintance with her of 13 years and 13 years, respectively, that she is the identical person she represents herself to be, and that they have no interest in the prosecution of this claim.

Frank Skinner
A F Bell
Signature of witnesses.

Sworn to and subscribed before me this 24 day of November, A. D. 1894; and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____ erased and the words _____ added, and that I have no interest, direct or indirect, in the prosecution of this claim.

W. C. Campbell
Signature.
Notary Public
Official character.



NOTES.

- The act of June 27, 1890, requires, in widow's case:
- (1) That the soldier served at least *ninety days* in the war of the rebellion and was *honorably discharged*.
 - (2) Proof of soldier's death (death cause need not have been due to Army service).
 - (3) That widow is "without other means of support than her daily labor."
 - (4) That widow was married to soldier prior to June 27, 1890, date of the act.
 - (5) That all pensions under this act commence from date of receipt of application in the Pension Bureau.

May-60-186
ACT OF JUNE 27, 1890.
WIDOW'S APPLICATION.

Claimant Mrs. Sarah A. Robinson
Soldier Robert Robinson
Service Co. D, 126 Ill. Inf.



FILED BY
Burton Macafee,
Washington,
D.C.

Date of execution _____
Printed and Sold by W. H. Moore & Co., Box 106, Washington, D. C.
RECEIVED
DEC 3 1894

DIVISION.

Department of the Interior,

PENSION OFFICE,

July 24, 1883

Respectfully requested of the ADJUTANT

GENERAL U. S. A. a report of service and disability in the case No. 488,572, of

Robert Robinson

Wagoner B. 126 Ill. Inf.

Disabled by

Chr. diarr^{ea} and Ulceration
of Bowels.

June to Sept., 1864.

Discharged Sept., 1864.

Please give full military
history.

Orrin Dudley

Commissioner.



War Department,

ADJUTANT GENERAL'S OFFICE,

488,372

Washington, *October 20*, 1883.

Respectfully returned to the Commissioner of Pensions.

Robert Robinson, a *Wagoner* of *Company "B"*,
126th Regiment Illinois Volunteers, was enrolled on the
11th day of Aug, 1862, at *Edgington, Ill*, 3 yrs,
 and is reported: on *Rolls* from date of enlistment
 to *June 30/63* present *July & Aug 63*, absent
sick Sept & Oct '63 present. - Same to
June 30/64. - *July & Aug 64* absent *sick at De*
Valls Bluff, Ark since *Aug 20th 1864*. - *Sept*
4th & Oct 64, discharged *Sept 4/64*, on account
 of disability.

Also borne as *Robert Robinson*

Certificate of Disability shows him discharged
September 4th 1864. at *Pine Bluff, Ark* W.S.B.

Company Warning Report Book *June 12/63*
 shows him from duty to sick. *July 12/63*
 home on furlough. *Oct 30/63* returned to
 Company. *Company Returns* for *Augnd & Sept 63*
 show him absent at home sick. *Regtl*
Pres Book, Commence *Nov 1/63* terminate
Nov 29/63. shows him admitted *Apr 17/64*
 with *diarrhoea acuta*. sent to *Quar*
Apr 22/64. Nature of sickness from *June 12/63*
 and *Aug 29/64* not stated. *Regtl Hospital Register*
 Commence *Dec 11/62* terminate *July 9/65*.

Name not borne. No Med - Cert on file.

W. B. Paul

Assistant Adjutant General.

DO NOT WRITE A LINE UNTIL YOU HAVE READ IN-
STRUCTIONS CAREFULLY, THEN FOLLOW
THEM TO THE LETTER.

Do not send testimony of "bum" witnesses,—it is a positive damage; find witnesses who are respected and believed by their neighbors, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, covering as many years back as possible and naming all disabilities claimant appears to have, the degree of the disabilities, and that disabilities are not caused by vicious habits. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and should, if possible, write out his own affidavit, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

READ every word of ORDER No. 229, which is:—

"BUREAU OF PENSIONS, WASHINGTON, D. C., June 19, 1893.

"Order No. 229.

"In the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written, or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing, or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written, or prepared for type-writing (as the case may be), in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same he did not use, and was not aided or prompted by any written or printed statement or recital, prepared or dictated by any other person; and not attached as an exhibit to his testimony.)

