



Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

Bx No. 38323.

Exh No. 319835.
Janette Simons.
Widow of
Louis Simons.

Bundle #4

Act June 27, 1890

[3-405.]

(PENSIONER DROPPED.)

U. S. Pension Agency,

New York City

June 17, 1895.

Hon^{ble} Wm. Loebe

Commissioner of Pensions.

Sir:

I hereby report that the name of Janette Simons
Widow Louis Corp "I" 34 N. J. V. I., who was a pensioner on the rolls
of this Agency, under Certificate No. 317835, and who was last paid
at \$ Sand 2 for each of 4 minor children
to 4 May, 1895, has been dropped
because of Violation of act of August 7, 1882,
(Per Commissioner's order dated June 14/95)

Very respectfully,

[Signature]

Pension Agent *[Signature]*

Write nothing above this line.

No 6

(3-060.)

Eastern Div.
Vol Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

No. 776330

Louis Simons

Co. 24 M G Inf.

Washington, D. C.,

Sept 15, 1896

SIR:

It is alleged that Louis Simons enlisted Oct 17, 1863
 and served as a Musician in Co. 9, 34 Reg't M G Vol Inf.
 also as a Priv in Co. 35 Reg't M G Vol Inf.

and was discharged at Newark N J, Aug 18, 1865

It is also alleged that while on duty at Blakely Ala.
 on or about April, 1865, he was disabled by scurvy.

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

Hospital at Mt Zion N Y. July 1865

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

James B. Raum.

Commissioner.

The Officer in Charge of the
 Record and Pension Division,
 War Department.

No. 776,330

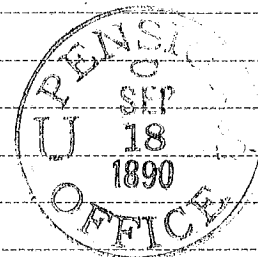
WAR DEPARTMENT,
RECORD AND PENSION DIVISION.Respectfully returned to the Commissioner
of Pensions.

Lewis Simmons

Co. I, 34, Reg't 1st Heavy Art
was enrolled October 17, 1863
and M. A. August 18, 1865During period the 38th A. I. Vol. was
in service, 172: from Sept 64 to Jan
1865 claimant was serving in the
34th A. I. Vol.From Dec 31, 1864, to June 30, 1865
he held the rank of Corporaland during that period the rolls show him
present except as follows: April 30 to
about sick at Blakely Ala. April
14 to June 30 65 about sick
in U. S. Gen Hosp for Invalids Mobile
Bay April 21 1865

The medical records show him treated as
follows: As L. Simmons &c, Apr. 15
/65 (no diagnosis); As Lewis Simpson
&c, Apr. 16 to May 28/65 Gonorrhea;
as Lewis Simons, &c May 29 to June
9/65 Intermittent Fever; June 9
to 16/65 (no diagnosis) As Lewis
Simmons &c, June 17 to 29/65 Inter-
mittent Fever, and as Lewis Simmons
&c, June 30 to Aug. 18/65 Intermittent
Fever, mustered out by Capt. Walker,
U.S.A.

Nothing additional found.



By authority of the Secretary of War:

F. Cairnsworth

Captain and Ass't Surgeon, U. S. Army.

Per m.

Date SEP 17 1890

(COMMISSIONER OF PENSIONS.)

(No. 44.)

HISTORY OF CLAIMANT'S DISABILITY.

State of New York City County of New York, ss:

In the matter of the original invalid pension claim No. 776.330 Louis

Simone Minnings Les. I. 32nd Regt. N. J. Vols.

ON THIS 5th day of July A. D., one thousand eight hundred
and thirty, personally appeared before me a Notary Public in and for the

aforesaid County duly authorized to administer oaths Louis Simon aged 44 years,

a resident of New York City in the County of New York

and State of New York well known to me to be reputable and entitled to

credit, and who, being duly sworn, declared in relation to aforesaid case as follows: My Post Office

address is Number 345 West 43rd Street

Give present address in full.

Since my discharge from said service on the 18th day of August, 1865,

I have resided in Pittsburg Penn. and in the year 1876

(Give the name of each place with date of any change of residence.)

I removed to New York City and have since
resided in said City of New York.

and that my occupation has been that of a salesman and examiner of wools

I further state that the disability for which a pension is claimed arises from Fur of fever

or Scoury which was contracted in Alabama between

(Here state time, place and all the circumstances under which the

April 10th to 20th 1865, was sent to

to Dolphin Island, from thence

to St. Mary's Hospital New Orleans

thence to Letterman Hospital

Philadelphia from thence to Board

Hospital Newark N. J. then dis-

charged Aug 18th 1868

From my said discharge to the present time, I have received the following medical treatment

for said disease: Treatment at Mt. Zion Hospital

(Give the name and address of each physician employed, and the date when each commenced and ceased to treat you. If any

in the City of New York during the year

of them are deceased, so state.)

1885.

And during all of the said time my physical condition and ability to perform manual labor has been as follows:

I was not seriously troubled with said corn complaint until the year 1887, when
(State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or periods, giving dates as nearly as possible, you have been prevented from following your usual occupation.)

the complaint attacked me in my left foot and up to the present time I have lost three toes of said foot and am about to lose the fourth, since the year 1887 through the above sickness. I have been almost entirely incapacitated from performing my usual labor and the service necessary in my said employment and actually confined to the house for one year.

Form 2.

State of New York,
City and County of New York, } ss.

I, EDWARD F. REILLY, Clerk of the City and County of New York, and also Clerk of the Supreme Court for the said City and County, the same being a Court of Record DO HEREBY CERTIFY, That

Edw. F. Reilly

before whom the annexed deposition was taken, was, at the time of taking the same, a Notary Public of New York, dwelling in said City and County, duly appointed and sworn, and authorized to administer oaths to be used in any Court in said State, and for general purposes; that I am well acquainted with the handwriting of said Notary, and that his signature thereto is genuine, as I verily believe.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the said Court and County, the

Edw. F. Reilly
Clerk.

ss:

I read

maintained

certify

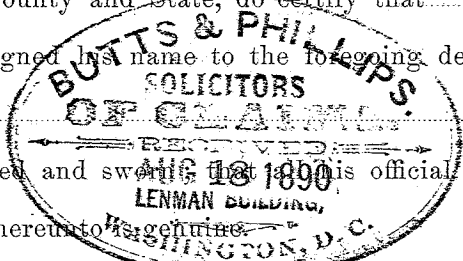
at said

[L. S.]

Notary Public
[Official Character]
Wm. Co.

I, Clerk of the County Court in and for aforesaid County and State, do certify that

who has signed his name to the foregoing declaration and affidavit, was, at the time so doing, in and for said County and State, duly commissioned and sworn that his official acts are entitled to full faith and credit, and that his signature thereto 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.

History of Claimant's Disability.

No. 776,330

CLAIM OF

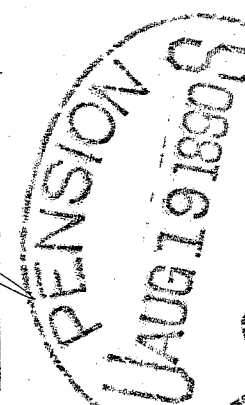
Louis Simon

Missionary Les 9, 342

A. G.

FOR

Original Pension



Butts & Phillips
Washington

D. K.

Act of June 27, 1890.

C

DECLARATION FOR WIDOW'S PENSION.

C

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

STATE OF New York
COUNTY OF Kings New York } ss:

On this nineteenth day of May A. D. one thousand eight hundred and ninety-one personally appeared before me, a notary Public of the City of New York within and for the county and State aforesaid Jeanette Simons, aged 38 years, a resident of the city of New York, county of New York, State of New York who, being duly sworn according to law, declares that she is the widow of Louis Simons who enlisted under the name of Louis Simons at Musician G. I. 34 Regt N. J. Vols on the 34 day of April A. D. 1861, in Musician G. I. 34 Regt N. J. Vols
(Here state rank, company, and regiment if in Military service, or vessel, if in 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 3 April 1891.
(The cause of death need not be stated.)
That she was married under the name of Jennie Hart, to said Louis Simons, on the 20 day of April 1867, by Rev. S. Bergman, at Pittsburgh - Penn there being no legal barrier to said marriage.
(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 Louis Simons
(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:

William H. Simons, born Jan 5, 1877 James J. Simons, born July 10, 1882
Freda Simons, born Aug 12, 1885 Samuel J. Simons, born Mar 17, 1887
Henrietta Simons, born Mar 21, 1888 Charles Simons, born Feb 23, 1891.

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.

She hereby appoints **BUTTS & PHILLIPS, of WASHINGTON, D. C.**, her true and lawful attorneys to prosecute her claim and receive a fee of \$ 10. That her post-office address is 219 East 107th county of New York, State of New York New York City

Jeanette Simons
(Claimant's signature.)

Attest: (1) Louis Appleton
(2) Adolf Heyman

Also personally appeared Louis Appleton, residing at 435 W 43rd St New York City, and Adolf Heyman, residing at 340 W 47th St New York City, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Jeanette Simons 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 four years and four 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.



(1) Louis Appleton
(2) Adolf Heyman
(Signatures of witnesses.)

Sworn to and subscribed before me this nineteenth day of May

A. D. 1891, and I hereby certify that the contents of the above declaration, etc., 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.

James G. Conklin
Notary Public
(Official character.)
New York City
No 1

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 Pension Bureau.

648898 OFFICE
Widow's Application.

Claimant Jeanette Simons
Soldier Louis Simons
Service C. I. 34 m. f.
Koto

Address:
219 E. 107 Street
New York City

FILED BY
BUTTS & PHILLIPS,
Attorneys,
1425 NEW YORK AVE.,
WASHINGTON, D. C.

NEW YORK, *Nov. 17,* 189*1*

A Transcript from the Records of the Deaths Reported to the Health Department of the City of New York.

COUNTY OF NEW YORK.

STATE OF NEW YORK.

CITY OF NEW YORK.

CERTIFICATE AND RECORD OF DEATH

No. of Certificate,

11003

Lewis Simons

I hereby certify that I attended deceased from *June, 1890,* to *death* 189*1* that I last saw him alive on the *3^d* day of *April,* 189*1*, that he died on the *3^d* day of *April,* 189*1*, about *6* o'clock *A. M.* or *P. M.*, and that to best of my knowledge and belief, the cause of his death was as hereunder written:

Chief Cause, *Rupture of Aortic Aneurism*
Contributing Cause, *→*

Duration of Disease.

3 years x
immediate

Sanitary Observations,

Witness my hand this *4* day of *April,* 189*1*

Place of Burial, *Bayside*

(SIGNATURE),

Date of Burial, *April 6, 1891*

Undertaker, *Finkelstone,*

RESIDENCE,

Residence, *343 E. 52*

W. C. Campbell, M. D.
259 W. 52

Burial permits issued at 301 Mott Street, Room 38, Week days, 7 A. M.-6 P. M. Sundays and Holidays, 8 A. M.-5 P. M.

Date of Death.	Full Name.	Age, in Years, mos. and days.	Color.	Single, Married or Widowed.	Occupation.	Birthplace.	How long in U. S. if foreign born.	How long resident in New York City.	Father's Name.	Father's Birthplace.	Mother's Name.	Mother's Birthplace.	Place of Death.	Last place of Residence.	Class of Dwelling (A tenement being a house occupied by three or more families.)	Direct cause of Death.	Indirect cause of Death.	Date of Record.
<i>April 3, 1891.</i>	<i>Lewis Simons</i>	<i>45 yrs, 6 mos</i>	<i>White</i>	<i>Married</i>	<i>Boysman of Cloth</i>	<i>Germany</i>	<i>40 years</i>	<i>16 "</i>	<i>Isaac Simons</i>	<i>Germany</i>	<i>Frederica Simons</i>	<i>Germany</i>	<i>345 W. 43</i>	<i>" "</i>	<i>" "</i>	<i>Rupture of Aortic Aneurism</i>	<i>" "</i>	<i>April 6, 1891.</i>

A True Copy.

