

INCREASED TO \$40 PER MONTH FROM
JUNE 4, 1928 - ACT MAY 23, 1928

(3-231.)
No. 382003.
Act of JUNE 27 1890:

Widow of
Margaret J. Schuster
WIDOW OF
Donald Schuster
Frank Bugler, Co. C.
Regt. 6th Ill. Inf. Cav.
Grayville Agency.

Rate per Month \$ 8.
Commencing July 24th, 1890

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

- Frank 16 yrs. "Sept 17" 1891.
- Polie W. "Apr 2" 1894.
- " " " 18.
- " " " 18.
- " " " 18.
- " " " 18.

1 sued Aug 26th, 1898.
Mailed Sept 1, 1893
Duty Fee, \$ None.

STATE OF ILLINOIS,

Hamilton County.

ss.

I,

Clerk of the County

Court in and for said County, hereby certify that *Mr. Daniel Wheeler*

and *Miss Sara Q. Munday* were joined in matrimony on the

14th day of *July* A. D. 18*64*, by *J. H.*

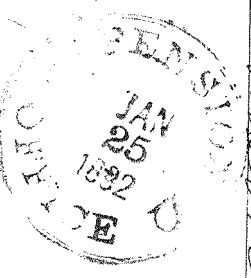
Johnson, *J. H.* in said County, as appears of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and

affixed the official seal of said County, at McLeansboro, Illinois,

this the *18th* day of *January* 18*69*.

J. H. Wheeler
Clerk of the County Court.



BOARD OF REVIEW,

189

No. _____

Name _____

Examiner _____

This case is respectfully returned to

Mr. _____

Chief of _____ Division,

for correction of the following clerical errors
in the face brief, viz.:

The evidence of date of
birth of Frank is not
satisfactory but the fact
that can be obtained and as
but a few dollars an at state
I have concluded to accept

ALPD No. 2 *Amey*

It is requested that the case be returned by
special messenger that it may not lose its turn.

~~J. R. VAN NEEB~~

Chief, Board of Review.

Reviewer.

Treasury Department,

SECOND AUDITORS' OFFICE

Washington, D. C., *Dec. 28*, 1891

Respectfully returned to the Hon. Com.

missioner of Pensions

In the case of *Quincy*
Schuster late *Private* in
1st Regiment *Ill. Cav.*

~~Volunteers, no claim having been filed in
this office or receipt of his services, the~~

~~desired information cannot be furnished~~

Enclosed please
find a copy of address
shown as above in our
file relative to the
marriage of claimant
to the widow, as per
request

W.P. 30

J. H. Cottman

J. H. Cottman
Auditor

456,975-

No. 9793

ACT OF JULY 14, 1862.

WAR OF 1861.

Vol. 3, page ABANDONED

Oswald Schuster

Belle City

Hamilton Co

Geo C Hells Cove

Discharged Aug 27 1863

462.980

SUSPENDED
JUL 30 1873
RESPONSE
FOR YEARS
TWO

W. Barrett

Commissioner.

Received, Jan 18 1867

Townshend & Walker

McLambard

W

382003
Removal

ACT OF JUNE 27, 1890.

W 00P

WIDOW'S PENSION #462980

Claimant Eliza J Schuster Soldier Oswald Schuster
 H. O. Eureka Springs Rank Private, Co. C
 County Carroll, State Ark Regiment 6th Ill. Vol. Cav

Rate, \$8 per month, commencing July 24, 1890, and \$2 per month additional for each child, as follows:

	{ Born,	18	}	Commencing	18
	{ Sixteen,	18	}	Commencing	18
	{ Born,	18	}	Commencing	18
	{ Sixteen,	18	}	Commencing	18
	{ Born,	18	}	Commencing	18
<u>Frank</u>	{ Born, <u>Sept 18</u>	18 <u>91</u>	}	Commencing <u>July 24</u>	18 <u>90</u>
<u>Edie W</u>	{ Born, <u>Apr 3</u>	18 <u>78</u>	}	Commencing <u>July 24</u>	18 <u>90</u>
	{ Sixteen, <u>" 2</u>	18 <u>94</u>	}	Commencing <u>July 24</u>	18 <u>90</u>
	{ Born,	18	}	Commencing	18
	{ Sixteen,	18	}	Commencing	18
	{ Born,	18	}	Commencing	18
	{ Sixteen,	18	}	Commencing	18
	{ Born,	18	}	Commencing	18
	{ Sixteen,	18	}	Commencing	18

INCREASED TO \$40 PER MONTH FROM
JUNE 4, 1928 - ACT MAY 23, 1928

JUN 14 1928

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

All pension to terminate, 189..., date of

RECOGNIZED ATTORNEY:

Name Claimant Fee \$ Agent to pay.
 P. O. Articles Filed, 189...

APPROVALS:

Submitted for ad July 26, 1893, A. M. Palmer, Examiner.

Approved for adm

Aug 21, 1893, Kinsley, Legal Reviewer.

The soldier was not pensioned at \$..... per month for

Enlisted <u>Dec 21</u> , 18 <u>61</u>	Soldier's app'n filed <u>Aug 18</u> , 18 <u>67</u>
honorably disch'd <u>Aug 27</u> , 18 <u>63</u>	Ult's app'n under other laws <u>no</u> , 18
Re-enlisted <u>Mar 6</u> , 18 <u>65</u>	Former marriage of <u>no</u> , 18
honorably disch'd <u>Nov 5</u> , 18 <u>65</u>	Death of former <u>no</u> , 18
Died <u>Jan 16</u> , 18 <u>78</u>	Ult's marriage to soldier <u>July 14</u> , 18 <u>67</u>
Declaration filed <u>July 24</u> , 18 <u>90</u>	Ult <u>not</u> remarried, 18

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

✓ under name

DECLARATION FOR WIDOW'S PENSION.

