

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No.

737.224

VETERAN

Alb. A. Grover (dead)

RANK

Pvt.

SERVICE

Co. D. 13th U. S. Inf.

CAN. No.

15422

INDEX NO.

36

Medical Evidence.

(THIS BLANK IS INTENDED FOR A SURGEON, ASSISTANT SURGEON OR HOSPITAL STEWARD.)

TAKE NOTICE.—The affidavit should, if possible, be in the hand-writing of the affiant; the marginal instructions must be carefully observed before writing out the statement, or it will not be considered by the Pension office as satisfactory. Therefore, read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in your statement all the facts therein indicated. Let the diagnosis be so full and complete that a medical man could, from the description, at once and unmistakably recognize the diseases, wounds or injuries, even though they be not technically named. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Wisconsin County of La Crosse, ss:

In the Pension Claim No. _____ of Ole A. Grover
(Name of Claimant)
Late private Co. D. 13th Regt. U. S. Inf.
(Rank, Company, Regiment and State, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid
(Clerk of the Court or his deputy, Notary Public or Justice of the Peace, as the case may be.)

County and State Frank Powell Mo. D. whose post-office address is
(Name of Surgeon, Assistant Surgeon or Hospital Steward.)

La Crosse Wisconsin, well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he has been acquainted with said soldier for about 10 years and that I have
(Here embody all the facts known to the

treated said Ole A. Grover, for Chronic Diarr-
affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made

horea resulting in disease of bowels, and piles,
before executing the paper.

Also for kidney disease resulting in Dropsy,

And I know that at the present time he is

wholly unable to do any work of any kind

on account of the same, And I believe

his disabilities are of a permanent

character and not due to vicious

habits. The facts stated are personally

known to this affiant by reason of

treating him professionally

and not know him prior

to his enlistment



Exclusive use of, Charles J. Alden, La Crosse, Wis.

This Blank is prepared by, and for

Return all Blanks not needed in this case to Charles J. Alden, La Crosse, Wis.

The following facts:

The affiant should state

in his own hand-writing

these facts following:

1. Whether or not he knew the soldier prior to enlistment. If he knew that the soldier was a sound man at enlistment he should so state, adding, if true, that had he been unsound he would have known it.

2. If he treated claimant while in service, either as his Regimental Surgeon, Assistant Surgeon or Hospital Steward, that fact should be stated.

3. 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 treatment.

4. Where the disability was the sequel of a wound received, injury incurred, or disease the pathological connection between them must be clearly and fully set forth by the affiant, together with the reasons upon which he bases his conclusions.

5. If affiant has treated soldier since discharge he should so state, giving the date of his first treatment, what his physical condition was at the time. The period during which he treated him should be stated, with dates, as near as possible, of treatment.

6. The extent or degree to which the claimant has been unable to perform manual labor during each year of treatment or acquaintance.

1890

[Handwritten scribbles and lines across the top of the page]

He further declares that he has been a practitioner of medicine for 17 years.
That he has no interest, either direct or indirect, in the prosecution of this claim.

D. Frank Powell, M.D.
(Signature of Surgeon Assistant Surgeon or Hospital Steward. If ever in the army or navy, give rank or service.)

Sworn to and subscribed before me this 11th day of December A. D. 1898 and I
hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above
declaration were fully made known to him 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.

Frank R. Blount
(Name of officer before whom executed.)
Wm. H. Blount, Jr.
(Clerk of the Court or his deputy, Notary Public or Justice of the Peace, as the case may be.)

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

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

[L. S.] _____
Clerk of the _____

NOTE.—This should be sworn to before a Clerk of the Court or his deputy, or any Notary Public or Justice of the Peace, provided, if executed before a Notary or Justice, the certificate of the Court must be attached, unless the Notary or Justice has a certificate already on file in the Pension Office. In such case the Notary or Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

James Post Aragon, M.D., Dept. Blount.

DIVISION.	
Medical Evidence.	
No. _____	
(Character of Claim.)	
(Name of Claimant.)	
(Name of Soldier.)	
Late _____ Co. _____ Vols.	
Reg't _____	
AFFIDAVIT OF _____	
(Name of affiant.)	
Late _____ (Rank.) _____ Vols.	
Reg't _____	
FILED BY CLAIMANT'S ATTORNEY,	
CHARLES J. ALDEN,	
U. S. PENSION CLAIM AGENT	
AND WAR CLAIM ATTORNEY,	
La Crosse, Wis.	

Also personally appeared C. Rasmussen residing at Houston
Houston Co Minn and P. A. Barneson
 residing at La Crosse La Crosse Wis 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 Ole
Albraver the claimant, sign his name (or 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 for 3 years
 and 5 years respectively, that he is the identical person he represents himself to be; and that they have no
 interest in the prosecution of this claim.

C. Rasmussen
P. A. Barneson
 (Signatures of Witnesses.)

Sworn to and subscribed before me this 21st day of Aug A. D. 1890
 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the appli-
 cant and witnesses before swearing, including the words _____
 erased, and the words _____ added, and that I have no inter-
 est, direct or indirect, in the prosecution of this claim.

Will H. Moffat
 (Signature.)
Natau Public
 (Official Character.)

[L. S.]

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION.

The act of **JUNE 27, 1890**, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for.)
 A service of not less than ninety days.
 A permanent physical or mental disability not due to vicious habits. (It need not have originated in the service.)
 The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
 A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.
 Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not, the number of your application if you have made application.

284-808
PENSION
Declaration for Invalid Pension
ACT OF JUNE 27, 1890.

Name Al A. Groat
 Rank S, Co. 13 Reg't 13
 Vols. 13

Filed by Plaintiff's Attorney,
CHARLES J. ALDEN,
 United States Pension Claim Agent and War
 Claim Attorney.
 LA CROSSE, WISCONSIN.

Will H. Moffat
as above

ACT OF JUNE 27, 1890.

DECLARATION FOR INVALID PENSION.

NOTE:--To be executed before a COURT of RECORD or some officer thereof having custody of its seal, a NOTARY PUBLIC, or if executed before a JUSTICE of the PEACE, his signature and official character must be certified to by a CLERK of the CIRCUIT COURT, or CITY or COUNTY CLERK.

STATE OF Wisconsin COUNTY OF La Crosse, ss.

On this 21 day of August A. D. one thousand eight hundred and ninety

personally appeared before me, a Notary Public

within and for the County and State aforesaid Ole A

Grover aged 70 years, a resident of Houston

county of Houston, State of Minnesota, who, being duly sworn according to

law, declares that he is the identical Ole A. Grover who was

ENROLLED on the 6 day of March 1865, in company D.

13th Regt U. S. Inf. [Here state rank, company]

and regiment in Military service, or vessel, if in the Navy.]

in the service of the United States, in the war of the Rebellion, and served at least ninety days, and was honorably DIS-

CHARGED at Ft. Randall on the 5 day of March, 1868

That he is now partially unable to earn a support by manual labor by reason of

Chronic Diarrhoea which resulted in disease [Here name the disease or injuries from which disabled.]

of bowels and piles and kidneys same resulting in dropsy.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent

character. That he has _____ applied for pension under application No. _____ That he

is a pensioner under Certificate No. _____ [If a pensioner, the Certificate number only need be

given. If not, give the number of the former application if one was made.]

That he 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.

He hereby appoints without power of substitution or revocation, CHARLES J. ALDEN, of La Crosse, Wisconsin,

or his heirs or assigns, his true and lawful attorney, and authorizes him to present and prosecute his claim and receive

a fee of TEN DOLLARS. That his postoffice address is Houston

County of Houston, State of Minnesota

C. Resmussen His

J. A. Resmussen Ole A. Grover (Signature of Claimant.)

(Two persons who can write must sign here if claimant signs by mark.)

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

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

Medical Evidence.

(THIS BLANK IS INTENDED FOR A SURGEON, ASSISTANT SURGEON, HOSPITAL STEWARD, PHYSICIAN OR DRUGGIST.)

TAKE NOTICE.—The affidavit should, if possible, be in the hand-writing of the affiant; the marginal instructions must be carefully observed before writing out the statement, or it will not be considered by the Pension office as satisfactory. Therefore, read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in your statement all the facts therein indicated. Let the diagnosis be so full and complete that a medical man could, from the description, at once and unmistakably recognize the diseases, wounds or injuries, even though they be not technically named. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Minnesota County of Houston, ss:

In the Pension Claim No. _____ of Oliver A. Grover
(Name of Claimant)
Private Co. D. 13th U.S. Inf.
(Rank, Company, Regiment and State, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Justice of the Peace in and for the aforesaid
(Clerk of the Court or his deputy, Notary Public or Justice of the Peace, as the case may be.)

County and State H. D. Johnson, M.D. whose post-office address is
(Name of Surgeon, Assistant Surgeon, Hospital Steward, Physician or Druggist.)

Houston, Minnesota, well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing Physician and that he has been acquainted with said soldier for about 8 1/2 years and
that he has had chronic conjunctivitis during
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the
the entire period I have known him.
magistrate certifies in his jurat that they were made before executing the paper.

I treated him in 1888 for diphtheria &
at that time his nose was loaded
with albumen. Have seen him
many times when he had more
or less dropsical swelling about
him.

In Aug. 1890 treated him
for acute phlyctenular keratitis.

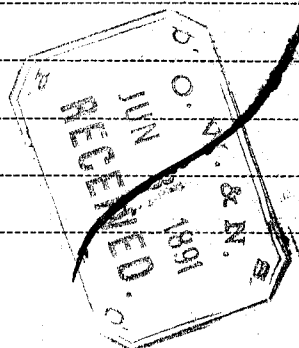
INSTRUCTIONS

READ CAREFULLY.

The Physician's affidavit must show the following facts:

The affiant should state in his own hand-writing these facts following:

1. The length of time he has been practicing medicine.
2. 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 for observing his physical condition, whether as his family physician or his 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 unsound he would have known it.
3. If he treated claimant while in 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.
4. 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.
5. The extent or degree to which the claimant has been unable to perform manual labor during each year from discharge to the present time.
6. Where the disability was the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth by the physician, together with the reasons upon which he bases his conclusions.



Return all Blanks not needed in this case to Charles J. Alden, La Crosse, Wis.

