

Dear Patron:

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BEST AVAILABLE COPY.



B0439, 475

cert. 356, 670

Louisa Stevens

EMP ✓

[3-216 a.]

Exp.

No. *461809*

Act of June 27, 1890.

[3-218 a.]

Exp.

No. *461809*

Act of June 27, 1890.

Milton H. Stevens

P. O. *315 High St. Hamilton*

Butter Co Ohio

Service: *6 93. Ohio Inf*

Enlisted: *26 Jul*, 1862.

Discharged: *8 June*, 1865.

Application filed: *7 Aug*, 1890

Alleges: _____

Any other Claim filed: *no*

Numerical No. *286912*

Louisa Stevens

315 High St. Hamilton Ohio

Wid. of

Milton H. Stevens

C. 93 Ohio Inf.

Died at *Aug. 15, 1890*

~~to~~ other claim.

In orig 882682 here

, 18

Numerical No. *983736*

Clerk.

Attorney: *J. C. Smith*

P. O. *Hamilton Ohio*

Recognized

Contract.

Cert. of Dis. Searched for _____, 18

June

Application filed: *Aug. 25*, 1890

Attorney: *Jesse R. Smith*

P. O. *Hamilton Ohio*

G. E. W.

RECEIVED
JUN 23 1890
COMMISSIONER OF REVENUE

RECEIVED

Oct. 12-19-90. J
May 16. 92 Atty
from applications Children living
Dep D

Pa.

Ohio.

Mich.

No.

R. G. May 27/91 Cert
Sept 11/91 atty for Boston
Property support
Mch 1-7-91

Pa.

Ohio.

Mich.

No.

May 14 Atty from applications
Children living. Dep

Estate
M Mrs Stevens (Deceased)

CINCINNATI, O., *Sept. 5/1917*

TO DR. CLOYCE WILSON, DR.

432 CLARK STREET

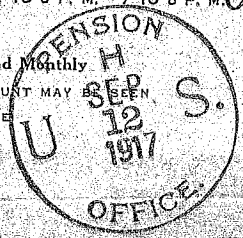
For Professional Services Rendered from *July 17-1917* to date \$ *62.00*

OFFICE HOURS
8 TO 9 A. M. 1 TO 3 P. M. 7 TO 8 P. M.

TEL. WEST 903

All Bills Rendered Monthly
THE ITEMS OF THIS ACCOUNT MAY BE PAID
AT OFFICE

Received Payment,



Cloyce Wilson M. D.

OFFICE:
539 CLARK STREET

TELEPHONE WEST 184

OFFICE HOURS:
8 to 9 A. M. 1 to 2:30 P. M.
6:30 to 7:30 P. M.

Cincinnati, *June 8* 1917

Mrs Louisa Stevens *514 Clark St*

TO DR. C. A. BURHANS, DR.

For Professional Services *for 5 wks* \$ *2.50*
June 7-17 To one visit *1.25*
June 8-17 " " " *1.25*

Received Payment, *from Mrs Louisa Stevens*

C. A. Burhans M.D.

Ready

3-812

REIMBURSEMENT.

Certificate No. 356070
 Pensioner Louisa Stevens
 Class WIDOW.
 Date of Death Aug 24, 1917
 Claimant Mrs. Clara Longfellow
 Post Office 52, Pickering Bldg
Cincinnati
Ohio

Received SEP 12 1917, 191

SEP 27 1917 *Clint bill from*
Dr. Burbans *[Signature]*

[Signature]
 3-6472

8.24

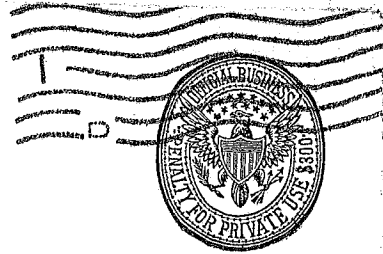
6.3

2-21 Div: 44
840
all 3540

8-1651

Department of the Interior

BUREAU OF PENSIONS



RETURN PENALTY ENVELOPE
This envelope can be used only for reply to official communications. The address must not be changed.

Paul Fisher
Sept 13/17

THE COMMISSIONER OF PENSIONS,

WASHINGTON,

D. C.

356670 W

FINANCE DIVISION

na

Reim. Sec.
A. & H. Div.

DFL/DC

September 27, 1917.

Mrs. Clara Longfellow,
53 Pickering Building,
Cincinnati,
Ohio.

Madam:

Relative to your claim for reimbursement in the case of Louisa Stevens, Wid. Cnf. No. 356,670, you are advised that you should furnish an itemized bill from Dr. Barbans. Said bill should contain the pensioner's name and a statement over the doctor's signature showing by whom it was paid; or if unpaid, that you are held responsible for payment.

Very respectfully,

Commissioner.

PHONE WEST 1208

STATEMENT

77

Cincinnati, Ohio, Aug - 27 - 1917

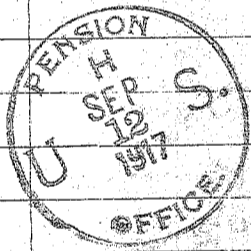
Mrs. Clara Longfellow

To Wm. B. Dunkmann, Dr.

Funeral Director
Ambulance Service . . .