Act of June 27, 1890.

This Must be Executed Before a Court of Record or Some Officer Thereof Having Custody of its Seal.

State of Arkansas, County of Carrroll, ss:

ON THIS 21st day of July, A. D. one thousand eight hundred and ninety
personally appeared before me, Clark of the Circuit court,
the same being a Court of Record within and for the County and State aforesaid, Eliza J.

Schuster, aged 41 years, a resident of
the City of Eureka Springs County of Carrroll, State of
Arkansas, who, being duly sworn according to law, declares that she is the widow of

Oswald Schuster who enlisted under the name of Oswald Schuster
at Shawmington Ill. on the 6th day of March
A. D. 1865, in Company C, 6th Regiment Illinois
Volunteers Cav. this being his 3rd Enlistment

and served at least ninety days in the late war of the Rebellion, who was HONORABLY DISCHARGED The 5th day
of November 1865, and died January 16th 1878
(The cause of death need not be stated.)

That she was married under the name of Eliza J. Mandy, to said
Oswald Schuster, on the 14th day of July
1867, by James Atkinson Esq., at Hamilton County Illinois
there being no legal barrier to such 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 Oswald Schuster
(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:

<u>Frank Schuster</u>	born	<u>September 18th</u>	18 <u>75</u>
<u>Edie W Schuster</u>	born	<u>April 3rd</u>	18 <u>78</u>
	born		18
	born		18
	born		18
	born		18

That she ~~has 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 provi-
sions of the Act of June 27, 1890. She hereby appoints _____ of _____

her true and lawful attorney to prosecute her claim. That her post office address is _____
Eureka Springs, County of Carrroll, State of Arkansas

H.W. White Eliza J. Schuster
Albin Reynolds (Signature of Claimant.)
(Two witnesses who can write, sign here.)

Also personally appeared A M C White, residing at Evanku Springs Ark, and Alice Reynolds, residing at same place, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Eliza J Shuster 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 17 years and 7 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.

A M C White
Alice Reynolds
 (Signatures of witnesses.)

Sworn to and subscribed before me this 21st day of July, A. D. 1890

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words _____

 _____ erased, and the words _____
 _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Luc Annally Clark
 (Official Signature)
By Esip Taylor D C
 (Official Character)

[L. S.]

The Act of June 27, 1890, requires, in widow's case:

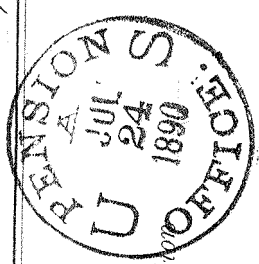
1. That the soldier served at least NINETY DAYS in the War of the Rebellion and was HONORABLY DISCHARGED.
2. Proof of soldier's death (death cause need not have been due to Army service).
3. That widow is "without other means of support than her daily labor."
4. That widow was married to soldier prior to June 27, 1890, date of the Act.
5. That all pensions under this act commence from date of receipt of application (executed after the passage of act) in Pension Bureau.

141203

WIDOW'S CLAIM.

Act of June 27, 1890.

Claimant _____
 Soldier Q 6 Wm Carr
 Service No other than Army
 Address Lawrence, Mo
171, 2032
14/181 Ad



Filed by _____

INABILITY AFFIDAVIT.

To be executed only by the Claimant.

State of Arkansas, County of Carroll, ss:

In the matter of Widows Pension Claim No. 462 980

of Eliza J Schuster Widow of Oswald Schuster

ON THIS 2nd day of May A. D. 1893, personally appeared before me

a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,

Eliza J Schuster a resident of Carroll Springs

in the County of Carroll and State of Arkansas

whose Post Office address is Carroll Springs

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid

case as follows: That he is unable to comply with the requirements of the Pension Office as to a certified

Copy of the Family Bible with date of birth
of Frank Schuster

for reason that The matter was neglected and date of the
birth of Frank was not put down in the family
bible now in my possession, nor in any other bible
to the best of my knowledge and I duly know
his age from memory I further swear that
Frank & Ed Schuster are both alive at the
present time

That he is unable to prove his condition from 2 date of discharge up to the year..... by medical testimony
for the reason that.....

He respectfully requests that the testimony herin

be accepted in lieu of the testimony called

for in Circular attached

Mrs Eliza J Schuster

Sworn to and subscribed before me this day by the above-named affiant and I certify that I read said affidavit to said affiant, including the words _____, erased, and the words _____ added and acquainted 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 and that she is a credible person.

Amie Spiess Oct 31st 1894
and on file in Census Dept

H Mc White
(Official Signature.)
Justice of the Peace
(Official Character.)

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 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 _____, 189 _____

[U. 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.

Inability Affidavit.

CLAIM OF

Oliver J Schuster

Affidavit of Claimant.

Filed by

Oliver J Schuster

Printed and for sale by J. H. SOULE, Washington, D. C.

GENERAL AFFIDAVIT.