This Blank is prepared by, and for the exclusive use of, Charles J. Alden, La Crosse, Wis.



He further declares that he has been a practitioner of medicine for nearly 12 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

H. P. Johnson, M.D.
(Signature of Physician or Surgeon. If ever in the army or navy, give rank or service.)

Sworn to and subscribed before me this 18th day of November, 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 were fully made known to him 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.

Anthony Rowland
(Name of officer before whom executed.)
Justice of the Peace
(Clerk of the Court or his deputy; Notary Public or Justice of the Peace, as the case may be.)

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

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

[L. s.]

Clerk of the _____

NOTE.—This should be sworn to before a Clerk of the Court or his deputy, or any Notary Public or Justice of the Peace, provided, if executed before a Notary or Justice, the certificate of the Court must be attached, unless the Notary or Justice has a certificate already on file in the Pension Office. In such case the Notary or Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

DIVISION.	
Medical Evidence.	
No. _____	
(Character of Claim.)	
(Name of Claimant.)	
(Name of Soldier.)	
Late _____ (Rank.)	Co. _____
Reg't _____	Vols. _____
AFFIDAVIT OF	
(Name of affiant.)	
Late _____ (Rank.)	
Reg't _____	Vols. _____
FILED BY CLAIMANT'S ATTORNEY, CHARLES J. ALDEN, U. S. PENSION CLAIM AGENT AND WAR CLAIM ATTORNEY, La Crosse, Wis.	

Medical Evidence.

(THIS BLANK IS INTENDED FOR A SURGEON, ASSISTANT SURGEON, HOSPITAL STEWARD, PHYSICIAN OR DRUGGIST).

TAKE NOTICE.—The affidavit should, if possible, be in the hand-writing of the affiant; the marginal instructions must be carefully observed before writing out the statement, or it will not be considered by the Pension office as satisfactory. Therefore, read the instructions very carefully before undertaking to prepare this Affidavit, and then embody in your statement all the facts therein indicated. Let the statement be so full and complete that a medical man could, from the description, at once and unmistakably recognize the diseases, wounds or injuries, even though they be not technically named. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the affiant that fact should be stated.

State of Minnesota County of Houston, ss:

In the Pension Claim No 515908 of Isabel Grover, widow of
Ole A. Grover late Private Co. "D" 13th U.S. Reg't.
(Rank, Company, Regiment and State, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Justice of the Peace in and for the aforesaid
(Clerk of the Court or his deputy, Notary Public or Justice of the Peace, as the case may be.)

County and State H. P. Johnson M.D. whose Post office address is
(Name of Surgeon, Assistant Surgeon, Hospital Steward, Physician or Druggist.)

Houston, Minnesota, well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practising physician and that he has been acquainted with said soldier for about 9 years and

that He has treated said Ole A. Grover
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)
at different times for kidney disease. Have
seen him when he was quite dropsical &
have tested his urine when it contained
probably 20% albumen. Since I have known
him he has always had a weak heart
and has been troubled with shortness of
breath. A few days before his death he
had a hemorrhage into the brain causing
general paralysis and nearly complete
paralysis of the right half of the body.
His death occurred on May 22nd, 1891.
and was caused by an organized clot
in the heart that had been forming
for several days.
His poor health, for past few years,
was without doubt due in a
measure to hardships and exposure
recd. while in the U.S. service and
his unhealthy condition had tended
to weaken the vascular system
and thus make him an easy
subject for apoplexy.

INSTRUCTIONS

- READ CAREFULLY.
- The Physician's affidavit must show the following facts:
 - The affiant should state in his own hand-writing these facts following:
 1. The length of time he has been practicing medicine.
 2. 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 for observing his physical condition, whether as his family physician or his 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 unsound he would have known it.
 3. If he treated claimant while in service, either as his regimental surgeon or while claimant was 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.
 4. 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.
 5. The extent or degree to which the claimant has been unable to perform manual labor during each year from discharge to the present time.
 6. Where the disability was the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth by the physician, together with the reasons upon which he bases his conclusions.

Return all Blanks not needed in this case to Charles J. Alden, La Crosse, Wisconsin.

This Blank is prepared by, and for the exclusive use of, Charles J. Alden, La Crosse, Wisconsin.

.....

He further declares that he has been a practitioner of medicine for Twelve years, and that he has no interest, either direct or indirect, in the prosecution of this claim.
H. P. Johnson
 (Signature of Physician or Surgeon. If ever in the army or navy, give rank or service.)

Sworn to and subscribed before me this 10 day of November, A. D., 1891, and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration were fully made known to him before swearing, including the words

.....crased, and the words
added; and that I have no interest, direct or indirect, in the prosecution of this claim, *and that my certificate as justice is on file in Pension Department.*
S. B. Mc Intire
 (Name of officer before whom executed.)

Justice of the Peace
 (Clerk of the Court or his Deputy; Notary Public or Justice of the Peace, as the case may be.)

I,, Clerk of the Circuit Court in and for aforesaid County and State, do certify that, Esq., who hath signed his name to the foregoing declaration and affidavit, was, at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.
 Witness my hand and seal of office, this day of 189

[L. S.]
 Clerk of the

NOTE—This should be sworn to before a Clerk of the Court or his Deputy, or any Notary Public or Justice of the Peace, provided, if executed before a Justice of the Peace, the certificate of the Court must be attached, unless the Justice has a Certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

DIVISION Medical Evidence. No. 575908.		<u>Widows Pension.</u> (Character of Claim.) <u>Isabel Grover</u> (Name of Claimant.) <u>Ole A. Grover</u> (Name of Soldier) Late <u>Ort. Co. D.</u> (Rank) <u>13th Reg't U.S. Regulars</u> AFFIDAVIT OF <u>Dr. H. P. Johnson</u> (Name of affiant.) Late (Rank) Reg't Vols.		CHARLES S. ALDEN, U. S. Pension Claim Agent and War Claim Attorney, LA CROSSE, WIS. W. BOYCOTT'S PRINT, 111-113-115 MAIN ST., LA CROSSE, WIS.	
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Medical Evidence.

(THIS BLANK IS INTENDED FOR A SURGEON, ASSISTANT SURGEON, HOSPITAL STEWARD, PHYSICIAN OR DRUGGIST).

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State of Wisconsin County of Shouetown, ss:

In the Pension Claim No. _____ of Sabel Grover widow of
Ol Grover late of Co. "D" 13th U. S. Infy
(Rank, Company, Regiment and State, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid
(Clerk of the Court or his deputy, Notary Public or Justice of the Peace, as the case may be.)

County and State H. P. Johnson, M.D. whose Post office address is
(Name of Surgeon, Assistant Surgeon, Hospital Steward, Physician or Druggist.)

Houston, Minn., well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

I have been a physician for twelve years.

That he is a practising physician and that he has been acquainted with said soldier for about nine years and

that On April 3rd 1891 Ol Grover had a stroke of paralysis
(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

affecting the left side of body and right side of the
face. The organs of speech were so paralyzed that he

could with difficulty articulate a few words.
The action of the heart from this time on was

labored and irregular. The mitral &
aortic valves were insufficient.
The immediate cause of death was

heart clot.
The condition of his kidneys &
bowels for past years, no doubt had
much to do with his death.

He died May 3rd, 1891.

INSTRUCTIONS

READ CAREFULLY.

The Physician's affidavit must show the following facts:

The affiant should state in his own hand-writing these facts following:

1. The length of time he has been practicing medicine.

2. 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 for observing his physical condition, whether as his family physician or his 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 unsound he would have known it.

3. If he treated claimant while in 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.

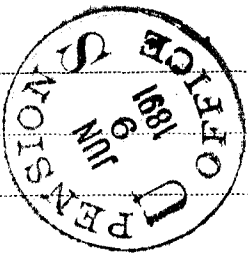
4. If he has treated soldier since discharge he should so state, giving the date of his first treatment, what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

5. The extent or degree to which the claimant has been unable to perform manual labor during each year from discharge to the present time.

6. Where the disability was the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth by the physician, together with the reasons upon which he bases his conclusions.

This Blank is prepared by, and for the exclusive use of, Charles J. Alden, La Crosse, Wisconsin.

Return all Blanks not needed in this case to Charles J. Alden, La Crosse, Wisconsin.



He further declares that he has been a practitioner of medicine for Twelve years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

H. P. Johnson
(Signature of Physician or Surgeon. If ever in the army or navy, give rank or service.)

Sworn to and subscribed before me this 30th day of May, A. D., 1891, and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration were fully made known to him before swearing, including the words -----
-----crased, and the words -----
-----added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Anton Larson
(Name of officer before whom executed.)
Notary Public
(Clerk of the Court or his Deputy; Notary Public or Justice of the Peace, as the case may be.)

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

Witness my hand and seal of office, this ----- day of ----- 189 -----

[L. s.]

Clerk of the -----

NOTE--This should be sworn to before a Clerk of the Court or his Deputy, or any Notary Public or Justice of the Peace, provided, if executed before a Justice of the Peace, the certificate of the Court must be attached, unless the Justice has a Certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

DIVISION.	
Medical Evidence.	
RECEIVED JUN 27 1891	
<u>Medical Evidence</u> (Character of Claim.)	
<u>Isabel Johnson</u> (Name of Claimant.)	
<u>Widow of Carl Johnson</u> (Name of Soldier.)	
Late (Rank.)	Co. "D"
13"	Reg't U.S. Infy.
AFFIDAVIT OF	
<u>H. P. Johnson M.D.</u> (Name of affiant.)	
Late (Rank.)	Reg't Vols.
FILED BY CLAIMANT'S ATTORNEY, CHARLES J. ALDEN, U. S. Pension Claim Agent and War Claim Attorney, LA CROSSE, WIS.	
W. DRYGOTT'S PRINT, 111-113-115 MAIN ST., LA CROSSE, WIS.	

(3-428.)

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C., March 1, 1894

No. Claim 737.224
 Claimant Isabel, wid. of
 Soldier Ole at. Grover
 Co. D, 13 Reg't U. S. Inf't

Respectfully returned to Chief Board
 of Review with the opinion
 that claim under general
 law would confer no
 benefit, soldier in his
 life time did receive a
 rate fully commensurate
 with disabilities alleged.

