

DECLARATION FOR ORIGINAL INVALID PENSION.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINGR CHILDREN, AND DEPENDENT PARENTS.

State of North Dakota
County of Williams SS:

On this 4th day of September, A. D. one thousand eight hundred and ninety four, personally appeared before me, E. B. Metzger, a deputy clerk of the district court in and for the County and State aforesaid, Robert Jewell, aged 54 years, a resident of Williston North Dakota, County of Williams, State of North Dakota, who, being duly sworn according to law, declares that he is the identical Robert Jewell, who entered service during the War of the

Rebellion under the name of Robert Jewell on or about the 24 day of July, 1861, as private in company K of the 3rd regiment of no 9 commanded by Captain Dangerfield Parker, and was HONORABLY DISCHARGED at Fort Hamilton New York, on or about the 24 day of July, 1864, by reason of expiration of term of service; that his personal description is as follows: Age, 54 years; height, 5 feet 8 inches; complexion, fair; hair, dark brown; eyes, blue. That he is now suffering from hepatic colic, and lately suffering from asthma.

(Here state the name and nature of any disease, wound or injury which rendered him disqualified for performing full manual labor, no matter when the same originated or developed.)

and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. That he has not been employed in the military or naval service otherwise than as stated above.

(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since the 24 day of July, A. D. 1864, he has not been employed in the military or naval service of the United States.

He hereby appoints, with full power of substitution and revocation, **GEORGE E. LEMON,** OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim; and in consideration of services done, and to be done, in the premises, he hereby agrees to allow his said Attorney, George E. Lemon, a fee of ten dollars, payable only in the event of the allowance of the claim by the Commissioner of Pensions. That he has not received but applied for a pension 169644.

(If previous application has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)

That his Postoffice address is Williston, County of Williams, State of North Dakota.

Two witnesses to claimant's signature sign here: Robert Jewell (Claimant's signature.)

(1) W. Johnson
(2) E. B. Metzger

Attorney Filed,
Law Division.

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6/2/02



GENERAL AFFIDAVIT.

State of North Dakota
County of Williams ss:

In the matter of claim for Robt Newell (Charge or number of claim.)
(Full name and relationship of claimant, and name and service of soldier.)

Personally came before me, a deputy clerk of District Court in and for
(Justice, Notary, Judge, Clerk or Deputy Clerk.)
aforesaid County and State, Robert Newell
(Here write the name of affiant, or of each affiant, together with Age, Residence, with Post Office address, ss.)

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persons of lawful age, who, being duly sworn, declare in relation to the aforesaid case as follows:
I suffered from attacks of Hepatic Colic while in the service they occurred in Camp or on the March the pains usually continued an hour therefor I did not place myself on the sick report or in Hospital but remained on duty hence I have no Medical Evidence from the Army, As the years advanced my attacks increased in frequency & severity I often suffer without Medical aid as my financial condition will not support it but when prostrated for several days I am compelled to call in Medical assistance. I have sent certificate from several physicians and could here supply more but Dr Clemens & Stewart of St Paul are dead also Dr Calkins of Murray County Minn. The whereabouts of Dr Hagan of St Paul is unknown to me My Bro Dr S B Newell of Hayton Minn attended me less or more for 20 years but understood his evidence would not be Accepted

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

☒ If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.

1 _____ (Name of one witness to X mark.)
Signature of Affiant, or of _____ Robert Newell

DECLARATION FOR ORIGINAL PENSION OF A WIDOW CHILD OR CHILDREN UNDER SIXTEEN YEARS OF AGE SURVIVING.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of North Dakota
County of Williams

On this 22nd day of December, A. D. one thousand eight hundred and ninety six
personally appeared before me, a Notary Public within and for the County
and State aforesaid, Mary Newell, aged 50 years,
(Name of claimant.)
a resident of Philliston, Williams Co.
(Give City, Village, or Town, County, and State; if you reside in a city where streets are named and houses are numbered,
give name of street and number of house. If you reside in the country, state about how many miles from nearest Postoffice.)
who, being duly sworn according to law, makes the following declaration in order to obtain the pension
provided by Act of Congress granting pensions to widows, approved June 27, 1890, to wit:

That she is the widow of Robert Newell, who served during the
(Name of soldier or sailor.)
late War of the Rebellion under the name of Robert Newell from the
(Name under which he enlisted.)
25 day of July, A. D. 1861, to the 25 day of July, A. D. 1864
as a Corporal in Co. K 3 Ill. Inf.
(Give rank.) (State company and regiment, or other organization, if in the Army; or name of vessel and his rank, if in the Navy.)
and who was HONORABLY DISCHARGED from the service, having served at least 90 days therein,

and who died of Chronic constipation of the bowels
(Give cause of death.)
on the 11th day of November, A. D. 1896, at Philliston, N.D.
(State place of death, if known.)
that she is without other means of support than her daily labor; that she was married under the name of

Mary Foster to said
(Name before marriage to said soldier.)
Robert Newell on the 1st day of
(Name of soldier.)
January, A. D. 1866, by James W. Allen, by Justice of the Peace
(Name of clergyman or other person officiating.)
at Boston, Mass., there being no legal barrier to such marriage; that
(Place of marriage.)

neither she nor her husband had been previously married (If either have been previously married, so state, and give

date of death or divorce of former spouse.)
that she has not remarried since the death of the said Robert Newell
that the following are the names and dates of birth of all his legitimate children WHO ARE
UNDER SIXTEEN YEARS OF AGE at the present time:

HIS BY YOURSELF.	HIS BY A FORMER MARRIAGE.
<u>Arnest J. Newell</u> , born <u>Aug. 26</u> , 18 <u>76</u>	—, born —, 18—
<u>Archibald W. Newell</u> , born <u>May 20</u> , 18 <u>78</u>	—, born —, 18—
<u>Robert E. Newell</u> , born <u>Jan. 17</u> , 18 <u>80</u>	—, born —, 18—
<u>Chas. H. Newell</u> , born <u>Dec. 25</u> , 18 <u>84</u>	—, born —, 18—
—, born —, 18—	—, born —, 18—
—, born —, 18—	—, born —, 18—

(If the husband left no children by the applicant, or by a former wife, the fact should be stated.)

That she has not in any manner been engaged in, aided or abetted the rebellion in the United States;
that she has not heretofore applied for pension; the number of her former application is
—; that since the 25 day of July, A. D. 1866, the above named
soldier was not in either the military or naval service of the United States otherwise than as stated above.
She hereby appoints, with full power of substitution and revocation,

GEORGE E. LEMON,

OF WASHINGTON, D. C., her true and lawful Attorney, to prosecute this claim; and in consideration of
services done and to be done in the premises, she hereby agrees to allow her said Attorney, George E.
Lemon, a fee of ten dollars, payable only in the event of the allowance of the claim by the Commissioner
of Pensions.

That her Postoffice address is Philliston, Williams Co.
(Give City or Village, County and State; if you reside in city where streets are named and
North Dakota
houses numbered, give name of street and number of house.)

If claimant sign by X mark, two persons who write their
names MUST sign here as witnesses thereto:

- (1) _____
(Name of one witness to X mark.)
- (2) _____
(Name of other witness to X mark.)

Mary Newell
(Signature of claimant.)

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