Neighbor's Affidavit.

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY, or any NOTARY PUBLIC or JUSTICE of the PEACE, provided if executed before a Notary or Justice, the certificate of the court must be attached unless the Notary or Justice has a certificate already on file in the Pension Office. In such case the Notary or Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

STATE OF Lusconsin	
COUNTY OF Pernin	ss.

NOTE—For testimony of employers or near neighbors of soldier, (other than relatives) who have known him before his enlistment or since his discharge and return from the army.

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

INSTRUCTIONS. Read Carefully.

The witnesses must state:

Ist. The ir respective ages and occupations; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with, or for, him, or lived in the same neighborhood with him.

2nd. If they knew him before his enlistment, what his physical condition was at the time, and that he was then sound and free from disability, and especially free from the diseases which caused the soldier's death—naming the disease.

disease.

3rd. If they have employed, or worked with, the soldier since his return from the army, they should state where it was and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week month or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any mannal labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred and how long they lasted, and how severethey were. In this connection, if the witnesses have been his employers, or have worked with or for the soldier, they should state about what proportion of a sound able-bodied man's work he was able to dowether one-fourth, one-third, one-half, two-thirds, three-fourths, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound and doing the same kind of work. They should wind the wind of work. They should wind the wind of work. They should wind the wind of work. They should wind the same kind of work.

728828 In the matter of_ Retu in and for the aforesaid County, duly authorized to administer oaths. in the County ofand State of whose post-office address not well known to me to be respectable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows: That I have been well and personally acquainted with

employers or near neighbors of soldier, (other than relatives) who have known him before his enlistment or since his discharge and return from the army.

Note.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

INSTRUCTIONS. Read Carefully.

The witnesses must state:

Ist. Their respective ages and occupations; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with, or for, him, or lived in the same neighborhood with him.

him.

2nd. If they knew him before his enlistment, what his physical condition was at the time, and that he was then sound and free from disability, and especially free from the diseases which caused the soldier's death—naming the disease.

3rd. If they have employed, or worked with, the soldier since his return from the army, they should state where it was and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week month or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any mannal labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred and how long they lasted, and how severethey were. In this connection, if the witnesses have been his employers, or have worked with or for the soldier, they should state about what proportion of a sound able-bodied man's work he was able to dowether one-fourth, one-third, one-half, two-thirds, three-fourths, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound and doing the same shild to say what his disabilities have been and are now, and they should describe his physical condition fully during each year of their acquaint-ance with him,—the date and immediate cause of the soldier's death.

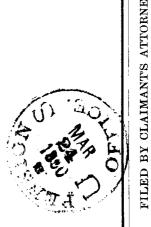
828 In the matter of_ ON THIS. ..., A. D. 18 🗲 🖍, personally appeared in and for the aforesaid County, duly authorized to and State of ---, whose post-office address is_ well known to me to be respectable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows: That I have been well and personally acquainted with

Since his Return	from	The ass	ny
	-		<i>f</i> ,
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		. 4	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
A t further declares that Re	no inter	est in said case and	
not concerned in its prosecution.		Jell C	<b>a</b> .
[If affiants sign by mark, two persons who can write sign here.]		[Signatu	ures of affiants. )
State of hisconsm	County of	10, no	22. 88:
Sworn to and subscribed before me this day by the			\
including the words,			·- [
erased, and the words			adde ,
and acquainted with its contents b	pefore Ac	iza y	executed the same
I further certify that I am in nowise interested in said case,	nor am I concerned in	its prosecution; and tha	at said affiant
personally known to me, and that.	heisa	credible person.	
···	S A	Michelen	-
11 Gent 1 13	<del>-</del>	[Official signature.]	10'
esstifich on jele	-4		Character.]
I,	., Clerk of the County	Court in and for aforest	aid County and State, do certif
hat	, Esq., who hath signed	l his name to the foregoi	ng declaration and affidavit wa
at the time of so doing	ir	and for said County an	d State, duly commissioned an
sworn; that all his official acts are entitled to full faith and	l credit, and that his sig	nature thereunto is gene	·ine
Witness my hand and seal of office, this	day of		
1			206
[L. S.]	Clerk of the		<u> </u>
		्रे क्रिक्ट इ.स.च्या	June Barrier

λτ further declares that	he no interes	st in said case and	
not concerned in its prosecution.		IM You	W
[If affiants sign by mark, two persons who can write sign	here.]	[Signatures of affian	ats.]
State of hisconsm	County of	Vernon.	SS:
Sworn to and subscribed before me this da			
ncluding the words,		100	·
rased, and the words			add
nd acquainted with its c	contents before		executed the san
further certify that I am in nowise interested in			iant 45
personally known to me,	S, A,	Official signature.]  voter Publ  [Official Character.]	
I,			
that the time of so doing			
worn; that all his official acts are entitled to full			ruly commissioned a
Witness my hand and seal of office, this		The state of the s	3 
		- P.O G	~ <u> </u>
[L. S.]	Clerk of the		k
L. S.]			
[L. S.]			; ;

## Additional Evidence CLAIM OF MALE





CHARLES J. ALDE
U. S. PENSION CLAIM AGENT
AND WAR CLAIM AFTORNEY,

La Crosse, Wis.