Soldier's fatal attack,
 paralysis, cannot be
 accepted as a result
 of chronic diarrhoea,

92 John W. Klen
 Approved: a.

THOS. FEA

o 6-030.

12181 b-50 m

(8-536.)

Feb. 26, 1894
 Inv. Cert. 737224
 No. W. 5-15908

Claimant, Isidore Grover

Soldier, APPD Alfred Grover

Co. 1st Regt. Inf.

Chief Board Review
 Respectfully referred to Medical

Referee, with the request that he state

whether in the invalid claim

under the general law any
 rate can be allowed for
 chronic diarrhoea
 & results thereof, in excess
 of the \$12 which was
 granted under act of
 June 27, 1890 from
 Aug. 25, 1890.

The soldier died before
 he was examined.

Please state also
 whether the fatal
 attack of paralysis
 could have been due
 to the ch. diarrhoea.

Please see testimony
 in S. & E. Repts. Division.

18175 b-20 m

6-006

Heimrich

STATE OF MINNESOTA, }
COUNTY OF HOUSTON. }

SS.

I, *Maser Emery*

CLERK OF THE DIS.

TRICT COURT for the County and State aforesaid, said Court being a Court of Record, having a Seal, do hereby certify that *Anthony Rowland* whose name is subscribed to the Certificate of the proof of the annexed instrument and thereon written, was, at the time of taking such proof or acknowledgement, an acting *Justice of the Peace* for the County aforesaid, duly *Elected* and sworn, and duly authorized to take the same; and further, that I am well acquainted with the handwriting of such *Justice of Peace* and verily believe that the signature to the said certificate of proof or acknowledgement is genuine. FURTHER CERTIFY that said Instrument is executed and acknowledged according to the Laws of this State, as appears by said certificate.

In TESTIMONY WHEREOF I have hereunto set my hand and affixed the Seal of the Court, at the Clerk's office in Caledonia, this *10th* day of *December* A. D. 18 *90*

Maser Emery

Clerk of the District Court.

The widows claim,
No. 5-15-908, is sub-
mitted herewith for
Special examination
in accordance with
slip attached to same.

Peters

July 20/92

15.

(3-530.)

Bureau of Pensions.

*This slip should be attached to brief in
admitted cases that have been called up by
members of present Congress*

By direction of Commissioner :

A. W. FISHER,
Chief Clerk.

O. W. N. Division,

Widows Claim,

No. *515.908* of *Isabel*

Grover

P. O. *Houston*

Miss

Hon. *W. M. Harris*

called up this case *July 20*, 188*7*

and should be informed of its adjudication.

Peter

Examiner.

o 6-032.

(3-230.)

INVALID. (Series **Act June 27, 1890.**)

Cert. No. **737224**

Name, *Chas. A. Grover decd.*
Rank, *Priv.*; Service, *Co. D. 13th I. S.*

Original Roll: *Milwaukee*

Agency: *Transf'd*....., 18....., to.....
"....., 18....., to.....

Issued *Mar 4*....., 18*92*

Mailed *11*....., 18*92*

Rate and Period, \$ *12*....., from *Aug 25*....., 18*92*

and ending May 3, 1891
date of death. Payable
to Isabel Grover - Widow

Deductions:

Disability: *Chronic diarrhoea,*
dis of kidneys, anasarca
& dis of eyes.

Issued....., 18

Mailed....., 18

Rate and Period, \$....., from....., 18

Deductions:

Disability:

....., 18

Mailed....., 18

Rate and Period, \$....., from....., 18

Deductions:

Disability:

Issued....., 18

Mailed....., 18

Rate and Period, \$....., from....., 18

Deductions:

Disability:

INDORSEMENTS.

[3-218.]

7104
26

~~Peter~~ Ex'r.

No.

375908

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

Isabel Grover

Houston. Houston Co. 9

Ind.:

Ole. H. Grover.

~~P. D. 13.~~ U.S. Inf.

Died at ~~H. son~~ Minn.

May 3. 91. Paralysis

No other claim. than

Ins. orig 956598

3/65 Ins. Co. 737224

6-22, 1891. ~~after~~

Clerk.

Application filed: June 1., 1891.

Attorney: E. J. Alden

P. O. La Brosse.

Thuc

Nov. 4/91

Atty. Alden, Med. evi.
as to condition from discharge to death
clint. affidavit as to other claims -
Record of death - other marriages -
wid - Births - Surviving. P

July 2/92 Clint. cp. Hon. W. H.
Harries, claim referred for
Sp. 94.

Mar. 24.94. Wid & atty notf.
of Ref. out.

JUL 11 1891

DEPOSITION 4.Case of Isabel Knover515 908 ^{will}
Ch No. 737 224

On this 10th day of January, 1898, at
La Crosse, County of La Crosse
 State of Wis, before me, D. H. McElmury, a
 Special Examiner of the Pension Office, personally appeared
D. L. Pounce M.D., 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: His age is 45 years

P. O. La Crosse Wis. occupation practice
of medicine, he is not related and
 has no interest in this claim.

He says he has treated Chas. A. Knover formerly
of Houston Minn. and treated him at
 different times, remembers of him for a
 good many years, and at this time
 not having his prescriptions can't recall
 just what his real condition was
 at the time he treated him.

~~Recalls that he treated him for~~
~~trouble with~~ recalls that he had great
 difficulty in breathing, and was also
 inclined to be fleshy, or large - which
 was due to dropsical tendencies, also
 recalls that he had trouble with his
 kidneys - recalls this well for the fact, that
 he wanted an analysis of urine nearly
 every day he came to the office.

The difficulty of breathing, affiant would
 think was due to the pressure from dropsical
 effusions, does not recall that he treated
 him for chronic diarrhoea and piles
 but says he must have looked this
 up once as he has made an
 affidavit in the case before, and
 having examined the affidavit

only the name is given, and the facts stated are doubtless correct, so he must have looked up his files at the time ~~which~~ when he made that affidavit. He has understood the questions asked and his answers are carefully recorded.

His files of prescriptions is the number of three barrels, are stored away and not accessible at this time.

Deponent.

Sworn to and subscribed before me this 10th day of January, 1843, and I certify that the contents were fully made known to deponent before signing.

S. V. McElroy

Special Examiner.

DEPOSITION *H*Case of *Isabel Thorne*

No. 737 224

515908 *Wed*

On this *15th* day of *January*, 1893, at
Salmon, County of *Salmon*
 State of *Idaho*, before me, *J. W. McElderry*, a
 Special Examiner of the Pension Office, personally appeared

H. P. Johnson M.D., 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: *his age is 37 yrs. O. O. No. 431*

Wm. H. Salmon *Idaho*, has been in the
 practice of medicine for 14 years
 he is not related and has no interest
 in this claim:

He first knew *Wm. H. Salmon* in 1881, and
 has treated him at intervals from that
 time till his death. First treatment
 was ~~planned~~ about that time. he was
 a man that usually *gave* *cash*, and
 consequently, did not get him over my
 books. First book *Acid* I gave to him is
 in *Oct* 1887. He was afflicted with
 rheumatism and kidney trouble, also
 chronic granulated sore eyes. His
 back was very weak. and his
 urine was at times loaded with
 albumen. Now treated him for chronic
 diarrhea. Now tested his urine but
 there was albumen in it and this
 back was very weak.

In his final sickness, he was taken with
 paralysis of one side. Affected his face
 also his speech. - his paralysis gradually
 improved - got so his speech was better,
 could use his lower extremity, ~~some~~ but not his
 arm. He did not recover full use of lower
 extremity and part of the time his eye would

membrane closed and during all that
 sickness there was paralysis of the bladder
 so that his urine was taken away with
 a catheter, there was a fibrous clot formed
 in the heart which was really the cause
 of death, - I think the clot in the brain was
 really the cause of the deposit of the fibrine
 in the heart. There was no postmortem, was
 satisfied with the diagnosis - was a clear
 case.

Q What history of origin of this kidney trouble
 and rheumatism was given you, as to when & where
 A He attributed it to exposure when in the service
 in the Northwest.

Q Would the condition you found the man in and
 he was in when treated by you result from
 Chronic disease.

A Not usually - it might result in the weak
 heart, but the great trouble with him was
 such as is usually attendant on kidney
 trouble. I remember of him telling me
 that before his army service he was a
 strong active man and that after his
 discharge, there was much work he could
 not do because of shortness of breath.

I have understood your questions and
 my answers are correctly recorded,
 H. P. Johnson

Deponent.

Sworn to and subscribed before me this 10th day of January,
 1890, and I certify that the contents were fully made known to deponent before signing.

S. W. McCleary
 Special Examiner.

DEPOSITION *K*

Case of *Isabel Brown* *515908 will*
of No. *737224*

On this *23rd* day of *January*, 1893, at
Salerno, County of *Salerno*
 State of *Wis*, before me, *O. W. McElroy*, a
 Special Examiner of the Pension Office, personally appeared

Christopher G. Treble, 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: His age is *30* yrs. *P. O.*
1444 1/2 *Market St* *Salerno Wis.*

He says he is the Pastor of the
Bethel Lutheran Congregation at *Salerno*
 and a Congregation also at *New*
Arreston Minn., in *Loomy Valley*, and
 he says that the church record
 of said Congregation at *Loomy Valley*
Minn. he has examined said
 church record and finds the
 following entries of births and
 baptisms to wit:

Alex. Treble, a child of *Olle* and
Isabel Brown born *Aug. 19th 1878*
 and baptized *Oct. 20th 1878*, also
Emma Josephine child of *Olle* & *Isabel*
Brown born *Dec. 11th 1880*, baptized
May 10th 1881.

He is not related or interested
 has heard the foregoing deposition
 read and the same is correct.
Chr. G. Treble

Subscribed and sworn to before me
Jan'y 23rd and I certify the contents
 were fully read & known to deponent before
 signing.

O. W. McElroy
 Special Examiner

CLAIMANT'S STATEMENT.

DEPOSITION Y.Case of Isabel Moore ^{5418908 Wilson} of No. 737224

On this 7th day of January, 1893, at
Houston, County of Houston
 State of Minnesota, before me, A. W. McElany, a
 Special Examiner of the Pension Office, personally appeared

Isabel Moore, the applicant in the aforesaid pension claim, who says:

Q. If it should become necessary to further examine your claim, by taking the testimony of witnesses elsewhere, do you desire to be present in person or be represented by an attorney, or both, at such further examination? If so, you will be notified as to the place and time when it is to be made.