OFFICE AND FUNERAL PARLORS
910 CLARK STREET

	Difference on Basket	95		
	Embalming	10		
	Door Wreath -	3		
	Difference of Auto Hearse	3		
	" " Limousine	1		
	Obituary Post Times & Enquirer	2 ²⁵		
	For the Funeral of Mrs. Louise Stevens		114	25
	Received Payment			
	Wm. B. Dunkmann			



REIMBURSEMENT.

Claimant Carra Longfellow Pensioner Louisa Stevens
 Street and No. #52 Pickering Bldg Class Widow
 P. O. Cincinnati Law Act of April 19, 1908
 State Ohio Agency Group 3
 Rate, \$ 12 Last paid to June 4, 1917 at \$ 12
 Last illness commenced _____ Date of death Aug 24, 1917 Accrued pension \$ 32.40

AMOUNTS CLAIMED.		CHARGES APPROVED.		DEDUCTIONS.	
Physicians' bills	\$ <u>62.50</u>	\$ <u>62</u>		State aid	\$ _____
Medicine				Assets	
Board				Insurance	<u>58</u>
Nursing and care	<u>70</u>	<u>70</u>		Amount waived	
Rent					
Living expenses for pensioner					
Undertaker's bill	<u>114.25</u>	<u>114.25</u>			
Livery					
Cemetery charges				TOTAL	<u>58</u>
OTHER EXPENSES.				SUMMARY.	
				Charges approved	\$ <u>246.25</u>
				Deductions	<u>58.00</u>
				Amount approved	<u>188.25</u>
TOTALS	<u>248.75</u>	<u>246.25</u>			

Approved for \$32.40 _____

Oct 5, 1917 [Signature]
 Examiner.

OCT 6 - 1917 [Signature] Reviewer.
 OCT 8 - 1917 [Signature] Reviewer.

ACT OF JUNE 27, 1890.

INVALID PENSION.

Claimant, *Milton H. Stevens and Widow Susan Stevens Campbell*
 P. O., *222 South 1st Hamilton* Rank, *Col*
 County, *Butler* Company, *93*
 State, *Ohio* Regiment, *1st W. Inf.*
 Rate, \$ _____, per month, commencing _____

Disabled by _____

RECOGNIZED ATTORNEY.

Name, *J. Smith* Fee, \$ _____ Agent to pay.
 P. O., *Hamilton Ohio* Articles filed, _____, 189_____

APPROVALS.

Submitted for *rev. Nov 22*, 1897 *J. Smith*, Examiner.

Approved for *rejection* Approved for _____

g. a. Admission of claim would not give the claimant any benefit as soldier died Aug. 15, 1890, 8 days after filing claim
Whitiana See Med. Brief
 Dec 7, 1892 Legal Reviewer. Medical Referee. _____, 189_____

now pensioned under other laws. Last paid to _____, 18_____, at \$ _____
 Pensioned from _____, 18_____, at \$ _____, for _____

SERVICE SHOWN BY RECORD.

Enlisted *July 29*, 18*62* honorably discharged *June 8*, 18*60*
 Re-enlisted _____, 18_____, honorably discharged _____, 18_____
 Declaration filed *Aug 7*, 1890, alleges permanent disability, not due to vicious habits, from *disease of lungs*

water

Submitted for rejection on the ground of an insufficient
DJ

ACT OF JUNE 27, 1890.

WIDOW'S PENSION.

356670
Columbus

Claimant Louisa Stevens Soldier William H. Stevens

P. O. 222 South 13th Hamilton Rank Private, Co. D

County Putnam, State Ohio Regiment 93 Ohio Inf

Rate, \$8 per month, commencing Aug 25, 1890, and \$2 per month additional for each child, as follows:

- Neil E { Born Jan 22, 1870 } Commencing Aug 25, 1890
- { Sixteen July 21, 1891 }
- Clara L { Born April 25, 1878 } Commencing Aug 25, 1890
- { Sixteen April 24, 1897 }
- { Born, _____, 18 _____ } Commencing _____, 18 _____
- { Sixteen, _____, 18 _____ } Commencing _____, 18 _____
- { Born, _____, 18 _____ } Commencing _____, 18 _____
- { Sixteen, _____, 18 _____ } Commencing _____, 18 _____
- { Born, _____, 18 _____ } Commencing _____, 18 _____
- { Sixteen, _____, 18 _____ } Commencing _____, 18 _____
- { Born, _____, 18 _____ } Commencing _____, 18 _____
- { Sixteen, _____, 18 _____ } Commencing _____, 18 _____

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

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

RECOGNIZED ATTORNEY:

Name Jesse C Smith Fee \$ 100 Agent to pay.
P. O. Hamilton Ohio Articles Filed _____, 189____

APPROVALS:

Submitted for admission, 1892 J. W. Sander, Examiner.

Approved for Admission
Dec 7, 1892 Wm Hanna, Legal Reviewer.

The soldier was pensioned at \$ _____ per month for _____

Enlisted July 26, 1862 Soldier's app'n filed Aug 7, 1890

honorably disch'd June 8, 1865 Clt's app'n under other laws _____, 18 _____

Re-enlisted no, 18 _____ Former marriage of _____, 18 _____

honorably disch'd _____, 18 _____ Death of former _____, 18 _____

Died Aug 15, 1890 Clt's marriage to soldier Oct 3, 1872

Declaration filed Aug 20, 1890 Clt not remarried _____, 18 _____

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

Claimant makes

GENERAL AFFIDAVIT.

