

NAME:

Carrons, Polly

(3-P.A.2.)

25778

Certificate No.

443712

ARMY WIDOW.

DEAD

Law:

ACT OF APR 6 1908.

Name of Soldier:

Michael

Service:

3rd Inf and 25th Battalion V.S.C.

ISSUES.

MINORS—\$2 PER MONTH ADDITIONAL

CLASS.	RATE.	DATE OF COMMENCEMENT.	DATE OF CERTIFICATE.	NAME.	COMMENCEMENT.	ENDING.
		<i>10/19 Apr 08</i>	<i>20 Jan 99</i>			

Fees:

Transferred from:

INDIANAPOLIS, IND.

Transferred to:

Died:

Mar 22 1915

Bureau notified:

MAY 14 1915

Remarks:

Former Roll No.

17490 Sch

NAME OF
SOLDIER

Barron, Michael

NAME OF
DEPENDENT

*Widow,
Minor,
Barron, Polly*

EMPLOYER

*Co. 7th. Ind. Inf.
25. Co. 2. Parke " R. Co.*

DATE OF FILING

CLASS

APPLICATION NO.

CERTIFICATE NO.

STATE FROM
WHICH FILED

1870 May 28

Invalid

326,953

259,944

1874 Mar 6

Widow

594,584

4173,712

Ind.

Minor

Bf 44192

ben 4737/2

Polly Barrone
Wid

#10

GENERAL AFFIDAVIT

State of Indiana, County of Allen, SS:

In the matter of pension claim NO. 591,584, of Polly Barrone as the
widow of Michael Barrone, late private of CO. "C" 74th. Regt, Ind. Vols.

Personally came before me, a Notary Public, _____ in and for aforesaid County
and State John F. Ireland, aged 83 years
and Daphia Reiter, aged 63 years
citizens of the town of Monroeville, County of Allen, State of
Post-Office address.
Indiana, well known to me to be reputable and entitled to credit, and who,

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

We are well and personally acquainted with the claimant, Polly Barrone
[NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.]

and was well and personally acquainted with Michael Barrone, her deceased
husband, That we have been intimately acquainted with each of said
parties for the 47 years last, past, That the claimant Polly Barrone and
the decedant, Michael Barrone, lived and cohabited with each other as
husband and wife, during each and every year from the date of their
marriage with each other, on the 30th. day of March 1847, to the date of
the death of said Michael Barrone, on the 21st. day of January 1894, that
neither the claimant, nor said decedant, ever applied for or procured a
divorce. That our knowledge of the above facts are from a personal
acquaintance, with said claimant, and her deceased husband during each
and every year from the date of their marriage with each other.

We further certify that all of the above evidence was written in Our
presence and from our oral statements then made, and that in making said
statements we were not aided or prompted by any written or printed state
ment, or recital, prepared or dictated by any other person, and that all
of the facts testified to in this case, in this affidavit are within our
own personal knowledge.

We further declare that we have no interest in said case, and are not con-
cerned in its prosecution.

John F. Ireland
Daphia Reiter
Signature of Affiants.

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

KK

GENERAL AFFIDAVIT

State of Indiana, County of Allen, ss:

In the matter of Pension Claim No. 591,584 D

Polly Barrone widow of Michael Barrone b. 1819 d. 1894

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

and State State Emmanuel Friedline, aged 54 years

and David H. Simonds, aged 33 years

citizen of the town of Monroeville, County of Allen, State Indiana

Indiana, well known to me to be reputable and entitled to credit, and who,

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

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

That we are personally acquainted with Mrs. Polly Barrone and ^{have} been from earliest childhood. We know that Michael Barrone was her first and only husband. That she has not remarried since her late husband's death.

That Mr. Barrone died on the 21st day of January 1894. That his death resulted from Chronic Diarrhea. That they were never divorced, always lived together in harmony until death separated them. That we were present many times during his last illness and helped from time to time in taking care of and nursing him.

Written in presence of the affiants and at their own dictation



We further declare that we have no interest in said case, and are not concerned in its prosecution.

} Emmanuel Friedline
} David H. Simonds
Signature of Affiants.

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

OK

Widow Polly Barone N 591.384
of Michael Barone.