A. I can't go, but will receive notice

Q. Should you change your mind and desire to be present, or be represented by an attorney during any further examination of your case, will you *at once* address a letter to the "Commissioner of Pensions, Washington, D. C.," giving the name and the number of your claim, informing him that you have so changed your mind, and desire to be notified when your claim is to be further examined?

A. I will

Q. State the names of the person or persons and their post-office addresses, instrumental in the prosecution of your claim for pension.

A. Chas. J. Mann Calumet Calumet Co. Minn.

Q. State what contract or contracts you have made with such person or persons for their services in prosecuting your claim for pension, and whether such contract or contracts were written or verbal.

Page 26, Deposition Y.

A. a written contract to pay him \$25⁰⁰
if successful.

Q. State the amount of fees paid by you or at your instance, to whom paid, and all the circumstances connected with the transaction.

A. He was paid \$2.50 by my son.
Receipt furnished.

Q. Please give me the names of all witnesses that you desire examined elsewhere, with their post-office addresses, and also state what you expect to prove by each witness.

A. There are none other about. Others have
died and moved away.

Q. Have you any complaint to make as to the conduct, manner, or fairness of the examination of your claim? If so, please state specifically what it is.

A. Not that I know of.

Q. Do you desire to introduce any more testimony before me?

A. None. There is none other can be got.

Witness
C. F. Grover

Deponent
Isabel X Grover
Wm. X

Deponent.

Sworn to and subscribed before me this 7th day of January, 1893
and I certify that the contents were fully made known to deponent before signing.

Special Examiner
D. H. McQuinn

Special Examiner.

INDEX

TO SPECIAL EXAMINER'S REPORT.

Claim of Isabel Gover

*578:908 win
No. 737, 224 sub*

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Deposi- tions.	REPUTATION.
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	Notice to claimant.....			
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to	Claimant's statement.....			
6 " 7	Carl Brucke M.D.	B. 8 11/12	A	Good
8	Sam Hough M.D.		B	"

Wid No 575:908
Inc Ctg 737.224
Isabel Grover wid of
Ole A. Grover
Co D. 13 U.S. Inf.
P.O address of widow Houston
Houston County Minn

Municipalis Minn
Nov 26. 1893

Hon. Commission of Pensions
Washington D.C.

Sir:

Herewith I have the honor
to return the papers with my
report in the above cited
claims which were referred
to the Special Examination
Division to determine general
merits of two claims under
general law for chronic
diarrhoea and resulting dis-
ease of bowels and piles
and disease of kidneys
and resulting dropsy, and
whether soldiers death was

4

for further examination to take the testimony of Dr Karl Brudike and Henrik Kjesen.

The former has been seen and his testimony taken by Special Examiner E. F. Waili. The testimony of Dr Hunt Hough has also been taken.

This case has very recently been transferred to me, and in fact all of Mr Waili's current work is now in my hands. There appears to be no more testimony to be taken in this district and it would require a special trip to see the remaining witnesses and the work of my own will not permit me to engage in work so far from my headquarters and it would not be for the best interest of the Pension Bureau for me to comply with the suggestion of Special Examiner S. W. McElderry.

I recommend further exam-

ination as follows.

Dr Heinrich Kissen of
Albert Lea, Forbom Co Minn
for continuance, Probable merit
both claims

very respectfully

P. G. Sims

Special Examiner

Wid. No. 515908
Isabel Grover
Widow
Ole A. Grover
Pvt. Co. D-13- U.S. Infy.

St. Paul, Minn.,
Feb. 10, 1894.

Hon. Commissioner Pensions,
Washington, D.C.

Sir:

I have the honor to return herewith the papers in the above-cited claim together with my report thereon.

Soldier, at date of death, left pending a claim under the general laws, in which he alleged chronic diarrhoea contracted at Nashville, Tenn., Spring of 1865, resulting in disease of bowels, piles, disease of kidneys and dropsy.

Widow, in her claim, alleges that the soldier died of a stroke of paralysis due to disabilities contracted in the service.

Records show soldier treated in service for a.c. diarrhoea, a.c. dysentery, and a.c. Bronchitis.

Death records of Houston Co., Minn., show that soldier died May 3, 1891, "valvular disease of heart" being first assigned as cause of death, which has been erased, and "cerebral hemorrhage and heart clot" assigned as the cause

of his death.

Claim was referred to S.E. Division to determine soldier's physical condition from date of discharge to death, whether the disabilities found from which he suffered were due to diseases of record; and also whether he was disabled by chronic diarrhoea and results as alleged in his claim under general law from discharge to death; and came to me with notice waived for the cross-examination of Dr. H. Nissen who attended soldier when he was first taken down with his fatal illness (paralysis).

Dr. Nissen's deposition will be found herewith. He was called in at the time soldier was stricken down with the fatal disease, found him unconscious, suffering with hemorrhage of the brain, and diagnosed the case as hemiplegia, caused by the bursting of an artery in the brain, caused by the diseased condition of the artery due to old age; that soldier's condition, in which deponent found him, was not due to chronic diarrhoea; that while such condition might arise from kidney or heart trouble, yet in this particular case, deponent does not think it due to these ailments, but to old age. Deponent is a man of good standing professionally and for veracity.

Claimant alleges that the soldier, when he returned from the army, had diarrhoea, sore eyes, and sweats; that a year or two later he began to be troubled with his kidneys and bloating, and the bloating never left him after it commenced; that he continued to grow weaker till Apl. 3/91 when he had a stroke of paralysis and died May 3/91. Corroborated by lay testimony.

Dr. Bundeke deposes that he treated soldier in 1871 & '72 for some bowel trouble, dyspeptic symptoms, and abdomen distended with gas; don't think soldier had kidney or dropsical trouble, considered swelling of abdomen due to gas.

Dr. Johnson deposes that he treated soldier at intervals from 1881, and during his fatal illness, for rheumatism, kidney trouble, weak heart, and sore eyes; that he finally had a stroke of paralysis, got better, but shortly after died of heart clot. That soldier's fatal illness was such as is usually attendant upon kidney disease, but not diarrhoea.

In my opinion, the soldier's claim for diarrhoea is established. But that his death was due to any disabilities incurred in service I very much doubt. The physicians agree that his fatal illness was not due to diarrhoea; they also admit that it might have been produced by kidney disease or heart trouble; but the claimant deposes that he had been out

of the army a year or two when he commenced to be troubled with his kidneys and dropsy or bloating; this is corroborated by the testimony of neighbors; and even if the hemorrhage of the brain, or heart clot, causes of death, should be accepted as due to kidney or heart trouble, in my opinion their origin should be shown in the service, and a list of O & C. furnished and the claim further examined as to origin.

The widows claim appears to be of doubtful merit.

Very respectfully,
H. T. Baker
Special Examiner

DEPOSITION

a

Case of Isabel Grover - Wid. No. 515908

On this 9th day of February, 1894, at
 Albert Lea, County of Freeborn
 State of Minnesota, before me, F. B. Baker, a
 Special Examiner of the Pension Office, personally appeared
 Henrik K. E. Nissen M.D. 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: I am 29 years old; occupation,
 physician & surgeon; P.O. Ad. as above; I am
 not related to claimant nor interested in this
 claim.

I have practised medicine since 1889; I prac-
 tised medicine at La Crosse, Wis., in 1890, 1891,
 & 1892, and came here to Albert Lea in March
 1892. My books show that on Apl. 3/91 I at-
 tended Ole Grover who resided at his home in
 Houston Co. Minn. I did not know him be-
 fore this visit and never saw the man af-
 terwards.

Question. Dr., In what condition did you find
 Mr. Grover?

Answer. The only thing I think I remember is that
 I found him in an unconscious condition; and
 my case book shows that I diagnosed the
 case as hemorrhage on the right side of the
 brain, from that I should infer that the left
 side of his body was paralyzed. I don't think
 there was any paralysis of right side.

Ques. What caused the hemorrhage?

Ans. It was caused by the bursting of a blood-
 vessel, but I don't know what caused that.
 I was with him for over 24 hours between
 24 and 48 hrs. but I don't remember whether
 he regained consciousness while I was there.
 I don't recall what history of the case was

given me at the time.

Question. Did you examine him, how was his heart and kidneys?

Ans. I don't remember.

Ques. Was there any history of former kidney trouble, dropsy, or heart trouble?

Ans. I don't remember whether there was.

Ques. Do you know whether he was subject to diarrhoea?

Ans. I don't know.

Ques. Was the condition in which you found Mr. Grover, one that could have been caused by diarrhoea.

Ans. No, sir.

Ques. Could the condition in which you found him have been super-induced by kidney or heart trouble?

Ans. Well, yes; it could have originated from heart trouble, and kidney trouble also; but in this particular case I don't think his condition was due to heart or kidney trouble?

Ques. To what did you attribute the hemorrhage of the brain?

Ans. Well, I attributed it to old age. The hemorrhage was due to diseased arteries of the brain;

Ques. Could blood clot have caused it?

Ans. Well, blood clot could have formed in his heart and been carried to the brain and produced the condition in which I found Mr. Grover, but without the hemorrhage; there would have been no hemorrhage under

Henrik His say, M. D.

Deponent.

Sworn to and subscribed before me this 9th day of Feb'y, 1894, and I certify that the contents were fully made known to deponent before signing.

DEPOSITION aCase of Isabel Grover, No. 515908

On this _____ day of _____, 18____, at _____

State of _____

County of _____

I, _____, do hereby certify that _____, a

Special Examiner of the Pension Office, personally appeared

Henrik K.E. Nissen M.D., 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:

those circumstances. Even if a heart clot had existed and been transmitted to the brain and the arteries in the brain been diseased, still I do not think that a hemorrhage would have followed; though it might be possible, but it would be a very rare occurrence indeed. My book shows that his age was 68 years, and I think his advanced age had considerable to do with producing the hemorrhage, from diseased arteries, which arteries were diseased from old age.

I never saw Mr. Grover after that visit but learned that he got better for a short time then died.

