

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 476320

VETERAN

Stephen M. Hamlin

RANK

Private

SERVICE

Co. H, 12th Mich. Vol. Inf.

CAN NO.

10286

BUNDLE NO.

33

(8-230.)

INVALID. (Series)

Cert. No. 476320

Name Stephen M. Hamlin

Rank Pvt.; Service, Co. F, 12th Mich.

Original Roll: Detroit

Agency { Transf'd., 18, to  
" , 18, to

Issued Apr. 16, 18

Mailed Apr. 24, 18

Rate and Period, \$8, from May 1, 1889

DEAD.

Deductions:

Disability: Disease of liver &amp; stomach

Entered

Due

Class

Paided

J. S. &amp; #2

Issued Nov. 13, 1905.

Mailed Nov. 13, 1905.

Period and Period, \$17, from Sept 20, 1905.

Deductions:

Disability: Disease of liver &amp; stomach

Issued Nov. 27, 1907

Mailed Nov. 29, 1907

Rate and Period, \$26, from Nov. 19, 1907

Deductions:

Disability: A

DROPPED

Nov. 12, 1910  
Auditor advised of Death  
Nov. 19, 1910

INDORSEMENTS.

3-1647.

Act of Feb. 6, 1907.

3/94. Cert. 674 820

Name, Stephen M. Hamlin

Application filed Mar. 19, 1907  
Service, F-12 Mich. Inf

9 A.M.

0-2

[3-216.]

*Schaeffer* *Ex'r.* *INVALID.*

No. *101992*

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

Stephen M. Hamlin  
P. O. *Douglas*  
Allegan Co. *Mich*  
Service: *1st. & 12th Mich Inf*

Enlisted: *Sept 5*, 1864.  
Discharged: *Sept 9*, 1865.

Application filed: *May 1*, 1889.

Alleges: *Rikardus died from a*  
*Landau. By 2nd.*

Re-enlisted: *Sept 3 1890*  
*2/102*

Attorney: *A. W. McCormick*  
P. O. *Washington*

FILED *LLC*

Recognized. *W. H. C.* Contract.

Cert. of Dis. Searched for *18*  
(15157-20,000)

Recd June 6 1879.  
June 5, 89 a. g. for service  
10. for treatment  
Deduct through Atty. to  
Allegan Trust Board.

Aug 31/89 Atty. M. & S. cont  
from discharge 6 1877.  
P.A. Jan 28/90 letter to Atty. re to  
Per. know of cont. of the cont.

Ohio.

Mich.

No.

CASE OF

*Stephen M. Hamlin*  
P., Co. F., 12 Reg't Mass Inf.

Claim No. 701972

WAR DEPARTMENT,

Surgeon General's Office,

Record and Pension Division,

Washington, D. C., *June 8*, 1889.

This transcript from the records on file in this office is  
respectfully furnished for the information of the

*Commissioner of Pensions*

and embodies all the information which has been found  
in a search of those records made in full compliance  
with the inclosed request.



All papers pertaining to the case are herewith re-  
turned.

BY ORDER OF THE SURGEON GENERAL:

*J. C. Amesworth*

Capt. and Assistant Surgeon, U. S. A.

*Per G. C.*  
R. & P. Div. No. 350316

(215)

*A. M. H.*

NAME.	RANK.	CO.	REGIMENT.	DATE OF ADMISSION.	RECORD OF—
<u>S. H. Hamlin</u>	Pvt.	3	12th Mich Inf	May 4 1863	Regimental Hospital
" — "	"	"	"	" 29	" "
" — "	"	"	"	June 2	" "
" — "	"	"	"	" 7	" "
" — "	"	"	"	" 12	" "
" — "	"	"	"	" 23	" "
" — "	"	"	"	" 23	" "
" — "	"	"	"	" 27	" "
" — "	"	"	"	" 30	" "
" — "	"	"	"	"	" "
<u>S. H.</u>	"	0	"	Sept 18 Jnu. 30	B. H. Telle, Rock City.

NOTE.

DIAGNOSIS.	DISPOSITION AND REMARKS.
Pyrexia	Discharged May 6, 1865
	" " 81 "
Fever	" Fever 6 "
Int. Fever	" " 9 "
Int. Fever	" " 12 "
Diarrhoea	" " 13 "
Stomachitis	" " 22 "
Diarrhoea	
Diarrhoea	
Int. Fever	Discharged July 2, 1865
Typho. Malaria.	" " 25 "
Typho. Malaria.	Retd to duty Sept 17, 1865

John  
Detroit

3-364.

Original No.

Certificate No. 476320

ACT OF FEBRUARY 6, 1907.

Claimant, Stephen M. Hamilton

P. O., Douglas

County, Allegan

State, Michigan

Rank, Private

Company, A

Regiment, 12 Mich. Vol. Inf.

Rate, \$20 per month, commencing March 19, 1907.

0  
20

20

20

20

20

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

APPROVAL.

Submitted for admission November 23, 1907, St. Galher, Examiner.

Approved for Admission.

Age over 75.

Rate \$20 per month

Please to allow under Act February 6, 1907, deduct subsistence and stop name from roll under general law  
After 23, 1907, H. M. C. Ladd Nov 26, 1907, St. Galher  
Legal Reviewer. Re-Reviewer.

Enlisted September 5, 1864, honorably discharged September 9, 1865

Enlisted ..., 18; honorably discharged ..., 18

Enlisted ..., 18; honorably discharged ..., 18

Pensioned at \$17 per month, under General Law

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed March 19, 1907.

Date of birth alleged, September 7, 1830

Age shown by evidence 76 years.

Claimant does not write.

E. L. Hamilton, M. C.  
C. T.

W.W. 20

F. 16 1911

D. 1/1/11  
Claimant, Stephen M. Hamlin

P.O. Douglas

County,

State,

Note, \$

Rank,

Company,

Regiment,

Private

102 Mich. Vol. Inf.

per month, commencing

September 20, 1905.

Pensioned for

disease of liver and stomach

MASTER

Name,

P. O.,

RECOGNIZED ATTORNEY.

J. Wm. H. Warner  
Allegan Mich.

Fee, \$ 25; Agent to pay.

Articles filed, 1

## APPROVALS.

Submitted for Adm Nov 7, 1905

Approved for disease of liver and stomach.

Flaggan 6381, Examiner.

Approved for

disease of liver and stomach

102 Mich.  
September 20, 1905.

Nov 9, 1905.

John C. Galt  
Legal Reviewer, I  
Galt, Galt & Galt  
Re-ReviewerBernard  
Medical Examiner.Collins  
Medical Reviewer.  
John Houston  
Medical Referee.Enlisted Sept 5<sup>th</sup>, 1864

, 1905 Discharged Sept 9, 1865

Pensioned at \$ 12 per month for

disease of liver and stomach

Declaration filed

## PRESENT CLAIM.

July 7<sup>th</sup>, 1905 The Pers. cause

Claimant does write.

L 6320, K  
1967  
D. De Park, Ames  
Mus

(3-145.)