State of Arkansas, County of Carroll, ss:

In the matter of Eliza Jane Schuster for Original
Witness: Pensive ones from the 27th 1890

ON THIS 14th day of February A. D. 1893 personally appeared before me

Justice of the Peace in and for the aforesaid County duly authorized to administer oaths,
Eliza Jane Schuster aged 44 years, a resident of Enoch Springs
in the County of Carroll and State of Arkansas

whose Post Office address is Enoch Springs

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post Office address is _____

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

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

I am the Widow of Oswald Schuster and state that said Soldier never served in the Military or Naval Service since November the 5th 1865 and that I never applied for Pensive prima to this application, and I further swear that I cannot prove the date of the birth of Frank, Child of said Soldier the Physician that waited on me I do not know his whereabouts he was a stranger to me we had moved to Cutter in the Southern part of the State and lived there only a short time and I further swear that the Lady attendant was my sister and she has been dead several years and that my husband who was present is dead also and that Frank was never Baptized and that I do not know of any Record of his birth and I further state that I have furnished all the proof in the Case that I know of.

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

Eliza Jane Schuster

STATE OF Arkansas, COUNTY OF Carroll, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words B. Elixco James Sebastian erased, and the words Justice of the Peace added 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 and that she is a credible person.

H. M. White
(Official Signature.)

Given Expires Oct 31st 1894
[L. S.]

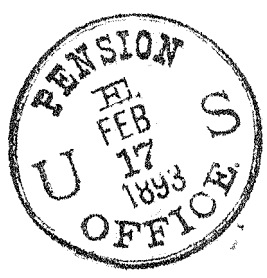
Justice of the Peace
(Official Character.)

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 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 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
AFFIDAVIT OF



Filed by

GENERAL AFFIDAVIT.

State of Arkansas, County of Carroll, 99

In the matter of Eliza J. Schuster Widow of Oswald Schuster

ON THIS 10th day of December A. D. 1892 personally appeared before me

a Justice of the Peace in and for the aforesaid County duly authorized to administer oaths,

Eliza J. Schuster aged years, a resident of Eureka Springs

in the County of Carroll and State of Arkansas

whose Post Office address is Eureka Springs

aged years, a resident of

in the County of and State of

whose Post Office address is

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

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

I can not furnish the testimony called for in Circular Call No 14

I do not know any Physician by whom I can show Soldier's Physical Condition from date of Discharge until said Soldier and Claimant was married on the 14th day of July 1867

and from date of marriage until Soldier's last illness he had no Physician he being in reasonable good health.

Affiant further says that the attending Physicians in his last illness to wit Dr. Coleman late of Seneca Mo, and Dr. Owens late of Seneca Mo. are both dead and that Claimant has on file all the testimony that she knows of

Affiant further says that she has never remarried and that she has no means of support except her daily labor.

She further declare that she is interested in said case and is concerned in its prosecution.

E. J. Schuster (with circular stamp)

STATE OF Arkansas COUNTY OF Carroll, ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words was not erased, and the words _____ added 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 and that she is a credible person.

A. M. White
[Official Signature.]
Justice of the Peace
[Official Character.]

[L. S.]
Comish Expires Oct. 31, 1894

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 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 _____, 189_____

[L. S.] Clerk of the _____

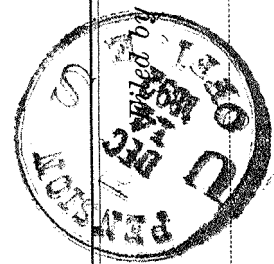
NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.



ADDITIONAL EVIDENCE.

CLAIM OF

AFFIDAVIT OF



GENERAL AFFIDAVIT.

State of Arkansas, County of Carroll §§:

In the matter of Eliza J Schuster

for Original Petition No 462980 Act June 30 1890

ON THIS 22nd day of January A. D. 1892 personally appeared before me Asst. Atty. Gen. Pease in and for the aforesaid County duly authorized to administer oaths Eliza J Schuster aged 43 years, a resident of Eureka Springs in the County of Carroll and State of Arkansas well known to me to be reputable and entitled to credit, and

who, being duly sworn, declared in relation to aforesaid case as follows:

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

I am the widow of Oswald Schuster Late a Bugler of Company G, Sixth Regiment of Ill. Cav., who was enrolled on the 5th day of March 1865. In June one year was discharged on the 5th day of November 1865 by reason of service being no longer needed. Affiant further says that she was married to the said Oswald Schuster on the 14th day of July 1867 and that she never was married at any other time nor to any other man. Affiant further says that her only child the said Oswald Schuster was raised by the said Eliza J Schuster the affiant. Affiant further says I am the mother of Frank Schuster and that the attendant female nurse is dead and that I know of no one that I can prove the facts by letter there is already proven. Her Post-office address is Eureka Springs Carroll County Arkansas

She further declare that she has no interest in said case and is not concerned

in its prosecution.

Eliza J. Schuster

[Signature of Affiant.]

[If Affiants sign by mark, two witnesses who can write sign here.]

STATE OF Arkansas, COUNTY OF Carroll, ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added and acquainted 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 and that she is a credible person.

H. M. White
[Official Signature]
I, A. M. White, Notary Public, 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 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 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

Chas. J. Schuster

AFFIDAVIT OF

Filed by

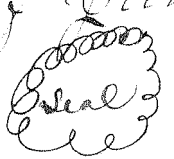


This copy is furnished for the information of the Commissioner of Revenue.