Yes, I made a statement in this claim. Upon examining the affidavit dated June 3/41, the signature is mine and genuine. The date in my book, of the visit, is April 3, while the affidavit gives it as April 4, and really both are correct for I started on the 3^d and reached his house about midnight.

I have ~~been~~ read this deposition and my answers to the questions asked are correctly recorded herein.

Henrik K.E. Nissen
M.D.

Sworn to and subscribed before me this 9th

day of February, 1894, and I certify that the contents were fully made known to deponent before signing.

H. T. Parker
Special Examiner

Deponent.

18 I sworn to and subscribed before me this _____ day of _____, and I certify that the contents were fully made known to deponent before signing.

Special Examiner.

858
151

J. D. H.

(3-450.)

S. E. D.

West. Div.

Ind. No. 515908.

Claimant: Isabel Grover

Soldier: Ole A. Grover

P. O. address: Houston,

County: Houston, State: Minn.

Recommendation: Fur. Exam.

H. T. B. Baker

Special Examiner.

REFERENCE.

Feb 21 - 1894

Respectfully submitted to the Chief of the
Board of Review for Admission of the
Old Land Invalid Claim, Consider-
ation of Widows Claim.

Just B. Smith

Chief S. E. Division.

RECOMMENDATION.

March 5, 1894

Rejected

Guillem

Reviewer.

ACTION.

, 189

Commissioner.

Cert. 737224

ORIGINAL INVALID CLAIM.

Soldier, *Ole A Grouer (deceased)* Isabel Grouer (Widow Comp.)P. O., *Houston* Rank, *Private*County, *Houston* Company, *D*State, *Miss* Regiment, *13th U. S. Inf*Rates, \$ *per month, commencing Dec 18, 1890*

REJECTED.

Pensioned for

RECOGNIZED ATTORNEY.

Name, *Chas J Alden* Fee, \$ *25*, Agent *to pay.*P. O., *La Crosse Wis* Articles filed *Dec 18*, 1890.

APPROVALS.

Approved for

Submitted *July 23*, 1894 *Jack R Fruits* Chief *Sec*, Examiner.

Approved for rejection, subject of the
 approval filed Ref. on grounds that
 no disability existed from date of
 filing to date of death from alleged
 ch. diarrhoea, piles & disease of bowels
 & kidney & dropsy, that would have
 entitled him to any rate under
 the general law in effect at the time
 he received under act of June 27,

Approved for rejection; no benefit
 conferred by its allowance

See clip attached to face brief

Mar. 5, 1894, *Zeisler*, Re-Reviewer. *March 13*, 1894, *Chrusell*, Med. Reviewer,
Mar. 13, 1894, *Chrusell*, Med. Referee.

IMPORTANT DATES.

Enlisted, *March 6*, 1865, service fromMustered, *March 6*, 1865, to *March 6*, 1868, inDischarged, *March 6*, 1868Declaration filed *Dec 18*, 1890, Not in service since *March 6*, 1868.

BASIS OF CLAIM.

chronic diarrhoea which resulted in disease
 of bowels, piles, & kidney disease & dropsy

737 224
Milwaukee

(3-145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION.

2 cases
O.P.

Claimant, Oliver A. Grover ^{deceased} Isabel Grover, widow
P. O., Houston Rank, Private
County, Houston Company, D.
State, Minn. Regiment, 13th U.S. Inf.
Rate, \$ 12 - , per month, commencing Aug. 25/90
Ending May 3-1891 date of death

Disabled by Chr diarrhoea, disease of kidneys,
anasarca, and disease of eyes,

RECOGNIZED ATTORNEY.

Name, C. J. Alden Fee, \$ 10 - Agent to pay.
P. O., La Crosse Wis. Articles filed, _____, 189

APPROVALS.

Submitted for Ad. July 20, 1892, D. W. Galt, Examiner.

Approved for Admission Approved for Chronic diarrhoea
Pension to end May 3, 1891 date disease of kidneys, anasarca,
of death & to be paid to the and disease of eyes, \$12.00
widow named above. MB

Feb 24, 1892 Speiser Legal Reviewer. Feb 27, 1892 Medical Referee.

Not now pensioned under other laws. Last paid to _____, 18____, at \$____
Pensioned from _____, 18____, at \$____, for _____

SERVICE SHOWN BY RECORD.

Enlisted Me. 6, 1865, honorably discharged Me. 6, 1868

Re-enlisted _____, 18____, honorably discharged _____, 18____

Declaration filed Aug. 25, 1892, alleges permanent disability, not due to vicious habits,

from Chr. diarrhoea, resulting disease of bowels & Ples.
kidney disease, resulting in dropsy - disease of eyes
shown in proof in 1882 & a hernia in 1872
See test. in witness brief as to physical condition
Claimant died May 3/91
For record of service & proof of death, see widow's
claim herewith

GENERAL AFFIDAVIT.

I, Andrew Hanson a resident of Houston
in the County of Houston and State of Minnesota, aged 45 years
on oath depose and say in relation to the pension claim of Ole A. Grover
late of Co. D. (13) Reg't, of U. S. Inf. Vols., as follows

Affiants must not fail to state how they know or knew of the facts and circumstances in regard to which they testify.

After the said Ole A. Grover returned from his service in the army, I have seen the said Ole A. Grover sick in bed, so sick as he had to have the Doctor, Doctor H. B. Benders of Rushford attended to him at the time for his sickness. My reason for seeing the said Ole A. Grover sick at the time, was this, the said Ole A. Grover sent after me for to "Cup" him which I did do

I further state that I have no pecuniary interest in this claim, and that my post office address is

Houston Minnesota

If the affiant signs by mark, two persons who can write must attest by signing their names on the lines below.

1

2



Andrew Hanson
Affiant's Signature.
Lead

15

State of Minnesota County of Houston } SS:

Sworn to and subscribed before me this 8th day of Dec., 18 90. and I certify that

I am nowise interested in this claim nor am I concerned in its prosecution

See note No. 2 below.

[SEAL.]

Anthony Rowland
Official signature.
Justice of the Peace
Official title.

1. This may be sworn to before any person who is authorized by law to administer oaths. If the notary or justice has a general certificate on file at the U. S. Pension Bureau the clerk's certificate below may be omitted.

2. If the witness sign by **X** mark, the officer administering the oath should first carefully read and explain the affidavit, and satisfy himself that its contents are understood and add the following additional certificate in writing: "I further certify that I carefully read the affidavit to witness before execution."

I, _____, Clerk of _____ Court in afore-said County and State, do certify that _____ Esq., who hath signed his name to the foregoing affidavit, was, at the time of so doing, a justice of the peace in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and hat his signature thereto is genuine.

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

[SEAL.]

Clerk of the _____ Court.

No.

Filed by
Charles J. Alden
Rea Course
W-10

FILED BY

~~WILLIAM BICKFORD~~,
Claimant's Solicitor,
WASHINGTON, D.C.

Claimant's Affidavit. *widow*

NOTE.—If the claimant is not equal to the task of drawing the affidavit, he should go to some Attorney at Law, Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY or any NOTARY PUBLIC or JUSTICE of the PEACE, provided, if executed before a JUSTICE of the PEACE, the certificate of the court must be attached unless the Justice has a certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

STATE OF *Wisconsin*, COUNTY OF *La Crosse*, ss.

In the matter of *Widow's Pension* Claim No. _____
of *Isabel Grover, widow of Ole A. Grover*

Personally appeared before me *Isabel Grover*

aged *54* years, a resident of *Houston*

in the County of *Houston* and State of *Minn*

whose Post Office address is *Houston Minn*

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

said case as follows: *My late husband had made applica-*

tion for pension, under Act of Congress approved

June 27 "1890. and numbered 956 Pg 8, said appli-

cation was based upon Chronic Diarrhoea, Disease

of bowels and piles, Disease of Kidney resulting in

dropsy. Said disabilities due to Army Service

He has furnished evidence needed to establish

said claim & same has been submitted to Dept.

I desire to complete said claim, and collect the

accrued pensions due him from date claim was

filed to that of his death May 3 "1891 and re-

quest that any evidence needed tending toward that

be called for through my Atty Chas J Alden

La Crosse Mo.



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

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

(If affiant signs by mark, two persons who can write sign here.)

(Signature of Affiant.)

Sworn to and subscribed before me this 29 day of May, 1897, by the above

erased, and the words _____ added,

said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a

(Name of officer before whom executed)

(State whether Justice, ~~Notary~~, Clerk or Deputy Clerk.)

do certify that _____, Esq., who hath signed his name to

in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and

Witness my hand and seal of office this _____ day of _____ 189_____

(Name of the Clerk or Deputy Clerk.)

(Name of what Court.)

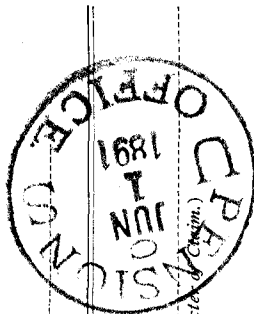
NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY or any NOTARY PUBLIC or JUSTICE of the PEACE, provided, if executed before a JUSTICE of the PEACE, the certificate of the court must be attached unless the Justice has a certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

DIVISION,

CLAIMANT'S AFFIDAVIT:

ADDITIONAL EVIDENCE

No.



(Character of Claim.)

(Name of Claimant.)

(Name of Soldier.)

Late:

--- (Rank.)

1

Rest.

Vols.

Name of Affiant.)

FILED BY CLAIMANT'S ATTORNEY.

CHARLES J. ALDEN,

United States Pension Claim Agent and
War Claim Attorney,

LA CROSSE, WISCONSIN.

This form of Fee Contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior, July 8, 1884, under the provisions of the act of Congress approved July 4, 1884.

To be Executed in Duplicate without additional cost to Claimant.

Articles of Agreement.

Whereas, I

Isabel Grover widow of *Ole Grover*
late a *private*
in company *"II"*, of the *13th* Regiment of *U. S. Infy* Volunteers,
war of 1861, having made application for pension under the laws of the United States:

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of his services done and to be done in the premises, I hereby agree to allow my attorney, CHARLES J. ALDEN, of La Crosse, Wisconsin, or his heirs or assigns, the fee of Twenty-five Dollars, which shall include all amounts to be paid for any service in furtherance of said claim, and said fee shall not be demanded by or payable to my said attorney, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and then the same shall be paid to him in accordance with the provisions of sections 4768 and 4769 of the revised statutes.