State of Indiana, Allen County, SS,
Monsieville Ind. Sept 8th 1898

Before me, the Subscriber, ~~Notary~~ ^{Justice}
~~of the Peace,~~ in and for Saies County

Personally appeared Sophia Reiter
and Sarah Ann Weyer of full age,
who being duly sworn according
to law, doth depose and say, that they
are well acquainted with Polly
Barone, widow of Michael Barone
Co. C. 74. Ind. Inf. We were well
acquainted with Michael Barone
many years previous to his marriage
with Polly Barone, and that he
Michael Barone was never previously
married. We have been acquainted
with said Michael Barone for
about 40 years.

Sophia Reiter

Sarah Ann Weyer

Subscribed and sworn to before
me this 8th day of September 1898

John D. Alleges

Justice of the Peace



Filed from 74
to 1795
Sept

p.s. - my certificate as justice is on file in
the U. S. Pension Office, John D. Alleges, J.P.

GENERAL AFFIDAVIT.

State of Indiana, County of Allen, ss:

In the matter of claim NO. 591,584, of Polly Barrone, as widow of Michael Barrone, late private CO. "C" 74th. Regt. of Indiana Vols.

ON THIS 2nd. day of January, A. D. 1895, personally appeared before me
A Notary Public, in and for the aforesaid County duly authorized to administer

oaths Morris Stran aged 50 years, a resident of Monroeville,

in the County of Allen and State of Indiana.

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.—Affiant should state how he gained a knowledge of the facts to which he testifies.



There is no Public Record kept in this Place of Deaths and Burials, but I keep a Record of such. I attended at Michael Barrone after he died and attended in person his Burial; Michael Barrone died Jan 21st 1894 and was buried Jan 23rd 1894. I am the only Undertaker here in this Place he died from the effects of Diarrhoea. Written by himself

His Post-office address is Monroeville Ind
and further declare that I have no interest in said case and am not concerned in its prosecution.

M. Stran, Undertaker
(Signature of Affiant.)

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

*Albert
Jan 15/95*

BE IT KNOWN, That on the 29 day of March 1847
a MARRIAGE LICENSE was duly issued in the words and figures following,
to-wit:

Indiana, To-wit: Allen County.

TO ALL WHO SHALL SEE THESE PRESENTS, GREETING:

KNOW YE, That any person legally authorized to solemnize
Matrimony is hereby licensed to join in Marriage as Husband and Wife
Michael Barone and Polly Brown
and for so doing this shall be sufficient authority.

IN TESTIMONY WHEREOF, I Robert E. Fleming

Clerk of the Allen Circuit Court, hereunto subscribe
my name, and affix the Seal of said Court, this

29 day of March 1847

R. E. Fleming Clerk.

And they were married, as appears by the following Certificate:

Indiana, To-wit: Allen County.

THIS CERTIFIES, That I joined in Marriage as Husband and Wife

Michael Barone and Polly Brown
on the 30 day of March 1847

Samuel Clem

State of Indiana, Allen County, ss:

I Daniel M. Souder Clerk of the Allen Circuit Court, do hereby
certify that the above and foregoing is a true and complete transcript of the
Marriage License issued and the return made thereto in the matter of the
Marriage of Michael Barone to Polly Brown
as appears of record in my office.

IN WITNESS WHEREOF, I hereunto subscribe my name and

affix the seal of said Court at Fort Wayne, this

29 day of January 1894

Daniel M. Souder Clerk.

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

State of Indiana County of Allen ss:

In the matter of Pension Claim No. 59/584 of Polly widow of Michael Barrone
late of Company C - 74" Regiment Indiana Vols.

On this 6" day of August 1898, before me, A Notary
Public within and for the County and State aforesaid,

personally appeared William Dickerson aged 71 years, whose post-office address is
Morrisville County of Allen State of Indiana.

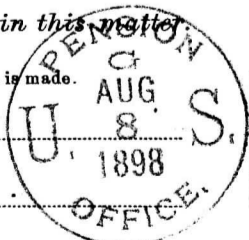
well known to me to be reputable and entitled to credit, and who, being duly sworn according to law, upon

his oath declares, that He has been a resident of Allen Co-Indiana, for nearly 38 years, and became acquainted with the family of Claimant in August 1861 and knew them well during their joint lives, up to the death of her said husband, Michael Barrone - Late Prov. Co. C - 74" Ind. Vols. - Who died on the 24" day of Jan'y - 1894 at Morris Township, Allen County, Indiana. That at the time of his death he left Claimant a 1/3 interest in 60 Acres of land which she sold some time ago, perhaps about three years - for which she now holds notes calling for \$800 with 6% interest per annum - which pays her \$48 per year - which is all the income she has from any & all sources whatever - That she has a small amount of furniture, which affiant has seen, but cannot enumerate the items, but is confident that all together her personalty is not worth over \$100 - to \$150 - He further says that there is no one legally bound to support her but she lives with different ones of her friends & relatives - That she is now nearly 70 years of age and has remained a widow ever since the death of her husband (Jan. 24-94) and so remains.

and they have no interest or concern in this matter.