State of Ohio, County of Bullett, SS:

In the matter of Claim No. 461809 W. and J. Gullett

H. Stevens Company to 93rd Ohio Regt.

ON THIS 7th day of May, A. D., 1892; personally appeared before me

A. W. P. Pugh in and for the aforesaid County duly authorized to administer oaths,

Louisa Stevens aged 37 years, a resident of W. Hamilton

in the County of Bullett and State of Ohio

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

That she is the claimant in the

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

above stated claim and she has not
applied previous heretofore this being the
only application that she ever made
that her husband had a claim pending
at the time of his death being number
882602

Her Post Office address is # 222 South B St. Hamilton Ohio

~~Further~~ declare that ~~no interest in said case and~~ ~~not concerned~~
~~in its prosecution.~~

Louisa Stevens

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

Signature of Affiants.

STATE OF Ohio COUNTY OF Buena, 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 him 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.

Frank L. Hume
(Official Signature.)
Notary Public Buena Co. Ohio
(Official Character)



No 461.805

Additional Evidence.

CLAIM OF

Louisa Stevens
Wife of James Stevens
Co. to G. O. Ohio Inftry

AFFIDAVIT OF

Claimant
222 Lewis B. Hunt

Hamilton Ohio
James C. Smith

FILED BY

Jesse C. Smith, Attorney-at-Law,
HAMILTON, OHIO.

GENERAL AFFIDAVIT.

State of Ohio County of Bueller, SS:

In the matter of Claim No 461,809. Louisa Stevens and
the H Stevens Company to 93rd Ohio Infy

ON THIS 7th day of July A. D., 1891; personally appeared before me

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

the Louisa Stevens aged 36 years, a resident of Hamilton

in the County of Bueller and State of Ohio

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

That she is the claimant in the
[NOTE--Affiants should state how they gain a knowledge of the facts to which they testify.]

above titled claim and that her husband
Allen told her that he had not been in
any service in the late war except that
in Company to 93rd Ohio Infy and that
he remained in Hamilton continuing after
his discharge on Jan 8th 1865. I know this
of my own knowledge he lived here in
Hamilton until his death

Her Post Office address is Hamilton Ohio

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

Louisa Stevens

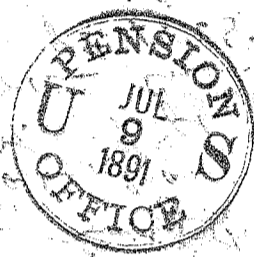
If Affiants sign by mark, two persons who can write sign here. (Signature of Affiants.)

STATE OF Ohio COUNTY OF Butler, 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 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.

John Schwaner
(Official Signature.)
Not Public Notary for Ohio
(Official Character.)



act of June 27-90
no 461.809

Additional Evidence.

CLAIM OF

James Higgins & Co
vs
W. H. Stevens
vs
Co to 932072

AFFIDAVIT OF

claimant
James T. Ohio

[Signature]

FILED BY

Jesse C. Smith, Attorney-at-Law,
HAMILTON, OHIO.

PHYSICIAN'S AFFIDAVIT.

State of Ohio, County of Butler, ss:

In the Pension Claim No. _____

of Louisa Stevens, widow of Milton A. Stevens late of
Co. C, 93rd Ohio Infantry
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid

County and State Ohio Wheeler a citizen of _____

whose Post Office address is # 16 West 8th St

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

That he is a Practicing Physician, and that he has been acquainted with said soldier for about two years, and that during the two years he had only tolerable good health up to last spring when he contracted the La Grippe. From this he never fully recovered as he would have probably done had his health been good. He died Aug. 15th 1898, from embolism of the liver.

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

Chas. N. Huston
(Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 22nd day of August 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, &c., 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.

Clarence Murphy
(Official Signature.)

John P. Butler
(Official Character.)

Bullen Campbell
Clerk of the County Court in and for aforesaid County

[L. S.]

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

Witness my hand and seal of office, this _____ day of _____, 1890.

[L. S.]

Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

Recd of Inn 27-1890

MEDICAL EVIDENCE.

AFFIDAVIT OF

Chas. N. Huston

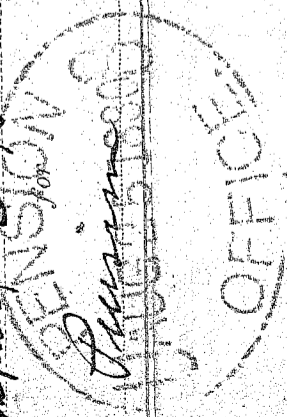
#16 1/2 3rd St Hamilton Ohio

CLAIM OF

Laura L. Linn

Wm. H. Linn

Company Co 93rd St



John P. Butler

Filed by

John C. Smith

Atty for Claimant

Hamilton Ohio

GENERAL AFFIDAVIT.