"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Illinois COUNTY OF Rock Island, ss:

Personally appeared before me a Notary Public, duly authorized to administer oaths, Georgia Parmenter, aged 71 years, whose post-office address is Edgington, county of Rock Island, state of Illinois,

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

I knew Robert Robinson personally and well since the year A.D. 1844 and for about seven

NOTE:—State fully how knowledge of facts is gained and years covered.

or eight years before he was married to Sarah A. Bell his wife. I knew said Sarah A. Bell for about one or two years before she married said Robert Robinson when they were so married they were young people and neither one were married before. After they were so married they lived together as husband and wife as my neighbors for more than 25 years until they moved to the state of Iowa while we so lived as neighbors we visited back and forth all these years. They were so publicly married at Edgington Rock Island County Illinois about the year A.D. 1852 (as near as I can remember) by Rev. Albert Eberhart I was at said wedding and saw them so married. After their marriage they lived together as husband and wife until said Robert Robinson died. neither of them were ever divorced that I know of and I would have known it if they had been divorced as I heard from them by letter and otherwise often. I know said Robert

AFFIANT WILL SIGN ON REVERSE SIDE.

Robinson was in the war of the rebellion
and he came home sick during the war
and had poor health from that time up
to the date of his death.

This is my own personal statement made
from memory and my own personal knowledge
and observation without any prompting or aid
of any kind whatever direct or indirect

I further declare that I am in no way interested in this case or concerned in its prosecution.

Hegia Parmenter
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF *Illinois*, COUNTY OF *Rock Island* ss:

Sworn and subscribed before me, this *24th* day of *January*, A. D. 189*5*,
and I certify that the above affidavit was written by
(Comply with Order No. 229.)

me in the presence of said *Hegia*
Parmenter and from her oral
declarations then made to me, that
said affiant in making the same
did not use and was not aided
or prompted by any written or
printed statement or recital
prepared or dictated by any
other person

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is person-
ally, as well as by repute, known to me and is a credible person.

Elwin E. Parmenter
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

CLAIM OF

Mrs. Sarah E. Robinson

and of
Robt. Robinson

Co. B, 126 Regt. Ill. Inf.

GENERAL AFFIDAVIT.

Proof of

FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

291260

DO NOT WRITE A LINE UNTIL YOU HAVE READ IN-
STRUCTIONS CAREFULLY, THEN FOLLOW
THEM TO THE LETTER.

Do not send testimony of "bum" witnesses,—it is a positive damage; find witnesses who are respected and believed by their neighbors, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, covering as many years back as possible and naming all disabilities claimant appears to have, the degree of the disabilities, and that disabilities are not caused by vicious habits. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and should, if possible, write out his own affidavit, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Illinois COUNTY OF Rock Island, ss:

Personally appeared before me a Notary Public, duly authorized to administer oaths, Henry Clay Harris, aged 51 years, whose post-office address is Rock Island, county of Rock Island, state of Illinois,

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

I was present at the public wedding of Robert Robinson and Sarah A. Bell which

NOTE:—State fully how knowledge of facts is gained and years covered.

took place in Edgington Township in Rock Island County in the state of Illinois. I cannot remember the year but it was in the Fall of the year as I should think it was between the years A.D. 1850 and A.D. 1860. I knew them both well and Sarah A. Bell (afterwards Robinson) is a cousin of mine and I know that neither one of them were ever married before. I know of my own knowledge that they lived together as husband and wife for a great many years and until said Robert Robinson died and I believe they were never divorced, as I heard

AFFIANT WILL SIGN ON REVERSE SIDE.

from them after by letter and otherwise
and I would have known it if they
had ever been divorced, in making
this statement I did not use and was
not aided or prompted by any
writing or printed statement or recital
prepared or dictated by any one, the above
statement was all written in my presence.

I further declare that I am in no way interested in this case or concerned in its prosecution.

Henry Clay Harris
(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF Illinois COUNTY OF Rock Island ss:
Sworn and subscribed before me, this 26th day of January, A. D. 1895,
and I certify that the above affidavit was written
(Complies with Order No. 229.)
by me in the presence of said Henry
Clay Harris and from his oral
declarations then made to me,
that said affiant in making the
same did not use and was not
aided or prompted by any
written or printed statement or
recital prepared or dictated by
any other person.

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

Edwin E. Parmenter
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

GENERAL AFFIDAVIT.

Proof of

FILED BY
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

29/260

DO NOT WRITE A LINE UNTIL YOU HAVE READ INSTRUCTIONS CAREFULLY, THEN FOLLOW THEM TO THE LETTER.