C. E. Edman

Chief Clerk

NOTICE.—In issuing this transcript of record, the Health Department of the City of New York does not certify to the truth of the record transcribed. The seal of the Board of Health attests only the correctness of the transcript, and no inquiry as to the facts reported has been provided for by law.

03

[No. 1.]

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 New York County of New York, ss:ON THIS May day of May A. D. one thousand eight hundred and Twenty, personally appeared before me Special Deputy Clerk of the Superior Court of Jud. a COURT OF RECORD within and for the county and State aforesaid Louis Simon aged Forty Four years, who, being duly sworn according to law, declares that he is the identical Louis Simonwho was ENROLLED as a Musician on the 17th day of October 1863 in Company - 3 - of the 34th Regiment of New Jersey Vol commanded by W. H. Lawrence and was honorably DISCHARGED at Newark N. J. on the 18th day of August 1865; that his personal description is as follows: age 19 years; height 5 feet 3 inches; complexion Dark; hair Dark; eyes Hazel.That while a member of the organization aforesaid, in the service and in the line of duty, at Blockley, in the State of Alabama on or about the 15 day of April 1865 he wasdisabled by "Scurvy" and sent to Hospital at Dauphin Island Ala (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.)from then transferred to St Marys Hospital New Orleans La then to Salpetre Hospital Philadelphia Pa and then to Wards Hospital Newark New Jersey and then discharged - deponent has since then suffered the loss of three toes from this foot resulting from said Scurvy & is still a sufferer from

That he was treated in hospitals, as follows:

(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

in the month of July 1865
Mount Sinai N. Y. 26 daysThat he has been employed in the military or naval service otherwise than as stated above 38th N. Y. V. 9th May 1861 to 22nd Jan 1863
(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 18th day of August 1865. That since leaving the service this applicanthas resided in the City of New York of New York in the State of New York, and that his occupation has been that of a Stammerof Wadens. That prior to his entry into the service above named he was a Boy of good, sound physical health, being when enrolled a Minor unemployedThat he is now Paralyzed 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 H. A. Phillips of Washington D. C.his true and lawful attorney to prosecute his claim. That he has never received nor applied for a pension; that his residence is No. 225E 107th street New York City and that his post-office address is Louis Simon 90 Vogel Bldg8th av - 42^d StLouis Simon
(Signature of Claimant.)

Also, personally appeared George W. Cooney residing at 1143 Kertman
Brooklyn NY and Wm H. Digney residing at
75 Christopher St. N.Y. City 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 Louis
Simons 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, two persons who can write sign here.)

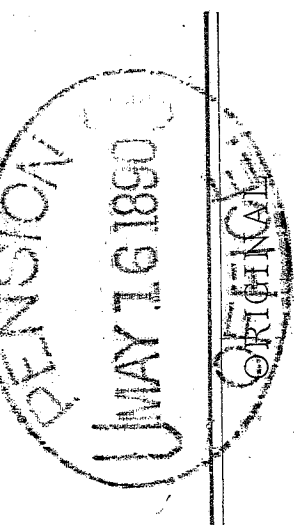
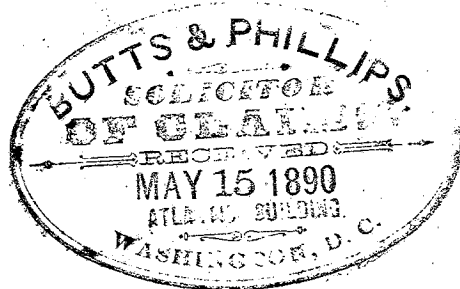
George W. Cooney
Wm H. Digney
(Signature of Affiants.)

Sworn to and subscribed before me this 9 day of May A. D. 1890,
and I hereby certify that the contents of the above declaration, 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

J. P. Robert Ward
Special Deputy Clerk
SUPERIOR COURT OF THE
CITY OF NEW YORK.



INVALID CLAIM
FOR
PENSION.

Louis Simons Applicant.

34 Reg't

Vol.
12. 9. 1863
Enl. Oct 31 1864

Discharged Aug. 18 1863

FILED BY

Butts and Phillips
Washington
D.C.

Printed and For Sale by J. F. Sherry, Claim Blank Printer
623 D Street, N. W., Washington, D. C.

(No. 22.)

NEIGHBORS AFFIDAVIT.

For the 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.

State of *New York* City & County of *New York*, ss:

In the matter of the application for pension of *Louis Simons*

Dismissed for I. 34th Regt. N. J.

ON THIS *22^d* day of *October* A. D., one thousand eight hundred and *Ninety*, personally appeared before me, a *Notary Public*

in and for the aforesaid County, duly authorized to administer oaths *Joseph*

Asheim aged *60* years, a resident of *New York City*

in the County of *New York* and State of *New York*

whose Post Office address is *1269 Madison Ave* and

aged _____ years, a resident of _____

in the County of _____ 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 *Louis Simons* for *25* years, and

years respectively, and that *I was in the clothing business*

at Pittsburg Penn. from 1861 to 1880 that

seid Louis Simons was in my employ

at said place from 1872 to 1877 continuously

and that I saw him about every

day during that time. That said Louis

Simons lived in my neighborhood, pre

vious to my employment of him, at

Pittsburg Penn. from the year 1865 to the

year of said employment and I saw

him during that time almost daily.

That I knew him to be afflicted at times

with scrofula during the years that I

have known and employed him.

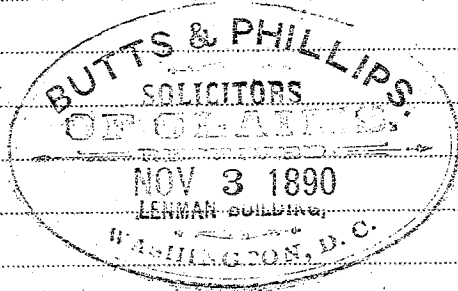
Instructions—Read Carefully.

The witnesses must state:
1st. Their respective ages and occupation; 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, and how near to him.

2d. If they knew him before his enlistment, what his physical condition was at that time, that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him 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 that 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 that 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 recollected, when such attacks occurred, 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 him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, $\frac{2}{3}$, $\frac{1}{3}$, 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 also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.



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

Almon W. Roney

Joseph Schein

[If affiants sign by mark two witnesses who write sign here.]

[Signature of affiants.]

Form 2.

State of New York,
City and County of New York.

I, **EDWARD F. REILLY**, Clerk of the City and County of New York, and also Clerk of the Supreme Court for the said City and County, the same being a Court of Record, DO HEREBY CERTIFY, That

before whom the annexed deposition was taken, was, at the time of taking the same, a Notary Public of New York, dwelling in said City and County, duly appointed and sworn, and authorized to administer oaths to be used in any Court in said State, and for general purposes; that I am well acquainted with the handwriting of said Notary, and that his signature thereto is genuine, as I verily believe.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the said Court and County, the

day of

18

Clerk.

[Official Signature.]

[Official Character.]

Clerk of the County Court in and for

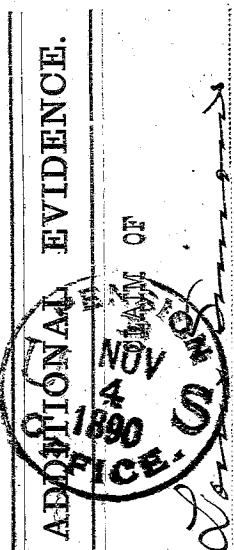
aforsaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time so doing, _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature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



Received Nov 3 1890

Edw. F. Reilly

AFFIDAVIT OF

Original Partition

746.330.

Filed by

BUTTS & PHILLIPS,
LENOX BUILDING, No. 1425 NEW YORK AVE.
WASHINGTON, D. C.
BRANCH OFFICE, No. 17 WILLOUGHBY STREET,
BROOKLYN, N. Y.

Printed and for sale by J. E. Smith, Room 56, Atlantic Building, Washington, D. C.

(No. 22.)

NEIGHBORS AFFIDAVIT.

For the 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.

State of New York, City/County of New York, ss:

In the matter of the application for pension of Louis Simone
Musicians Res. 2, 34th Regt. N.Y. Inf.

ON THIS 5th day of July A. D., one thousand eight hundred
and Twenty, personally appeared before me, a Notary Public

in and for the aforesaid County, duly authorized to administer oaths.

Appleton aged 43 years, a resident of New York City
in the County of New York and State of New York
whose Post Office address is 435 West 43rd St.

aged _____ years, a resident of _____
in the County of _____ and State of _____

whose Post Office address is _____

well known to me to be respectable and entitled to credit, and who being duly sworn declare in

Instructions—Read
Carefully.

The witnesses must state:
1st. Their respective ages and occupation; 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, and how near to him.

2d. If they knew him before his enlistment, what his physical condition was at that time, that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him 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 recollected when such attacks occurred, 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 him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, $\frac{2}{3}$, $\frac{1}{3}$, 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 also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

relation to the aforesaid case as follows: That I have been well and personally acquainted
with Louis Simone for 14 years, and

years respectively, and that for the last 5 years I have been in the employ of Vogel Brothers Clothiers of 42nd St. and 8th Avenue New York City during which time Louis Simone has been employed by the same firm. That during that time I have seen said Simone almost every day with the exception of the times that he was confined to the house through sickness. That I have known said Simone to be actually confined to the house for over one year and to be periodically troubled with scrofula or scurvy. That said Simone has lost 3 toes from his left foot through said complaint or sickness to the knowledge of I, Dependent.

(No. 22.)

NEIGHBORS AFFIDAVIT.

For the 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.

State of *New York City & County of New York*, ss:

In the matter of the application for pension of *Louis Simon*
Division No. 1 32nd Regt. N. Y. Vol.

ON THIS *5th* day of *July* A. D., one thousand eight hundred
and *Ninety*, personally appeared before me, a *Notary Public*

in and for the aforesaid County, duly authorized to administer oaths *David*
Cohen aged *29* years, a resident of *the City of New York*
in the County of *New York* and State of *New York*
whose Post Office address is *357 West 45th St* and

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

well known to me to be respectable and entitled to credit, and who being duly sworn declare in

Instructions—Read Carefully.

The witnesses must state:
1st. Their respective ages and occupation; 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, and how near to him.

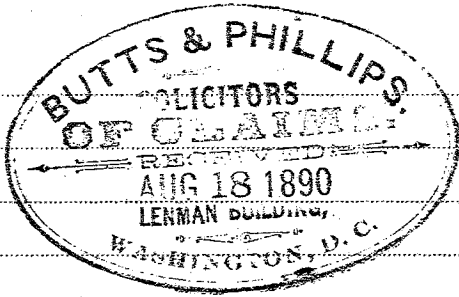
2d. If they knew him before his enlistment, what his physical condition was at that time, that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him 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 recollected when such attacks occurred, 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 him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, 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 also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

relation to the aforesaid case as follows: That *he* has been well and personally acquainted with *Louis Simon*, for *12* years, and

years respectively, and that dependent has resided in the neighborhood of the residence of said Simon for about 12 years in several localities in said city not more than several street blocks having separated their several residences during that time. That dependent has been employed with Hipps & Nathan clothes spanglers of West Broadway New York City for about 3 years and has been employed with Vogel Brothers of 42nd St and 8th Avenue in said city for the past 8 years and that said Louis Simon was employed in both said places during the said employment of dependent. That dependent has seen said Simon almost every day during that time. That dependent has known said Simon to be actually confined to the house for over one year and to be periodically troubled with Lewful's disease. That said Simon has lost three toes from his left foot through said complaint to the knowledge of dependent. That dependent has known said Simon to be confined continuously for six months and for the last 3 years he has been almost entirely incapacitated from performing the services required of him



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

Louis Appleton
Hamilton Reaney

Dania Cohen
357 W 57th St

[If affiants sign by mark two witnesses who write sign here]

Form 2.