O. T. Grover
Henry Grover
(Two witnesses who can write must sign here.)

Isabel Grover
(Signature of Claimant.)
Houston Grover
(Post-office Address of Claimant.)

STATE OF *Wisconsin* COUNTY OF *La Crosse*, ss.

BE IT KNOWN, That on this, the *19th* day of *May*, A. D. 189*1*, personally appeared the above named *Isabel Grover*, who, after having read over to *her*, in the hearing and presence of the two attesting witnesses, the contents of the foregoing articles of agreement, voluntarily signed and acknowledged to be *her* free act and deed.

[L. S.] *Will M. Moffat*
(Official signature.)
Notary Public
(Official character.)

AND NOW, to-wit, this *29th* day of *May*, A. D. 189*1*, I accept the provisions contained in the foregoing articles of agreement, and will, to the best of my ability, endeavor faithfully to represent the interests of the claimant in the premises. I hereby certify that I have received from the claimant above named the sum of two dollars and no more; no dollars being for fee and the sum of two dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law in excess of the fee above named, the said agent making no charge therefor.

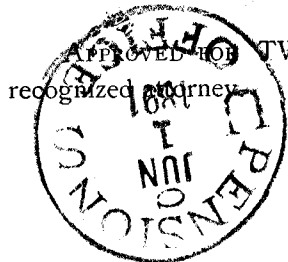
Witness my hand, the day and year first above written.

Charles J. Alden
(Signature of Agent.)

STATE OF WISCONSIN, COUNTY OF LA CROSSE, ss.

Personally came Charles J. Alden, whom I know to be the person he represents himself to be, and who, having signed the above acceptance of agreement, acknowledged the same to be his free act and deed.

[L. S.] *Will M. Moffat*
(Official signature.)
Notary Public.



APPROVED FOR TWENTY-FIVE DOLLARS and payable to CHARLES J. ALDEN, of La Crosse, Wisconsin, the recognized attorney

Commissioner of Pensions.

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

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

NOTICE TO CLAIMANT.

THIS CONTRACT IS PERMISSIBLE UNDER THE LAW, BUT NOT COMPULSORY.

READ THE FOLLOWING COPY OF THE STATUTE.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows :

SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty-land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding twenty-five dollars ; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed ; *provided*, that in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of ten dollars, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension and the pension agent to pay the same to the recognized attorney.

SEC. 4. That section 4786 of the Revised Statutes is hereby amended to read as follows :

SEC. 4786. The agent or attorney of record in the prosecution of the case may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty-land, and no agreement is filed with the Commissioner as herein provided, the fee shall be ten dollars and no more. And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension-rolls on testimony taken by a special examiner, showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in case of dependent relatives, whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them ; *provided*, that no greater fee than ten dollars shall be demanded, received or allowed in any claim for pension or bounty-land granted by special act of congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension has been allowed ; *And provided further*, that no fee shall be demanded, received or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of congress, passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed.

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of ten dollars allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty-land who shall directly or indirectly contract for, demand or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty-land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold any pension or claimant, the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the fee thereon, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

Approved July 4, 1884.

FEE AGREEMENT.

No.

CLAIM OF

Co.

Reg't.

Vols.

FOR PENSION.

Filed by Claimant's Attorney,

CHARLES J. ALDEN

United States Pension Claim Agent and War

Claim Attorney.

LA CROSSE, WISCONSIN.

WIDOW'S PENSION.

Claimant Isabel Grover Soldier Alb. A. Grover
P. O. Houston Rank Pr. Co. D
County Houston State Minnesota Regiment 13th U.S. Inf

Rate, \$ 12 per month, commencing May 4, 1891, and
and two dollars a month additional for each child, as follows:

By former marriage.	{ Born, -----, 18 . }	{ Sixteen, -----, 18 . }	Commencing -----, 18 .
	{ Born, -----, 18 . }	{ Sixteen, -----, 18 . }	" -----, 18 .
	{ Born, -----, 18 . }	{ Sixteen, -----, 18 . }	" -----, 18 .
	{ Born, -----, 18 . }	{ Sixteen, -----, 18 . }	" -----, 18 .
By last marriage.	{ Born, <u>Aug. 19</u> , 1878 . }	{ Sixteen, <u>Aug. 18</u> , 1894 . }	" <u>May 4</u> , 1891 .
	{ Born, <u>Dec. 11</u> , 1880 . }	{ Sixteen, <u>Dec. 10</u> , 1896 . }	" <u>May 4</u> , 1891 .
	{ Born, -----, 18 . }	{ Sixteen, -----, 18 . }	" -----, 18 .
	{ Born, -----, 18 . }	{ Sixteen, -----, 18 . }	" -----, 18 .

REJECTED.

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

All pension to terminate -----, 18 , date of -----

RECOGNIZED ATTORNEY:

Name C. J. Alden Fee \$ 25 Agent ----- to pay.
P. O. La Crosse Wis. Articles filed June 1, 1891.

APPROVALS:

Submitted for Sp. G. July 20, 1891, Dr. J. H. Ellis Examiner.
" Consider " 23, 1891, Just. Mills Chief St. C.
Approved for rejection on the ground that the soldier's fatal attack
paralysis was not due to chronic diarrhoea as alleged,
nor shown to have been in any other way chargeable to his
military service - See slip of Med. Ref. dated March 1, 1894
also testimony in S. S. Refs. which has been legally accepted,
-----, 18, Legal Reviewer. -----, 18, Medical Reviewer.
March 5, 1894, Re-Reviewer. Zeilorn Rev.

IMPORTANT DATES

Enlisted <u>March 6</u> , 1865	Invalid application filed <u>Dec. 18</u> , 1890 <u>(June 27/90) Aug. 25/90</u>
Mustered -----, 18	Invalid last paid to <u>Pending herewith</u>
Discharged <u>March 6</u> , 1868	Former marriage of soldier -----, 18
Died <u>May 3</u> , 1891	Death of former wife -----, 18
Declaration filed <u>June 1</u> , 1891	Claimant's marriage to soldier -----, 1865

Index Widows, Claim No. *515-908*
Alb. A. Grover Co. D 13 Reg't U.S. Inf.

ARRANGE PAPERS IN INVALID CLAIMS—1. Declaration; 2. Soldier's statements as to origin; 3. A. G.;
 4. S. G.; 5. Cert. of Dis. Let history as to origin, continuance, &c., follow in regular order.

IN WIDOWS' AND DEPENDENT RELATIVES' CLAIMS—Let evidence of soldier's death, marriage, dependence,
 &c., follow evidence of origin and continuance of fatal disease.

o 6-113

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
1	Declaration	June 1/91	
2	Free Agreement		
3	Report from War Dept.		
4	R. Olson	Dec. 15/90	Prior soundness
5	J. Thompson	" "	" "
6	P.O. Wager	July 30/92	" "
7	Dr. H. P. Johnson	Dec. 15/90	Sub. condition
8	" " " "	July 30/92	" " Date & cause of death
9	" " " "	June 9/91	" " " "
10	Town Record	July 30/92	Date & cause of death
11	Dr. H. Bendick	Dec. 15/90	Sub. condition
12	" " " "	July 30/92	" "
13	" D. F. Powell	Dec. 15/90	" "
14	" H. Kisan	June 6/91	" "
15	A. Hanson	Dec. 15/90	" "
16	O. K. Mae	" "	" "
17	C. Brant	July 2/91	Marriage
18	C. L. Brant	" "	" "
19	Copy of Ch. Record	July 30/92	Births
20	J. Thompson	" "	Widowhood - Children living - Property
21	O. K. Mae	" "	" " " "
22	Claimant.	July 23/92	No prior claim.
23	M. Fay	" "	Continuance
24	J. Miller	" "	" "

WIDOW'S CLAIM FOR PENSION.



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

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

State of Wisconsin
County of La Crosse

ON THIS 29 day of May, 1891, personally appeared before me, a Notary Public of a Court of Record in and for the County and State aforesaid, Isabel Grover, a resident of Houston in the County of Houston and State of Minnesota aged 54 years, who being duly sworn, makes the following declaration, in order to obtain a Pension provided by the Act of Congress approved JULY 14, 1862. That she is the widow of Ole A. Grover who was private in Company "H" commanded by R. S. La Motte in the 13 Regiment of U. S. Reg. Infy. in the War of 1861; that her maiden name was Isabel Anderson and that she was married to said Ole A. Grover on or about the 3 day of May 1855, at Houston in the County of Houston and State of Minnesota by a justice of the Peace and that she knows of no record evidence of said marriage.

SHE FURTHER DECLARES that said Ole A. Grover her husband, died at Houston Houston Co. Minn in the State of Minn on or about the 3 day of May 1891 of a stroke of paralysis, due to disabilities contracted in service

She also declares that she has remained a widow ever since the death of said Ole A. Grover and that she has not in any manner been engaged in, or aided or abetted, the rebellion in the United States; that she hereby appoints, with full power of substitution, without revocation, CHARLES J. ALDEN, of La Crosse, Wis. or his heirs or assigns, as her true and lawful attorney, and authorizes him to present and prosecute this claim. The following are the name, 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.

Alex Walter, Grover born Aug 19 1878
Emma " " Dec. 11 1880

Claimant's post office address is Houston Houston Co Minn

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

O. T. Grover Isabel X Grover
Henry Jerome (Signature of Claimant.)

ALSO PERSONALLY APPEARED before me, Henry Jerome and J. T. Weston residents of La Crosse County, and State of Wisconsin to me well known as credible persons, who being duly sworn, declare, that they were present and saw said Isabel Grover make her mark

(signed and) 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.

Signatures of Witnesses. Henry Jerome
J. T. Weston

Sworn and subscribed to before me, this 29th 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 contents
of the above were made known and explained to applicant and witnesses before signing.

Nice K. Hoffart
(Official Signature.)

[SEAL.]

NOTE.—If there is any record evidence of the marriage, insert—except that of which a true copy is hereunto annexed, and append 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.

ACT OF JULY 14, 1862.