Do not send testimony of "bum" witnesses,—it is a positive damage; *find witnesses who are respected and believed by their neighbors*, who have personal, not hearsay, knowledge of the claimant; who can make clear, strong affidavits; who can and will tell the truth in the affidavit and as many times as called upon to repeat testimony. Make statements full, *covering as many years back as possible and naming all disabilities* claimant appears to have, the *degree* of the disabilities, and that *disabilities are not caused by vicious habits*. TELL THE TRUTH ONLY. Every witness should take time to think out and say just what he remembers and knows, and *should*, if possible, *write out his own affidavit*, being sure to add the certificate required by the last part of the first paragraph of order No. 229: if he cannot write his own affidavit, let him go to a Notary Public or Justice who has good horse-sense,—does not know too much and is not too lazy to follow directions.

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"Any needless delay in the preparation of such testimony after such oral statement by the witness, or in forwarding the same to this Bureau, and any material alteration or erasure will be cause for rejecting such testimony.

WM. LOCHREN, Commissioner.

Approved:

HOKE SMITH, Secretary.

STATE OF Illinois COUNTY OF Rock Island, ss:

Personally appeared before me a Notary Public, duly authorized to administer oaths, Malinda J. Harris, aged 50 years, whose post-office address is Rock Island, county of Rock Island, state of Illinois,

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

I am well and personally acquainted with Sarah A. Robinson and have known her for 30 years last past, and I knew Robert Robinson from the year A.D. 1865 until the time of his death. Said Robert and Sarah A. were married and lived together as husband and wife, I lived neighbors to them for more than twelve years. I was present when their child Rosa E. Robinson was born to them, said Rosa was borne to said Robert and Sarah A. Robinson at Edgerton in the state of Illinois, in the year A.D. 1880 I washed and dressed the infant when she was born. I further state that the above statement was written in my presence and only from oral statements then made by me. Said statement was so made by me at the office

NOTE:—State fully how knowledge of facts is gained and years covered.

NOTE:—State fully how knowledge of facts is gained and years covered.

I am well and personally acquainted with Sarah A. Robinson and have known her for 30 years last past, and I knew Robert Robinson from the year A.D. 1865 until the time of his death. Said Robert and Sarah A. were married and lived together as husband and wife, I lived neighbors to them for more than twelve years. I was present when their child Rosa E. Robinson was born to them, said Rosa was borne to said Robert and Sarah A. Robinson at Edgerton in the state of Illinois, in the year A.D. 1880 I washed and dressed the infant when she was born. I further state that the above statement was written in my presence and only from oral statements then made by me. Said statement was so made by me at the office

AFFIANT WILL SIGN ON REVERSE SIDE.

Signed at Rock Island, Illinois, this 19th day of June, 1893.



of E. E. Parmenter to him on January 26, 1895 that in making the same I did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person

I further declare that I am in no way interested in this case or concerned in its prosecution.

Mahinda J. Harris

(Signature of Affiant.)

(If Affiant signs by mark, two witnesses who can write, sign here.)

STATE OF Illinois, COUNTY OF Rock Island

Sworn and subscribed before me, this 26th day of January, A. D. 1895, and I certify that the above affidavit was written

(Comply with Order No. 224.)

by me in the presence of said Mahinda J. Harris and from her oral declarations then made to me, that affiant in making the same did not use and was not aided or prompted by any one or by any written or printed statement or recital prepared or dictated by any other person.

and that I am in nowise interested in said case or concerned in its prosecution, and that said affiant is personally, as well as by repute, known to me and is a credible person.

Elwin E. Parmenter

(Official Signature.)

[L. S.]

Notary Public

(Official Character.)

Widow's
No. 605304

CLAIM OF

Mrs. Sarah A. Harris

Widow of
Col. Robinson

Co. B, 126 Regt. Ill. Inf.

GENERAL AFFIDAVIT.