State of New York,
City and County of New York, } ss.

ould go to
the blank

I, **EDWARD F. REILLY**, Clerk of the City and County of New York, and also Clerk of the Supreme Court for the said City and County, the same being a Court of Record, DO HEREBY CERTIFY, That

Hamilton Reaney

before whom the annexed deposition was taken, was, at the time of taking the same, a Notary Public of New York, dwelling in said City and County, duly appointed and sworn, and authorized to administer oaths to be used in any Court in said State, and for general purposes; that I am well acquainted with the handwriting of said Notary, and that his signature thereto is genuine, as I verily believe.

, ss:
at I read

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the said Court and County, the

day of

Edward F. Reilly
Clerk.

acquainted
er certify
that said

[L. S.]

Hamilton Reaney
[Official Signature]
Notary Public
[Official Character]
N.Y.C.

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 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.

ADDITIONAL EVIDENCE.

CLAIM OF

Louis Simon
Simon les. 1. 34th

N. J. Gals.

AFFIDAVIT OF

Original Simon
P. 1913
AUG 19 1890
OFFICE.

Filed by

BUTTS & PHILLIPS,
SOLICITORS OF CLAIMS,
ATLANTIC BUILDING,
WASHINGTON, D. C.

Printed and for sale by J. E. Smith, Room 55, Atlantic Building, Washington, D. C.

GENERAL AFFIDAVIT.

State of New Jersey, County of Essex, ss:

In the matter of Jeannette Simons Widow of Louis

Simons do. & 34th Regt. & Co. Vols.

Personally came before me, a Notary Public in and for aforesaid County and State, Janette Simons, aged 39 years citizen of the Town of Newark, County of Essex, State of New Jersey, well known to me to be reputable and entitled to credit, and who,

being duly sworn, declare & in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

That if in her application for pension
she gave date of marriage as April 20th
1869. The same was a mistake and should
have been April 29th 1869. as per certificate
herewith.

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

1. _____
2. _____

Janette Simons
Signature of Affiant.

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 ~~her~~ with its contents before ~~she~~ 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 ~~she~~ ^{is a} credible person and so reputed in the community in which ~~she~~ resides

Witness my hand and official seal this 1st day of December 1891

Sign here Emmell W. Sanderson
Notary Public of NY

ADD SEAL HERE.

This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached.

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.



BUTTS & PHILLIPS,
RECEIVED
DEC 3 1891
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

No 374,018
GENERAL AFFIDAVIT.

CASE OF
Emmell W. Sanderson
Colonel of Louis Simon

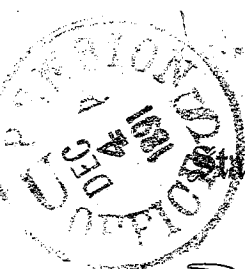
FOR
by J. B. Ray
R. G. Chas.

AFFIDAVIT OF
William R. Pennington
Colonel

FILED BY
BUTTS & PHILLIPS,
Attorneys,
1425 NEW YORK AVE.,
WASHINGTON, D. C.

Date of Execution

GENERAL AFFIDAVIT.



State of New York, County of Kings, ss:

In the matter of

Jeanette Simons - Widow of Louis
Simons - Minors Les. & 34th Regt N.Y. Vol.

Personally came before me, a Commissioner of Records in and for aforesaid County and State, Jeanette Simons, aged 39 years citizen of the Town of Brooklyn, County of Kings, State of New York, well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

That my deceased husband Louis Simons did
not serve in the Army or Navy of the United States
subsequent to August 18 1865.

~~further declare that~~ ~~no interest in said case, and~~ ~~not con-~~
~~cerned in its prosecution.~~

1 _____
2 _____

Jeanette Simons

Signature of Affiant.

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark, (t,) 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 ~~her~~ with its contents before ~~She~~ 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 ~~She is~~ a credible person and so reputed in the community in which ~~She~~ resided

Witness my hand and official seal this 14th day of November 1891

Sign here

W. Lawrence
Commissioner of Deeds,
City of Brooklyn, N. Y.
Certificate on file.

ADD SEAL HERE.

This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached.

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

BUTTS & PHILLIPS,
RECEIVED
NOV 21 1891
RECEIVED
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

No. 374,018
GENERAL AFFIDAVIT.

CASE OF

James D. Simmons

Wid. of Louis Simmons

FOR

Les. J. Byrd Reigh

R. J. Jones

AFFIDAVIT OF

William R. Simmons

Belmont

FILED BY

BUTTS & PHILLIPS,

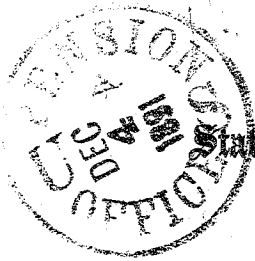
Attorneys,

1425 NEW YORK AVE.,

WASHINGTON, D. C.

Date of Execution

GENERAL AFFIDAVIT.



State of New York, County of New York, ss:

In the matter of

Jeannette Dimons
of the City, County and State of New York

Personally came before me, a Notary Public in and for aforesaid County and State, Hanna Hart, aged 79 years

citizen of the Town of New York, County of New York, State of New York

Post-Office address.

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

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

That Jeannette Dimons the claimant in this case is her daughter; that on January 5 1877 said Jeannette Dimons gave birth to a child (male) which was named William H. Dimons at No. 205 Fifth St New York City and that at that time said Jeannette Dimons was married and the lawful wife of Louis Dimons and that she was present at said birth. This child Wm H. Dimons, as well as the five other children named in other affidavits are now living.

and she further declares that she has no interest in said case, and is not concerned in its prosecution.

1. Joseph Phelan

2. John J. Kean

Gomer G. G. G.

Signature of Affiant.

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 *she* 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 *she* *is* a credible person and so reputed in the community in which *she* resides.

Witness my hand and official seal this *20th* day of *Novbr* 189*1*

Sign here *L. U. Mussmann*
Notary Public 255
N. Y. Co.

ADD SEAL HERE.

This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached.

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

BUTTS & PHILLIPS,
RECEIVED
NOV 21 1891
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

BUTTS & PHILLIPS,
RECEIVED
NOV 27 1891
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

No. *5-14618*
GENERAL AFFIDAVIT.

CASE OF

Jeanette Burrone

Widow of Louis Burrone

FOR

Rev. D. B. Ray

N. Y. State

Colonel Burrone

AFFIDAVIT OF

Hannah Hart

FILED BY

BUTTS & PHILLIPS,

Attorneys,

1425 NEW YORK AVE.,

WASHINGTON, D. C.

Date of Execution

GENERAL AFFIDAVIT.

State of New York, County of New York, ss:

In the matter of Jeanette Simons - Wid. Louis Simons
Mission, les. B. 34th Regt. N. Y. Inf.

Personally came before me, a Notary Public in and for aforesaid County
 and State, Kannah Hart, aged 78 years
 citizen of the Town of New York, County of New York, State of
NY Post-Office address.

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

That - she was
 [NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]
present at the Birth of William
Simons, born on Jan 5th 1877 and
that - she well remembers these facts
as she has been intimate with the
family ever since, and is frequently
at their house.

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

1. _____ }
 2. _____ } Lynne Lush
 Signature of Affiant.

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 ~~her~~ with its contents before ~~she~~ 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..... personally known to me; that ~~she~~ is a credible person and so reputed in the community in which ~~she~~ resides;

Witness my hand and official seal this 8th day of June 1891

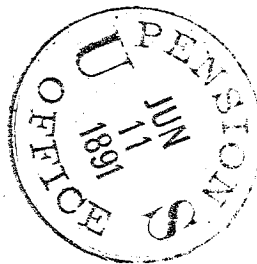
Sign here.

Wm P Richardson
Notary Public (22)

ADD SEAL HERE.

This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached.

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.



No. 514018 Mary
GENERAL AFFIDAVIT. 1

CASE OF

Jeanette T. Simmons
Edw. Louis Simmons
Monica Le Roy B. 3 4 1891
A. J. G. G. G.

AFFIDAVIT OF

Edw. Louis Simmons

FILED BY

BUTTS & PHILLIPS,

Attorneys,

1423 NEW YORK AVE.,

WASHINGTON, D. C.

Date of Execution.....

GENERAL AFFIDAVIT.

State of New York, County of New York, ss:

In the matter of Renson of Jeannette Simon
Widow of Louis Simon Res. 34th Regt. N. Y. Inf.

Personally came before me, a Notary Public in and for aforesaid County
 and State, New York Louis Appleton, aged _____ years
 citizen of the Town of New York, County of New York, State of
435 W 43rd St, well known to me to be reputable and entitled to credit, and who,
 being duly sworn, declare in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

The undersigned Louis Appleton declares
 that he is personally acquainted with
 Jeannette Simon the widow of the
 L. Simons and can say that
 the family is in urgent need of
 aid as the widow is not able to
 provide for the large family dependent
 upon her and if it was not for
 aid from relatives and subscriptions
 of friends the family would
 become a public charge

_____ further declare that I no interest in said case, and Am not con-
 cerned in its prosecution.

1. J. Finlay

2. Adolf Heyman

Louis Appleton
 Signature of Affiant.

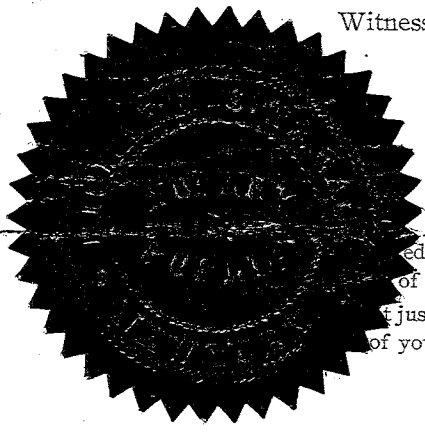
NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark, (t,) two persons who
 can write must attest the signature by signing their names opposite.
 The official before whom papers are executed is not a competent witness to a mark.

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 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 personally known to me; that he credible person and so reputed in the community in which he reside.

Witness my hand and official seal this 26th day of Oct 1891

Sign here.

Richard L. Leacy
Notary Public New York County



ed before any officer authorized to administer oaths for general purposes. If such officer uses a of Court is not necessary; if no seal is used, then such certificate must be attached.

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

BUTTS & PHILLIPS,
RECEIVED
OCT 27 1891
RECEIVED
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

No. 3744 118,

GENERAL AFFIDAVIT.

CASE OF

Genevieve Simons Wid.

of Louis Simons

FOR

Les J. B. 34th Regt

R. G. F. 40th

William's Pension

AFFIDAVIT OF

FILED BY

BUTTS & PHILLIPS,

Attorneys,

1425 NEW YORK AVE.,

WASHINGTON, D. C.

Date of Execution

Board of Review Division.

Department of the Interior,

BUREAU OF PENSIONS,

MAR 20 1896
Washington, D. C., _____, 18____

No. Claim, _____

Wid. Cert. No. 317835

Claimant, Janette Simons

Soldier, Louis Simons

Co. I, 34 Reg't N.Y. Vol Inf.

Respectfully referred to the Chief of the S. E. Division with the request that he have a copy of the attached letters (in duplicate) served upon the pensioner by a Special Ex. in New York City, J. H. Elliot if practicable, making his return upon the remaining copy to this Board.

Pensioner's exact address is not known to this Bureau,

A. S. Spencer

Chief of Bd of Review Division.

J. W. M.

Sweden

Ex'r.

INVALID.

No. 7650

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

Louis Simons -

P. O.

95 Vogel Bm8" Ave. & 42" St. New York CityService: Muse. I. 34. N. Y. Inf. N. Y.1st 38. N. Y. Inf.

Enlisted:

Oct. 17, 1863.

Discharged:

Aug. 18, 1865.

Application filed:

May 16, 1890.