Mrs.

Widow of

Alfred A. Shaw

Co. B 13th Regt.

U.S. Inf Vols.

2-10

FILED BY CLAIMANTS ATTORNEY,

CHARLES J. ALDEN,

U. S. Pension Claim Agent,

AND WAR CLAIM ATTORNEY,

SPARTA, WISCONSIN.

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., May 6, 1891.

Respectfully returned to the Commissioner of Pensions.

Alfred A. Grover was enlisted on the 6th day of March, 1865, at Chicago, Ill., and was assigned to company "D", 13th Regiment of U. S. Inf. Muster rolls of April 30/65 and June 30/65 report him - "Present for duty" at Camp Sherman, Nashville, Tenn.

Muster rolls of August 31/67 to February 29/68 (both inclusive) at Ft. Ellis, M. T. report him - "On detached service at Ft. Randall, D. T." Detachment rolls of Ft. Randall, of Dec. 31/67 and Feb. 28/68 (the only ones on file) report him "present for duty."

Muster roll of April 30/68 at Ft. Ellis, M. T. reports him - "discharged by expiration of service at Ft. Randall, D. T., March 1/68. A private."

Not reported sick on any roll during the above service.

J. B. Kelton

Adjutant General.

By J. O. H. S.

(260.)



Write nothing above this line.

(3-060.)

O. T. and N. Div.

S. B. Div.
Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., May 2, 1891.

SIR:

293917
9 AVR

It is alleged that Ol. A. Grover enlisted Mar. 6, 1865
and served as a Private in Co. D., 13th Reg't U.S. Inf.
also as a _____ in Co. _____, Reg't _____

and was discharged at Fort Randall, Dak. Mar. 5th, 1868

It is also alleged that while on duty at Nashville, Tenn.
on or about Spring, 1865, he was disabled by chronic diarrhea
resulting in disease of bowels and piles and
kidneys, all resulting in dropsy.

and was treated in hospitals of which the names, locations, and dates of treatment are as follows: Surgeon
at Barracks, at Nashville, Tenn. also at Jeffer-
son Barracks, St. Louis, Mo. and Fort Riley, Kans. and
in the Rocky Mountains in Montana and at
Fort Randall, Dak.

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,

Adj. Gen. U.S. Army.

The Officer in Charge of the

Record and Pension Division,

War Department.

John S. Ramm
Commissioner.

No. _____

WAR DEPARTMENT,
RECORD AND PENSION DIVISION.Respectfully returned to the Commissioner
of Pensions.*Oliver A. Grover*
Co. A 1st Reg't. U.S. Inf.

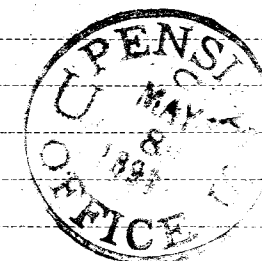
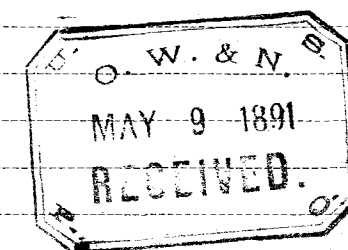
was enrolled _____, 186

and _____, 186

Write nothing to the left of this line.

From _____, 186, to _____, 186

he held the rank of _____

and during that period the rolls show him
present except as follows:The medical records show him treated as
follows as *Oliver A. Grover, etc.**June 30 to July 1, 1867, Chaste*
*Dysentery, returned to duty:**Aug 9 to 10, 1867, Acute dysentery,*
*returned to duty. to Oliver A.**Grover etc. Dec 20 to 24, 1867**Bronchitis, returned to duty.**Nothing additional found.*

By authority of the Secretary of War:

Per _____

Captain and Asst Surgeon, U. S. Army.

Date MAY 7 1891

(COMMISSIONER OF PENSIONS.)

Neighbor's Affidavit.

NOTE:--To be executed before a COURT of RECORD or some officer thereof having custody of its seal, a NOTARY PUBLIC, or if executed before a JUSTICE of the PEACE, his signature and official character must be certified to by a CLERK of the CIRCUIT COURT or CITY or COUNTY CLERK.

STATE OF Minnesota COUNTY OF Houston, ss.

NOTE--For testimony of employers or near neighbors of soldier, (other than relatives), who have known him before his enlistment or since his discharge and return from the army.

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

INSTRUCTIONS.

Read Carefully.

The witnesses must state:

1st. Their respective ages and occupations; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with, or for, him, or lived in the same neighborhood with him.

2d. If they knew him before his enlistment, what his physical condition was at the time, and that he was then sound and free from disability, and especially free from the diseases which caused the soldier's death--naming the disease.

3rd. If they have employed, or worked with, the soldier since his return from the army, they should state where it was and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month or year, they saw him, and 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 and how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for the soldier, they should state about what proportion of a sound able-bodied man's work he was able to do--whether one-fourth, one-third, one-half, two-thirds, three-fourths, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others, physically sound and doing the same kind of work. They should 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 this case; in fact describe his physical condition fully during each year of their acquaintance with him. In case of soldier's death give date and cause of death.

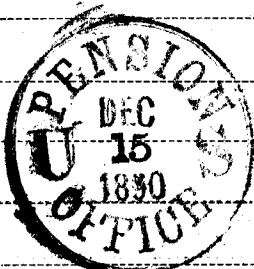
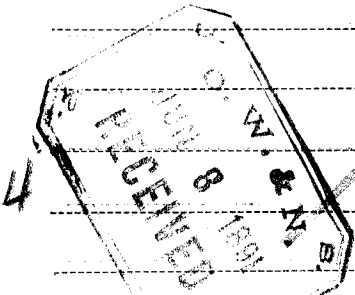
In the matter of Ole A. Grover Claim No. _____
of Houston Minnesota

ON THIS 26th day of November, A. D. 1890, personally appeared before me a Justice of the peace in and for the aforesaid County, duly authorized to administer oaths Peter Olson, aged 52 years, a resident of Houston, in the County of Houston and State of Minnesota, whose post-office address is Houston Houston County 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 the said Ole A. Grover for 30 years I have said Ole A. Grover before his enlistment in the army, his physical condition at that time was good and free from disability.

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

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



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

Robert Olson

(If affiants sign by mark, two persons who can write sign here.)

(Signatures of Affiants.)

STATE OF *Minnesota* COUNTY OF *Houston*, 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 ~~crased,~~ and the words ~~added,~~ and acquainted *him* with its contents before *he* executed the same.

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that *he* is a credible person.

[L. s.]

Anthony Rowland
(Signature)
Justice of the peace
(Official character.)

Additional Evidence.

CLAIM OF

AFFIDAVIT OF

NO.

Filed by Plaintiff's Attorney,
CHARLES J. ALDEN
United States Pension Claim Agent and War
Claim Attorney,
LA CROSSE, - - WISCONSIN.

Claimant's Affidavit.

NOTE.—If the claimant is not equal to the task of drawing the affidavit, he should go to some Attorney-at-Law, Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY, or any NOTARY PUBLIC or JUSTICE OF THE PEACE, provided, if executed before a Notary or Justice, the Certificate of the Court must be attached unless the Notary or Justice has a certificate already on file in the Pension Office. In such case the Notary or Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

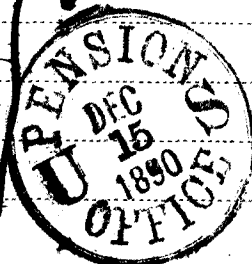
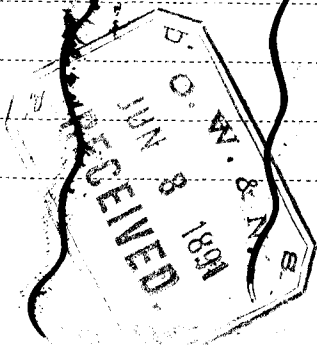
STATE OF Minnesota COUNTY OF Houston SS.

In the matter of Alfred Grover Claim No. _____
of Co. D. 13th Reg U.S. Inf.
Personally appeared before me Isaac Thompson
aged 61 years, a resident of Houston
in the County of Houston and State of Minnesota
whose Post Office address is Houston Minnesota

well known to me to be respectable and entitled to credit, and who, being duly sworn, declares in relation to the afore-
said case as follows: Alfred Grover appeared to me
to be in good health prior to his service
in the war of the Rebellion

THIS BLANK IS PREPARED BY AND FOR THE EXCLUSIVE USE OF CHARLES J. ALDEN, LA CROSSE, WIS.

RETURN ALL BLANKS NOT NEEDED IN THIS CASE TO CHARLES J. ALDEN, LA CROSSE, WISCONSIN.



(If Affiant sign by mark, two persons who can write sign here.)

(Signature of Affiant.)

STATE OF Minnesota COUNTY OF Houston SS.

Sworn to and subscribed before me this 6th day of December 1897 by the above named affiant, and I certify that I read said affidavit to said affiant, including the words

erased, and the words added, and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

[L. S.]

Anthony Bowland
(Name of Officer before whom executed.)
Justice of the Peace
(State whether Justice, Notary, Clerk or Deputy Clerk.)

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

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

(Name of the Clerk or Deputy Clerk.)

[L. S.]

(Name of what Court.)

NOTE.—This should be sworn to before a Clerk of the Court or his Deputy, or any Notary Public or Justice of the Peace, provided, if executed before a Notary or Justice, the certificate of the court must be attached, unless the Notary or Justice has a certificate already on file in the Pension Office. In such case the Notary or Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

DIVISION.
CLAIMANT'S AFFIDAVIT.
ADDITIONAL EVIDENCE.

No.

(Character of Claim.)

(Name of Claimant.)

(Name of Soldier.)

Co.

(Rank.)

Lat.

Regt.

Vols.

(Name of Affiant.)

FILED BY CLAIMANT'S ATTORNEY,

CHARLES J. ALDEN,

United States Pension Claim Agent and
War Claim Attorney,

LA CROSSE, WISCONSIN

GENERAL AFFIDAVIT

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY or any NOTARY PUBLIC or JUSTICE of the PEACE, provided, if executed before a Justice of the Peace, the certificate of the court must be attached unless the Justice has a certificate already on file in the County Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

STATE OF Minnesota, COUNTY OF Houston, ss.