Ohio, County of Butler

In the matter of Claim No 461.809 Louisa Stevens
Heirs of James H. Stevens Co 6 93rd vol

ON THIS 28th day of September A. D. 1891; personally appeared before me
Notary Public Louisa Stevens in and for the aforesaid County duly authorized to administer oaths,
aged 36 years, a resident of Hamilton
in the County of Butler and State of Ohio

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

That she is the claimant in the above stated claim and that that the children named in the enclosed certificate George Edward Stevens Helen Elizabeth Stevens and Adara Louisa Stevens are the only children born to herself and her late husband and that they are all living

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

His Post Office address is # 222 South "B" St Hamilton Ohio

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

Louisa Stevens

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

(Signature of Affiants.)

STATE OF Ohio, COUNTY OF Benton, 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 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.

John Schearer
(Official Signature.)
Not Public Notary to Ohio
(Official Character.)



Additional Evidence,
CLAIM OF
in of Justice of Supreme
Company to 934 072

AFFIDAVIT OF
Selemant
222 Justice B
Hamilton, Ohio

Plaintiff
Justice of Supreme

FILED BY
Jesse C. Smith, Attorney-at-Law,
HAMILTON, OHIO.

Hamilton, O., Sept. 28th 1881.

Extract from the Records of the German
Evangelical Protestant St. John's Church of Beaufort,
Butler County, Ohio.

Under the Parents Milton Stevens and his wife Louise
the following children were born and baptized:

1, Georg Edward Stevens born January the 16th 1873.
baptized October 18th 1873. — still living

2, Helene Elisabeth Stevens, born January the 22nd 1875.
baptized July 25th 1875. — still living.

3, Clara Louise Stevens, born April 25th 1878. and
baptized May the 9th 1879. — still living. —

That this is a correct extract from the Records
of this Church is hereby certified by

C. Albernann
pastor German Evangel. Protestant
St. John's Church.

No 461.809

Volume of
Hiram Hunt & Lewis
Company to 93rd vol

Part of Books
of Chicago
Books

Filed by
Jesse C Smith
Att'y for claimant



See Ser.

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Sept 7, 1917

Certificate No. *356670*

Class *...*

Pensioner *Louisa Stevens*

Soldier *Milton B-*

Service *C-93 O.V.I.*

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ *12*, to *4 June*, 1917
has this day been dropped from the roll be-
cause of *death Aug 24, 1917*

LOUISA STEVENS
CINCINNATI OHIO
356670 ACT APR
514 CLARK ST

Very respectfully,

W. M. ...

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known. 6-2249

5133993

Check No. *5133993* dated *SEP 4 - 1917* canceled

PLATE DESTROYED



MAY 28

326597

1681

Write nothing above this line.

(3-060 a.)

MILITARY SERVICE.

NAME OF SOLDIER:

Milton A. Stevens

Middle Div.

Bureau of Pensions,

Ex'r. No. 461809 May 27, 1891

Widow

SIR:

It is alleged that the above-named man enlisted July 26, 1862 and served as Pvt in Co. C, 93 Reg't Ohio Inf also as a in Co. and was discharged at

on June 8, 1865

No. of prior claim

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

G. B. Rowan Commissioner THE OFFICER IN CHARGE OF THE RECORD AND PENSION DIVISION, WAR DEPARTMENT.

War Department,

Record and Pension Division,

MAY 28 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

Milton A. Stevens

mentioned in the preceding indorsement, was enrolled

July 26, 1862, and June 8, 1865



BY AUTHORITY OF THE SECRETARY OF WAR:

M. J. Hamilton Captain and Ass't Surgeon, U. S. Army. Per

CERTIFICATE OF MARRIAGE.



MARRIED, on the 3 " day of Oct. A. D. 1872
by Rev. D. J. Starr
Milton W. Stephens + Louisa Bridge



THE STATE OF OHIO, }
BUTLER COUNTY. } SS.

PROBATE COURT.

I, P. G. Perry Sole Judge and Ex-Officio Clerk of the Probate Court within and for the County aforesaid, do hereby certify the foregoing to be a full, true and accurate copy as taken from the original on file and of record in said Court.

IN TESTIMONY WHEREOF, I have herunto set my signature and affixed the seal of the Probate Court of the County aforesaid, at the City of Hamilton, this 22 day of August A. D., 1890

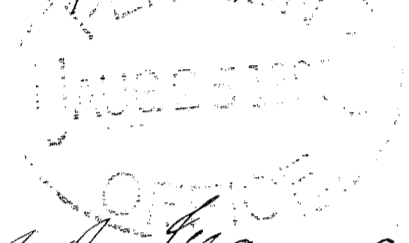
P. G. Perry

PROBATE JUDGE AND EX-OFFICIO CLERK.

Account, Claim
act of June 27 - 1890

Laura Levens
Head

William H Levens
Company Co 93^d 002



Proof of Marriage

Wm Levens

Filed by

John C Smith
Act for Claimant

DECLARATION FOR WIDOW'S PENSION.

Act of June 27, 1890.

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

State of Ohio, County of Butler, 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, Louisa Stevens

of Hamilton Ohio, aged 35 years, a resident of

the city of Hamilton, County of Butler, State of

Ohio, who, being duly sworn according to law, declares that she is the widow of

Milton H Stevens who enlisted under the name of Milton H Stevens

at Hamilton Ohio, on the 26th day of July

A. D. 1867, in Company C. 93rd Ohio Infantry

as a Private

and served at least ninety days in the late war of the Rebellion, who was HONORABLY DISCHARGED

June 8 1865, at Nashville Tenn, and died at Hamilton Ohio August 15, 1890
(The cause of death need not be stated.)