## INVALID PENSION.

Claimant, Stephen M. Hanline

P.O., County, State,	Douglas. Allegan. Mich.	Rank, <del>1st</del> Company, <del>H</del> "F" Regiment, 12 Mich Vol. Inf.
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**Disabled by Disease of liver and stomach**

RECOGNIZED ATTORNEY:

Name, H. Morris, Agent to pay.  
P.O. City, Articles filed , 18

APPROVALS:

Submitted for	January 24, 1893	Justice	Examiner.
Approved for	disease of liver and stomach	disease of liver & stomach 12/18 from Oct. 4, 1893.	

Justice Ex. Abel, A.M.G. Holt,  
Jan. 26, 1897 Churchill, Legal Reviewer. *Thos. J. Holt*, Medical Referee.

Discharged Sept 3 1864  
" 9 - 1865 Last paid to

Discharged May 1, 1865, Last paid to \_\_\_\_\_, at \$ 8  
Pensioned from May 1, 1889, at \$ 8, for disease of

Original declaration filed Aug 1, 1884 121 1

Paroxysms of disease of liver, resulting in typhoid fever, and disease of stomach and liver.

Arrears allowed from \_\_\_\_\_, 18\_\_\_\_\_, to \_\_\_\_\_, 18\_\_\_\_\_, at §\_\_\_\_\_

**PRESENT CLAIM**

Declaration filed June 2 - 1940 Alleges he for pensioned  
Cause B. 6-221

4/16/3<sup>20</sup> Detroit ORIGINAL INVALID CLAIM.

Soldier, Stephen M. Hamlin

P. O., Douglas

County, Allegan

State, Michigan

Rates, \$

Rank, private

Company, F

Regiment, 12 Mich Vol Inf.

per month, commencing May 1, 1889

B. S.

Pensioned for

## Disease of Liver &amp; Stomach

## RECOGNIZED ATTORNEY.

Name, A. H. McCormick &amp; Sons

Fee, \$ 35.00

P. O., Washington

D. C. V

Agent to pay.

Articles filed June 19, 1889.

## APPROVALS.

Approved for disease of liver &amp; stomach (malaria - results)

Submitted from April 2, 1890; S. F. Schaeffer, Examiner.

Approved for

Disease of Liver &amp; Stomach.

Approved for

Disease of Liver and Stomach  $\frac{5}{14}$ 

Apr 3/90. M. Danis, Legal Reviewer.

, 1890, Re-Reviewer.

, 1864, Re-Reviewer.

, Med. Ex'r.

, 1865, Med. Referee.

J. Mead, Med. Reviewer.

, 1865, Med. Referee.

## IMPORTANT DATES

Enlisted, Sept 5, 1864

On other service from

Mustered, , 18 , 18 , to , 18 , in

Discharged, Sept 9, 1865

Declaration filed May 1, 1889. Not in service since Sept 9, 1865.

## BASIS OF CLAIM.

Declaration filed May 1, 1889, claimant alleges that while in the service of his country, Falls Bluff Ark March 1865 he contracted bilious trouble, jaundice & disease of liver resulting to phthisis, fever & humerous disease of stomach & liver.

Claimant's wife

no. 10.

U. S. P. L.

[S-056.]

Div.

S. S.

EXT.

Orig. No. 701.972  
Stephen W. Hamlin  
Co. F. 12 Regt. Ind. Inf.

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,

WASHINGTON, D. C.

Return this letter with your reply.



To:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Robert M. Lucy  
Angola  
Stearns Co. Ind.

John B. Rawson

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: I first became acquainted with Claimant in the fall of 1867. I worked for him.

Of what disability did he complain, and how was he affected?

Answer: He complained of debility and at such time had no appetite.

How frequently have you seen him since your first acquaintance?

Answer: I see Claimant almost daily until 1870. have not seen him for 8 years.

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: While I was with him I should judge he was disabled about 1/4 of time. I am unable to state whether he has continued to suffer until the present time or not. I have not seen him for eight or ten years.

My means of knowing the facts of the case are these:

as above stated

COMMISSIONER OF PENSIONS,  
Washington, D. C.

Very respectfully,

Robert M. Lucy

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Entered character and number of claims: *Orig* Pension Claim No. 701972  
 Name and rank of claimant: *Stephen W. Hamlin*, Rank, private  
 Company F, 12 Reg't. Inf'y. Alleged State, Allegan State, Penn.  
 Claimant's post office address: Douglas, Mich. (Post office address of the Board)  
 Date of examination: June 26, 1889. (Date of examination.)

We hereby certify that in compliance with the requirements of the law\* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability: Gallious trouble jundice and disease of liver  
also Typhoid fever & resulting disease of stomach  
and lungs and that he receives a pension of 10 dollars per month.

Pulse rate per minute, 80; respiration, 23; temperature, 98 3/4; height, 5 feet 10 inches; weight, 172 pounds; age, 55 years.

He makes the following statement upon which he bases his claim for *Orig*  
that in March or April 1865 ~~had at Detroit~~  
Bluff and had ~~fever~~ for he had typhoid  
fever or rather had jundice and Gallious  
fever that resulted in Typhoid fever when  
he was taken to Washington D. C. that as a  
result of this fever he now has disease of  
the stomach and liver and is not able to  
perform manual labor, yet he has had these attacks  
only each year or more. Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and material signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give his opinion as to the proportionate degree of disability, total, partial, &c., through the Board, without regard to dollars and cents, and to make such a full particular description as will enable the Board to this Office the ground for intelligent opinion and action in rating.

The general appearance of this man is that of one who suffers from some disease. His liver is slightly enlarged tendrums over the abdomen. Tongue is slightly coated yellowish and covered with mucus. Heart and lungs normal. Hands show no unusual labor. Skin dry and rough.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has

not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 78 5 d. bid rating for the disability caused by Malnutrition & disease for that caused by

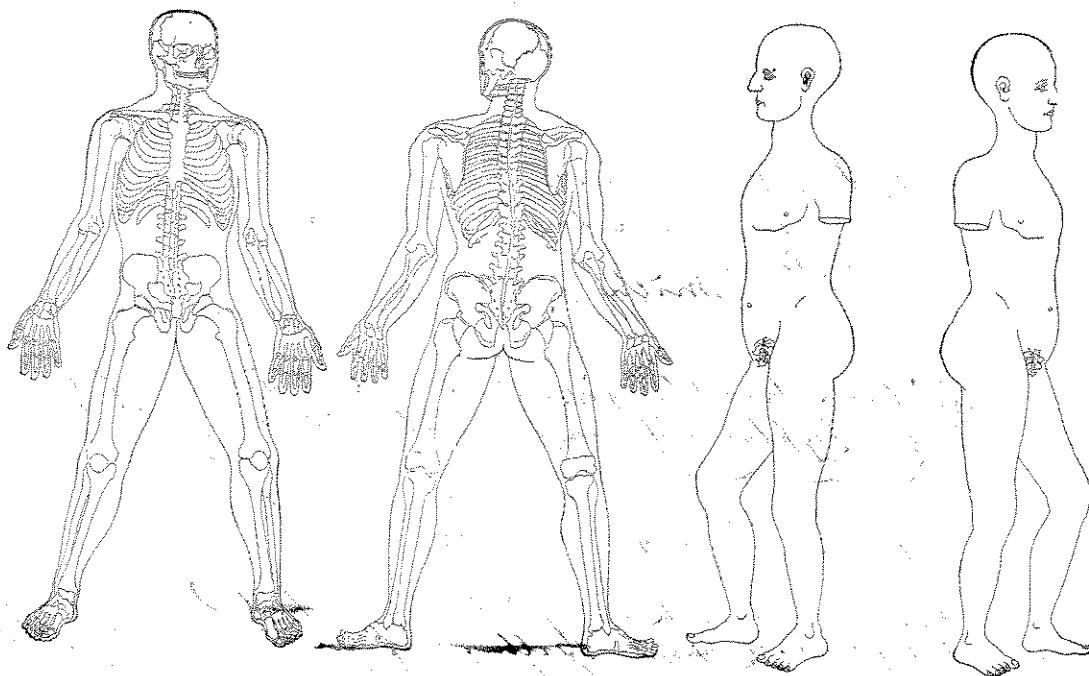
Rate for each cause of disability. If prolonged by vicious habits, the word not shall be erased and the reason for the increase given.

\* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

*J. B. Dechert, H. F. Thomas, J. W. Davis*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



Single surgeons will use ~~U. S. M. S.~~ changing "we" to read "I," and "our" to read "my." They will erase the words "Press" ~~Secy.~~ and "Board" where the words appear, and sign at the foot of the certificate, and file on the pack ~~2~~ the same.

**SURGEON'S CERTIFICATE**



*Doctors in Order*

Co. 2, 12 Regt. Mich. Inf.

**Applicant for Doc't**

No. 201942

DATE OF EXAMINATION:

June 26, 1889.

*Dr. J. C. M. Pres.,  
Dr. A. T. Morris, Secy.,  
Dr. Wm. C. C. Treas.,*

BOARD.

Post office, *Albion*  
County, *Albion*  
State, *Ind.*

P.S. Write your Post Office address plainly and in full.

Provided further, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 23, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.  
 State above whether for original, increase, or restoration.]  
 Name and rank of claimant.  
 Company, Reg't, Mich. Inf. State, Post-office address of the Board.]  
 Claimant's post-office address. Date of examination.]

Insurance	Pension Claim No. 476320
Stephen W. Hamlin	Rank, Pvt
Company F, 12 Reg't Mich. Inf.	Allegan Mich.
Douglas, Allegan Co., Mich.	Oct-7 1890

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Disease of liver and stomach

Pensioner, fill in the amount; if not, cross the whole line.  
 and that he receives a pension of Eight dollars per month.

He makes the following statement upon which he bases his claim for increase [Original, increase, restoration, &c.]

Here give the claimant's statement as brief and as correct as possible.  
That his liver troubles him a great deal, is obliged to take medicine nearly all the time. Has very much constipation. That he has pain and distress in his stomach and spits up a good deal of mucus, is obliged to restrict himself in his diet, and that his general health is so poor that he is unable to do more than 1/3 a man's work.

Upon examination we find the following objective conditions: Pulse rate, 60; respiration, 20; temperature, 98 1/2; height, 5 feet 10 inches; weight, 160 pounds; age, 46 years. This man's tongue is red and coated and dry with a brown streak through the middle. He is very tender over his stomach and the walls of his stomach seem to be thickened. The liver can be felt projecting below his ribs about two inches. His skin is yellow and his digestion and nutrition are poor. There seems to be chronic gastritis catarrh. He is somewhat tender over the whole abdomen. His rectum is sensitive and the hemorrhoidal vessels are engorged but no pulse found. 1/8 for disease of the stomach & liver.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown on a pension to be due to or aggravated by vicious habits the opinion of the board must be asked. When asked as to such habits this fact must be stated.

About 12 years ago he was with an accident in a saw mill, and received a saw cut across the upper and back part of the left thigh, which must have severed the sciatic nerve. The muscles of the left leg are lax and pliable and the limb is numb and he has no control of his left foot, so he is a cripple from this cause.

Each disability must be rated separately, the act of Congress of March 2, 1865, requiring "that the report of such examination and the findings shall specifically state the rating, with the name of their judgment, the applicant be entitled to."

His habits seem to be good. Hands show little manual labor. His heart and lungs are sound and no other disease is found.

N. H. Bells, Pres. 4773 Board, Sec'y. Abrah, Treas.

N. R.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

(This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_."

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Stephen M. Hamlin, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. K. V. Bacon and Dr. M. H. Bills, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of October, 1896"

(Signature.)

Stephen M. Hamlin

U. S. GOVERNMENT  
REGISTRY OF SURGEONS  
IN CASE OF  
SURGEON'S CERTIFICATE

Stephen M. Hamlin  
Co. 7, 1/2 Reg't Mich Inf

Applicant for increase

No. 476320

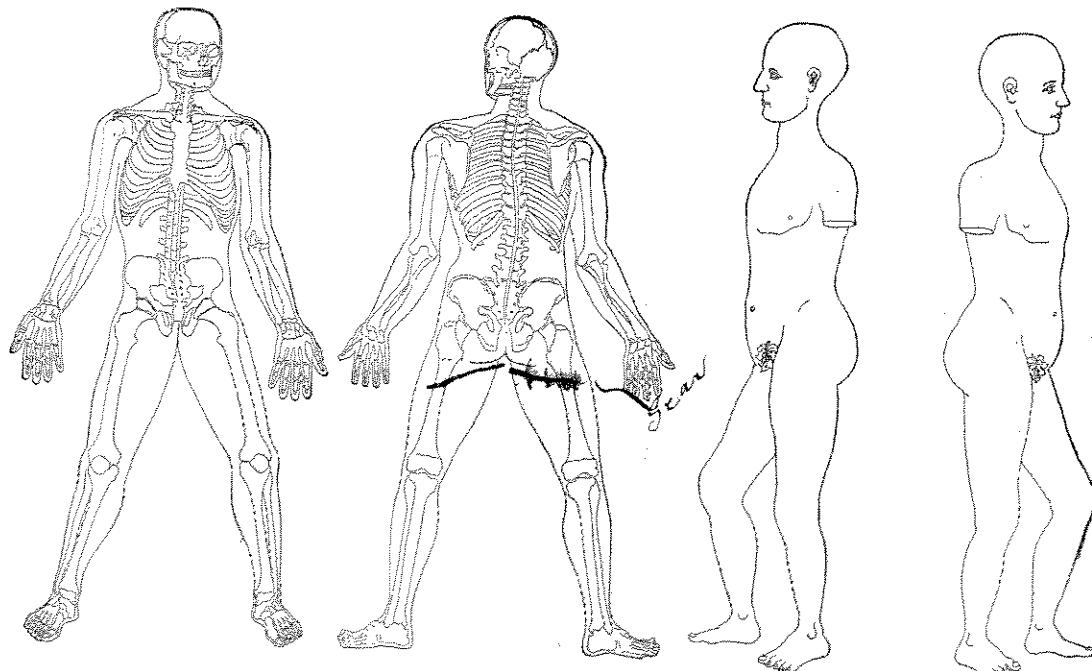
DATE OF EXAMINATION:

October 7, 1896  
M. H. Bills, Pres.,  
K. V. Bacon, Sec'y,  
Abel, Treas.,  
Board.