Alleges:

Scurvy & res. loss of
three toes left foot -

Re-enlisted:

Attorney:

H. A. Phillips

P. O.

Washⁿ D.C.

Recognized.

Contract.

Cert. of Dis.

Searched for

, 18

(17176-30,000)

5

June 21 90
ME. Sept 15/90 R & P Dial for Miss history
Nov 12/90 Atty for origin of disson
of two of Atty for
N. H. Sept 17. 90 New York.

Vt.

Mass.

R. I.

Conn.

N. Y.

N. J.

Del.

No.

Special
Ballot [3-218 a.]
Ex'r.

Wong No. 514.018
Act of June 27, 1890.

Jeanette Simons
219 E. 10th St. N.Y. City
Widow of
Louis Simons
I. 34th St. N.Y. City

Died at

Apr 3/91

other claim.

, 18

3/146
Clerk.

Numerical No. 648692

Application filed:

May 27, 1891

Attorney:

Butts & Phillips

P.O.

Washⁿ

5

Mr. C. 16. 91. Glen
Nov 6/91 Attys for
ME. death; marriage; births
N. H. Sub service

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

[3-218.]

Ex'r.

No.

314018

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

Janette Simons
219 E. 107 St. N.Y. City
Ind N.Y.

Louis Simons
Musc. L. 34 N.Y. Inf.
Died at N.Y. City N.Y.
Apr. 3, 91. Lupture.

No other claim. True
Orig 776330

6-1, 1891. 3/146-7
Clerk.

Application filed: May 22, 1891.

Attorney: Butts and Phillips

P. O. Wash.

P. B.

ME.

N. 6. 17. 91. Grew

Dec 12/91 Atty for date of
cause of the fatal disease

Vt. July 27/1900, Butler & Phillips
for present address of elect

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

(3-231.)

No. 317835

Jessie Simons.

WIDOW OF

Louis Simons.

Rank Corp., Co. D.

Regt. 34 N. J. Vol. Inf.

New York

Agency

Rate per Month, \$ 8

Commencing

May 21, 1891

Additional sum of \$2 per month
each of the following children, until
arriving at the age of 16 years, com-
mencing May 21, 1891.

William H.

16 yrs. Jan. 4, 18

James

" July 9, 1891

Freda

" Aug. 17, 1891

Samuel J.

" Mar. 16, 1891

Marietta

" Mar. 20, 1891

Charles

" Feb. 22, 1891

" 18

" 18

Issued December 16, 1891

Mailed Dec. 17, 1891

Fee, \$ 10.

Mich 20/ To penn. 30
195
Drop notice of dropping
through S. E. D.
J. M. G.

June 8/95. Sec. for authority
to drop. N. M. O.

June 14/95. P. A. to drop.
and. & peninsular. Act
Aug. 7/82. N. M. O.

DROPPED FROM ROLLS
JUN 17 1895
Act of Aug. 7, 1882

GENERAL AFFIDAVIT.

State of New York, County of New York, ss:

In the matter of Pension of Jeannette Simon

Widow of Louis Simon - Ex. P. 34th Regt. N.Y. Vol.

Personally came before me, a Notary Public in and for aforesaid County and State, New York Adolf Hyman, aged 33 years citizen of the Town of New York, County of New York, State of New York

Post-Office address. New York, well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

I hereby state that Mrs Jeannette Simon widow of the late L Simon is in destitute circumstances she having no means of support and being totally dependent upon the charity of her relatives and friends she had a family of nine children of which only one is able to support herself. She (the widow) being of a delicate constitution is not able to work and therefore unable to provide in any manner in the support of her children

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

1 H. Finlay

2 Louis Affekard

Adolf Hyman
Signature of Affiant.

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 ~~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; that he ~~is~~ a credible person and so reputed in the community in which he resides

Witness my hand and official seal this 26th day of Oct 1891

Sign here

Richard J. Leacy
Notary Public
New York County



before any officer authorized to administer oaths for general purposes. If such officer uses a Court is not necessary; if no seal is used, then such certificate must be attached.

just as you would write a letter, stating all the facts, circumstances, dates and places as near as you for your own personal knowledge and observation, and state how you know what you say to be true

BUTTS & PHILLIPS,
RECEIVED
OCT 27 1891
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

No. 3-124-118
GENERAL AFFIDAVIT.

CASE OF

Genevieve Dimmons
Widow of Louis Dimmons

FOR

Marion Lee & B. Lee
& J. Lee

AFFIDAVIT OF

Calais Pennington

FILED BY

BUTTS & PHILLIPS,

Attorneys,

1425 NEW YORK AVE.,
WASHINGTON, D. C.

Date of Execution

GENERAL AFFIDAVIT.

State of _____, County of _____, ss:

In the matter of Jeanette Simon, Widow of Louis Simon Esq. 34th Regt. N.Y. Vols.

Personally came before me, a Notary Public in and for aforesaid County and State, New York Adolf Arzmann, aged 33 years and L. Appleton, aged 42 years citizens of the Town of New York, County of New York, State of New York,
Post-Office address.

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

We the undersigned hereby declare that the late Mr L Simon was never married before he married the widow above mentioned and that the same widow above mentioned was neither married before or after the marriage of L Simon. All children of her marriage with the late L Simon, to wit William, James, Frederick, Samuel, Hattie and Charles, for whom pension is claimed are all alive and are the children of the aforesaid L Simon and his widow Jeanette.

further declare that _____ no interest in said case, and _____ not concerned in its prosecution.

1.

2.

L. Appleton } Adolf Arzmann
L. Appleton } L. Appleton
Signature of Affiants.

NOTE.—In the execution of papers and evidence, whenever a person or witness signs by mark, (t.) 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 *A*; and I certify that I read said affidavit to said affiant *A*, and acquainted *him* with its contents before *they* 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 *A* personally known to me; that *they* credible person and so reputed in the community in which *they* reside.

Witness my hand and official seal this *29* day of *Oct* 189*1*

Sign here

ADD SEAL HERE.

Richard S. Healey
Notary Public
New York County

This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary; if no seal is used, then such certificate must be attached.

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

BUTTS & PHILLIPS,
RECEIVED
OCT 30 1891
RECEIVED
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

No *574, 118-*
GENERAL AFFIDAVIT.

CASE OF

FOR

Donald D. Simmons
Colonel of 1st Regt 1889

AFFIDAVIT OF

FILED BY

Butts & Phillips

Washington

Date of Execution

25th



Affidavit that the Claimant has not Remarried, and that She is without other means of Support than her Daily Labor.

Act of June 27, 1890.

WE, Louis Appleton ^{435 W 43 St} ^{new York City} and Adolf Heyman
340 W 47 St ^{new York City} of the town of New York, County of
New York, and State of New York, do solemnly swear
that we are neighbors of Jeanette Simons who is the widow
of Louis Simons _{Name of Claimant.} _{Name of Soldier.}, deceased, on whose account she applies for pension
under the provisions of the Act of June 27, 1890, and that for the past four to five
years we have been well acquainted with the said Jeanette Simons _{Name of Claimant.};
that from our frequent intercourse and conversations, and from other circumstances, we have every reason
to believe, and we do believe, that the said Jeanette Simons _{Name of Claimant.} has not
remarried since the death of the above-mentioned Louis Simons _{Name of Soldier.}

FURTHER, we say that if she had remarried we have reason to believe that we should have known it.

We also believe from the knowledge we have of said widow that she neither owns nor has in use any
property of any kind from which a revenue can be derived; that she has no income or present means of
support than her daily labor.

And we further declare that the said Jeanette
Simons has not remarried since the death of
her husband Louis Simons, if she had, we would
have known it, and that she has to depend upon
her own labor for a support and the assistance
of others and we are acquainted with these
facts by reason of our being neighbors and
are not interested in this claim for widow's
pension

Louis Appleton
Adolf Heyman
Signatures of Affiants.

ATTEST:

Charles E. Storms

Adolph W. Franke
Two persons who can write sign here.

and subscribed before me this 19th day of May, 1891. I have
no interest in the prosecution of this claim for widow's pension

John G. Conklin
Official Signature. Notary Public
New York City

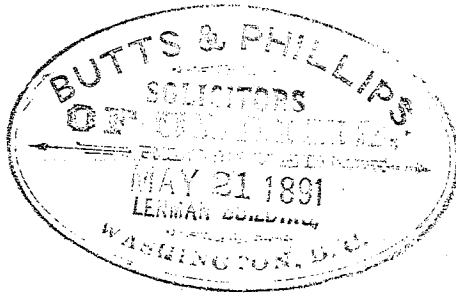
I, _____, Clerk of the County Court in and for aforesaid County New York
and State, do certify that _____, Esq., who has signed his name
to the foregoing declaration and affidavit, was at the time of so doing _____
in and for said County and State, duly commissioned and sworn; that all his official acts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

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

[L. S.]

Clerk of the _____

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer
uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.



Affidavit that the Claimant Has not Remarried, and
that She is without other means of Support
than her Daily Labor.

Act of June 27, 1890.

CLAIM OF

Jeanette Simons

Widow of Louis Simons

Musician

Co. 34 Reg't.

M. J. Volunteers

Widow's Pension No. _____

FILED BY

BUTTS & PHILLIPS,

Attorneys,

1425 NEW YORK AVE.,

WASHINGTON, D. C.

M.C. J. A. M. R

1-105.

Department of the Interior,
Washington, June 11th, 1895

The Commissioner
of Pensions.

SIR:

The recommendation contained in your letter of the 8th inst.
that the name of Janette S. Ingers, widow, pensioned by
Certificate No. 317835, Act June 27, 1890
be dropped from the pension rolls on the
ground that she has violated Act of
August 7, 1882 is hereby approved.

Very respectfully,

John M. Reynolds
Acting Secretary.
E.M.

L. R. No. 2845, 1895

SPECIAL EXAMINATION
DIVISION.

Delayed

Post Office, New York, N. Y.,

THIRD DIVISION,
CITY DELIVERY.

February 27, 1895

The Post

Respectfully

returned to

Dear Sir

Mr. J. H. Elliott,

Special Ex. Bureau of Pensions

158 East 37th st., N.Y.,

with the information that this
office holds no instructions to
forward mail for the person named
in attached inquiry, and no clue
to her present whereabouts can be
obtained at No. 1483 Second ave.

*the person
Simon
address
moved
without*

me & Charles Dayton

Postmaster.

rior,

ary 24, 1895

learning

Janette

Her last

me, and she

instant,

ness.

be furnished

it will

can now

recovered.

by

Elliott,

Gannan

U.S. Pension Bureau.

SPECIAL EXAMINATION
DIVISION.

I

rior,

BUREAU OF PENSIONS.

February 24, 1895

The Postmaster,

N. Y. City.

Dear Sir.

I am desirous of learning the present P. O. Address of Janet Simons, who is a pensioner. Her last address was 1483. 2^d Avenue, and she moved from there Feb'y 4th, instant, without leaving any address.

If the address can be furnished me by the 26th or 27th instant it will further an examination of her case now being made.

Really ever, &c.

Very Respy,

J. H. Elliott,

Special Examiner

U. S. Pension Bureau.

Claim of Lanette Simons Exp. No. 317,835

6-4

100 B 37th St.
New York City

Feb'y 24, 1895

Hon. Wm. Lochren,
Commissioner.

Sir:

Herewith are submitted three depositions in the case of Janette Simons, widow of Louis Simons, Co. "D", 34th & 14th Sts., whose name is enrolled on the books of the N.Y. Agency, as a pensioner under Ex. No. 317,835.

This case was reported to the Pension Agent and by him referred to me.

I do not believe Mrs. S. has remarried, though the statement of Julia Frank indicates that she may have. The fact that she has lived with George Wienhold as his wife for about two years is undoubted. The woman deliberately gave up her home and children, sold her furniture, and moved to the corner of Lexington Ave and 25th St., (N.E. Corner) and took a furnished room, which they occupied as long as the \$70. need from sale of furniture and the \$40. need from pension lasted. They paid \$3. per week for their room. Mrs. Frank is an honest, hard working woman, who keeps a respectable house, and

3

She had no reason to suppose the Foster
were not married.