Proof of

Birth of Child

FILED BY

BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

291260

Certified Duplicate Copy.
CERTIFICATE AND RECORD OF DEATH

OF

REGISTERED NO.
Rock Island COUNTY
(County in which Death occurred)

1. FULL NAME **Mrs. Sarah Ann Robinson,**
(c) SINGLE
2. (a) SEX **F** (b) COLOR **W** (c) MARRIED **Widowed.**
DIVORCED (Write in)
3. (a) BIRTHPLACE **Indiana** (b) DATE OF BIRTH **Sept. 17th 1883**
(State or Country)
4. AGE **77** YEARS **6** MONTHS **23** DAYS **—** HOURS **—**
(If less than one day old)
5. DIED ON THE **10** DAY OF **April** 191 **1** AT ABOUT **8:15 A.M.**
6. LAST OCCUPATION (a) **—** (b) **—**
(Trade or Kind of Work) (Industry or Business)
FROM THE YEAR (c) **—** TO THE YEAR **—**
7. FORMER OCCUPATION (a) **—** (b) **—**
(Date) (Date)
FROM THE YEAR (c) **—** TO THE YEAR **—**
8. PLACE OF DEATH **621-23d Street.** COUNTY OF **Rock Island**
(Township, Village or City, if in City, Number of Street and Ward)
14. { PLACE OF BURIAL **Chippiannock** 15. UNDERTAKER **B.F. Knox,** { LICENSE NO.
DATE OF BURIAL **April 11th** HOUR **2 P.** ADDRESS **Rock Island** { **136**

9. HOW LONG **1850 to 1881**
IN STATE.
10. HOW LONG IN U. S. **Life**
IF FOREIGN BORN.
11. { (a) NAME OF **San. Bell**
FATHER.
(b) BIRTHPLACE **Ohio** **Harris**
OF FATHER. (State or Country)
12. { (a) MAIDEN NAME **Sallie Harris**
OF MOTHER.
(b) BIRTHPLACE **Ind.** **—**
OF MOTHER. (State or Country)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

13. { INFORMANT **Mrs. N. J. Ficken**
ADDRESS **Rock Island**

MEDICAL CERTIFICATE OF CAUSE OF DEATH

I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM **Mch. 15th** 191 **1** TO **April 10** 191 **1** THAT I LAST SAW **her**
ALIVE ON THE **9th** DAY OF **April** 191 **1** THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT ABOUT **8** O'CLOCK
A. M., AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE OF **her** DEATH WAS AS HEREUNDER WRITTEN
(IF UNDER ONE YEAR OLD, STATE HOW FED)

(a) CAUSE OF DEATH Cancer of Stomach (Indefinite Terms not accepted. See back of Certificate.)	Duration in Years, Months, Days or Hours about 1 yr.
(b) CONTRIBUTORY (SECONDARY) —	

WITNESS MY HAND THIS **11th** (SIGNATURE) **Emily Wright, M.D.**
DAY OF **April** 191 **1** ADDRESS **Rock Island, Ill.**
Physician, Mid-wife

Certified to by **April 18th 1911**
 WRITE PLAINLY WITH BLACK UNFADING INK—THIS IS A PERMANENT RECORD.
ROCK ISLAND
 214-5 Robinson Bld'g
 COMMISSIONER OF HEALTH
 Robinson, Meller & Co.



* Applies to cities that have Burial Permit ordinance

Claimant's Statement and application
under Act of June 27, 1890

~~GENERAL AFFIDAVIT.~~

State of Nebraska, County of Buffalo, ss:

In the matter of James C. Civil. & 488 572 of Robt. Robinson
Co. B, 126 Ill. Inf. on disabilities for which not now pensioned

ON THIS 23 day of May, A. D. 1892, personally
appeared before me W. H. Shaw in and for the afore-
said County, duly authorized to administer oaths. Robert Robinson
aged _____ years, a resident of Ravenna, in the County
of Buffalo, and State of Nebr,
whose Post Office address is the same

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

well known to be reputable and entitled to credit, and who, being duly sworn, declared in
relation to aforesaid case, as follows: He is the identical person

who served in Co. B, 126 Ill. Inf. as set forth
(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)
in declarations previously filed; that he

has never before or since been in the
U.S. army or navy excepting as set forth
in said previously filed claims; that he
claims pensions upon diseases of his breath-
ing organs, liver, spleen, stomach, bowels
kidneys, urinary, circulatory, digestion
and nervous systems and in short up-
on all his physical ailments and dis-
abilities, none of which are in any
way due to vices or bad habits or to
any fault of his own, but come from his
army service as heretofore set forth in other
declarations. He still claims under the old or
general laws on all these diseases and hereby
applies on the same under Act of June 27, 1890,
in case there is likely to be any delay under
the old law claim, but he does not want rating
under Act of June '90, provided calls can be prompt-
ly and properly made under the present old
law claim

He hereby appoints, with full powers, Burton Macafer
of Washington, D.C., his true and lawful attorney
and authorizes and directs the payment to him
of a fee of ten dollars as prescribed by law—
not concerned in its prosecution.
further declare that no interest in said case and

J. F. Brown

Jason Brown
(If Affiants sign by mark, two witnesses who can write sign here.)