Post office, Allegan  
County, Allegan  
State, Michigan

P. S.—Write your Post-office address plainly and in full.

Abel



Single surgeons will use this blank, changing "we" to read "I" and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. W. H. Bills, Dr. A. E. Leighum, and Dr. A. L. Young, were personally present and actually participated in the examination of Stephen G. Hamlin, the claimant in this case, on Sept 20 day of 1905."

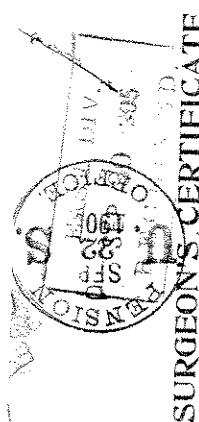
(Signature.) A. E. Leighum

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1905."

Witnesses  
to mark: \_\_\_\_\_

(Signature of  
Applicant.)



## SURGEON'S CERTIFICATE

IN CASE OF

*Stephen G. Hamlin*  
Co. I, 12 Reg'tt. Mich. Inf.

APPLICANT FOR Increase

No. 476320

DATE OF EXAMINATION:

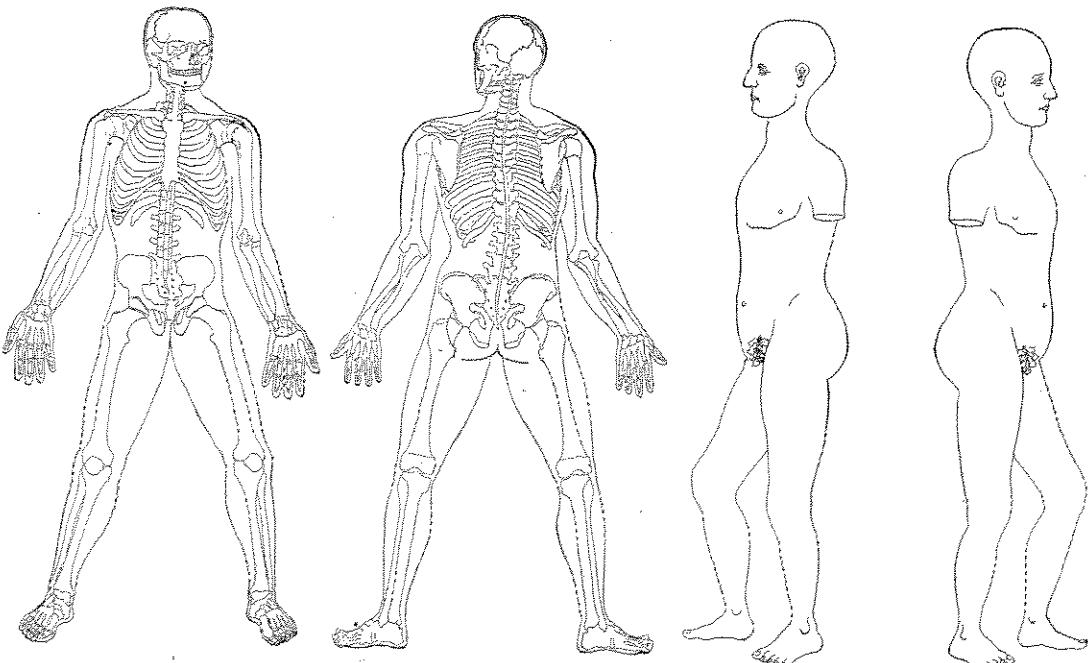
*Sept 20* 1905  
W. H. Bills, Pres.,  
A. E. Leighum, Sec'y,  
A. L. Young, Pres.,  
BOARD.

Post office, Albion  
County, Allegan  
State, Mich.

Do not use backs of certificates for any purpose other  
than indicated by printed matter thereon.

6-3526

*W.H.B.*



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

State of Michigan, County of Allegan, ss:

On this 23 day of June, A. D. 1905, personally appeared before me, a Notary Public of said County, Stephen M. Hamlin, aged Seventy four years, who, being duly sworn according to law, declares that he is a pensioner of the United States duly enrolled at the Detroit Mich pension agency, Certificate No. 476,320 at the rate of \$12 50 per month, by reason of disability incurred in the Military Service of the United States, in Company F of the 12 Regiment Mich Inf. Vol., that his present physical condition is such that he believes himself entitled to receive an increased pension.

He further Declares, that he is disabled in the following manner, to-wit:— Disease of Stomach and Liver.

He says he is a blacksmith by trade, but has been compelled to quit and give up entirely his business as blacksmith by reason of the disabilities above stated. He claims that he is totally disabled for doing any sort of hard manual labor by reason of the disabilities above stated, and requests examination before a Board of U. S. Examiners, at Holland or Allegan. Holland is most convenient for him as it is easy connection by electric road 12 miles.

That he hereby appoints William W. Warner of the County of Allegan and State of Michigan, his attorney, to prosecute his claim. That his residence is at Douglas in Allegan County of Allegan and State of Michigan and his post-office address is Douglas, Allegan Co. Michigan.

(Signature of Claimant) Stephen M. Hamlin

Also personally appeared M. N. Italy residing in Douglas County of Allegan and State of Michigan and J. E. Devine residing in Douglas County of Allegan and State of Michigan persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say: They were present and saw Stephen M. Hamlin, the claimant, sign his name (or make his mark,) to the foregoing declaration; and they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

M. N. Italy  
J. E. Devine 1905

STATE OF Michigan, COUNTY OF Allegan, ss:

Sworn to and subscribed before me this 3rd

day of July, A. D. 1900, 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

[SEAL]

erased, and the words

added; and that I have no interest, direct or indirect, in the prosecution of this claim.

*Louis H. McDonald*

MY COMMISSION EXPIRES OCT. 29, 1900.

Notary Public.

Declaration and  
power of attorney valid.

S. A. Cuddy,  
Chief, Law Division.

per W. L. B. 8

2/1/6

Form D

Certificate No. 476, 320

INCREASE PENSION

APPLICATION OF

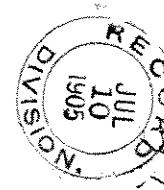
*Stephen M. Haedicke*

late *Private Co. A*

12<sup>th</sup> Regt. Mich. Inf. Regt.

P. O. *Albion*

*Allegan Co. Mich.*



*Allegan Co., Mich.*

S. P.

**AFFIDAVIT FOR GENERAL PURPOSES.**

State of Michigan Allegan County, ss.:

In the matter of the Pension Claim No 701,972 of Stephen M. Hanlin  
Co. 7 12 Regt. North Inf Vols.:

On the 3<sup>rd</sup> day of Feb 1890, before the undersigned authority  
within and for said County and State, personally appeared Stephen M. Hanlin

the claimant who, being duly sworn, states on oath that  
he cannot furnish the testimony of Dr Goodridge  
who first treated affiant on his return from the army  
for the reason that he is dead - and that the  
next doctor who treated him Dr Guenolly is  
dead - and the next Dr Oleroniller who treated  
him is dead - Since the death of Dr Oleroniller  
affiant has been treated by Dr E. Brown who  
testimony is on file -

I was discharged in Little Rock with others  
about 1000 men & a 1000 more to we were paid  
transportation & station money & had to pay over  
fair. & there was a detachment of colored troops  
on the same boat that was going at government  
fair. And I was so yellow with jealousy that  
the clerk of the boat supposed I was one of  
the colored troops & did not cash me for my  
pay fair.