Two witnesses required when mark is made.

Attest by two witnesses who can write.



William Dickerson
Affiant's Signature.

Morrisville Ind.
Affiant's Signature.

Subscribed and sworn to before me, this 6" day of August 1898

and I certify that the contents of the foregoing affidavit were duly read and fully made known to affiants before making oath to the same, and that I have no interest in this matter

Official Signature

W. Dickerson
Notary Public

GENERAL AFFIDAVIT.

This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, WHO HAS A SEAL. If sworn to before a Justice of the Peace without seal, the CLERK OF COURT MUST ATTACH HIS CERTIFICATE, showing the official capacity of such Justice of the Peace, and that his signature is genuine.

State of Indiana County of Allen ss:

In the matter of Pension Claim No. 591584 of Polly, widow of Michael Barrone
late of Company C, 74 Regiment Indiana Inf. Vols.

On this 6th day of August 1898, before me, A Notary

Public BC1848 within and for the County and State aforesaid,
James Brown aged 50 years, whose post-office address is
Monroeville County of Allen State of Indiana

well known to me to be reputable and entitled to credit, and who, being duly sworn according to law, upon his oath declares, that He has lived in Allen County, Indiana for over 40 years, and has known Mrs. Polly Barrone for 30 years, and during all of said period of 30 years, they lived within 4 miles of each other, and were frequent callers on each other. That he well knew claimant and her husband Michael, who was a late Private, Company C - 74 Indiana Volunteers, until the time of Soldiers death, on January 24, 1894 - at Madison Township, Allen County, Indiana - and has well known claimant ever since. That at her husbands death she was left with a 1/3 interest in 60 acres of land - which is all she had, except two beds, four chairs, one rocking chair, one bureau & one safe, which are all worth about \$10 to \$12 - That about 3 years ago she sold said 1/3 interest in said 60 acres of land, for which she now holds notes to the amount of \$800 - drawing 6% inter. per. annu, or \$48 per. annu, which is all the income she has from all sources. That she has no person legally bound to support her - but has to live with her friends and relatives. That she is now about 70 years old - and has remained his widow ever since his death on Jan - 24 - 94 -

and they have no interest or concern in this matter.
Two witnesses required when mark is made.
U. S. OFFICE AUG 8 1898

James Brown Affiant's Signature.
Monroeville Ind Affiant's Signature.

Subscribed and sworn to before me, this 6th day of August 1898

and I certify that the contents of the foregoing affidavit were duly read and fully made known to affiants before making oath to the same, and that I have no interest in this matter

Official Signature H. M. Dickman
Notary Public

NOTARY PUBLIC

702

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 has a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of _____, County of _____, SS.

ON THIS _____ day of July, A. D. one thousand eight hundred and ninety seven

personally appeared before me, a _____
within and for the County and State aforesaid, Polly Barrone widow of
Michael Barrone, aged 68 years, a resident of
the _____ of _____, County of _____, State of _____

who, being duly sworn according to law, declares that she is the widow of
Michael Barrone, who enlisted under the name of Michael Barrone
at _____, on the 13 day of August
A. D. 18 62, in Co. "C" 74th Regt. Ind. Vols.
(Here state rank, company, and regiment, if in the Military service; or vessel, if in Navy.)

and served at least ninety days in the late war of the Rebellion, who was HONORABLY DISCHARGED
and died 21st of Jan., 1894.
(The cause of death need not be stated.)

That she was married under the name of Polly Brown, to said
Michael Barrone, on the 20th day of March
18 47, by Samuel Cole in Allen County, Indiana,
there being no legal barrier to such marriage.
(If there was a former marriage of claimant or her husband, state it here and how dissolved.)