That she was married under the name of Louisa Bridge, to said

Milton H. Stevens, on the 3rd day of October

1872 by Rev David J. Star, at Hamilton Ohio

there being no legal barrier to such marriage (if there was a former marriage of claimant or her husband, state it here and how dissolved.)

married before

That she has not remarried since the death of the said Milton H. Stevens

(Name of soldier or sailor.)

That she is without other means of support than her daily labor. That names and dates of birth of all the children now living under sixteen years of age of the soldier are as follows:

Helen E. Stevens, born January 22nd, 1875.

Clara L. Stevens, born April 25th, 1878.

born _____, 18_____

born _____, 18_____

born _____, 18_____

born _____, 18_____

That she has heretofore applied for pension and the number of her former application is _____

(Be careful to fill this part of the blank correctly.)

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890. She hereby appoints

Jesse C. Smith of Hamilton Ohio

her true and lawful attorney to prosecute her claim. That her post office address is Hamilton

31 High St, County of Butler, State of Ohio

Anna Curtis

Louisa Stevens

(Signature of Claimant.)

A. H. Thompson

(Two witnesses who can write, sign here.)

Also personally appeared

Anna Curtis

residing at

Cincinnati Ohio

and

A. H. Thompson

residing at

Hamilton Ohio

persons whom I certify to be respectable and entitled to credit,

and who, being by me duly sworn, say they were present and saw

Louisa Stevens

claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the

appearance of said claimant and an acquaintance with her of

eight

years and

fifteen years, respectively, that she is the identical person she represents herself to be; and

that they have no interest in the prosecution of this claim:

Anna Curtis
A. H. Thompson

(Signatures of witnesses.)

Sworn to and subscribed before me this *21* day of *August*, A. D. 189*0*

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained

to the applicant and witnesses before swearing, including the words

erased, and the words

added; and that I have no interest, direct or indirect, in the

prosecution of this claim.

Frank P. Richter

(Official Signature.)

Notary Public

(Official Character)

Buller County Ohio

[L. S.]

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

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

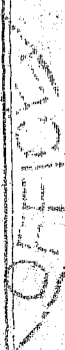
389736

WIDOW'S CLAIM.

Act of June 27, 1890.

Claimant *Louisa Stevens*
Soldier *Milton A. Stevens*
Service *Co. C, 93rd*

Ohio Infantry
Address *# 315 High Street*
Hamilton Ohio



Date of Execution *Aug 21-1890*

Filed by *Jesse C. Smith*
Atty for Claimant
Hamilton Ohio

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

N. E. No claim.
J. H. S.

Declaration for Invalid Pension.

Act of June 27, 1890.

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

State of Ohio, County of Butler, ss:

ON THIS 5 day of August, A. D. one thousand eight hundred and ninety

personally appeared before me, a Justice of Court

within and for the County and State aforesaid, Milton H. Stevens

aged 48 years, a resident of the City of Hamilton

County of Butler, State of Ohio, who, being

duly sworn according to law, declares that he is the identical Milton H. Stevens

who was ENROLLED on the 26th day of July, 1862, in Company

6 of the 93rd Regiment of Ohio Infantry
(Here state rank, company and regiment, in Military service, or vessel, if in the Navy.)

in the war of the rebellion, and served at least

ninety days, and was HONORABLY DISCHARGED at Harbison Linnem, on the 8th

day of June, 1865 That he is now unable to earn a support by

reason of Disease of Lungs
(Here name the disease or injuries from which disabled.)

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

he has not applied for pension under application No. That he is a pensioner

under Certificate No.
(If a pensioner, Certificate 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

Jesse C. Smith atty of Hamilton Ohio

his true and lawful attorney to prosecute his claim.

That his POST OFFICE ADDRESS is # 315 High Street

County of Butler State of Ohio

Abner B. Morganthaler Milton H. Stevens
(Signature of Claimant.)

A. H. Thompson
(Two Witnesses who can write, sign here.)

100
Finance Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

*Clara Longfellow
Cincinnati, Ohio*

Your communication of *the 29th ult* informs this Bureau of the death of *Louisa Stevens*, a pensioner by Cert. No. *356670*, at _____, without giving the date.

You will confer a favor by stating the date of the pensioner's death if known to or ascertainable by you, on the bottom fold of this letter and returning same under cover of the inclosed penalty envelope which requires no postage.

Very respectfully,

Emmett G. ...
Commissioner.

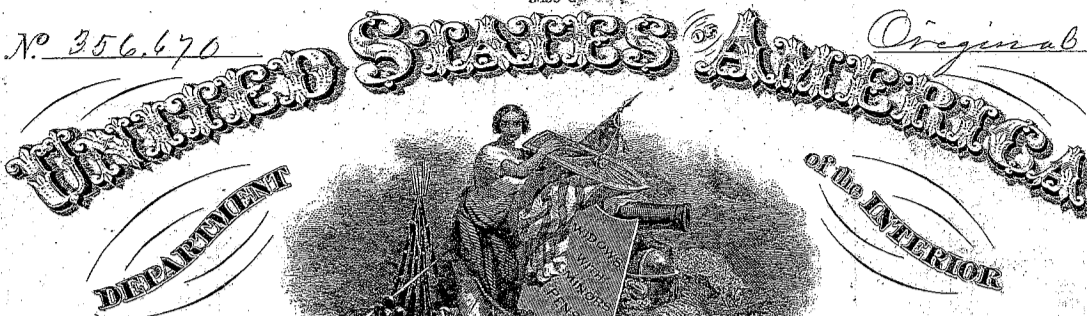
(Inclosure)

*The pensioner Louisa Stevens died
August 24th 1917.*

*Clara Longfellow
My address 322 Pickering Building
Cincinnati Ohio.*

ACT OF JUNE 27, 1890.