State of Illinois }
Hamilton County } S.S.

I John Dudd, clerk of the County Court in and for the aforesaid County, hereby certify that Mr Oswald Schuster and Miss Elizabeth Skundy, were joined in matrimony on the 14th day of July A.D. 1867. by J. A. Atchison, C. P. in said County as appears of record in my office.

In Testimony Whereof, I have hereunto set my hand and affixed the official seal of said County at the Leansboro, Illinois, This 2nd day of June 1888



John Dudd,
Clerk of the County Court

Treasury Department
Second Auditors Office.
Dec 28th 1891

I hereby certify that the foregoing is a correct Copy of the original on file in this office.
J. N. Pattison
Auditor

[Handwritten signature]
34

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., 189.....

In the claim for pension, No., of
as father of of Co.

the claimant is required to state, under oath, his actual residence and post-office address in 18....., each change since and the date thereof, and the names, ages, and relationship of all the members of his family in 18....., and whether any person has been legally bound to support him since the death of the soldier.

Evidence is required showing the date of the claimant's marriage to the mother of the soldier, the date of her death, the date of the soldier's birth, and whether he had ever been married and left a widow, child, or children surviving him.

Medical evidence is required showing the exact physical condition of the claimant in 18....., the nature and extent of his disability, if any existed, during that year, and each year.....

The testimony of the claimant's employers or of others knowing the facts is required, showing his age, occupation, and the amount of income per month or year that was derived from his occupation and from all other sources during the entire year 18..... and each year.....

whether such income afforded him a maintenance, and how he has been supported during each year since the death of the soldier.

The testimony of credible disinterested persons having personal knowledge of the facts is required, showing the full value of all the property owned by, or in possession of, the claimant or his wife, of what it consisted, both real and personal, where located, and the income derived therefrom in 18..... and each year.....

If the claimant has disposed of any real estate since the soldier's death, a transcript from the records should be furnished, showing when, to whom, and for what consideration the transfer was made.

Evidence is required, showing to what extent and in what manner the soldier aided in the support of the claimant, or acknowledged his obligation to do so, during the..... years next prior to his death.

All letters written by or for the soldier in which he referred to the claimant should be filed.

All witnesses should state their ages, post-office addresses, and means of knowledge of the facts to which they testify; and it must appear in the jurats whether they are credible, that they knew the contents of their affidavits, and that all erasures and interlineations were made before the oaths were administered.

This circular should be returned with your reply, and have evidence properly filed and state "in reply to Call No. 20."

Very respectfully,

Green B. Raum.
Commissioner

GENERAL AFFIDAVIT.

For neighbors, employers, or fellow workmen of soldier, (other than relatives,) who knew him before his enlistment, or since his return from the army.

State of Arkansas, County of Carrall, ss.

In the matter of the application for pension of Elyia J. Schuster widow of Oswald Schuster No. Claim 4629

ON THIS 31st day of October A. D. 1891, personally appeared before me a Nobary Public W. M. C. White aged 52 years, a resident of Eureka Springs

in the County of Carrall and State of Arkansas,

whose Post-Office address is Eureka Springs, Ark. and

Mr. A. White aged 48 years, a resident of Eureka Springs

in the County of Carrall and State of Arkansas,

whose Post-Office address is Eureka Springs, Ark.

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

said case as follows: That they have been well and personally acquainted with claimant

for 18 years, and 17 years respectively, and that they knew said

soldier, husband of claimant & they

knew that claimant & said soldier

lived together as husband & wife & were

so recognized by all who knew them,

& that they were present & witnessed

the death of said soldier, who died

in Seneca Mo. on the 16th day of

January 1878 and that claimant

has not resumed marriage re-

lations since the death of said

soldier and also, that she has

no income, and is dependent

on her daily labor for a sup-

port. And they further state that they

saw Frank, son of claimant & said soldier,

when he was about six weeks old, in his

father's arms, & saw his nurse from his

mother's breast, & have known him ever

since. And Mr. A. White states that she was

present at the birth of Ed W. son of claimant

& said soldier, that claimant at

that time lived in the house with affian

and that he was born on the 3rd day of April

1878 after said soldier's death in Jan.

Read these instructions carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the claimant, 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 he joined the army or navy, what his physical condition was at that time, and that he was then 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 discharge 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 $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, $\frac{1}{8}$, 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.

H. M. White states that he went for the physician who attended claimant in his sickness, & was there in the house and knows all about the circumstances,

They further declare that they have no interest in said case and are not concerned in its prosecution.

H M White

M. A. White

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

[Signature of Affiants.]

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

STATE OF Arkansas COUNTY OF Carrall ss :

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added

and acquainted them 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 are personally known to me and that they are a credible person.

My Commission expires
February 22 1894
[L. S.]
[Am on file at Department]

E R Ray
[Official Signature.]
Notary Public
[Official Character.]

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 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 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, unless the Justice or Notary already has a certificate on file in the Pension Office, showing his authority. If such be the case, he must say so in his jurat.

ADDITIONAL EVIDENCE.

CLAIM OF
Elizabeth Schuster

AFFIDAVIT OF

H M White
M A White



Filed by

For sale by H. N. Corp., Washington, D. C.

Goldthwaite Mills County Tex. July 7th 1893

I Frank Schuster will be 18 years
old the 18th day of September 1893. As
I have received my age by information
from my Parents. I was cared for by my
Mother until I was 16 years of age
I consider my Home at her house with
her now. I recognize no other place as my
home.