That she has not remarried since the death of the said Michael Barrone,
(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: none

- _____ born _____, 18 _____
- _____ born _____, 18 _____
- _____ born _____, 18 _____
- _____ born _____, 18 _____
- _____ born _____, 18 _____
- _____ born _____, 18 _____

That she has heretofore applied for pension and the number of her former application is _____
(Be careful to fill this part of the blank correctly.)

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

D. W. Leavitt of Antwerp Ohio
her true and lawful attorney to prosecute her claim, and she directs that the sum of ten dollars be paid for his
services.

That her post office address is Monroeville
County of Allen, State of Indiana

Polly Barrone
(Signature of Claimant.)

FILED

(Two witnesses who can write, sign here.)



GENERAL AFFIDAVIT.

STATE OF Indiana COUNTY OF Allen SS

In the matter of claim No. 591584 of Polly Barone of Co. of Co.
widow of Michael Barone deceased
74 Regt. of Indiana Vols. Personally appeared before me a

Notary Public in and for said County and State
David H. Simons ^{B. 1862} aged 33 years, whose P. O. address is Monroeville
County of Allen State of Indiana, well-known to me to be reput-

able and credible and who being duly sworn, declares in relation to this claim as follows:

I have been acquainted with Michael Barone
for 20 years. That he has been troubled with
chronic diarrhea ever since I have known him.
I live a near neighbour (within 20 rods) of Barones
and was in and out almost every day for the past
five years. That for 18 weeks previous to his death
he needed attention all the time; during this time
he suffered with diarrhea. I have this knowledge
from personal observation. To the best of my
belief he died from the effects of diarrhea
written at my own dictation

Affiant further declares, he has no interest in this claim and is not concerned in its prosecution.

If affiant makes his mark two witnesses must sign here.

SWORN to and subscribed before me, on this 4 day of June 1895
and I hereby certify that the contents of the above declaration were fully explained to
the affiant before signing and I have no interest in this claim or its prosecution.

David H. Simons
Affiant.

Official Signature.

Jno. P. Nash
Notary Public

L. S.

Application For A Reconsideration of A Claim.

For Orig Wid Pension.

The State of Ohio County of Paulding ss:

On this 8th day of June 1895 personally appeared before me,
a Notary Public in and for the County and State aforesaid, Polly
Barrone ^{Widow of} Michael Barrone
aged 71 years, late a Private
of Company "E" 74th Regiment Indiana Volunteers, who being duly sworn,

says that her Claim for Orig wid Pension No 591584 having been rejected by
the Commissioner of Pensions on or about the 29th day of March 1895
for the following reasons On the ground that the Soldier
Fatal disease of lungs was not due to the
Chronic Diarrhoea and resulting disease
of rectum for which he was pensioned.

The Claimant, believing that great injustice has been done her, by this rejection, hereby asks
for a re-consideration of her claim and invites attention to the following reasons why a review
of the case should be made.

1st For the reason that the soldier Michael
Barrone died from the effects of Chronic
diarrhoea contracted in the military service
of the United States.

2nd She asks that said case may be placed
in the hands of a special examiner, so
that justice may be done in the case

That he hereby appoints D. W. Curtis of Antwerp, Ohio, his true and lawful Attorney to pro-
secute his claim, that his postoffice address is Monroeville
County of Allen, State of Indiana

J. S. Meadler
If Affiant makes his mark two witnesses must sign here.

Polly Barrone
Affiant

SWORN to and subscribed before me, on this 8th day of June
1895, and I hereby certify that the contents of the above declaration were fully explained to
the affiant before signing, and I have no interest in this claim or its prosecution.

M. A. West
Notary Public

RESTORATION OR RENEWAL (FOR A BOARD.)

Claim No. *259,944.*

Name of claimant, *Michael Barrone.*

Rank, *Private.*

ADDRESS OF THE BOARD:

Post office, *Kendallville.*

Company, *Co.*

County, *Wobes.*

Regiment, *74th Ind. Vols.*

State, *Indiana.*

Post-office address, *Monroeville Allen Co. Ind.*

Date of examination, *October 15th,* 1884.

Former rating and disability and the degree now claimed.

WE HEREBY CERTIFY that, in compliance with the requirements of the law,* we have carefully examined this applicant, who states that he was formerly pensioned at a *one half* rating for disability caused by *chronic diarrhoea.*

and that he is still *1/2* disabled thereby for earning his subsistence by manual labor.