N^o 356,670



BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the United States Louisa Stevens Widow of Milton H. Stevens who was a Private Co. C. 93rd Regiment Ohio Volunteer Infantry is entitled to a pension under the provisions of the Act of June 27, 1890,

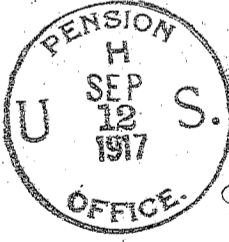
at the rate of Eight dollars per month, to commence on the twenty-fifth day of August 1890 and to continue during her widowhood unless she shall forfeit her right thereto. And she is also entitled to two dollars per month additional for each of the following named children while living and under the age of sixteen years.

	Commencing	Sixteen
Helen E.	August 25, 1890	January 21, 1891
Clara S.	" " "	April 24, 1894

Given at the Department of the Interior this fifteenth day of December one thousand eight hundred and ninety two and of the Independence of the United States of America the one hundred and twentieth

Secretary of the Interior

Commissioner of Pensions



Increased to \$12.00 per month from April 19th 1908 by act of that date

READ LAW AND INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT.

3-044

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Ohio }
COUNTY OF Hamilton } ss:

On this 10 day of September, A. D. one thousand nine hundred and 17, personally appeared before me, a Notary Public within and for the County and State aforesaid, Clara Layperson, aged 39 years, a resident of Cincinnati, County of Hamilton, State of Ohio, who, being duly sworn according to law, makes the following declaration in order

to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Louisa Stevens, who was a pensioner of the United States by certificate No. 356670, on account of the service of Michael H. Stevens in Co. 693^d Ohio Inf. Regt. (Name of soldier or sailor.)

That pension was last paid to June 4, 1917 (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Louisa Stevens

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow

3. If decedent was pensioned as an invalid soldier or sailor—
- (a) Was he ever married? (Answer yes or no.)
 - (b) How many times, and to whom?
 - (c) If married, did his wife survive him? (Answer yes or no.)
 - (d) If so, is she still living? (Answer yes or no.)
 - (e) If not living, give full names and dates of death of all wives
 - (f) Was he ever divorced? (Answer yes or no.)
 - (g) If so, is the divorced wife still living? (Answer yes or no.) (If living, a copy of the decree of divorce must be filed.)
 - (h) If not living, give her full name and the date of her death

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.)

5. Is any such child still living? (Answer yes or no.)

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.)

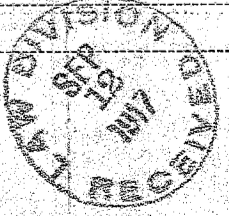
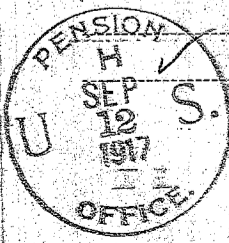
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written The Metropolitan \$38.00

9. Who was the beneficiary named in each policy? George Stevens

10. What was the relation of each beneficiary to the pensioner? Son

11. Were the premiums paid by the deceased pensioner? She paid them

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account



Also appeared Adam Reuter and Blara Reuter who, being duly sworn, say that they saw Blara Longfellow, the claimant, sign her name (or make _____ mark) to this application; that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? No

2. When did the pensioner die? August 24 - 1917

3. Did pensioner leave any property? If so, state its character and value No

4. We knew pensioner 30 years. We believe above statements to be true because of our intimate personal acquaintance & living as we can remember

Name Adam Reuter Name Blara Reuter
P. O. Address 52 Pickering Bldg. Cent. P. O. Address 3223 Glendora Ave. Cent. Cal.
Subscribed and sworn to before me, this 10 day of September

A. D. 1917; and I certify that the contents of the foregoing application were fully made known and explained to the claimant, and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is good

DECLARATION ACCEPTED AS A CLAIM UNDER THE ACT OF MARCH 3, 1896.

[Signature]
(Signature.)
[Signature]
(Official character.)

CHIEF, ~~LAW~~ STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Aug 24 / 1917

Give date of commencement of pensioner's last sickness July 17 / 1917.

From what date did the pensioner require the regular and daily attendance of another person constantly until death? July 17 - 1917

During what period did you attend the pensioner? July 17 - 1917 to Aug 24 - 1917

State nature of disease from which pensioner died Chronic Valvular Heart Disease - Aortic Regurgitation

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Blara Longfellow

Give name of any other physician who attended the pensioner in last sickness Dr. C. A. Burhans Clark St. Cent. - just prior to my attendance

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes

Has your bill been paid; if so, by whom? Yes By Clara Longfellow.

