

DECLARATION FOR WIDOW'S PENSION.

~~Act of June 27, 1890, and Acts amendatory thereof~~
NOTICE.—This can be executed before any officer duly qualified to administer oaths.

THIS IS BLANK FOR THE EXCLUSIVE USE OF JAMES H. SPALDING, WASHINGTON, D. C.

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State of Indiana, County of Lake ss:

ON THIS 15 day of April, A. D., one thousand nine hundred and Eight

personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Polly Allison aged 73 years, whose Post-Office address is Whiting Lake County Indiana who, being duly sworn according to law, declares that she is the widow of James Allison, who enlisted under the name of James Allison, at Goshen Ind on the 6th day of Feb, A. D. 1864, in Company E, 759 Here state rank, company and regiment if in

Regt 2nd Vol Infantry Army-vessel, if in Navy. and served at least ninety days in the late War of the Rebellion, in the service of the United States, and was honorably discharged 7th day of Sept 1865 and died March 18 1908 Date of discharge Date of death.

That she was married under the name of Polly Ford to said James Allison on the 19 day of April, 1856 by Rev John Smith, at Warsaw New York there being no legal barrier to said marriage. That said soldier or sailor had not been previously married. That applicant had not been previously married. That she has not remarried since the death of the said James Allison Name of Soldier or Sailor. That she is without other means of support than her daily labor, and an actual net income not exceeding \$250 per year; that the names and dates of birth of all the children now living under sixteen years of age of the soldier are as follows:

none born _____, 18____, born _____, 18____
born _____, 18____, born _____, 18____
born _____, 18____, born _____, 18____

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

That she has not heretofore applied for pension and the number of her former application is _____ 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, and Acts amendatory thereof.

She hereby appoints, with full power of substitution and revocation, JAMES H. SPALDING, of Washington, D. C., her true and lawful attorney to prosecute her claim, and to receive therefor a fee of \$10. That her P. O. address is Whiting County of Lake State of Indiana

Polly Allison
Claimant's Signature.

Attest:

1 _____
2 _____

Two witnesses who can write are required if claimant signs by mark.



3-402.

Certificate No. 80-642 B

Department of the Interior,

Name, James Allison

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

D. Leighty,

McLay Brandt

U. S. Pension Agent,

Commissioner.

Indianapolis, Ind.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes Polly W. Heurd

Second. When, where, and by whom were you married?

Answer. April 12th 1856 Warsaw N.Y. Rev. Smith

Third. What record of marriage exists?

Copy of the same in the records

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. 5 Hattie Dec 8th 1858 Cora Jan 21st 1861 James H. Nov-10th 1863 Grace May 23rd 1866 Frank E. Dec 25th 1870

Date of reply, April 24th 1898.

James Allison (Signature.)