F. X. W. Schuster
mark

Witness.

J. D. Williams
I know to & subscribed to before
me this 7th day of July 1893

J. A. Mohler
County Judge
Mills County
Texas

ms. 7041
Department of the Interior
BUREAU OF PENSIONS

West Div
Lamm Ex'r

Order No. 462 780
Ewald Schuster
Co. 6th Reg't Ill. Cav
Jan 27, 1890.

Washington, D.C. Jan 24, 1893

Return this letter with your reply.

Lamm
Jan 24 1893

Madam:

Referring to your above cited claim I have to state that Frank Child of said soldier should furnish a statement under oath showing his age and the day of the month he celebrated as his birth day.

Very respectfully
Geo Lockman
Commissioner

Wm Eliza J. Schuster
Eureka Springs
Ark

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., _____, 189 .

In the Pension Claim, No. _____, of _____

as mother of _____, of Co. _____

the claimant is required to state under oath her actual residence and post-office address in 18 , each change since, and the date thereof, and the names, ages, and relationship of all members of her family in 18 , and whether any person has been legally bound to support her since the death of the soldier.

Evidence is required showing whether the claimant has again married since _____

_____, her relationship to the soldier, whether he had ever been married, and whether he left a widow, child, or children surviving him.

If the claimant's husband died prior to the death of the soldier, the fact and date of his death should be proved. If the husband survived the soldier, medical evidence should be furnished showing his exact physical condition in 18 , the nature and extent of his disability, if any existed, during that year and each year _____

The testimony of the husband's employers, or of others having personal knowledge of the facts is required, showing his age, occupation, and the amount of income per month or year that was derived from his occupation, and from all other sources, during the entire year 18 , and each year _____

whether his income afforded the claimant a maintenance, and how she has obtained means of subsistence each year since the soldier's death.

If the husband of the claimant abandoned her, or failed to support her from any other cause, all the facts relating to such failure should be clearly shown by competent evidence.

Testimony of credible disinterested persons having personal knowledge of the facts, is required, showing the full value of all the property owned by, or in possession of, the claimant and her husband during the year 18 , and each year _____, of what said property, real and personal, consisted, where located, and the income derived from it during each year of the period above named.

If the claimant or her husband has disposed of any real estate since the soldier's death a transcript from the records should be furnished, showing when, to whom, and for what consideration the transfer was made.

Evidence is required showing to what extent and in what manner the soldier aided in the support of the claimant, or acknowledged his obligation to do so, during the _____ years next prior to his death.

All letters written by or for the soldier in which he referred to the claimant should be filed.

All witnesses should state their ages, post-office addresses, and means of knowledge of the facts to which they testify; and it must appear in the jurats whether they are credible, that they knew the contents of their affidavits, and that all erasures and interlineations were made before the oaths were administered.

This circular should be returned with your reply, and have evidence properly filed, and state, —“in reply to Call No. 19.”

Very respectfully,

Commissioner.

GENERAL AFFIDAVIT.

For neighbors, employers, or fellow workmen of soldier, (other than relatives,) who knew him before his enlistment, or since his return from the army.

State of Arkansas, County of Carroll, 55.

In the matter of the application for pension of Eliza J Schuster
Widow of Oswald Schuster

ON THIS 17th day of May A. D. 1893 personally appeared before me a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,
H. M. White aged 54 years, a resident of Eureka Springs

in the County of Carroll and State of Arkansas
whose Post-Office address is Eureka Springs and

L. C. White aged 24 years, a resident of Eureka Springs
in the County of Carroll and State of Arkansas

whose Post-Office address is Eureka Springs

well known to me to be respectable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows: That we have been well and personally acquainted with Clairmont for 18 years, and 12 years respectively, and that we have often been at

her home and that we are acquainted with her property and her means of support and know that ever since the death of her husband that she was compelled to work for her living that most of the time washed for her support. She has no income except some help from her son who works at twenty dollars per month part of the time, and helps his mother some. We understand and believe that said son is above the age of 21 years. Old she has no home and her property consist of one cow worth fifteen dollars one calf worth three dollars a few chickens and her household property worth thirty dollars.

She complains of bad health and from her general appearance we believe that her general health is bad. we further say that we believe that she is very poor. we know these facts by living in the same town that Clairmont lives in, and often being at her home or the place that she lives at.

Read these instructions carefully.
The witnesses must state:
1st. Their respective ages and occupation; the length of time they have known the claimant, and in what year or years of the said period they were employed, worked with for him, or lived in the same neighborhood with him, and how near to him.
2d. If they knew him before he joined the army or navy what his physical condition was at that time, and that he was then 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 discharge from the army, they should state where it was, and what business, or if they have known him as neighbors 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 $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, $\frac{1}{8}$, 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 judge 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; and, in fact, describe his physical condition fully during each year of their acquaintance with him.

We further declare that we are not interested in said case and we are not concerned in its prosecution.

H M White
L B White

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

[Signature of Affiants.]

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

STATE OF *Arkansas* COUNTY OF *Crawford* ss :

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added

and acquainted *them* 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 *is* personally known to me and that *they are* credible person.

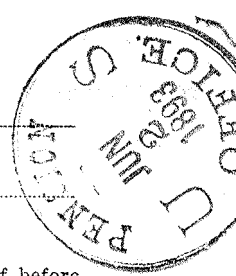
my commission expires July 22 1894.
[L. S.]