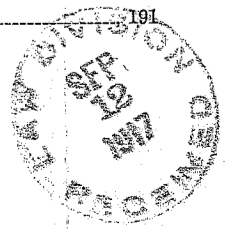
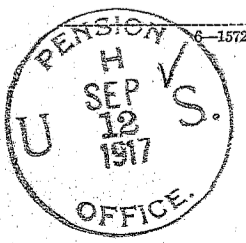
Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement: Dr. Burhans was called in during my absence to attend deceased & resumed case upon my return

I certify that the foregoing statement is correct.

Sept. 1, 1917

Clayce Wilson M.D.
Attending Physician.

Attending Physician.



no
M 24
4

DROPPED

APPLICATION FOR REIMBURSEMENT.

WIDOW

Certificate No. 356670

Louisa Stevens
Deceased Pensioner.
Milton S. Stevens
693 Ohio Ave

Claimant.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 2, 1898

6-1572

RECORD
SEP 13 1917

Army and Navy Div.
FILES
SEP 14 1917
RECEIVED

The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 2, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
 - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.
 - (b) Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person.
5. Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
 - (a) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
6. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

6-1572

18

Act of June 27, 1890.

(3-231)
No. 356670.

DROPPED
SEP 7 1917

Louisa Stevens

WIDOW OF

Milton W. Stevens

Rank *1st*, Co. *C*,

Regt. *93rd* Ohio Vol. Inf.

Columbus Agency.

Rate per Month, \$ *8.*

Commencing *Aug 25,* 1890.

SEP 8 1917 REIMBURSEMENT Blk to
Clara Longfellow *N. C. S.*
SEP 8 1917 Clara Longfellow
Cincinnati, Ohio for date
of death *N. C. S.*

Addition of \$2 per month for
the following children, until
arriving at the age of 16 years, com-
mencing *Aug 25,* 1890.

Walter C., 16 yrs *Jan 21,* 1891.

Clara L., " *Apr 24,* 1894.

.....	"	.....	18
.....	"	.....	18
.....	"	.....	18
.....	"	.....	18
.....	"	.....	18
.....	"	.....	18

Issued *Dec 15,* 1892.

Mailed *23,* 1892.

Fee, \$ *10.*

REIMBURSEMENT
ALLOWED
OCT 8 1917

GENERAL AFFIDAVIT.

State of Ohio, County of Bueller, ss:

In the matter of Personal claim of Louisa Stevens
Widow of Martin H Stevens Co to 93rd Ord

ON THIS 22nd day of August A. D. 1892, personally appeared before me
a Notary Public in and for the aforesaid County duly authorized to administer oaths,
Louis P Hurm aged 39 years, a resident of Hammlet
in the County of Bueller and State of Ohio

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

I was well and intimately acquainted

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

with the claimant and her
husband Martin H Stevens before
their marriage and know that neither
of them had been married before and
that the claimant has not remarried
since the death of her husband the late
Martin H Stevens

H. Post Office address is # 410 North 2nd St

he further declare that he has no interest in said case and is not concerned in its prosecution.

Louis P. Hurm

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

(Signature of Affiants.)

STATE OF Ohio, COUNTY OF Butler, 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 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.

Clarence Murphy
(Official Signature.)
Not Public Butler Ohio
(Official Character.)

[L. S.]

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

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

[L. S.]

Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

Act of June 27 - 1890

ADDITIONAL EVIDENCE.

CLAIM OF

Laura Stephen Nicol
of Milton H. Stevens
Company Co 93rd St

AFFIDAVIT OF

Louis Stephen
H 410 North 2nd St
Wilmington Ohio

OFFICE

John V. Lawrence

Filed by

John C. Smith
Att. for Claimant
Wilmington Ohio

GENERAL AFFIDAVIT.

State of Ohio, County of Buller, ss:

In the matter of Belvin W of Louisa Stever
Walter H Stever Co. No. 93002

ON THIS 23rd day of August A. D. 1920 personally appeared before me
Nolan P. Butler in and for the aforesaid County duly authorized to administer oaths,
Geo. F. Elliott aged _____ years, a resident of Hamilton
in the County of Buller and State of Ohio

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

I know the above named Louisa
[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]
and the claimant Walter H Stever before
this morning and have personal
knowledge of the fact that neither
of them had been married before
they were married and that the
claimant has remained a widow
since the death of the above named
Walter H Stever

His Post Office address is #18 North B St Hamilton Ohio

he further declare that he has no interest in said case and is not concerned in its prosecution.

George F. Elliott

(If Affiants sign by mark, two persons who can write sign here.) (Signature of Affiants.)

STATE OF Ohio, COUNTY OF Buena, 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 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.]

Clarence Murphy
(Official Signature.)
Notary Public Buena County Ohio
(Official Character.)

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

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

[L.S.]

Clerk of the _____

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

Act of June 27-1890

ADDITIONAL EVIDENCE.

CLAIM OF
Laura Linn
Widow of William H. Linn
County of 93 & over

AFFIDAVIT OF
Levi Kemp Jr Elliott
#10 Court B District
W. County Ohio
JULY 20 1890
OFFICE
James J. [unclear]

Filed by
James C. Smith
Deputy for Clerk
W. Washington Ohio

GENERAL AFFIDAVIT.