His pulse-rate per minute is *60*; his respiration *16*; his temperature *98 1/2*; his height is *5* feet and *4 3/4* inches; he weighs *133* pounds, and states that he is *63* years of age.

Here give the claimant's statement of his reasons for claiming restoration as clearly, fully, and compactly as possible.

Touching his disability and his reasons for asking restoration (or renewal) of pension, he makes the following statement: *that he has about six seven attacks of diarrhoea pr. year, lasting from ten days to two weeks; other, milder attacks, lasting two or three days. States that he is a poor man, and must perform all the labor he can to support his family, and that he often works when not able. States that he confines himself to light work, as he is unable to perform heavy labor; that he cannot lift. He complains of constant "soreness" of the bowels, and states that whenever he lifts he "passes blood from the bowels; that he has a lame back also; alleges tenderness in lower part of abdomen.*

SUBJECTIVE SYMPTOMS.

Here give a full description of the conditions which now cause disability, and, so far as practicable, compare the existing conditions with those for which pension was originally allowed.

Upon examining this applicant we find the following objective conditions in support of the claim that he is still disabled: *We find a red tongue; fulness in epigastrium; tenderness, on pressure, in hepatic region; the abdomen is tense and somewhat tympanitic; there is fulness of muscles to left of spine in lumbar region. General health is, doubtless, somewhat impaired by age. We find no piles. We rate disability on account of chronic diarrhoea, at one half.*

OBJECTIVE SYMPTOMS.

From the conditions which we now find, and from the history of this claimant, as stated by himself, it is, in our judgment, true that he is disabled by the same causes for which he was originally pensioned, and that his disability has not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to restoration, and we recommend a *1/2* rating for *Chn. diarrhoea.* for _____, and _____, the sum of which aggregates a *one half rating.*

Rate for each cause of disability, and state the aggregate.

* See the back.

Norman Seal, Pres.,

S. J. Williams, Sec'y,

G. M. Van, Treas.,

BOARD.

SINGLE AFFIDAVIT.

(FOR ANY PURPOSE.)

State of Indiana }
County of Allen } SS:

In the matter of Pension Claim of Michael Barron

ON THIS 10th day of April A. D. 1886 personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths.

Edward Murphy Bc 1843 Husband of
aged 43 years, a resident of Union Township in the County of Adams, and State of Indiana, whose Post Office address is Decatur Indiana

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: Have been intimately acquainted with Michael Barron since the year 1864. He has been afflicted with Chronic Rheumatism ever since I have been acquainted with him. He has visited at my house several times during that time. During the month of November 1880. he was at my house for three weeks and was afflicted all that time with Chronic Rheumatism so that could not go to bed at night but had to lay on a lounge with his clothes on.

During the fall of 1883. he was at my house for three months and was afflicted with Chronic Rheumatism all that time so that he was unable to do any labor. I know that he has been taking Mepacine for said Chronic Rheumatism all the time for the last five years. but has not had any regular Physician. I know that he is still afflicted with Chronic Rheumatism.

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

H. A. Davis
Franklin Greese

Edward Murphy
Mark

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

(Signature of Affiant.)

ARMY OF THE UNITED STATES

CERTIFICATE

OF DISABILITY FOR DISCHARGE



Private Michael Broun, of Captain Lieut Samuel
 Bloomer Company, (25) of the 2nd Battalion Regiment of the United States
 Veteran Reserve Corps was enlisted by C. C. Kingsbury
 of the 74th Regiment of Ind. Vol. Inf. at Monroeville Indiana
 on the 26th day of July, 1862, to serve 3 years; he was born
 in Somerset Co in the State of Pennsylvania, is 24
 years of age, 5 feet 11 inches high, Dark complexion, Blue eyes,
 Dark hair, and by occupation when enlisted a Farmer. During the last two
 months said soldier has been unfit for duty _____ days.* Having been examined under
 Circular 65 from War Dept. Adj. Genl. O. and found unfit for duty in the
 1st Bat. 2nd Reg. Ind. Vol. Inf. is therefore entitled to his discharge. Was transferred
 from C.C. 74th Reg. Ind. Vol. Inf. by transfer order No. 312 dated War Dept.
 Adj. Genl. Office Washington D.C. Sept. 16. 1863.

STATION: Greenville Ind.
 DATE: February 16. 1865

Samuel Bloomer
 2^d Lieut M.C.
 Commanding Company.