W

ADDITIONAL EVIDENCE

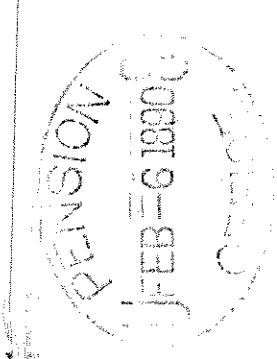
IN \_\_\_\_\_

Invalid Claim No. 704772

OF \_\_\_\_\_

Stephen M. Hamlin

Lake Co., Mich. Vols.



That he testifies from personal knowledge and has ~~no~~ interest in this Pension Claim.

My Post Office address is Douglas Lake Allegan Co Mich

(When mark is made, two witnesses required to sign here other than the officer.)

(Signature.)

Stephen M. Hamlin

Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and official seal.

Certificate of official Notary Public  
for Pensions or Retirement  
as of January 1, 1890  
as my Notary Public

Notary Public

This can be sworn before a Justice of Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of the Court, which will be sufficient for his term of office in that case.

Affiant will please state the facts as fully as possible, and **ALWAYS** give Post Office address.

FILED BY

A. W. McCORMICK & SONS,  
PENSION ATTORNEYS,  
WASHINGTON, D. C.

AFFIDAVIT FOR GENERAL PURPOSES.

State of Michigan Beaumaris County, ss.:

In the matter of the Pension Claim No 701972 of Stephens M. Hamlin  
Co. F Regt. 12 Miss. Vols.:

On the 3<sup>rd</sup> day of Feb 1870, before the undersigned authority  
within and for said County and State, personally appeared Frank A. Miller  
Leath who, being duly sworn, states on oath that

I have known Mr. Stephens Hamlin  
ever since he came from the war  
and have worked for him by time  
and have known of him being  
disabled with his Spine and  
when I was to work for him I  
heard of his being as I do with out  
eating and would be very treated  
further and would not be able to  
work and about 8 years ago I moved  
away and was away for 6 years and  
for the past 4 years I have lived  
nearer to him and know that his  
complaint has bothered him so that  
he has not been able to work  
and up to the present time I have  
nothing to him in the village of Douglas  
St. R. M. Leath  
Douglas, Mich.

81

That he testifies from personal knowledge and has no interest in this Pension Claim.

My Post Office address is Douglas Michigan

(When mark is made, two witnesses required to sign here other than the officer.)

(Signature.)

F. R. McLean

Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and official seal.

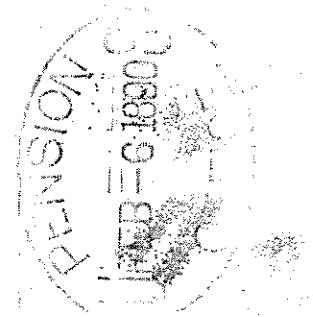
*Court of Appeal chartered my  
fire in Second Department  
Washington D.C.*

(Magistrate's signature)

ADDITIONAL EVIDENCE  
IN  
OR

Invited Claim No. 701972

Stephen M. Hanlon  
Late Co. H 12 Regt. N.Y.A. Vols.



FILED BY  
A. W. MCCORMICK & SONS,  
PENSION ATTORNEYS,  
WASHINGTON, D.C.

**Affidavit of Neighbors, Employers or those who worked with Soldier.**

State of Michigan County, ss. Allegan  
In the matter of the Pension Claim No. 70,1982 of Nathan M. Hamlin  
Co. 4 Regt. 12th Inf. Vols.

On the 14<sup>th</sup> day of October 1889, before the undersigned authority within and for said County and State personally appeared

Robert H. Litz, who, being duly sworn states on oath that he first became acquainted with the physical condition of Stephen M. Hamlin after his return from the army, about Fall of 1867, and found him then suffering from disability or disease called bilious attack & lack of appetite & unable to work at least from which he knew him to continue to suffer each year up to about 1870.

That he lived near him from about 1867, to about 1870, near West Lanes, P. O. That it is believed the above originated in the U. S. Service.

The progress and symptoms of this disease have been as follows:

He was quite frequently attacked with biliousness and could not eat, or was no appetite and would generally have to go through a course of medicine called Blue Mass by Dr. Dr. He would be troubled with these spells very often by spells and then he would be all right for sometimes three or four weeks then he would be down again and would have to go through the same routine.

My way of knowing these facts are by reason of being in his employ off and on from the Fall of 1867 to 1870.

*91*  
\*See Foot Notes on Back and Follow closely.

That he ~~was~~ employed by said claimant.....

That he ..... worked with him during the above time from fall of 1867  
until fall of 1870

That his means of knowing his condition are as follows:

Being with him during said time

That claimant's occupation was that of ..... Mechanic ....., and he was  
prevented from working about ..... Thirteen weeks each year as follows: absent and

That in affiant's opinion he was disabled for hard work to a\* ..... 1/4 ..... degree on an average during  
the above period, and to a\* ..... degree at present, by the above, as near as he can judge.

That he testifies from personal knowledge, and has no interest in this Pension Claim.

My Post Office address is ..... Nungala, Indiana

Two may sign here, each giving his P. O. address.

Robert M. Dutz

Sworn to and subscribed before me the day and year first above written, and I certify that  
affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and official seal.

William E. Kinsley, Notary Public  
(Magistrate's Signature)

This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the pension  
Office at Washington, D. C., a separate copy of the Clerk of Court, which will be sufficient for his term of office.  
The witness will please give a FULL statement, in his OWN WRITING, if possible and if he knew of the soldier being treated, he will so  
state and name the doctor. Describe his appearance and complaints each year, naming each disease or injury.  
Here say one-fourth, one-half, three-fourths or total. It is very important that an OPINION as to the rate be given. Total gives \$8 per  
month pension.

If affiant never employed or worked with the soldier, he will say never and explain how he knew of his disability during the time named.

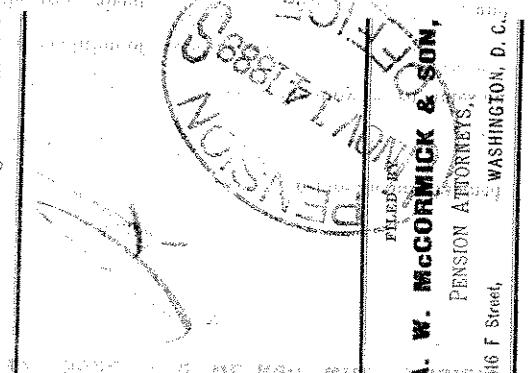
ADDITIONAL EVIDENCE

Initial Claim No. 701, 972

On

Stephen M. Hunter

East Co. H 12 Regt. Mich. Vol.