E. R. Ray
[Official Signature.]
Notary Public
[Official Character.]

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 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 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, unless the Justice or Notary already has a certificate on file in the Pension Office, showing his authority. If such be the case, he must say so in his jurat.

ADDITIONAL EVIDENCE.

CLAIM OF *Oliver J. Schmitz*

AFFIDAVIT OF *H M White*
L B White

Filed by *Oliver J. Schmitz*

For sale by H. N. Corr, Washington, D. C.

STATE OF Illinois
Hamilton COUNTY. } ss.

On this 11th day of January A. D. 1867,
personally appeared before me, the Clerk of the County Court

in and for the County and State above named, and by Law duly authorized to administer oaths for general purposes,
Oswald Schuster who being duly sworn according to law, declares
that he is aged 26 years, and is a resident of Belle City P.O. in the
County of Hamilton and State of Illinois and that he is
the identical Oswald Schuster who enlisted in the service of the
United States at Shawneetown Illinois on or about the 28th
day of December in the year 1861, as a private in Company
6th commanded by Captain Frater in the
Cavanaugh afterwards Anderson Regiment of Illinois Cavalry Volunteers, commanded by Colonel
in the War of 1861, and that he has not in any
way been engaged in, or aided or abetted, the existing rebellion in the United States, and was honorably discharged at
Permanton state of Tennessee on the 24th day of
August 1863, as appears by the accompanying certificate.

That while in the service aforesaid, and in the line of his duty at between Humboldt & Jackson
in the State of Tennessee about on the 15th day of June
A. D. 1863, he received the* following disability While engaged
in battle with the enemy he was shot in the arm
above the elbow with a minnie ball which fractured
the bones of his arm. he was also attacked about
the 15th day of July 1863 by chronic diarrhoea which
still continues

That since leaving said service this applicant has resided at Hamilton County Illinois
and his occupation has been Farming & Shoemaking

He makes this declaration for the purpose of being placed on the Invalid Pension Roll of the United States, by reason
of the disability above stated; and hereby constitutes and appoints Trushard & Walker of Madison Illinois
his Attorneys to prosecute this claim, and procure a Pension Certificate.

Signature of O. Schuster Applicant.

Sworn to, subscribed and acknowledged before me, the day and year first above named, and on the same day personally
came before me James Maulding and Solomon
Leachery residents of Hamilton Co in
the State of Illinois 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 Oswald Schuster
sign his name to the foregoing declaration and power of Attorney, and that they further
swear that they have every reason to believe from the appearance of the applicant and their acquaintance with him, that he is
the identical person he represents himself to be; and that they further state that they have no interest in the prosecution of
this claim.

That since leaving the service of the United States as aforesaid, his habits have been uniformly good, and his occupation
has been Farming & Shoemaking and all his averments are true, according to their best
knowledge and belief.

Witnessed by L. Coker Signatures of James Maulding
Dymars hall Solomon Leachery
Sworn to and subscribed before me this 11th day of
January A. D. 1867, and I hereby certify that I have no

interest, direct or indirect in the prosecution of this claim.
that this declaration & affidavit were read to affiant before signing
Witness My hand & official seal 2. W. Mansfield County Clerk

*Here give a full description of the disability by reason of which a Pension is claimed, stating when, where and how the wounds were received, or the disease contracted.

STATE OF _____ }
COUNTY. } ss.

I, _____ Clerk of the County Court,
in and for the County and State above named, do hereby certify that _____

Esq., before whom the foregoing declaration and affidavits were made,
and who has thereunto signed his name, was, at the time of so doing, the Judge of the aforesaid
Court, in and for the said County and State above named, duly commissioned and sworn, that all his
official acts, as such, are entitled to full faith and credit, and that his signature thereto is genuine.

IN TESTIMONY WHEREOF, I have hereunto signed my name and affixed
the official seal of said Court at _____ in
said County, this _____ day of _____
A. D. 186

CLERK.

NOTE.

Three official papers, viz.: THE DISCHARGE FROM SERVICE, THE CERTIFICATE OF THE COMMISSIONED OFFICER UNDER WHOM THE CLAIMANT SERVED, AND THE SURGEON'S CERTIFICATE must be forwarded with this declaration.

Correspondents sending Claims, unaccompanied by a letter, will insert their name in the blank left for that purpose below the Clerk's Certificate.

APPLICANT'S ADDRESS.

NAME Oswald Schuster
TOWN OF Belle City Pa
Hamilton COUNTY,
STATE OF Illinois

Forwarded by Lounsbury & Walker to _____

INVALID PENSION CLAIM.

DECLARATION.

ACT OF JULY 14TH, A. D. 1862.

Oswald Schuster private
6th Illinois Cavalry Reg't.
of Volunteers Vols.

Culver, Page & Hoyne, Stationers, Chicago.

atty address
Lounsbury & Walker
W Lounsbury
Illinois



Adjutant General's Office,

Washington, D. C.,

Nov 9th, 1861.

Sir,

I have the honor to acknowledge the receipt from your Office of application for Pension No. 121,232, and to return it herewith, with such information as is furnished by the files of this Office.