Robert Robinson
(Signature of Affiants.)

STATE OF Rhusha, COUNTY OF Buffalo, ss

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words him added, and acquainted him with its contents before

Le executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant do personally known to me and that Le is a credible person.

Edward
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

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

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

[L. S.]

Clerk of the _____

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

If the Notary or Justice has filed his commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

Ac. June 27, 1890
Soldier's Application
Certified 488572 on

ADDITIONAL EVIDENCE.

CLAIM OF
Robt. Robinson

Co. B, 126 Ill. Inf.

AFFIDAVIT OF
Claimant for
cols under Old Law
or to make a New Law Claim

by 6011860
QMR



Filed by
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

J. F. SHERRY, Printer, Washington, D. C.

741 260

DECLARATION FOR AN ORIGINAL INVALID PENSION

This must be Executed before a Court of Record or some Officer thereof having custody of the Seal, or notary using a seal, or a certified justice of the peace.

State of Nebraska County of Buffalo, ss.:

ON THIS 10th day of February, A. D. one thousand eight hundred and Amputation, personally appeared before me G. E. Shaw a Notary Public of the County of Buffalo, Neb. a COURT OF RECORD within and for the county and State aforesaid Robert Robinson aged 62 years, who, being duly sworn according to law, declares that he is the identical Robt Robinson who was ENROLLED as a priv on the day of Aug 1862, in Company B of the 126 Regiment of Ill. Inf. commanded by

and was honorably DISCHARGED at Qualls Bluff, Ark on the 4 day of Sept, 1864; that his personal description is as follows: age 62 years; height _____ feet _____ inches; complexion dark; hair dark; eyes brown.

That while a member of the organization aforesaid, in the service and in the line of duty, at Pine Bluff & Qualls Bluff in the State of Ark on or about the Spring day of early summer 1864, he contracted

diseases of the breathing organs, liver, spleen (Here state the name or nature of disease, or the location of the wound or injury. If disabled by disease state fully its cause, if by wound or injury, the precise manner in which received.) stomach, bowels and urinary organs and

from these diseases has resulted complete loss of power of the digestion and nervous system, sickening catarrh and bronchitis, diseases of the rectum and anus, belching of matter and corruption from the mouth and so much weakness and soreness that he is totally deprived of ability to work or even to exist in comfort; he asks pension for all his disabilities which amount to total disability

That he was treated in hospitals, as follows: Qualls Bluff and (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

treated in camp for malarial fever and diarrhoea with kidney, liver, and urinary trouble

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 he has not been in the military or naval service of the United States since the 4 day of Sept, 1864. That since leaving the service this applicant has resided in the _____ of _____ in the State of _____

and that his occupation has been that of a farmer. That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a farmer

That he is now totally disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints, with full power of substitution and revocation Burton Macafee of Washington, D.C.

his true and lawful attorney to prosecute his claim. That he has by Cert 488572 received _____ applied for a pension; that his residence is No. _____ street

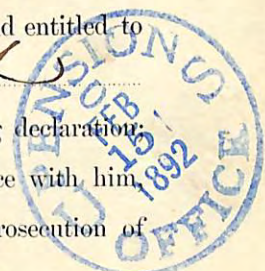
and that his post-office address is Ravenna, Nebr.

J. D. Masamville

Robert Robinson
(Signature of Claimant.)

(Two witnesses who can write sign here.)

Also, personally appeared E. A. Smith residing at Naumuck
Naumuck and J. D. Macmurre residing at Naumuck
 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 Robert
Robinson the claimant sign his name (make his mark) to the foregoing declaration;
 that they have every reason to believe from the appearance of said claimant and their acquaintance with him,
 that he is the identical person he represents himself to be; and that they have no interest in the prosecution of
 this claim.



(If Affiant sign by mark, to persons who write sign here.)

E. A. Smith
J. D. Macmurre
 (Signature of Affiants.)

Sworn to and subscribed before me this 10th day of February A. D. 1892
 and I hereby certify that the contents of the above declaration, were fully made known and ex-
 plained 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.]