W. McCormick & Son,  
PENSION ATTORNEYS,  
1416 F Street, WASHINGTON, D. C.

for at least seventy hours and  
account of distress in the stomach  
he could not attend to his business  
and as he grows older he is more  
feeble for the last four or five years  
he has not been able to do anything  
especially he could not earn his board  
I sometimes think that he won't  
live to get a pension

Samantha Hamlin

67

**AFFIDAVIT FOR GENERAL PURPOSES.**

State of Michigan County, ss.: Alger

In the matter of the Pension Claim No 701972 of

Co. F Regt. 12 Michigan Vols.

On the 30 day of Feb, 1890, before the undersigned authority

within and for said County and State, personally appeared Merle A. Hamlin and  
George W. Hamlin, <sup>20,000 acres</sup> Douglas Mtn. who, being duly sworn, states on oath that

As I am nearly recovered from this I  
have not deliverable news.  
Mother is now from time to time  
very bad and cannot care  
about her business. She has been obliged  
to take medicine and seems  
unable to sick from time to time  
this is very rare now.  
She is still sitting every evening for  
days at a time and talk a  
thorough course of colored and  
play the before she could attend to  
any business. and lately has  
been worse and for the  
last five years has  
not been able to sit up enough  
to board himself half of the time.  
Mutter has  
if he had come home from the Army  
he could have helped me out, and I would  
not have known him he had changed so much  
he was sick before he came back since he has been  
take medicine constantly and then would get down  
there would be days that he could not eat anything

ADDITIONAL EVIDENCE

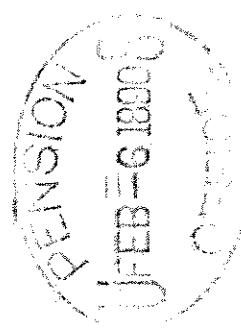
Invalid Claim No. 701/972

IN

OF

Stephen M. Hanlon

Late Cr. 1/2 Regt. N.Y. Vols.



That ~~he~~ testifies from personal knowledge and has ~~no~~ interest in this Pension Claim.

My Post Office address is Douglas, Allegan Co., Mich.

(When mark is made, two witnesses required to sign here other than the officer.)

(Signature.)

*Mettie, Franklin  
Samantha Hanlon*

Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and official seal.

*Certified of official character on file in Pension Department Washington, D.C. Mastri J. Notary Public*

This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of the Court, which will be sufficient for his term of office in that case.

Affiant will please state the facts as fully as possible, and ALWAYS give Post Office address.

FILED BY

A. W. McCORMICK & SONS,  
PENSION ATTORNEYS,  
WASHINGTON, D.C.

AFFIDAVIT FOR GENERAL PURPOSES.

State of Michigan Algonac County, ss.

In the matter of the Pension Claim No. 701972 of *Stephen W. Mandel*  
Co. *T* Regt. *12th Infantery* Vols.:

On the 19<sup>th</sup> day of December 1889, before the undersigned authority  
within and for said County and State, personally appeared Abraham H. Kammie  
& Norritt B. Kammie who, being duly sworn, states on oath that  
Abraham H. Kammie knew him before and  
while in the army during the War and that  
since and that he had the following <sup>the War</sup> and  
spells Paroxysm and fits that he has had  
since he has spells of biliousness and continue going  
a number of days without being able to eat anything  
and these spells are becoming more and more frequent  
and longer spells every year. And more. It is not  
able to do any work to speak of.  
Norritt B. Kammie has known  
Abraham H. Kammie ever since the War  
and that he individually knows of his  
having these spells and that they are  
growing more frequent.

4

ADDITIONAL EVIDENCE

IN  
Invalid Claim No. 700, 972

OR

Stephen M. Hamlin

late Co. H 1/2 Regt. N.Y. Vols.

That he testifies from personal knowledge and has no interest in this Pension Claim.

My Post Office address is West Chester

(When mark is made, two witnesses required to sign here other than the officer.)

(Signature.)

Miller J. Clegg

Shadrach H. Hamlin  
Harriet B. Hamlin

Sworn to and subscribed before me this day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to affiant before signing. Witness my hand and official seal.

(Magistrate's Signature)

Geo. J. Clegg, Notary

This can be sworn before a Justice of Safety, and a certificate of Clerk of Court need be attached if said Notary will have died in the Pension Office of Washington, D. C., a separate certificate of the Clerk of the Court, which will be sufficient for his term of office in that case.

Affiant will please state the facts as fully as possible, and **ALWAYS** give Post Office address.

FILED BY  
A. W. McCORMICK & SONS,  
PENSION ATTORNEYS,  
WASHINGTON D.C.

State of Michigan County, of Calhoun, ss.

On this 18th day of February, 1897, before the undersigned authority within and for said County and State, personally appeared Eli H. Callen M.D.

of Battle Creek Michigan, who, being duly sworn, states on oath that Stephen M. Hanlon of Co. A 12th Regt. Mich. Vols. Inf. from exposure in the line of his duty in the U. S. Service\* at Dr. Walls Bluffs Arkansas, was taken sick with a Malaria fever causing Jaundice and great debility on or about March 1865, contracted disease called as above and did not fully recover when his regiment mustered March 1866 and was sent to Dr. Walls Bluffs Park, to Washington Col. 7th Inf. Regt. he was taken over and ordered to the Hospital for treatment where he was sick some years over 20 days with a purple Malaria fever

from which time he did not left till of my duty  
it remains to the Col. 7th Inf. for medical physician for  
one of 130 men whom he had charge of from Jackson  
Mich to Devils Bluffs Park the last Aug. 1866

That he testifies from personal knowledge, having been Surgeon over of the  
12th Regt. Mich. Inf. [State rank at time and Company.] Vols., and serving with said soldier at the time.

That he has no interest in this Pension claim.

My Post Office address is

Battle Creek Mich.

(When mark is made, two witnesses required to sign here other than the officer.)

(Signature.)

Eli H. Callen M.D.

late surgeon 12th Regt. Mich. Inf.

Date

Regt.

[Here state your rank at final discharge.]

Sworn to and subscribed before me the day and year first above written, and I certify that each affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to Affiant before signing. Witness my hand and official seal.

certified on file.

This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said magistrate will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of Court, which will be sufficient for his term of office.

If the officer knows that the disease continued to affect him till discharged, or that he was treated by the Regimental Surgeon, or in Hospitals, please state the facts.

This must be executed by some commissioned officer (or first sergeant of his Company,) if one can possibly be found who knows the facts. If not, have two comrades testify to the above, using this blank. Always give Company and Regiment, and Post Office.

\*Here state what he was doing at the time.

Charles C. Peavy  
M.D.  
(Magistrate's Signature)

57

*State of*

*County of*

*, 38.*

I CERTIFY that \_\_\_\_\_ before whom the foregoing affidavit was made is a \_\_\_\_\_ duly authorized to administer oaths, and the within is his signature.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this \_\_\_\_\_ day of

18

*Clerk of the*

*Court of said County.*

The Clerk's Certificate need not be executed if a certificate is filed separately in the Pension Office for the term of notary's office.