Between the time of their leaving Mrs.
Frank's and moving to Mr. Oppenheimer's
the pensioner lived - so says Florence Simonson
at 3^d Ave. near 116th St. and 1166 - 2^d Ave.,
but their stay must have been short and
there was no necessity for making inquiry
there.

On the 4th inst. Mrs. Simonson prepared her
vouchers, gave her address as 1483 - 2^d
Ave., and the same day moved, giving
no address. The witnesses to her vouchers
were Emma Schlicht, and her mother,
Amelia Schlicht, 1975 - 3^d Avenue. I
called on Emma Schlicht, and she said
Mrs. Simonson told her she was going to
move and would not give her any
address.

The only relatives who could be
considered as possible Guardians
are the pensioner's mother, Mrs. Hart,
240 E. 109th St. (1 flight up) and her daughter
Florence - (Dep't). Neither of these two
is a proper person, though both are very
respectable. The "Gerry" Society or the
Hebrew Capharna Synagogue would be better.

Florence Simonson and Mr. Oppenheimer

X gave their testimony under promise of secrecy and I could not have secured it otherwise. I informed them both that if it was found that Mrs. S. was married they would probably be called to Court. If not, and the Pensioner desired to put in testimony to rebut the evidence of cohabitation, an open examination would be had and they might be called upon to testify then but the fact of their having given previous testimony would not be referred to.

I spent some hours searching for Mrs. S. and have ~~made~~^{investigated} inquiring through other sources. If not found by Feb'y 28th I will forward this report, recommending that notice of suspension be given through Col. Townsend, U.S. Pension Agent, N.Y. City.

Feb'y 28. 1895

The P.M. of this city advises me that he has no clue to the claimant's address. See my letter to P.M. with papers and reply.

Very Resp'y

J. H. Ellison

Special Examiner

(3-446.)

DEPOSITION

Case of Janet Simonds, No. 317. 835

On this 15 day of February, 1895, at
NY City, County of NY,
 State of NY, before me, J. H. Ellis, a
 Special Examiner of the Pension Office, personally appeared Flora
Simonds, who, being by me first duly sworn to answer
 truly all interrogatories propounded to her during this Special Examination of aforesaid
 pension claim, deposes and says: my age is 73.

?
 Janet Simonds is my mother -
 Something over two years ago we
 were all living together at 111 E. 108-
 1st flight parlor floor and 113 - 1st flight wh.
 I left home and while they still
 lived there Geo. Marshold came there
 to visit her.

Then she moved on 3d Ave bet
 101 - 102 - while there the children were
 in the orphan asylum at 157 St. I
 visited mother there. They had three
 rooms - she had two children there
 with her and Geo. Marshold was living
 there with her. She and Marshold occupied
 a room together. I know this from observation.
 I was out of work and stayed there one
 night from necessity.

They went from there to 28th and
 1st Ave. Mother and Marshold went
 there alone - N.E. corner. Laundry under
 meats. They had a furnished room
 two flights up. They went there last June
 and were there I think 3 or 4 months. I
 called there two or three times. They had
 a middle room facing on 28th. They
 went as Mr. & Mrs. Simons and were
 supposed to be married.

Page

6

They went next to 3^d Ave bet 115 & 116
two flights up. front room - one room.
They went under the same name
there.

Then to 1166 - 2^d Ave bet 61 & 62
above. 3^d floor. front. three two
rooms -

Then to 1483 - 2^d Ave. Two room
While living there she got Frieda & Martha
home - and saw James at the Orphan
Asylum. Marshall still went on
Saturdays at 1483 -

So far as I know they are not
married.

Emma Schlicht. 1975 - 2^d Ave
bet 104 & 9 - She lives with her mother.
She came to see me the night I
stayed with mother on 3^d Ave and
she saw Mother & Marshall in
bed together.

This has been read to me
and is correct.

Mrs. Max Simonds 724
Wadsworth St Brooklyn is my
aunt. She knows about the
matter.

Mrs. Florence Simonds

Deponent.

I sworn to and subscribed before me this 15 day of Feb'y
1895, and I certify that the contents were fully made known to deponent before signing.

J. H. Allen

Special Examiner.

(3-446.)

DEPOSITION ^BCase of Janet Simonds, No. 317,835

On this 19 day of February, 1895, at
New York City, County of _____
 State of _____, before me, J. H. Ellice, a
 Special Examiner of the Pension Office, personally appeared Julia
Frank, who, being by me first duly sworn to answer
 truly all interrogatories propounded to her during this Special Examination of aforesaid
 pension claim, deposes and says: I have this house ever

(We) 25 West St. N.Y. a rent rooms.
 Last summer about July
 a couple calling themselves the
Simonds rented a room of
 me and lived here three months.
 She looked older than he. She called
 the man her husband and they
 occupied the same room and
 lived together as man and wife.
 I think they were married. She said
 it was her second husband and
 that her children were mad that
 she married again.

Her daughter might be 19 or
 20 - called on her and a son might
 be 12 - came. She said their children
 were in the Orphan Asylum. She
 said the children that called on
 her were living with her mother.

I don't know where they
 went from here and have not seen
 them since. I thought she had some
 pension. Neither of them worked. She
 said her husband was a prize-fighter.
 I can't remember what the first names
 of either were. Both came together.
 Sometimes he paid for something

Page

8

He did. They were respectable when they were here - They left because they could not pay the rent.

The man looked younger than the woman.

I had never the slightest doubt whether they were here that they were married. She said she was a fool to have married him as he did not take care of him. She looked 10 or 12 years older than he. He looked 25 or 30 and she nearly 50.

This has been read to me and is correct
J. Frank.

Deponent.

Sworn to and subscribed before me this 14 day of July, 1895, and I certify that the contents were fully made known to deponent before signing.

J. H. Ellis

Special Examiner.

(3-446.)

DEPOSITION

Case of Janet Amadio, No. 317, 835On this 19 day of February, 1895, at
N.Y. City, County of ...State of ..., before me, J.H. Elliot, aSpecial Examiner of the Pension Office, personally appeared MosesOpferheimer, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: my age is 45occupation, Cedar ManufacturerP.O. Address - 1483 - 2nd Ave., N.Y.C.

I next rooms over my store and I sublet two rooms. Last summer a woman and man rented my rooms. The gave her name as Mrs. Amadio and the man she said was her husband. They were there about six months and left about the first of this month. The woman paid the rent. They were understood here as man and wife - the man said whether she was married or not but they rented the room as husband and wife and I would not have let them have them if I had known to the contrary.

For latter part of the time they lived here two young children lived with them. I don't know her first name.

They went as Mrs. Amadio

Moses Opferheimer
 Signed and subscribed before me this 19th day of Feb'y
 95 and I certify that the contents were fully made known to
 deponent before signing.

J.H. Elliot
Sp. Ex.

Eastern Dist.

(3-450.)

S. E. D.

Criminal

C. & No. 317,835
Prosecution
Claimant: *Janette Simons*

Soldier: *Louis Simons*

P. O. address: _____

County: *New York*, State: *N. Y.*

Recommendation: *Suspension*

J. H. Elliot
Special Examiner.

REFERENCE..

March 1, 189*5*.

Respectfully referred
to Chief of Law Division

James R. Frates
Chief S. E. Division.

RECOMMENDATION.

per, 189 .

U. LAW B.
MAR 2 1895
B. RECEIVED P.

Reviewer.

ACTION.

, 189 .

Commissioner.

SPL. EXM. DIVISION,
MAR 1 1895

SPL. LXM. DIVISION,
MAR 1 1895
U. S. Pension Bureau.

Medical Division,
BUREAU OF PENSIONS,

Washington, D. C. July 23, 1900
Inv. Orig

No. Claim, 770 330

Claimant, Widow Campbell

Soldier, Louis Simon

Co. I, 34 Reg't N.Y. Vols

Respectfully returned to

Chief
Eastern Div

There are none
of the usual results
of scurvy alleged
or shown to exist

The loss of toes
of left foot appears
to be due to an
attack of gangrene
for which soldier
was under treatment
in 1888. It is not
susceptible of proof
as a result of scurvy

J. D. Morgan

Medical Examiner.

Approved.

[Signature]

J. J. Raub

Medical Referee.

ORIGINAL INVALID CLAIM.

Ed.
776330,

Soldier, *Louis Simons, dead, Janette Simons, widow*

P. O., *New York*

Rank, *Captain*

County, *New York*

Company, *I*

State, *New York*

Regiment, *34 N.Y. Vol. Inf.*

Rates, \$ _____ per month, commencing _____

Pensioned for _____

RECOGNIZED ATTORNEY.

Name, *Butts & Phillips*

Fee, \$ _____, Agent _____ to pay.

P. O., *Washington D.C.*

Articles filed *none*, 18 _____

APPROVALS.

Approved for *rejection*

Submitted *July 24, 1900*

J. Y. Ballou, Examiner.

Approved for _____

Approved for _____

_____, Legal Reviewer.

_____, Med. Ex'r, _____, Med. Reviewer,

_____, 189_____, _____, Re-Reviewer.

_____, 189_____, _____, Med. Referee.

IMPORTANT DATES.

Enlisted, *October 17*, 18*63*

No other service from _____

Mustered _____, 18 _____

18 _____, to _____, 18 _____, in _____

Discharged *August 18*, 18*65*

Declaration filed *May 16*, 18*90*

Not in service since _____, 18 _____

BASIS OF CLAIM.

Scurvy

Dr

HISTORY OF ATTORNEYSHIPS.

1st appointment....., 18.....	Name and P. O.
By.....	Recognized, or why not.....
2d appointment....., 18.....	Name and P. O.
By.....	Recognized, or why not.....
3d appointment....., 18.....	Name and P. O.
By.....	Recognized, or why not.....

C-2

*Submitted for rejection on the ground of no disability
from cause alleged subsequent to filing claim.
See slip of Medical Return on file. Ballou*

MEDICAL AFFIDAVIT.

This affidavit can be used by Regimental or Assistant Surgeon, or any physician who can testify in any way in behalf of claimant. The affidavit should, if possible, be in the handwriting of the Surgeon or physician testifying, and should embody all the facts in affiant's possession as to the origin and continuance of claimant's disability. The dates of treatment should be especially set forth, and also affiant's means of knowing the facts to which he testifies.

State of _____ County of _____ SS:

In the Pension Claim No. 776,330

of Louis Simon

Late a Musician in Co. D of the 34th Reg't. of N.Y. Vols.
[Company and Regiment of service, if in the Army; or Vessel and Rank, if in the Navy.]

NOTES.

The physician, in order to cover the required points, should read carefully the following notes, and unless they are complied with the affidavit will be worthless and ineffective.

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 and 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 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. Affiant should take especial care to state, to the best of his recollection and ability, to what fractional extent claimant has been disabled for performance of manual labor, whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, $\frac{1}{8}$, or entirely during each year, from discharge to the present time, or such time as affiant's testimony covers.

Personally came before me, a Notary Public in and for the aforesaid County and State New York a citizen of New York

whose Postoffice address is New York County New York State New York

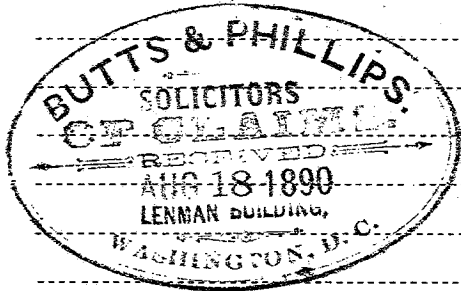
well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case as follows:

That he is a practicing physician; and that he has been acquainted with said soldier for about one month years, and that during his stay as a patient in Mount Sinai

Hospital, from July 5, 1888 to July 31 of the
[Here state all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.]

same year. He was a patient here for
gangrene of a toe of his left foot. One ph-
lax is reported in the Hospital records
to have sloughed away. Urine at this
time contained no sugar but a trace
of albumen with hyaline and granular
casts. At his discharge the wound
was granulating. Condition according
to the records, improved.