It appears from the Rolls on file in this Office, that Edward Hunter was enrolled on the 21st day of Dec, 1861, at ~~Manassas~~ in Co. C, 6th Regiment of Md. Cav. Volunteers, to serve 3 years, or during the war, and mustered into service as a Bugler on the 7th day of July 1862, at Manassas, Va., in Co. C, 6th Regiment of Md. Cav. Volunteers, to serve 3 years, or during the war. On the Muster Roll of Co. C of that Regiment, for the months of May & June 1863, he is reported "Sick in Hospital at Baton Rouge La." Roll for July and Aug 1863 reports him "Discharged Aug 27/63 from disability."

I am, Sir, very respectfully,

Your obedient servant,

Chas. Beck

Assistant Adjutant General.

The Commissioner of Pensions,
Washington, D. C.

Memoranda

Name of applicant

Address

ES

ARMY OF THE UNITED STATES.

CERTIFICATE

OF DISABILITY FOR DISCHARGE.



Oswald Schuster, Buglar of Captain J. D. Angeley
Company, (C.) of the 6th Ill. Cav Regiment of United States
Army was enlisted by Capt. J. P. Foster of
the 6th Cav Regiment of Ill. Vol. at Shammetown Ill.
on the Twenty Eighth day of December 1861, to serve three years; he was born
in Essingen in the State of Germany is Twenty Four
years of age, 5 feet 11 inches high, light complexion, Blue eyes,
light hair, and by occupation when enlisted a farmer. During the last two
months said soldier has been unfit for duty 60 days.* This soldier has the
chronic Diarrhea, contracted about the 1st day of May
on a march through Miss & Louisiana, was in Genl
Hospital at Baton Rouge La during most of the Siege of Port
Hudson La and has not been for duty since. I think he will not recover
Service STATION: Memphis Tenn
DATE: Aug 17th 1863

J. D. Angeley
Capt
 Commanding Company.

I CERTIFY, that I have carefully examined the said Oswald Schuster of
 Captain J. D. Angeley's Company, and find him incapable of performing the duties of a soldier
 because of Chronic Diarrhea which has so debilitated him
as to totally disable him for military duty and dis-
qualify him for the Invalid Corps. Said Soldier has
had Chronic Diarrhea for nearly a year which became
much aggravated on the march through Mississipi
Degree of disability 1/3

A. B. Agnew
 Assist Surgeon.

DISCHARGED, this Twenty Seventh day of August 1863 at Shammetown
Tenn

R. Loomis Lt Col
6th Ill. Cavalry
 Commanding the Reg't.

The soldier desires to be addressed at
 Town Shammetown County Gallatin State Illinois.

Original of original copy of this certificate
 in the file of the
 Adjutant General's Office
 at
 the
 War Department
 at
 Washington
 D.C.
 on
 the
 17th
 day
 of
 August
 1863

No. 1000
Aug 20 1863

CERTIFICATE OF DISABILITY FOR DISCHARGE

IN THE CASE OF

Renauld Schuster
a 1st Regt of Ill. Vol.
6th Cav. Regt of Ill. Vol.

Approved
W. B. Campbell
Major

Head Quarters 16th Army Corps
St. Louis, Mo. August 1863

To be discharged
By order of the Surgeon General
Henry Quinone
Adjutant General's Office

Approved and Forwarded
R. Johnson Jr Col
Comd'g 16th Ill. Cav
Sept 15 1863
Duplicate for the Surgeon's Office
William Smith
Received (A. G. Office) 186

NOTE 1.

The company commander will here add a statement of all the facts known to him concerning the disease or wound, or cause of disability of the soldier; the time, place, manner, and all the circumstances under which the injury occurred, or disease originated or appeared; the duty, or service, or situation of the soldier at the time the injury was received or disease contracted, stating particularly whether the injury was received or the disease contracted in the line of his duty; and whatever other facts may aid in a judgment as to the cause, immediate or remote, of the disability, and the circumstances attending it.

When the facts are not known to the company commander, the certificate of any officer, or affidavit of other person having such knowledge, will be appended—as the surgeon in charge of a hospital, the officer commanding a detachment of recruits, &c., &c.

NOTE 2.

When a *probable* case for pension, special care must be taken to state the degree of disability—as *h, s, &c.*, &c.; to describe particularly the disability, wound, or disease; the extent to which it deprives him of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor or earn his subsistence. The surgeon will add, from his knowledge of the facts and circumstances, and from the evidence in the case, his professional opinion of the cause or origin of the disability. In the case of discharges by Medical Inspectors, the last paragraph will state that the "discharge was given by consent of the soldier, after a personal examination, and for disability, the nature, degree, and origin of which are correctly described in the within certificate."

Par. 1260 Regulations, Edit. 1861.
Medical officers, in giving certificates of disability, are to take particular care in all cases that have not been under their charge; and especially in epilepsy, convulsions, chronic rheumatism, derangement of the urinary organs, ophthalmia, ulcers, or any obscure disease liable to be feigned or purposely produced; and in no case shall such certificate be given until after sufficient time and examination to detect any attempt at deception.

DIRECTIONS.

This certificate will be made out in duplicate by the soldier's company commander, or other officer commanding the separate detachment to which he belongs and sent by him to the surgeon who has charge of the hospital where the soldier is sick. The surgeon will then fill out and sign the surgeon's certificate, and forward these papers to the regimental, detachment, or post commander, who will forward them, with his action endorsed thereon, through the proper channel, to his division commander; or, if the troops are not attached to a division, to his corps, department, or other commander or officer to whom the authority to discharge enlisted men may be specially delegated.