State of Ohio, County of Benton, SS:

In the matter of Claim No 461.809. Heand of William H. Stevens Company to 93rd Ohio Infantry

ON THIS 31st day of May A. D., 1892 personally appeared before me

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

J. B. Gray aged 47 years, a resident of Hannatan

in the County of Benton and State of Ohio

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

case as follows:

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

That he is well acquainted with the Claimant and knows that the amount of the money he has received at the time of the purchase of the land being two thousand dollars and what he has contributed to the support of the family from his wages and that the children remain in the neighborhood of Hannatan Ohio and close on their living

His Post Office address is Hannatan Ohio

he further declare that he has no interest in said case and is not concerned in its prosecution.

J. B. Gray

Signature of Affiants.

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

STATE OF Ohio COUNTY OF Buckeye, 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 _____ personally known to me and that _____ credible person.

Frank L. Hume
(Official Signature.)
Notary Public, Buckeye, O. S. Ohio
(Official Character.)



In 4611809

Additional Evidence.

CLAIM OF

Louisa Legum
William H. Legum

Co of 922 002

AFFIDAVIT OF

H. C. Legum
Hamilton, Ohio

Jesse C. Smith
Hamilton, Ohio

FILED BY

Jesse C. Smith, Attorney-at-Law,
HAMILTON, OHIO.

GENERAL AFFIDAVIT.

State of Ohio, County of Butler, SS:

In the matter of claim No 461805 in case of Western H. Steam Company to 90% the half

ON THIS 31st day of May A. D., 1892; personally appeared before me A. W. R. Public in and for the aforesaid County duly authorized to administer oaths,

Helena Morgenthau aged 45 years, a resident of Hamilton in the County of Butler and State of Ohio

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

The claimant is well known to me and has been for many years and I have personal knowledge of the fact that the Chicago name in this application is for person Helena and to her are still living. that at the time she purchased said the received two thousand dollar insurance money she has no property and no support other than this except which is contributed by her son George a young man of 19 years of age

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

Her Post Office address is # 435 Park Avenue Hamilton Ohio

She further declare that she no interest in said case and is not concerned in its prosecution.

Helena Morgenthau

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

Signature of Affiants.

STATE OF Ohio COUNTY OF Butler, 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. He.....executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant.....personally known to me and that he.....credible person.

Frank L. Hume
(Official Signature.)
Notary Public Butler Co. Ohio
(Official Character.)



No 461807

Additional Evidence.

CLAIM OF

Edmund J. Stevens
Victim of same
Victim of Stevens
Co to 932 Ohio Imply

AFFIDAVIT OF

Return from question
435 Park Avenue
Hamilton Ohio

Jesse C. Smith
Att.

FILED BY

Jesse C. Smith, Attorney-at-Law,

HAMILTON, OHIO.

Commissioner Ohio
August 29 1917

Finance Div
20

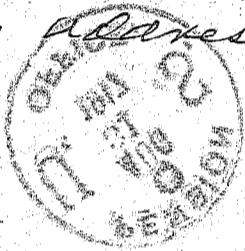
FINANCE DIVISION
SEP 1 1917
BUREAU OF PENSIONS

Commissioner of Pensions -

Sir

Kindly send me a blank form
enable me to apply for an insurance card of \$4000
etc in the last section and benefit of my mother
Louisa Stevens widow of Milton H Stevens Co C
435 Ohio Ave Inf. Milton Co No 356670

My address is 514 Clark St. this city



Very Respectfully
Lelara Longfellow

EP

		NATIONAL ARCHIVES ORDER FOR COPIES OF FEDERAL PENSION OR BOUNTY LAND WARRANT APPLICATIONS	
1. Veteran: Stevens Milton H		2. Branch of Service in which he served:	Army
3. Start Year Of Service:		4. End Year Of Service:	
5. State: Ohio		6. War: Union, Civil War (1861-1865)	
7. Unit in which he served: C 93rd Infantry		8. If service was army, arm in which served: 93rd Infantry	
		9. Rank: Enlisted	10. Kind of service: Not Sure
11. Pension File no:		12. If veteran lived in a home for soldiers:	
13. Date of birth: 1842	14. Place of birth: Butler County, Ohio	15. Name of widow or other claimant: Louisa	16. Place(s) veteran lived after service:
17. Date of death: 1890	18. Place of death: Hamilton, Ohio		

Comments: Wife name Louisa.

Item#	Item Description	Quantity Ordered	Quantity Balance	Quantity Fulfilled	Total Amount \$
FORM85D	Federal Military Pension Application - Civil War and Later Complete File	1	0	1	\$80

This is your packing slip. An invoice requiring payment is included, if applicable.

For issues or questions regarding your completed order you may contact TrustFundSupport@nara.gov. Please review NARA's return policy available under the FAQ section on <https://eservices.archives.gov/orderonline> before initiating your request.

Order Information (NARA use only):	
Service Ticket # :	F41-749927646E
Customer Name:	Joseph Black
Customer Email:	joseph.black1863@gmail.com
Order Date:	07/07/2022 09:40:52
Prepared By:	RDT1F
Unit Phone:	

F41-749927646E
Joseph Black
3 Frederick Thompson Dr
Scarborough, ME 04074
USA

RDT1F

**Mail
Immediately**





NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

LITTERA
SCRIPTA
MANET