Howard Hilienthal M.D.,
House Surgeon July 1888.



He further declares that he has practiced medicine two years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Howard Silienthal
[Affiant's signature. Give rank and service, if in the Army.]

Sworn to and subscribed before me this tenth day of July, A. D., 1890
and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words _____
_____ erased, and the words Howard Silienthal M.D. added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

Joseph L. Scherf
(Official Signature)
Notary Public
(Official Character.)

[L. S.]

Form 2.

_____, Clerk of the County Court in and for _____, certify that _____
_____ me to the foregoing declaration and affidavit, was, at the time of so doing _____
_____ in and for said County and State, duly com-
_____ is official acts are entitled to full faith and credit, and that his signature there-
_____ office, this _____ day of _____ 189 _____.

Clerk of the _____

_____ before any officer authorized to administer oaths. If executed before a
_____ rtificate of Clerk of Court should be attached, showing official capacity of
_____ ficate be not already on file.

MEDICAL EVIDENCE.

CLAIM OF

Louis Simon
Ltd. Surgeon in Col. 34th Reg't.
of R. G. Vols.

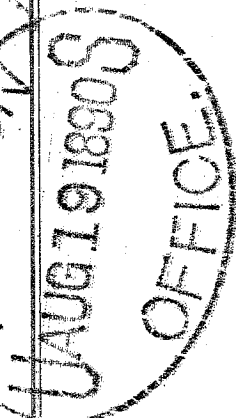
FOR

Original Simon
No. 746.1320

ATTENDANT OF

PENSION

Dr.



FILLED BY

Butts & Phillips
Washington
D. C.

ed and for sale by J. E. Smith, Room 55 Atlantic Bld'g, Wash. D. C.

MEDICAL EVIDENCE.

CLAIM OF

Charles Sumner

Ltd British Columbia 34th Regt.

of *R. D.* Vols.

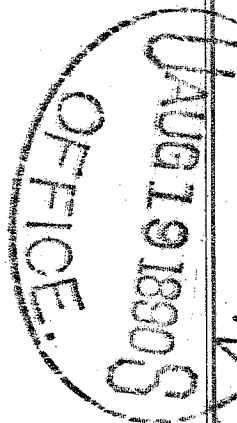
FOR

Chingine Business

No. *746, 1334*

Dr.

PENSION OF



FILED BY

Butts & Phillips

Washington D.C.

etc

ed and for sale by J. E. Smith, Room 55 Atlantic Bldg, Wash. D. C.

Form 2.

State of New York, City and County of New York.

ss.

I, **EDWARD F. REILLY**, Clerk of the City and County of New York, and also Clerk of the Supreme Court for the said City and County, the same being a Court of Record, DO HEREBY CERTIFY, That

before whom the annexed deposition was taken, was, at the time of taking the same, a Notary Public of New York, dwelling in said City and County, duly appointed and sworn, and authorized to administer oaths to be used in any Court in said State, and for general purposes; that I am well acquainted with the handwriting of said Notary, and that his signature thereto is genuine, as I verily believe.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the

Edward F. Reilly
day of *Aug* 1890
Clerk.

[T. S.]

have no interest, either direct or indirect, in the prosecution of this claim.

erased, and the words *Erased* and the words *Erased* added, and that I

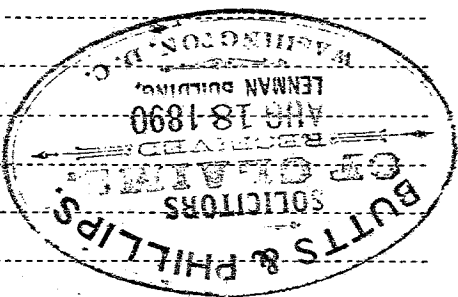
of the above declaration, etc., were fully made known to him before swearing, including the words

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents

Sworn to and subscribed before me this *10th* day of *July*, A. D., 1890

either direct or indirect, in the prosecution of this claim.

He further declares that he has practiced medicine *10* years, and that he has no interest,



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.

Original
(State above whether for original, increase, or restoration.)

Pension Claim No. 776 330

Name and rank of claimant.

Louis Simons

, Rank, Musician & Corp

Company D, 34 Reg't N.Y. Vol

223 West 22nd St New York City State,

Claimant's post-office address.

345 West 43rd St New York City

Oct 1st

, 1890.

[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: Scoury

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

~~and that he receives a pension of~~ Original dollars per month.

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

[Original, increase, restoration, &c.]

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

Applicant claims that while in the service he contracted a disease called scurvy characterized by numerous abscesses, for which he was treated in the Dauphin Hospital & also in New Orleans where he was cured. About 4 years ago he began to have the toes of the left foot successively affected beginning with the 2nd 3rd 4th & 5th in order the ends of the 2nd 3rd & 4th having healed & the 5th is off at the proximal joint & at present unhealed

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, 90; respiration, 18; temperature, Normal; height, 5 feet 4 1/2 inches; weight, 119 pounds; age, 45 years. We find applicant has lost the distal phalanx of the 2nd 3rd & 4th toes of the left foot & the stumps are covered by healthy tissue also that the 5th or little toe is off at the proximal joint & unhealed. The history of this case is that of gangrenous disease. While in the present unhealed condition of the little toe he is incapacitated for manual labor we are of the opinion that this will heal as the others have. And the disability will then be equivalent to that of ankylosis of wrist or ankle which rating we recommend. We cannot find any evidence of scurvy or any history that would indicate any former attack. This is not the result of syphilis. Skin glands & bones healthy

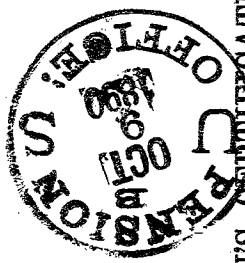
Rate for EACH cause of disability.

He is, in our opinion, entitled to a 8/18 rating for the disability caused by Disease of toes of left foot for that caused by _____, and _____ for that caused by _____

J.C. Martin, Pres. Frank Luthill, Sec'y. Wm J Miller, Treas.

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

Continue record of examination here.



SURGEON'S CERTIFICATE

IN CASE OF

Louis Simon
Co. 2, 24 Reg't N.Y. Infan

Applicant for Discharge

No. *176,330*

DATE OF EXAMINATION:

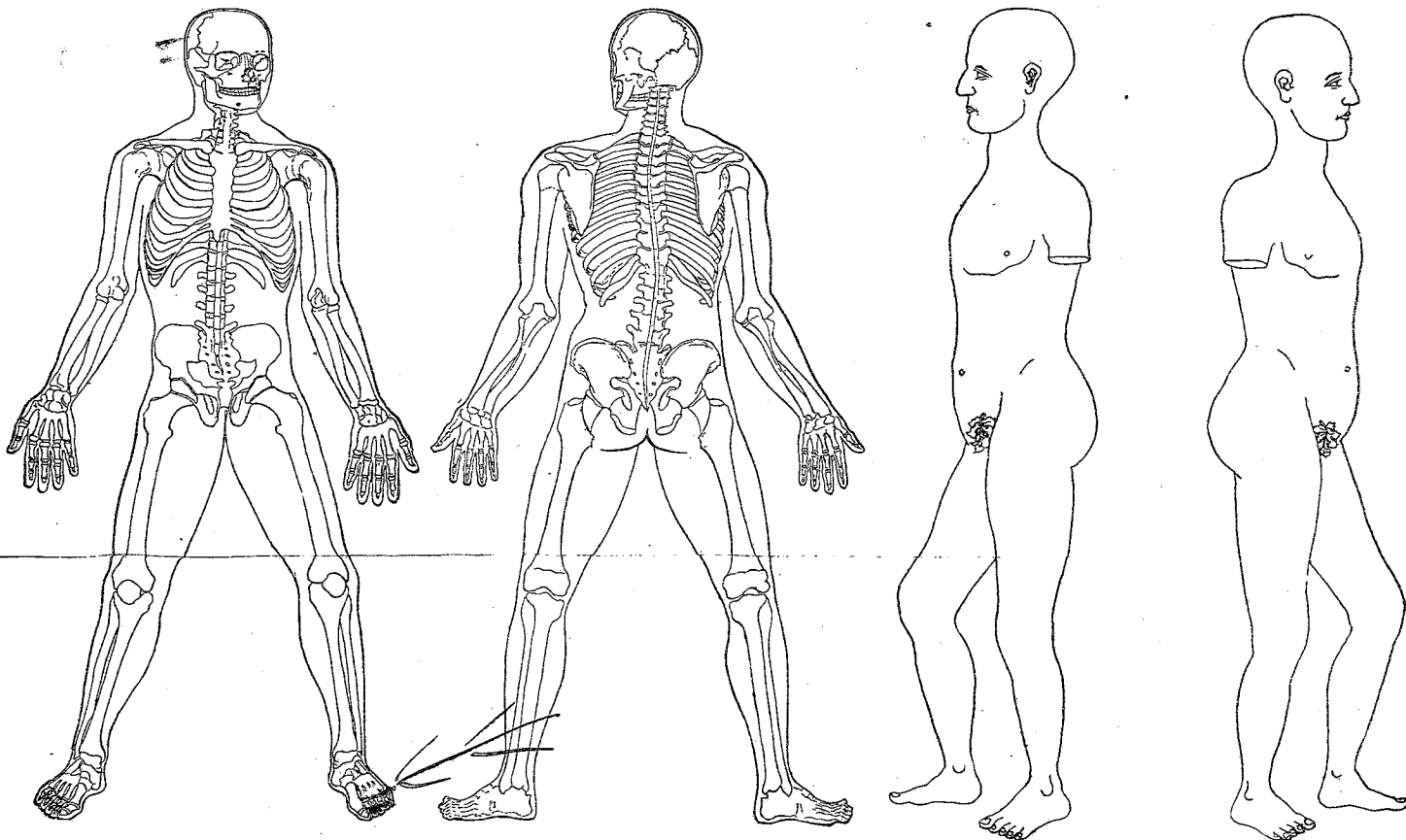
Oct 1st, 1890.

W. M. M. M. Pres.,
W. M. M. M. Sec'y,
W. M. M. M. Treas.,
BOARD.

Post office, *223 W 22 St*
County, *NY*
State, *NY*

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

W. M. M.



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.]

WIDOW'S PENSION.

Cert. No. 317835

Reissue to allow under general law.

Claimant Janette Simons Soldier Louis Simons
 P. O. New York Rank Corporal, Co. D
 County New York, State New York Regiment 34 N.Y. Vol. Inf.

Rate, \$ _____ per month, commencing _____, 18 _____, and _____

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

By former marriage	<u>William H.</u>	{ Born, <u>January 5</u> , 18 <u>77</u> . Sixteen, <u>January 4</u> , 18 <u>93</u> . }	Commencing _____, 18 _____.
	<u>James</u>	{ Born, <u>July 18</u> , 18 <u>82</u> . Sixteen, <u>July 9</u> , 18 <u>98</u> . }	" _____, 18 _____.
	<u>Frieda</u>	{ Born, <u>August 12</u> , 18 <u>85</u> . Sixteen, <u>August 11</u> , 18 <u>91</u> . }	" _____, 18 _____.
	<u>Samuel J.</u>	{ Born, <u>March 17</u> , 18 <u>87</u> . Sixteen, <u>March 16</u> , 18 <u>93</u> . }	" _____, 18 _____.
By last marriage.	<u>Henrietta</u>	{ Born, <u>March 21</u> , 18 <u>89</u> . Sixteen, <u>March 20</u> , 18 <u>95</u> . }	" _____, 18 _____.
	<u>Charles</u>	{ Born, <u>February 23</u> , 18 <u>91</u> . Sixteen, <u>February 22</u> , 18 <u>97</u> . }	" _____, 18 _____.
		{ Born, _____, 18 _____. Sixteen, _____, 18 _____. }	" _____, 18 _____.
		{ Born, _____, 18 _____. Sixteen, _____, 18 _____. }	" _____, 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 Butts & Phillips Fee \$ _____ Agent _____ to pay.
 P. O. Washington D. C. Articles filed none, 18 _____

APPROVALS:

Submitted for rejection July 24, 1890, J. V. Ballou, Examiner.
 Approved for _____, origin of _____; death resulted from _____
 _____ accepted, _____ due to _____
 _____ which has been legally accepted,
 _____, 18 _____, Legal Reviewer. _____, 18 _____, Medical Reviewer.
 _____, Re-Reviewer. _____, Medical Referee.