These certificates, after having received the action of the highest authority to which they are required to be sent, will be returned through the same channel to the regimental, post, or detachment commander, who will, if the discharge is authorized by the endorsement of the proper authority, sign the soldier's discharge, and the last certificate on this paper; see that the soldier is furnished with the proper final statements in duplicate, and forward BOTH of these certificates direct to the Adjutant General United States Army, at Washington, D. C.; they will not under any circumstances be given into the hands of the soldier.

Schuster

Bugler, Renald
Company 6 Ill. Cav.

Makes application for
Discharge

No. 1000
Approved and Forwarded
R. Johnson Jr Col
Comd'g 16th Ill. Cav

DIVISION

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Nov 29, 1892

Respectfully returned to the

And all Pension

Dear Mr. Department

for holding full paying
hospital and hospital
treatment while in
the service.

process

462980

Oswald Schuster
M Co. 6th Ill Cav

New manuscript after

Green Blum
Commissioner

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Oswald Schuster

Co. C, 6 Reg't

was enrolled Dec 21, 1861

and disch'd Aug 27, 1863,

on D. C. D.

From ser., 1861, to dis., 1863,
he held the rank of 1st Lt & bugler

and during that period the rolls show him present
except as follows

Aug 31, 62 in Hosp

since Aug 21, 62

June 30, 63 back in

Hosp. Baton Rouge

the records for

with nothing ad-

ditional bearing
upon this case

The medical records show him treated as follows:

as Oswald Schuster, Paw. Co. C

6 Ills. Cav. Mar. 25 to 28, 62,

Penn. Typhoid; Mar. 28

to 31, 62, Penn. Typhoid,

returned to duty; Apr. 8 to 18,

62, Interment; as O. Schuster

4c, May. 26, 62, Alvarado;

May. 30, 62, Alvarado; as O.

Schuster, 4c, May. 27 to June,

27, July 27, 62, Alvarado, re-

turned to duty; as O. Schuster,

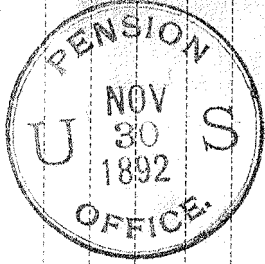
4c, Aug. 21 to Sept.

1, 62, Reins Typhoid; as

Schuster, 4c, Sept. 18, 62, dys-

entery; as O. Schuster, 4c.

Jan. 20 to 27, 63, fever & diarrhoea
Schuster, 4c, June 27 to July, 63,
Typho. Malaria fever; July
24 to Aug. 13, 63, Pneumonia,
returned to duty;
nothing additional found.



BY AUTHORITY OF THE SECRETARY OF WAR:

W. A. R. ...

Colonel, U. S. Army, Chief of Office.

Form. NOV 29, 1892

Washington, D. C.,

(COMMISSIONER OF PENSIONS.)

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Oswald Schuster

Co. C, 6th Reg't Ill. Cav.,

was enrolled, *Mch. 6*, 1865,

and *M. 6* Nov. 5, 1865,

The medical records show him treated as follows:

As - Schuster, F. Co. 6th Ill. Cav. - May 25. 65. (Madagascar). - File caption is additional to that furnished Mar. 29-92. Report herewith - Nothing additional found.

From *Co. C*, 186, to *M. 6*, 186,

he held the rank of *Private*.

and during that period the rolls show him present

except as follows:

Other mil. records furnish nothing additional bearing upon this case.

Army DIVISION.

Department of the Interior,

BUREAU OF PENSIONS

Washington, D. C., *May 3*, 1873

Respectfully returned to the

Record and Pension Office

Mar. 29 1865

receiving full military history and hospital treatment while in the

service. Blainville says

that the rolls certified

in Co. C 6th Reg't Ill. Cav.

March 6th 1865 from discharge

Nov 5th 1865.

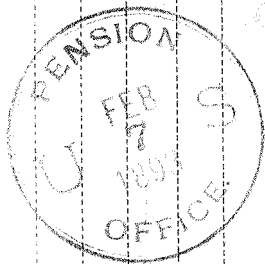
Private

462980

Oswald Schuster

M. Co. C 6th Ill. Cav.

Greenham
Commissioner.



BY AUTHORITY OF THE SECRETARY OF WAR:

W. A. Brewster

Colonel, U. S. Army, Chief of Office.

Per M.

Washington, D. C., *Feb. 6* 1893

(COMMISSIONER OF PENSIONS.)

Examining Surgeon's Certificate.

McLeanboro Nb Jan 10th, 1867.

Applicant's service.

I hereby certify, That I have carefully examined Oswald Schuster, late a Bugler of Comp Co, 6th Nlb Cavalry

in the service of the United States in the year 1863, and is an applicant for an invalid pension, by reason of alleged disability resulting from Chronic Diarrhoea & S. W

Degree of disability.

In my opinion the said Oswald Schuster is one half incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before me, it is my belief that the said disability originated in the service aforesaid in the line of duty.

Probable duration.

The disability is Probably Permanent

A more particular description of the applicant's condition is subjoined:

Particular description.

Chronic Diarrhoea and a gunshot wound of the left arm fracturing the upper third of the Humerus so that bone has come out of said orifice and the muscles and tendons of same arm is so affected that it renders from being able to lift or use it to any great extent

E. S. Testibone
Examining Surgeon.
McLeanboro Nlb