

# Neighbor's Affidavit.

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

STATE OF Minnesota COUNTY OF Wissota

Form—For testimony of employees or near neighbors of soldier, (other than soldier) who have known him before his enlistment or since his discharge and return from the army.

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

### INSTRUCTIONS.

The witnesses must state:  
1st. Their respective ages and occupations; the length of time they have known the soldier, and in what year or years of the said period they have respectively worked with or near him, or have lived in the same neighborhood with him.

2d. If they know him before his discharge, what his physical condition was at the time, and that he was then sound and free from disability, and especially how far into the disease contracted the soldier's death—naming the disease.

3d. If they have employed, or worked with, or lodged with, or otherwise seen him since he returned from the army, they should state when it was and of what duration, or if they were known to him as neighbors only, they should state about what distance from him they lived, how frequently, in an average year, they saw him and conversed with him, and how intimate they were with him during this time, and from what cause or disability he has suffered since all the time they saw him, worked with him or lived near him and how severely disabled at such time during this period he was obliged to stop work, was confined to his bed or house, or was unable to do any manual labor because of his alleged disability, and give dates as near as recollected upon each attack occurred and how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for the soldier, they should state what proportion of a year, or what part of a year, he was able to do—whether one-fourth, one-half, two-thirds, three-fourths, or even the same may have been what his actual earnings were, and whether or not they would have been less in amount, and how much he was ignorant of his inability to labor, then were paid to allow physically sound and during the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and exactly the symptoms as they appear to them in this case; so that the doctor, in his condition fully during each year of their acquaintance with him, and in two or three other cases, the date and immediate cause of the soldier's death.

In the matter of Upward Claim No. \_\_\_\_\_  
of Stephen Small  
ON THIS 14 day of July, A. D. 1892, personally appeared  
before me Chas. Gustafson in and for the aforesaid County, duly authorized  
to administer oaths, William Watson aged 44 years, a resident  
of Lyons in the County of Wissota and State of  
Minnesota, whose post-office address is Lyons, Minn.

well known to me to be respectable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows: That I have been well and personally acquainted with Stephen Small for 26 years. I know that the Wissota is discharged after res. near Lyons Wissota. I also know that William Small has residence near Lyons Wissota 1886. I was present at Lyons Wissota 1886 and I also know that Stephen Small has residence at Lyons Wissota since his death.

P + Wk.

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

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

\_\_\_\_\_ further declares that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ is not concerned in its prosecution.

*William H. Watson*

[If affiant sign by mark, two persons who can write sign here.] \_\_\_\_\_ [Signature of affiant.]

STATE OF Minnesota COUNTY OF Winona, 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 \_\_\_\_\_ and the words \_\_\_\_\_ and acquainted \_\_\_\_\_ with its contents before \_\_\_\_\_ executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant \_\_\_\_\_ personally known to me, and that \_\_\_\_\_ is a credible person.

*Charles Reinhart Campbell*  
[Official signature]  
[Official character.]

[L.S.]

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

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 189 .

[L.S.]

Clerk of the \_\_\_\_\_

Additional Evidence.

CLAIM OF

AFFIDAVIT OF

No.

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