Edward Notary Public
in and for Buffalo Co. N.Y.
 Clerk or Deputy Clerk of the Circuit Court
or a Notary using seal
or certified justice of peace



New Availability
Cert. 488 572

ORIGINAL 001,186
 INVALID CLAIM
 FOR
PENSION. 74.5
Robt. Robinson
Co. B, 126 Reg't
Ill. Inf. Vols.
Enlisted Aug. 1862;
Discharged Sept. 4 1864.

FILED BY
BURTON MACAFEE,
 Attorney at Law,
 WASHINGTON, D. C.



R 91 2 60

PROOF OF INCURRENCE OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, or First Sergeant, of claimant's company, if possible; but if not possible to secure such evidence, then one of the soldier's late comrades should testify.

State of Illinois, County of Rock Island, ss:

Personally appeared before me, a Notary Public in and for the aforesaid County and State, duly authorized to administer oaths,

J. A. Carpenter, aged years, a resident Reynolds, in the County of Rock Island, and State

of Ills who, being duly sworn according to law, states that he is acquainted with Robt Robinson, applicant for Invalid Pension,

and knows the said Robert Robinson to be the identical person of that name who served as a Private in Company B, 126 Regiment of

Ills Vol Inf, and who was discharged at (Died or was discharged.)

on or about the 1st day of September, 1864, by reason of disability

(Here insert the reason of the soldier's discharge, if known; if not known, so state.)

That the said Robert Robinson, while in the line of his duty, at or near Picksburg, in the State of Missouri,

did, ~~on~~ or about the 1st day of June, 1863, become disabled in the following manner, viz: In the spring of 1863

(Here state how the wound, injury, or disease, was incurred. Describe the wound, injury or disease, and state the location of the same.)

Robert Robinson had a good deal of trouble with his bowels and with chills and was doctored in camp about the same time or a little after he had a good deal of trouble with his kidneys and water works. As I remember it, his liver seemed to get out of order then he took cold and had to per with diarrhea and food stomach choking. He was about the same time lame across the small of the back and became very much run down in flesh and strength.

That the facts as above stated are personally known to affiant by reason of this with

(Here state whether with the command at the time the disability was incurred, and in case of wound or injury, whether an eye witness to the incurrance of the same, and the kind of

Perforation the status of company at the time.)

EX-101

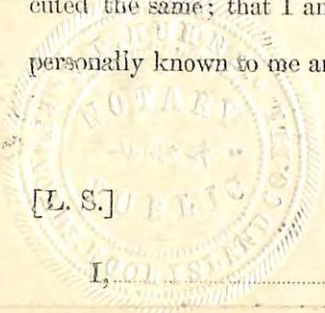
And deponent further states, that he is well acquainted with the claimant, having known him for about 85 years; and further, that his knowledge of the facts above stated was derived from having served as a Private Company B of the 126th Regiment of Ills, from 11 day of August, 1862, to the 1st day of August, 1865. And deponent further states, that the claimant was a sound, able-bodied man at enlistment, so far as he knew and could judge, and that he has no interest, direct or indirect, in this claim, and is not concerned in its prosecution.

That his post-office address is Edgington Ills
1
(Signature of Affiant.)

2
(If Affiant signs by mark, two persons who write sign here.)

STATE OF _____, COUNTY OF _____, ss:
Sworn to and subscribed before me this 11th day of April A. D. 1892,
and I certify that I read over the foregoing affidavit to the affiant, including the words _____
erased, and the words _____

added; acquainted him of its contents before he executed the same; that I am in nowise interested in said case nor concerned in its prosecution, and that affiant is personally known to me and is a credible person.



W.P. Kuhns
(Official Signature.)
Notary Public
(Official Character.)

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

Witness my hand and seal of office, this _____ day of _____, 1892.

[L. S.] Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a NOTARY or JUSTICE, the CLERK OF COUNTY COURT must add his certificate as to the official character of Notary or Justice hereon, and not on a separate slip of paper. If the Notary or Justice has filed his Commission, or duly certified copy thereof, in the Pension Office for general reference, he should add statement to that effect, and the Clerk's certificate will not be required.

Old Laws
New Disabilities

DIVISION:

Pension.

Certif. No. 488592

CLAIMANT OF
Robt. Robinson

Co. B, 126 Ill. Inf.

PROOF OF DISABILITY.

Filed by
BURTON MACAFEE,
ATTORNEY AT LAW,
WASHINGTON, D. C.

