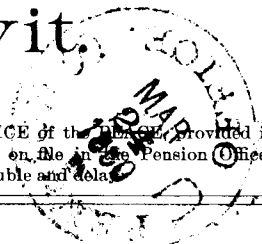


Neighbor's Affidavit



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 Wisconsin
COUNTY OF Winnon

SS.

In the matter of Remain Claim No. 728828
of Francis B. White

ON THIS 15th day of July, A. D. 1890, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths, William B. Weteroff, aged 50 years, a resident of Romance, in the County of Winnon and State of Wisconsin, whose post-office address is Romance Wisconsin

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 Francis B. White for 24 years, being near neighbors, during the whole of the above time have worked together more or less during this time and know that he has been troubled with Chronic Diarrhea, and have often him Corruption of Rheumatism in his legs, and know that he is quite lame, have known him to have to quit work on the account of his being weak, have known him to have to go out seven or eight times in a night, and know that he has to now, eventually take medicine for the same.

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:
1st. 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.
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 manual labor because of his alleged disabilities, and give dates as near as recollect- ed when such attacks occurred and how long they lasted, and how severe they 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 do—whether 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

Blank is prepared by, and for the exclusive use of, CHARLES J ALDEN, La Crosse, Wis.

Return all blanks not needed in this case to CHARLES J ALDEN, La Crosse, Wis.

he further declares that *he* *is* no interest in said case and *is* not concerned in its prosecution.

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

W. Williams B. Wittercraft
[Signatures of affiants.]

State of *Wisconsin* County of *Vernon* 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 _____ added and acquainted *him* with its contents before *he* executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me, and that *he is* a credible person.

James H. Rogers
[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 hath signed his name to the foregoing declaration and affidavit was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine

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

[L. S.]

Clerk of the _____

Additional Evidence

CLAIM OF

AFFIDAVIT OF

William B. Wittercraft

No. _____

FILED BY CLAIMANT'S ATTORNEY,
CHARLES J. ALDEN,
U. S. PENSION CLAIM AGENT
AND WAR CLAIM ATTORNEY,
La Crosse, Wis.