I CERTIFY, that I have carefully examined the said Michael Broun
 of Captain Samuel Bloomer Company, and find him incapable of performing the duties of a
 soldier because of Chronic Rheumatism, with metastatic
deposits of the knee, wrist and ankle joints. He
is unfit for the 1st Batt. Ind. Vol. Inf. Corps.
Degree of disability, one third.

W. J. Spang
 Major Surgeon. U.S.A.
 by Paul Conrad

DISCHARGED, this 18th day of March, 1865, at Greenville
Indiana

L. H. Johnson
 Col. U.S.A.
 Commanding the Reg't

The Soldier desires to be addressed at
 Town Monroeville County Allen State Indiana

* See Note 1 on the back of this. † See Note 2 on the back of this
 [A. G. O. No. 100 & 101—First.] [DUPLICATES.]

U

ACT OF JUNE 27, 1890.
DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal.

State of Indiana, County of Allen, ss:

On this 3rd day of July, A. D. one thousand eight hundred and ninety-
personally appeared before me, a Notary Public of the

In & for Michael Barrone, aged 69 years, a resident of the Monroville
Court, a court of record within and for the County and State aforesaid,
of Allen County of Allen, State of

Indiana, who, being duly sworn according to law, declares that he is the identical
Michael Barrone, who was ENROLLED on the 13 day of
Aug, 1862, in Co, C. 74, I. V. I
(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
Evansville Ind on the 18th day of March, 1865. That he

is totally unable to earn a support by reason of Blindness
Chronic Diarrhea
(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
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 with full power of substitution and revocation,

WM. W. DUDLEY, of Washington, D. C.,
his true and lawful attorney to prosecute his claim. That his POST-OFFICE ADDRESS is

County of Allen, State of
Indiana

Michael Barrone
his
(Claimant's signature.)
mark

Attest: Hiram N Congleton
Battie Congleton.

Also personally appeared H. N. Conington, residing at Monroville
Ind and Habit Conington, residing at
Monroville, persons whom I certify to be respectable and
entitled to credit, and who, being by me duly sworn, say they were present and saw Michael Barrone
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
20 years and 10 years respectively, that he is the identical person he repre-
sents himself to be; and that they have no interest in the prosecution of this claim.

Hattie Conington
Hiram N Conington
(Signatures of Witnesses.)

Sworn to and subscribed before me this 9th day of July, A. D. 1890
and I hereby certify that the contents of the above declaration, etc., were fully made known
and explained to the applicant and witnesses before swearing, including the words.....
..... erased, and the words
..... added; and that I have
no interest, direct or indirect, in the prosecution of this claim.

Clucketer Holder
(Signature.)
Not Public
(Official character.)

The Act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. 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.
5. A pensioner under prior 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.

From, to H. A.

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

NAME
Michael Barrone

SERVICE
C. 74"

J. R. Long

ADDRESS.
Allen Co. Ind.



27395

FILED BY
WM. W. DUDLEY,
ATTORNEY AT LAW,
WASHINGTON, D. C.

Date of Execution

376.953

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, April 03, 1881.

Respectfully returned to the Commissioner of Pensions.

Michael Barrow Company "C", 74 Regiment
Indiana Volunteers, was enrolled on the 26th day of
July, 1862, at Monroeville, and
is reported. April 30/63 Present June
30/63 to August 31/63 Sick
in Hosp. Nashville Tenn.
Oct 31/63 Transferred to Invalid
Corps.

Transferred to 25th Co. 2^d Batt^y (V.R.C.) Aug. 15th
1863 at Camp Nashville Tenn. by reason of
"Mercurialluation" (?) To Dec. 31/64 present
^{mercurialization}
Feb. 28/65 present sick in Hosp. Evansville Ind.
Discharged March 18/65 on Surg. Cert. of disability
Sick in Hospital, Nashville Tenn. from May 24th 1863.
Nature of sickness not stated.

A. Mickum

Assistant Adjutant General
(2.)

MAILED

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

MAY 20 1915 . 191

Certificate No. 473712

Class ACT OF APRIL 19, 1908.

Pensioner Polly Barrone

Soldier

Service

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 Feb. 4, 1915
has this day been dropped from the roll be-
cause of death, Mar. 22, 1915

Very respectfully,

W. H. ...
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