IMPORTANT DATES:

Enlisted <u>October 17</u> , 18 <u>63</u> .	Invalid application filed <u>May 16</u> , 18 <u>90</u> .
Mustered _____, 18 _____.	Invalid last paid to _____, 18 _____.
Discharged <u>August 18</u> , 18 <u>65</u> .	Former marriage of soldier <u>none</u> , 18 _____.
Died <u>April 3</u> , 18 <u>91</u> .	Death of former wife _____, 18 _____.
Declaration filed <u>May 22</u> , 18 <u>91</u> .	Claimant's marriage to soldier <u>April 29</u> , 18 <u>69</u> .

HISTORY OF ATTORNEYSHIPS:

1st appointment _____, 18	Name and P. O. _____
By _____	Recognized, or why not _____
2d appointment _____, 18	Name and P. O. _____
By _____	Recognized, or why not _____
3d appointment _____, 18	Name and P. O. _____
By _____	Recognized, or why not _____

Submitted for rejection on the ground that claimant has forfeited her right to pension, by living in open and notorious adulterous cohabitation with a man since the soldier's death.

Other points not considered.

Ballou

WIDOW'S CLAIM FOR PENSION.

STATE OF New York } SS:
COUNTY OF New York

ON THIS 19 day of May, 1897, personally appeared before me, a

of a Court of Record in and for the County and State aforesaid Jeanette

Simon a resident of New York City in the County of

and State of N. Y. aged 38 years, who being

duly sworn, makes the following declaration, in order to obtain the Pension provided by the Act of Congress.

That she is the widow of Louis Simon who was

commanded by

in the 34th Regiment of N. Y. Vols in the war of 1861; that

her maiden name was Jennie Hart and that she was married

to said Louis Simon on or about the 20 day of April

1869 at Pittsburgh in the County of Pennsylvania

and State of Pa. by Rev. S. Bergman and

that she knows of no record evidence of said marriage.

SHE FURTHER DECLARES that said Louis Simon her

husband, died at N. Y. City, in the State of

New York on or about the 3 day of April, 1896

of Rupture of Aortic Arteries.

She also declares that she has remained a widow ever since the death of

said Louis Simon and that she has not in any manner been engaged

in, or aided or abetted the rebellion in the United States; and she hereby appoints Bulls

and Phillips of Washington D. C.

as her lawful Attorney, with power of substitution, and authorizes to present and prosecute this claim.

The following are the names, date of birth, and place of residence of all the children of her deceased

husband who were under sixteen years of age at the time of his death:

William H. Simon born Jan 5 1877. James Simon born July 10 1882

Freda Simon " Aug 12 1885 Samuel Simon " Feb 23 1887

Helen Simon " Mar 21 1889 David Simon " " " "

My Postoffice address is 217 East 107 St. New York City

(Signature of Claimant.)

(If mark is made, two witnesses who write sign here.)

Also personally appeared before me Louis

and Adolf Heyman residents of the City

County, and State of New York to me well known as credible persons, who being

duly sworn, declare that they were present and saw said Jeanette Simon

sign her name to the foregoing declaration, and that they have every reason to believe, from the appearance of

said applicant, and their acquaintance with her, that she is the identical person she represents herself to be, and

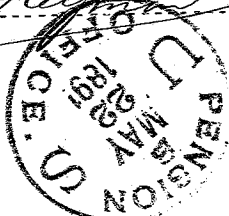
know that said deceased recognized said applicant as his lawful wife, and that she was so recognized by the

community in which they resided; and that they have no interest, direct or indirect, in the prosecution of

this claim.

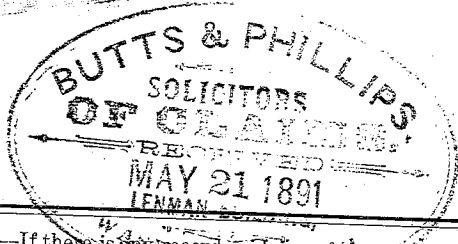
Signature of Witnesses.

Louis Appleton
Adolf Heyman



Sworn to and subscribed before me this 19th day of May 1891, and
I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim. And that the con-
tents of the above were made known and explained to applicant and witnesses before signing.

Wm. C. Crenklein
(Official Signature.)
Notary Public
New York Co.
No 1



NOTE.—If there is any record evidence of the marriage, insert—except that of which a true copy is hereunto annexed, and send a certified copy of the record accordingly. The cause of death must be specified in the second clause of the declaration. The declaration and evidence of identity must be made before a Court of Record, or before some officer of such a Court duly authorized to administer oaths and having custody of its seal, which must be attached.

WIDOW'S

Claim for Pension.

Mrs. Jeanette Simons
Widow of Louis J. Simons
Married Jan 3 47 Reg't.
N. J.
Vols.



FILED BY

Butts and Phillips
Washington
D.C.

BRIEF FOR ~~REDUCTION~~, ~~DROPPING~~, OR ~~CONTINUANCE~~.

Claimant, *Janette Simmons widow Louis Simmons*
P. O., *New York* Rank, *Corpl.*
County, *New York* Company, *I*
State, *N.Y.* Regiment, *34 N.J. Vol. Inf.*
Rate, \$ _____ per month, commencing _____

Pensioned for _____

APPROVALS.

Approved for *dropping*
Submitted *June 3*, 18*95*; *J. E. Bradford*, Examiner.

DROPPED FROM ROLLS

JUN 17 1895

Act of Aug. 7, 1882.

Approved for—*dropping pensioners*
name from the rolls on the ground
that she has violated the Act of
Aug. 7, 1882 by living with a man as
his wife during past year.
No evidence filed in rebuttal.
June 4, 1895; J. E. Bradford, Legal Reviewer.
_____, 18____; _____, Re-Reviewer.

Approved for—

_____, Med. Ex. _____, Med. Reviewer.

_____, 18____; _____, Med. Referee.

Pensioned from _____, 18____; for _____

Last paid to _____, 18____; at \$ _____

BASIS OF PRESENT ACTION.

Chief of Board of Review recommends _____

_____, 18____; _____, Chief of Finance Division.


After legal notice, the above action is _____

_____, 18____

Commissioner.

JMG

3-511.


 BOARD OF REVIEW.
Widow's Cert. No. 317,835, **Department of the Interior,**Janette, widow of Louis Simons **BUREAU OF PENSIONS,**

Co. I, 34 Reg't N.J. Vol. Inf.

Washington, D. C., March 20, 1895

Madam:

I have to advise you that it appears from evidence obtained by means of a special examination, now on file, that you have violated the act of Congress of August 7, 1882, having lived in open and notorious adulterous cohabitation with one George Wienhold since the passage of said law and since the death of your late husband, the above named soldier, the penalty for which is the termination of your pension under the above numbered certificate.

Under the provisions of the act of Congress of December 21, 1893, you will be allowed a period of thirty days from ^{receipt hereof} ~~this date~~ in which to file testimony in rebuttal of the evidence referred to, and if the same is not satisfactory, and no sufficient reason appears why an extension of time should be made, your name will be dropped from the pension roll at the time indicated above.

Such evidence must be submitted in the form of affidavits, and the envelope inclosing the same should be addressed to the Commissioner of Pensions, and marked in the lower left-hand corner, "Board of Review." This letter should be returned therewith. Attention is invited to Order No. 229, herewith.

Very respectfully,



Commissioner.

Mrs. Janette Simons,

New York,

New York.

Received copy of the
written notice this 4
day of May 1895.

-Janette Simons

Board of Review.

Wid

JUN 3 1895

Cert. No. 317835

Pensioner Janette Inniss

Soldier, Louis Inniss

Co. I, 34 Regt. N. J., Inf.

Chief East Division:

Please let the bearer have any evidence pertaining to the above cited pension claim which you may have in your files. If you have none, please so state hereon.

Very respectfully,
A. A. Spencer
Chief Board of Review.

None

R. R. Perry

Chief of East Div.

N. J. C.

SPECIAL EXAMINATION
DIVISION.

Department of the Interior,

BUREAU OF PENSIONS.

158 E. 37th St.
New York City.

May 6th, 1895

Hon. Wm. Lochren,
Commissioner.
Sir;

I return herewith copy of a "30 day Notice" addressed to Janette Simons, NY., a pensioner by Ent. 367,835, as the widow of Louis Simons, Co. "D", 34th N. J. Vol's, with the pensioner's acknowledgement on the back of receipt of duplicate of the said "Notice".

These "Notices" were sent on March 20th, 1895, but I was unable to find the pensioner until today when she called at the Agency to draw her quarterly pension.

Very Respy,

J. H. Elliot,
Special Examiner

No. _____

J. H. Elliot

Special Examiner.

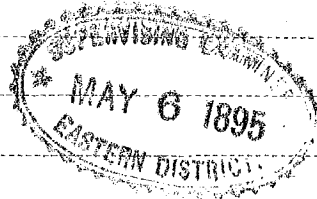
Dated

New York,

May 4, 189*5*

BRIEF.

Returning "30 day notes"
to Janette Sumner, c/o
317 & 319 with her
acknowledgment of
receipt of duplicate



No. of Inclosures, _____

Specie
(3-128 a.)

ACT OF JUNE 27, 1890.

J. C. P.

WIDOW'S PENSION.

Claimant *Janette Simons*

Soldier *Louis Simons*

P. O. *219 E. 107 St. New York*

Rank *Corporal*, Co. *D.*

County *New York*, State *N.Y.*

Regiment *34th Vol Inf*

Rate, \$8 per month, commencing *May 21*, 1891, and \$2 per month additional for each child, as follows:

<i>William H.</i>	Born, <i>Jan 5</i> , 18 <i>77</i>	Sixteen, " <i>4</i> ", 18 <i>93</i>	Commencing <i>May 21</i> , 1891.
<i>James</i>	Born, <i>July 10</i> , 18 <i>82</i>	Sixteen, " <i>4</i> ", 18 <i>98</i>	Commencing <i>May 21</i> , 1891.
<i>Freeda</i>	Born, <i>Aug 12</i> , 18 <i>85</i>	Sixteen, " <i>11</i> ", 18 <i>01</i>	Commencing <i>May 21</i> , 1891.
<i>Samuel J.</i>	Born, <i>Mar 17</i> , 18 <i>87</i>	Sixteen, " <i>16</i> ", 18 <i>03</i>	Commencing <i>May 21</i> , 1891.
<i>Henrietta</i>	Born, <i>Mar 21</i> , 18 <i>89</i>	Sixteen, " <i>20</i> ", 18 <i>05</i>	Commencing <i>May 21</i> , 1891.
<i>Charles</i>	Born, <i>Feb 23</i> , 18 <i>91</i>	Sixteen, " <i>22</i> ", 18 <i>07</i>	Commencing <i>May 21</i> , 1891.
	Born, _____, 18__	Sixteen, _____, 18__	Commencing _____, 18__
	Born, _____, 18__	Sixteen, _____, 18__	Commencing _____, 18__

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

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

RECOGNIZED ATTORNEY:

Name *Batts & Phillips*

Fee \$ *10* Agent to pay.