ADDITIONAL EVIDENCE

IN

Invalid Claim No. 70/972

OF

*S. McVannan*

Lake Co. 212 Mich. Vols.



FILED BY

A. W. MCCORMICK & SONS,  
PENSION ATTORNEYS,  
WASHINGTON, D.C.

Ganges Michigan

June 22, 1889

I have been acquainted  
with Stephen Hamlin for the past  
twelve years and have treated him a  
number of times for dyspepsia and  
torpid liver. At these times  
he would be totally incapacitated  
for manual labor for several weeks  
at a time. He is now  
recovering from a severe attack  
of stomach & liver trouble and he  
has not been able to do any  
labor for over two months.

I believe Mr Stephen  
Hamlin to be worthy and deserving  
a pension as he is not able  
to do more than one fourth the  
manual labor that an able bodied  
man ought to do. All <sup>not</sup> concerned in  
this claim ~~are~~ Eugene E. Branson M. D.  
State of Michigan

Allegan County 208

The above statement subscribed & sworn to before me this 22 day of June A.D. 1888, by  
John Eugene E. Pearson a person who is entitled  
to file a claim if he wishes, and statement he may make  
in this or any other case, & certify that I  
have no interest in this claim and am not concerned  
in its prosecution. He avers further  
that his cause is on file in the Notary Public's  
Office, Common Registerary.

107

701972

Stephen W. Franklin  
8-124 Mich

Abel C. Jones  
Washington D.C.

# DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Michigan, County of Allegan ss:

ON THIS 26<sup>th</sup> day of May A. D. one thousand eight hundred and ninety six

before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared, Stephen M. Hamlin Claimant's name.

late a Private in Company F of the 13<sup>th</sup> Regiment of

Michigan Infantry Volunteers, aged 65 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Detroit

Pension Agency, at the rate of 8 dollars per month, under Pension Certificate No 476320

by reason of disability resulting from Disease of Liver and Stomach

Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor.

On account of an increased disability, and he thinks the rate of pension he is now receiving is unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for

If you claim additional pension for a disability not mentioned in your Pension Certificate, here

describe it fully and state when, where and under what circumstances the same originated.

That he hereby appoints, with full power of substitution and revocation

J. W. MORRIS, of Washington, D. C., his true and lawful attorney, to prosecute said claim.

His Post Office address is Douglas County of Allegan

State of Michigan

Stephen M. Hamlin

Signature of Claimant

If claimant signs by mark, two persons who can write must sign here.

Mid. Div.  
R.R.

(3-065.)

B. & P. DIV.

8550316

HOT

S. C. O.

Department of the Interior,

BUREAU OF PENSIONS,

June 5<sup>th</sup>

1889.

Sir:

Please furnish this Bureau a report of hospital treatment in the  
Claim No. 701,972, of Stephen M. Womack, late a  
private Co. F. in the 11th Miss. Inf., from  
the data given below.

1. Disability from bilious trouble, jaundice, and  
disease of liver contracted in March 1865, also  
Typhoid fever, regarding disease of stomach & liver while in  
regt. field hospital at Washington, Ark., in
2. Treatment, as follows: at Washington, Ark., in  
field hospital of regiment twenty-two days in  
June and July, 1865.

3. The Adjutant General's report shows not in.

enlisted Sept. 5<sup>th</sup>. 1864.

4. Discharged Sept. 9, 1865 at Can den  
ark.

Very respectfully,

*James Black*

*John C. Black,*  
Commissioner

*W/* The Surgeon General U. S. A.

(13555-30 M.) 6-072

RETURN TO  
U. S. PENSION ACTUARY  
DETROIT, - M. 35.

3-402.

Certificate No. 476,326

Certificate No. A.Y. 6. 320. Department of the Interior,  
Name, Stephen M. Kemlin BUREAU OF PENSIONS.

BUREAU OF PENSIONS

Washington, D. C., January 15, 1898

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

*W. Hay Brand*  
Commissioner.

Commissioner

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes. Samantha A. Sears

*Second.* When, where, and by whom were you married?

Answer. Mr. Cusack Allegan. Comed by Richard Borden. G.P.

Third. What record of marriage exists?

Answer: a marriage certificate

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. *See page 12.*

Answer to Matilda Attwell in Massachusetts and  
was arrested July 11<sup>th</sup> 1862.

15. Have you any children living? If so, please state their names and the date of birth.

Answer. Former wife 2 May 5 was born Feb 14 1853.

more rats at Ft. Bere June 24, 1859 by scan. of 400

4. Miller & Son Nov 3 1864. Job H. was born  
on Jan 25 1868. Edna B. was born April 23, 1873.  
Both C. S. and son May 11 1886 at 211 Harrison  
Date of reply June 1 (Signature)

Date of reply, Sept. 1

卷之三

1888-1898

3

50/21325 (Rev. 1-22-82)

## DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Michigan }  
County of Allegan } 38.

On this 14 day of March, A. D. one thousand nine hundred and Seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, Stephen M. Hamlin, who, being duly sworn according to law, declares that he is 76 years of age, and a resident of Douglas county of Allegan State of Mich; and that he is the identical person who was ENROLLED at Kalamazoo Mich under the name of Stephen M. Hamlin, on the 5 day of September, 1864 as a private, in Company F-12 Mich Infantry.  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Leavenworth Arkansaw, on the 9 day of September, 1865.  
That he also served

(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 10 inches; complexion, light; color of eyes, Blue; color of hair, Dark; that his occupation was Carpenter; that he was born September 7, 1830, at Lexington Stark co Ohio.

That his several places of residence since leaving the service have been as follows:

Allegan co Mich

(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has never heretofore applied for pension  
Certificate No 426 320

(In 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 February 6, 1907.

That his post-office address is Douglas, county of Allegan,  
State of Mich.Attest: (1) John P. Clark Stephen M. Hamlin  
(Signature of witness in full.)(2) Charley Hamilton

Also personally appeared John P. Clark, residing in Christine Allegan co Mich and Charley Hamilton, residing in Christine Allegan co Mich, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Stephen M. Hamlin, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 20 years and 15 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

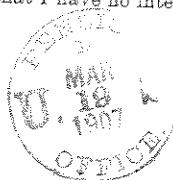
Validity accepted  
S. A. Cuddy  
S. A. Cuddy  
Chief, Law Division  
5/5/07

John P. Clark,  
Charley Hamilton  
(Signature of witness.)

SUBSCRIBED and sworn to before me this 14 day of Mar, A. D. 1907, 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, \_\_\_\_\_, added;

[L. s.]

and the words \_\_\_\_\_, and that I have no interest, direct or indirect, in the prosecution of this claim.



John P. Clark Jan 25 1909  
Notary Public com. expires  
in and for Allegan Co Mich  
(Official character.)