In the matter of Widow's Pension Claim No. 5-15-908 of

Isabel Grover widow of Ole Grover

ON THIS 20 day of January, A. D. 1892, personally appeared before me, a Justice of

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

Wager aged 52 years, a resident of Houston in the County of

Houston and State of Minnesota whose postoffice address is Houston

Minnesota 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 Ole Grover

for 30 years

That when the said Ole Grover enlisted in the army during the late rebellion he was to all appearances a well bodied man, and that said widow Isabel Grover is now living on the farm left by her late husband and taking care of the young children there.


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

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

P. R. Hagen

(Signatures of affiants.)

Clerk of the _____


 CHARLES W. ALDEN,
 ATTORNEY,
 United States Pension Claim Agent and
 War Claim Attorney,
 LA CROSSE, . . . WISCONSIN.

GENERAL AFFIDAVIT.

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY or any NOTARY PUBLIC or JUSTICE of the PEACE, provided, if executed before a Justice of the Peace, the certificate of the court must be attached unless the Justice has a certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

STATE OF Wisconsin COUNTY OF La Crosse, SS.

In the matter of Adams Pension Claim No. _____ of

Isabel Grover, widow of Ole A. Grover

ON THIS 19 day of June, A. D. 1891, personally appeared before me, a Notary

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

Brant aged 66 years, a resident of La Crosse in the County of

Houston and State of Minn whose postoffice address is La Crosse

Minn 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 Isabel

Grover for 36 years and was present

at the marriage of Ole A. Grover and

Isabel Anderson, and know that same

occurred during the winter of 1855-6

cannot give the exact date, the cere-

mony was performed by a Justice of the

Peace by name of Stewart, whose present

whereabouts I do not know, but think

he must be dead as he was an old

man at that time, I know they were

legally married, and continued to live to-

gether as man & wife during whole time

up to date of death of Mr. Ole Grover,

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

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

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

(If affiants sign by mark, two persons who can write sign here.)

Peter Brant
(Signatures of affiants.)

STATE OF *Wisconsin*, COUNTY OF *La Crosse*, 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

and acquainted *him* with its contents before *he* executed the same

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant

is personally known to me, and that *he is a* credible person.

Miss K. Appas
(Official signature.)
Notary Public
(Official character.)

[SEAL.]

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

Witness my hand and seal of office, this day of, 189

[SEAL.]

Clerk of the

Ad 0.515.908
Additional Evidence.
Charles J. Alden
Widow of *Wm. A. Alden*
Ad 0.515.908 13 Regt. U.S. Regt. Infy.

AFFIDAVIT OF

Peter Brant

No.

Marriage
JUL 2 1891
OFFICE OF THE CLERK OF THE COUNTY COURT
LA CROSSE, WISCONSIN

FILED BY CLAIMANT'S ATTORNEY,
CHARLES J. ALDEN,
United States Pension Claim Agent and
War Claim Attorney,
LA CROSSE, WISCONSIN.

GENERAL AFFIDAVIT.

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY or any NOTARY PUBLIC or JUSTICE of the PEACE, provided, if executed before a Justice of the Peace, the certificate of the court must be attached unless the Justice has a certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

STATE OF Minnesota COUNTY OF Houston, ss.

In the matter of Widow's Pension Claim No. _____ of

Isabel Grover, widow of Ole A. Grover

ON THIS 17th day of July, A. D. 1891, personally appeared before me, a Notary

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

aged 43 years, a resident of La Crescent in the County of

Houston and State of Minn whose postoffice address is La Crescent

Minn 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 Isabel

Grover for 36 years and was present

at the marriage ceremony of Ole A.

Grover & Isabel Anderson, same occurred

in winter of 1855-6, do not remember

exact date. Ceremony performed by a

Justice of Peace by name of Stewart, who

has I think since died, was an elderly

man at that time. Know they lived to -

gether as man & wife during whole time

from time of marriage, until death of

Mr Grover

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

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

I further declare that

I have no interest in said case and I am

not concerned in its prosecution.

Caroline F. Brant

(If affiants sign by mark, two persons who can write sign here.)

(Signatures of affiants.)

STATE OF Minnesota, COUNTY OF Houston, 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

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

as personally known to me and that she is a credible person

AB Lyon

(Official signature.)

[SEAL.]

Notary Public

(Official character.)

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

Witness my hand and seal of office, this day of, 189

[SEAL.]

Clerk of the

Wed O. 575.908

Additional Evidence.

CLAIM OF
Deabel Irons
Ale. M. Irons
D. Co., 13 Regt. A. H. A.
AFFIDAVIT OF
Caroline F. Brant

No. 575.908

Marriage

FILED BY CLAIMANT'S ATTORNEY,
CHARLES J. ALDEN,
United States Pension Claim Agent and
War Claim Attorney,
LA CROSSE, WISCONSIN.

1
1892
Bert
Alex. Walter, a child of Mr. Ole A. Graver
and Mrs. Isabel A. Graver, of Houston Co. Minn.
was born August 19th 1878
and baptised in Lanny Valley Congregation
on the 20th day of October 1878.

which is herewith certified by

Chr. Yrrehus, Pastor

La Crosse Wis Jan 26th 1892

Emma Yasser, a child of Mr. Ole A. Graver
and Isabel A. Graver of Houston Co. Minn. was
born December 14th 1880
and baptised in Lanny Valley Congregation, on
the 10th day of May 1884.

which is herewith certified by

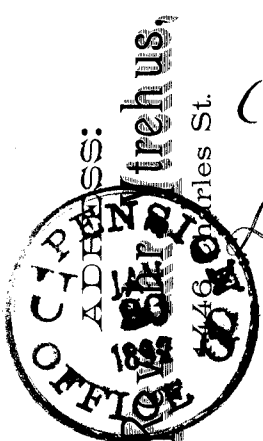
Chr. Yrrehus, Pastor

La Crosse Wis Jan 26th 1892

Record proof
of Birth.

claim of ¹⁸⁹⁷
Isabel Grover
aka a grover
Co. D. 13th U.S. Inf
Mil. Claims No. 515908.

North La Crosse, Wis.,



Filed by
Charles J. Alden
Att. Atty
La Crosse, Wis.

GENERAL AFFIDAVIT.

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY or any NOTARY PUBLIC or JUSTICE of the PEACE, provided, if executed before a Justice of the Peace, the certificate of the court must be attached unless the Justice has a certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

STATE OF Minnesota, COUNTY OF Houston, SS.

In the matter of Widow's Pension Claim No. 515908 of

Isabell Groves widow of Ole Groves

ON THIS 25 day of January, A. D. 1892, personally appeared before me, a

Justice of the peace in and for the aforesaid County, duly authorized to administer oaths Isaac

Sumner aged 63 years, a resident of Houston in the County of

Houston and State of Minnesota whose postoffice address is Houston

Minnesota 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 Ole Groves

for 35 years and know that

since death of her late husband, she has

not remarried and with her two children, Alex

and Emma, who are still living, resides upon &

works the farm, which together with other property

both real & personal possessed by her will not

exceed in valuation \$5862.00, and her

income per year from all sources is not in ex-

cess of \$300.00

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

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

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

Isaac Thompson

(If affiants sign by mark, two persons who can write sign here.)

(Signatures of affiants.)

STATE OF Minnesota, COUNTY OF Houston, ss.

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

erased, and the words added and acquainted him with its contents before the said affiant executed the same

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant

is personally known to me, and that he is a credible person. and that my general certificate is on file in Pension Dept. S. B. McClellan.

(Official signature.)

Judge of the Peace.

(Official character.)

[SEAL.]

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

Witness my hand and seal of office, this day of, 189

[SEAL.]

Clerk of the

Additional Evidence.

CLAIM OF
Isabel Grover,
widow of

Chas. A. Grover
Capt. D. 13th U.S. Inf.

AFFIDAVIT OF
Isaac Thompson.

No. 515908.

SEEN
1892
OFFICE
OF THE
ATTORNEY
GENERAL
CHARLES J. ALDEN,
United States Pension Claim Agent and
War Claim Attorney,
LA CROSSE, WISCONSIN.

GENERAL AFFIDAVIT.

NOTE.—This should be sworn to before a CLERK of the COURT or his DEPUTY or any NOTARY PUBLIC or JUSTICE of the PEACE, provided, if executed before a Justice of the Peace, the certificate of the court must be attached unless the Justice has a certificate already on file in the Pension Office. In such case the Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

STATE OF Minnesota, COUNTY OF Houston, SS.

In the matter of Widow's Pension Claim No. 515908 of

Isabel Grover as widow of Ole Grover

ON THIS 6th day of November, A. D. 1897, personally appeared before me, a Justice of

the Peace in and for the aforesaid County, duly authorized to administer oaths. He K. Moore

aged 62 years, a resident of Houston in the County of

Houston and State of Minnesota whose postoffice address is Houston

Minnesota 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 Isabel

Grover

for 40 years

And know that since the death of her late husband she has not re-married, and with Alex & Emma, their two children who are still living, resides upon the farm, which with assistance of hired helps she works thus maintaining the family. All property both real & personally possessed by her will not exceed in valuation over \$4,000, and her income from all sources per year in my opinion cannot be in excess of \$6,000.

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

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

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

(If affiants sign by mark, two persons who can write sign here.)

Ch R. Moore

(Signatures of affiants.)

STATE OF Minnesota, COUNTY OF Houston, 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 with its contents before executed the same

I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant

is personally known to me, and that he is a credible person. And that my

friend certificate is the file in pension of Ch R. Moore.

(Official signature.)

John J. Van Meter

(Official character.)

[SEAL.]

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

that, Esq., who hath signed his name to the foregoing declaration and affidavit was

at the time of so doing in and for said County and State, duly commissioned and

sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of, 189

[SEAL.]

Clerk of the

Additional Evidence.

CLAIM OF

Isabel Brown

Wid. To

Ch R. 13th U.S. Sup

AFFIDAVIT OF

Ch R. Moore

No. 515908

PENSION
FILED BY CLAIMANT'S ATTORNEY,
CHARLES S. ALDEN,
United States Pension Claim Agent and
Notary Public Attorney,
LA CROSSE, WISCONSIN.