P. O. *City*

Articles Filed _____, 189__

APPROVALS:

Approved for *Admission* *Dec 10*, 1891.

J. Y. Ballan, Examiner.

Dec 14, 1891.

Brontus, Legal Reviewer.

The soldier was *not* pensioned at \$ _____ per month for _____

Enlisted *Oct 17*, 18*63*.

Soldier's app'n filed *May 16*, 18*90*

honorably disch'd *Aug*, 18*65*.

Clt's app'n under other laws *May 27*, 18*91*

Re-enlisted *No Sub Enrue*, 18__

Former marriage of *either, none*, 18__

honorably disch'd _____, 18__

Death of former _____, 18__

Died *April 3*, 1891.

Clt's marriage to soldier *April 29*, 18*69*

Declaration filed *May 21*, 1891.

Clt *not* remarried _____, 18__

Claimant is _____ without other means of support than her daily labor.

Duplicate

MARRIAGE CERTIFICATE

Mr *Louis Simon*

AND
Miss *Jenette Hart*

were this *29* day of *April 1869* legally joined by me in

MATRIMONY

in accordance with the ordinance of God, and the Laws of the

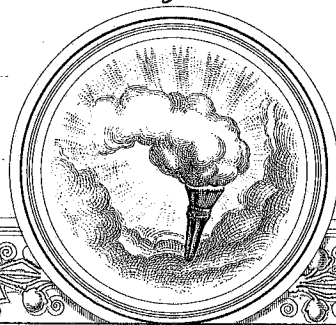
at *Pittsburgh Penn.*

State of Pennsylvania

In Presence of:

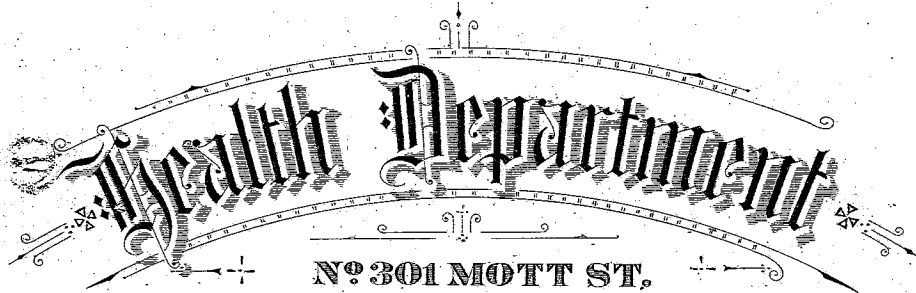
W. Haysmith,
A. Appelbaum

to which I hereby certify:

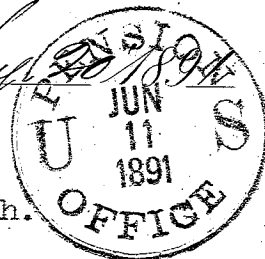


Rev. S. Bergman, Minister
of the Congregation Ez. Chayim (or, Tree of Life)
Pittsburg, Pa. (From April 1867
to April 1871.

at present a resident of Newark, N.J.



New York May 20 1891



To the Secretary of the Board of Health.

I have searched the records of

Birth in this city, from *Jan*. 18*74* to *Apr*. 18*74*, for the name of *Wm H James*

who is said to have *been born* on the *5th* day of *Jan* 18*74* and the name is not found.

Very respectfully,

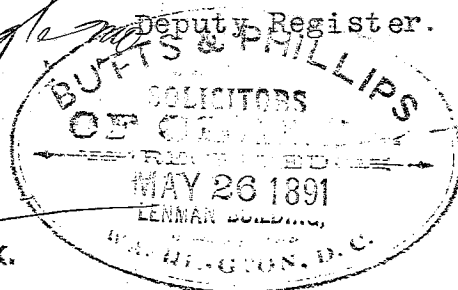
[Signature] Clerk.

Signature correct.

John T. Hagler Deputy Register.

Correct.

C. H. Humeau
Chief Clerk.



Health Department

OF THE CITY OF NEW YORK,

No. 301 MOTT ST.

Transcript of Birth.

BUTTS & PHILLIPS,

RECEIVED
NOV 21 1891
RECEIVED

1425 NEW YORK AVENUE,
WASHINGTON, D. C.

12
507

HEALTH DEPARTMENT OF THE CITY OF NEW YORK.

OFFICE No. 301 MOTT STREET.

New York, Nov. 17, 1891

A TRANSCRIPT from the Records of BIRTHS

IN THE CITY OF NEW YORK.

DATE OF BIRTH		NAME OF CHILD	SEX	No. of Child of Mother	COLOR
July 10, 1882		James T. Simons	Male	11	W
PLACE OF BIRTH		NAME OF MOTHER	MAIDEN NAME OF MOTHER		
No. 219 E. 115 St.		Janette Simons	—		
MOTHER'S BIRTHPLACE	AGE	NAME OF FATHER	FATHER'S OCCUPATION		
N. Y. City	30	Louis Simons	—		
FATHER'S BIRTHPLACE	AGE	NAME OF MEDICAL ATTENDANT, OR PERSON WHO MAKES THE RETURN	WHEN RECORDED		
Germany	38	Katie Gass.	July 18, 1882.		

NOTICE —In issuing this transcript of record, the Health Department of the City of New York does not certify to the truth of the record transcribed. The seal of the Board of Health attests only the correctness of the transcript, and no inquiry as to the facts reported has been provided for by law.

John T. Doyle
Deputy Register of Records.

At True Copy,

C. Goldman

Health Department

OF THE CITY OF NEW YORK,

No. 301 MOTT ST.

Transcript of Birth.

BUTTS & PHILLIPS,

RECEIVED
NOV 21 1891
RECEIVED

1425 NEW YORK AVENUE,
WASHINGTON, D. C.

HEALTH DEPARTMENT OF THE CITY OF NEW YORK.
OFFICE No. 301 MOTT STREET.

18
10882

New York, Nov. 17, 1891.

A TRANSCRIPT from the Records of BIRTHS
IN THE CITY OF NEW YORK.

DATE OF BIRTH		NAME OF CHILD	SEX	No. of Child of Mother	COLOR
Aug. 12, 1885		Simon	Female	12	W
PLACE OF BIRTH.		NAME OF MOTHER	MAIDEN NAME OF MOTHER		
No. 217 E. 107 th St.		Jane Simon	Hart		
MOTHER'S BIRTHPLACE	AGE	NAME OF FATHER	FATHER'S OCCUPATION		
New York	33	Louis Simon	Examiner of Woolen Goods		
FATHER'S BIRTHPLACE	AGE	NAME OF MEDICAL ATTENDANT, OR PERSON WHO MAKES THE RETURN	WHEN RECORDED		
Germany	39	E. Fleming, M.D.	Aug. 13, 1885.		

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John J. Nagleman
Deputy Register of Records.
A True Copy,
C. Goldsman

Health Department

OF THE CITY OF NEW YORK,

No. 301 MOTT ST.

Transcript of Birth.

BUTTS & PHILLIPS,
RECEIVED
NOV 21 1891
RECEIVED
1425 NEW YORK AVENUE,
WASHINGTON, D. C.

HEALTH DEPARTMENT OF THE CITY OF NEW YORK.
OFFICE No. 301 MOTT STREET.

21
13732

New York, Nov. 17, 1891

A TRANSCRIPT from the Records of BIRTHS
IN THE CITY OF NEW YORK.

DATE OF BIRTH		NAME OF CHILD	SEX	No. of Child of Mother	COLOR
March 17, 1887		Samuel Julius Simons	Male	13	W
PLACE OF BIRTH		NAME OF MOTHER	MAIDEN NAME OF MOTHER		
No. 1521 1st Ave. St.		Jeanette Simons	Hart		
MOTHER'S BIRTHPLACE	AGE	NAME OF FATHER	FATHER'S OCCUPATION		
New York	36	Louis Simons	Wool Examiner		
FATHER'S BIRTHPLACE	AGE	NAME OF MEDICAL ATTENDANT, OR PERSON WHO MAKES THE RETURN	WHEN RECORDED		
Poland	39	J. A. Roth, M. D.	March 23, 1887.		

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John T. Nagle, M.D.
Deputy Register of Records.
True Copy,
C. Goldman

New York, Nov. 17, 1891

A Transcript from the Records of the Births Reported to the Health Department of the City of New York.

County of New York.

STATE OF NEW YORK.

City of New York.

CERTIFICATE OF BIRTH.

No. of Certificate

94191. Name of Child (In full when possible.) Henriette Simon2. Sex Female { Color or Race, } W Date of Birth.

MONTH.	DAY.	YEAR.
<u>March</u>	<u>21</u>	<u>1889</u>

3. Place of Birth (Street and Number) 207 E. 107th St.4. Name of Father Louis Simon { If out of wedlock omit name }
of Father, and write O. W. }5. Full Name of Mother Jenny Simon6. Maiden Name of Mother Hart7. Birthplace { Country } of Mother New York City Age 37 years.8. " " of Father Germany Age 43 years. Occupation Examiner of Wool9. Number of Child of Mother { } 15 How many of them now living 8
(whether 1, 2, 3, &c.) }10. Name and address of Medical Attendant or Signature Ad. Federbaum, M.D.
other authorized person, in own handwriting Address 111 E. 111th St11. Date of this Return March 29, 1889.

B A True Copy,

C. Goldman

NOTICE.—In issuing this transcript of record, the Health Department of the City of New York does not certify to the truth of the record transcribed. The seal of the Board of Health attests only the correctness of the transcript, and no inquiry as to the facts reported has been provided for by law.

New York, Nov 17, 1891

A Transcript from the Records of the Births Reported to the Health Department of the City of New York.

COUNTY OF NEW YORK.

STATE OF NEW YORK.

CITY OF NEW YORK.

CERTIFICATE AND RECORD OF BIRTH
OF

No. of Certificate,

6459

Name of Child.....

Name and address of person }
making this report.

Signature,

W. C. Campbell

Residence,

259 W. 42

DATE OF REPORT,

Feb'y 23,

1891

Name.	Sex.	Color.	Date of Birth.	Place of Birth.	Father's Name.	Residence.	Birthplace.	Age.	Occupation.	Mother's Name.	Mother's Name before Marriage.	Residence.	Birthplace.	Age.	Number of previous Children.	How many living (in all).	Date of Record.
	<u>M</u>	<u>W</u>	<u>Feb'y 23, 1891</u>	<u>345 W. 43.</u>	<u>Louis Simon</u>	<u>345 W. 43</u>	<u>Prussia</u>	<u>45</u>	<u>Examiner Mortuary</u>	<u>Annetta Simon</u>	<u>East</u>	<u>345 W. 43</u>	<u>Italy</u>	<u>38</u>	<u>15</u>	<u>9</u>	<u>Feb'y 24, 1891.</u>

A True Copy,

C. E. Goodman

NOTICE.—In issuing this transcript of record, the Health Department of the City of New York does not certify to the truth of the record transcribed. The seal of the Board of Health attests only the correctness of the transcript, and no inquiry as to the facts reported has been provided by law.

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[3-216]

Ex'r.

INVALID.

No.

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

June 21 90 not paid
Mr. Sept 13/90 R.R. Duff for Mrs. Duff
Mar 12/90 Atty for origin of dism.
of two of 221 foot
N. H. Sept 17/90 Mrs. Duff

Louis Simmons

P. O. *W. Vogel Bm*

8 Ave. & 42nd St. New York City

Service: *Musc. I. 34- N. Y. Inf.*

1st 38- N. Y. Inf.

Enlisted: *Oct. 17, 1863.*

Discharged: *Aug. 18, 1865.*

Application filed: *May 16, 1890.*

MS 8.

Alleges: *Scumy & loss of*

three toes left foot

Re-enlisted:

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Attorney: *H. A. Phillips*

P. O. *Washⁱⁿ DC*

Recognized.

Contract.

Cert. of Dis. Searched for *18*

(17176-30,000)

FILED

No.