# Declaration for an Original Invalid Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Michigan, County of Allegan, ss:

ON THIS 26 day of April A. D. one thousand eight hundred and eighty nine  
personally appeared before me Deputy Clerk of the Circuit Court a Court  
of Record within and for the County and State aforesaid Stephen M. Hamlin.

aged 58 years, who, being duly sworn according to law, declares that he is the identical  
Stephen M. Hamlin who was ENROLLED as a Private on the 5 day of  
September, 1864, in Company A of the 12 regiment of Michigan Inf'y Vol.  
commanded by David Reeve Captain and was honorably DISCHARGED at  
Campbell Aro. on the 9 day of September, 1865; That his

personal description is as follows: Age 33 years; height 5 feet 10 inches; complexion Dark  
hair Dark; eyes blue. That while a member of the organization aforesaid, in the  
service and in the line of duty at Detalles Bluff in the State of Arkansas -

on or about the March, 1865, he Contracted diseases  
(Here state the name or nature of disease, or the location  
of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

to the Doctor. The Regiment was about leaving to go  
South West from their. I went with it. I reported to  
Dr. Collier on the march. I was sick and was treated  
across one horse in an Ambulance. When we  
arrived at Washington Arkansas. I was very sick.  
Reported to the Doctor and was sent by Dr. Collier  
to Reginald Field Hospital. I think it was  
the third day after the Regiment arrived there.  
My disease resulted in Typhoid fever and Disease  
of Liver this and their Contracted has affected  
me to present time has resulted in permanent disease of Liver & Liver.

That he was treated in hospitals as follows: I was in Field Hospital of the Regiment  
(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)  
Twenty two days - June 5 July 1865.

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 he has not been in the military or naval service of the United States since the 9 day of Sept 1865  
That since leaving the service this applicant has resided in the Town of Castro, Allegan Co., Michigan -

in the State of Michigan 1865, and that his occupation has been that of a

That prior to his entry into the service above-named he was a man of good, sound, physical health, being when enrolled a

That he is now Totally disabled

from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of  
the United States, and he therefore makes this declaration for the purpose of being placed on the invalid  
pension roll of the United States. He hereby appoints with full power of substitution and revocation,

A. H. McCormick & Sons of Washington D. C. -

his true and lawful attorney to prosecute his claim. That he has never received nor applied for  
a pension; that his residence is No. 200 Grand street.

Allegan Co., Mich. and that his post office address is

Douglas, Allegan Co., Mich. has been since Apr 1865

John H. Padgham

Stegeaman

Stephen M. Hamlin

(Signature of Claimant)

(Two witnesses who can write sign here.)

Also personally appeared John H. Padgham residing at Allegan  
Michigan and A. Stegeman residing at  
Allegan, Michigan persons whom I certify to be respectable and entitled to credit, and  
who being by me duly sworn, say that they were present and saw Stephen M. Hamlin

....., the claimant sign his name (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  
that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

John H. Padgham

A. Stegeman

(Signature of Affiants.)

Sworn to and subscribed before me this 26th day of April A. D. 1889.

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.

(L. S.)

William C. Waller  
Deputy Clerk of the Circuit Court  
Allegan County  
Michigan

IN VALID.  
CLAIM FOR PENSION.

ORIGINAL.

Stephen M. Hamlin, Applicant.  
Boston, 12 Reg't.

Two half and Vols.

Enlisted Sept. 1, 1864

Discharged May 1, 1865

Reg't. 12

1865

OFFICE

Filed by

# 701.972 -

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, July 20, 1889.

Respectfully referred to the Commissioner of Pensions.

Stephen M. Hamilton, a ~~Cpt of Regt~~ of Company E,

12 Regiment Mich Inf. Volunteers, was enroled on the  
5 day of Sept, 1864, at Hamilton for one yr,  
and is reported on rolls for Sept 2 Oct 64 present.

Came to Aug 31/65 - Mustered out  
with Det Sept 9/65 at Lamden Ark.  
Return for July 65 reports him absent sick  
in Fort Hulse at Decatur Bluff Ark.  
6 Morning Reports show him June 25/65  
sent to Post Hulse Washington Ark, July

29/65 joined 60 -

Records of this office furnish no further  
evidence of disability -

J. J.  
M. M. S.

By authority of the Secretary of War.

A. C. Amaworth  
Capt. and Assistant Surgeon, U. S. A.

31

Per

W. H.

442  
13

ACT OF FEB'Y 6, 1907

10598

3-1081.

PC

F. A. B.

PENSIONER DROPPED.

United States Pension Agency,

DETROIT, MICH.

NOV. 12 1910, 190...

Certificate No. 476320

Class INVALID

Pensioner Stephen M. Hamlin

Soldier

Service 2d. 3/12" Mich. V. I.

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at \$20., to JUN 4 1910, has

been dropped because of DEATH

Aug. 25, 1910.

Very respectfully,

C. A. Jaeger

United States Pension Agent.

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

NATIONAL ARCHIVES ORDER FOR COPIES OF FEDERAL PENSION  
OR BOUNTY LAND WARRANT APPLICATIONS

## 1. Form Type:

2. Veteran: Hamlin, Stephen

3. Branch of Service in Army  
which he served:

4. State: Michigan

5. War: Union, Civil War (1861-1865)

6. Unit in which he served:

18th Infantry

7. If service was army, arm in which served: 12th Infantry

Enlisted

8. Rank: Not Sure

10. Pension File no:

11. If veteran lived in a home for soldiers:

13. Date of birth: 1830	14. Place of birth: Stark Co, Ohio	17. Name of widow or other claimant: Poss Samantha	12. Place(s) veteran lived after service: Allegan Co & Ottawa Co, Michigan
15. Date of death: 1916	16. Place of death: Ottawa Co, Michigan		

## Comments:

Enlisted as a private 05 or 06 Sep 1864 at age 33 - Discharged 09 Sep 1865 in Camden AR - Unit numbers 1086 1086 - is listed on the 1890 Vet Schedule in Allegan Co Michigan - Two wives - 1st Matilda Hall divorced & 2nd Samantha A Sears

No. We are unable to locate the file you requested above. No Payment is required.

See the attached form, leaflet, or information sheet

A search was made but there are several soldiers with the same name who served from the same State. We are unable to determine which of them is your subject using the information that you provided. If you can provide the name and/or number of the specific unit in which the soldier served, we will be pleased to search again.

A search was made but there are several soldiers with the same or very similar names serving in the same unit. We are unable to determine which of them is your subject using the information that you provided. The military service records do not normally contain personal information about a soldier or his family. In such cases, we suggest that you visit the National Archives and examine the various files or hire a professional researcher to examine the files for you.

We did not locate a file which matches exactly the information that you provided, however, we did locate a pension application file for a soldier named \_\_\_\_\_ who served in \_\_\_\_\_ for the \_\_\_\_\_ war. He was born \_\_\_\_\_ at \_\_\_\_\_ and died \_\_\_\_\_ at \_\_\_\_\_. His widow was \_\_\_\_\_. If this is your subject, please fill out the enclosed NATF form and resubmit.

The file that you requested (C or XC \_\_\_\_\_) is not among the records in the National Archives. You must request the file from the Department of Veterans' Affairs. Attached is a list of the VA offices including the one in your region.

45 SM

F11-5773514E NWCTB Candace Nash Truty 11456 Prescott Lane Westchester, IL, 60154 USA	Order Information (NARA use only): Service Ticket #: F11-5773514E Customer Name: Candace Nash Truty Order Date: 06/13/2006 09:37:07
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