

Declaration for an Original Invalid Pension.

THIS MUST BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF THE SEAL.

State of Wisconsin County of Vernon SS.

On this 10 day of Sept A. D. one thousand eight hundred and eighty nine personally appeared before me clerk of the Circuit Court

a COURT OF RECORD within and for the county and State aforesaid French B. White aged 58 years, who, being duly sworn according to

law, declares that he is the identical French B. White who was ENROLLED on the 22 day of June, 1863, in company "I"

of the 1st regiment of Ohio Heavy Art. commanded by Capt. Alexander Lewis and was honorably DISCHARGED at Knoxville Tenn.

on the 25th day of July, 1865 : That his personal description is as follows : Age 58 years ; height 5 feet 11 inches ; complexion dark hair brown ; eyes brown

That while a member of the organization aforesaid, in the service and in the line of his duty at or near Lexington in the State of Ky.

on or about the _____ day of _____, 1863, he contracted [Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause ; if by wound or injury, the precise manner in which received.] constipation and piles the result of chronic diarrhoea and rheumatism.

That he was treated in the hospitals as follows : _____ [Here state the names or members, and the localities of all hospitals in which treated, and the dates of treatment.]

That he has Not been employed in the military or naval service otherwise than as stated above [Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.]

That he has not been in the military or naval service of the United States since the _____ day of _____ 186 ____ That since leaving the service this applicant has resided in the County of Vernon in the State of Wis. ; and that his occupation has been that of a Blacksmith & farmer

That prior to his entry into the service above named he was a man of good, sound, physical health, being, when enrolled, a Blacksmith & farmer

That he is now Greatly 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

This Blank is Prepared by and for the exclusive use of Charles J. Alden, Sparta, Wis.

Return all Blanks not needed in this case to CHARLES J. ALDEN, Sparta, Wisconsin.

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White aged *58* years, who, being duly sworn according to law, declares that he is the identical *French B. White* who was ENROLLED on the *22* day of *June*, 1863, in company "*I*" of the *125* regiment of *Ohio Heavy Art.* commanded by *Capt. Alexander Lewis* and was honorably DISCHARGED at *Knoxville Tenn.*

on the *25th* day of *July*, 1865: That his personal description is as follows: Age *58* years; height *5* feet *11* inches; complexion *dark* hair *brown*; eyes *brown*. That while a member of the organization aforesaid, in the service and in the line of his duty at or near *Lexington* in the State of *Ky.*

on or about the _____ day of _____, 1863, he *contracted* [Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.] *constipation and piles the result of chronic diarrhoea and rheumatism.*

That he was treated in the hospitals as follows: _____ [Here state the names or members, and the localities of all hospitals in which treated, and the dates of treatment.]

That he has *Not* been employed in the military or naval service otherwise than as stated above [Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.]

That he has not been in the military or naval service of the United States since the _____ day of _____ 186 _____

That since leaving the service this applicant has resided in the County of *Vernon* in the State of *Wis.*; and that his occupation has been that of a *Blacksmith & farmer*. That prior to his entry into the service above named he was a man of good, sound, physical health, being, when enrolled, a *Blacksmith & farmer*.

That he is now *greatly* 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 without power of substitution or revocation, CHARLES J. ALDEN, of Sparta, Monroe County, Wisconsin, or his heirs or assigns, his true and lawful attorney, to prosecute his claim. That he has *Not* received *nor* applied for a pension; that his residence is No. _____ street _____ and that his post office address is *Retreat Vernon Co. Wis.*

B. B. Gordon
John C. Johnson
[Two persons who can write must sign here.]

French B. White
[Signature of Claimant.]

Also personally appeared B B Gordon, residing at Vernon Lewis
and John B Johnson, and residing at - Vernon Lewis
residing at _____, persons whom I certify to be respectable

and entitled to credit, and who, being sworn, say they were present and saw _____

French B White, 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 Affidavits sign by mark, two persons who can write sign here.] B B Gordon
John B Johnson [Signature of Affiants.]

Sworn to and subscribed before me this 10th day of Sept A. D. 1889, 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 Circuit Court

NOTE.—This must be sworn to before your most convenient CLERK OF THE COURT. Any other than the CLERK
or his DEPUTY will not do. If this application is executed before a Justice of the Peace, or a Notary Public, it will
be WORTHLESS. Neglect to comply with this requirement will cause trouble and delay.

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

John C. Johnson
[Signature of Affiants.]

Sworn to and subscribed before me this 10th day of Sept A. D. 18 89, 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.]

J. Payne
Clerk of the Cir Court

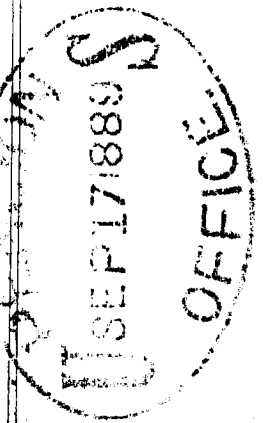
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Invalid Claim for Pension

ORIGINAL.

French B. [unclear]
Applicant
Co. *Wright's 1st* Regt.
Ch. H. A. Vols.

Enlisted 186
Discharged 186



FILED BY PLAINTIFF'S ATTORNEY,
CHARLES J. ALDEN,
U. S. Pension Claim Agent and War Claim Attorney,
Sparta, Monroe County, Wis.