

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 476320

VETERAN

Stephen M. Hamilton

RANK

Private

SERVICE

Co F 12th Mich. vol Inf

CAN. NO.

10286

BUNDLE NO.

33

INVALID. (Series.....) ✓

Cert. No. 476320

Name, Stephen M. Hamlin

Rank, Pvt.; Service, co. 4. 12th Mich. Vol. Inf.

Original Roll: Detroit

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

"....., 18....., to.....

Issued 2 Apr. 16th, 1889Mailed " 24th, 1889Rate and Period, \$ 8, from May 1st, 1889

Deductions:

Disability: Disease of liver & stomach

Issued Feb 10th, 1897Mailed " 17th, 1897Rate and Period, \$ 12, from Dec 7th, 1896

Deductions:

Disability: Disease of liver & stomach

Issued Nov 13th 1905Mailed 23rd, 1905Rate and Period, \$ 17, from Sept 20th 1903

Deductions:

Disability: Disease of liver & stomach

Issued Nov 27th 1907

Mailed NOV 29 1907

Rate and Period, \$ 24, from Dec 19th 1907

Deductions: 0

Disability: A

INDORSEMENTS.

DROPPED

Nov 12 1910
Auditor advised of Death.
NOV 19 1910 RCH.

Act of Feb. 6, 1907.

3/94, Cert. 474 320

Name, Stephen M. Hamlin

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

MAH

Schaeffer Ex'r.

[3-216.]

INVALID.

No.

901992
Acts of July 14, 1862, and March 3, 1873.

Stephen M. Hamlin

P. O. Douglas

Allegan Co. Mich

Service: Pt. 7 12 Mich Inf

Enlisted: Sept 5, 1864

Discharged: Sept 9, 1865

Application filed: May 1, 1889

Alleges: Wilkins vs. Linn &

Jaundice. By J. J. J. J.

Re-enlisted: 2/10/90

Attorney: A. W. McCormick

P. O. Washington Ind

FILED

Recognized.

Contract.

Cert. of Dis. Searched for, 18

(18157-20,000)

W.C. Jones 6279
June 5, 89 a.g. for service
4.9. for treatment
Ordered through Atty. to
Allison Michl Board.

Aug 31/89 Atty. M. & S. Cont
from discharge to 1877.
P.A. Jan 28/90 letter to Sub as to
Pers. Know. of Cont. & M. Cont.

OHIO.

MICH.

No.

CASE OF

Stephen M. Nambin
P. Co. 2, 12 Regt *Mich 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 on a search of those records made in full compliance with the inclosed request.

All papers pertaining to the case are herewith returned.

By order of the Surgeon General:

F. C. Armstrong

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

Per *SP*
R. & P. Div. No. *870316*

(215)

G. L. H.

NAME.	RANK.	CO.	REGIMENT.	DATE OF ADMISSION.	RECORD OF—
<i>S. Navlin</i>	<i>Pvt</i>	<i>D</i>	<i>12th Ind Inf</i>	<i>1863 May 4</i>	<i>Regimental Hospital</i>
"	"	"	"	" 29	"
"	"	"	"	<i>June 2</i>	"
"	"	"	"	" 7	"
"	"	"	"	" 12	"
"	"	"	"	" 23	"
"	"	"	"	" 23	"
"	"	"	"	" 27	"
"	"	"	"	" 30	"
"	"	"	"	"	"
<i>S. H.</i>	<i>P</i>	"	"	<i>June 30 Sept 15</i>	<i>G. H. Latta, Red Ark.</i>

NOTE.

DIAGNOSIS.	DISPOSITION AND REMARKS.
<i>Pneumonia</i>	<i>Dischd May 5. 1865</i>
	<i>" " 31 "</i>
<i>Furunculosis</i>	<i>" June 4 "</i>
<i>Int. Fever</i>	<i>" " 9 "</i>
<i>Int. Fever</i>	<i>" " 12 "</i>
<i>Diarrhoea</i>	<i>" " 13 "</i>
<i>Stomatitis</i>	<i>" " 22 "</i>
<i>Diarrhoea</i>	<i>-----</i>
<i>Debility</i>	<i>-----</i>
<i>Int. Fever</i>	<i>Dischd July 2. 1865</i>
	<i>" " 25 "</i>
<i>Typhoid Mal. Fever</i>	<i>Retd to duty Sept 17. 1865</i>

EE
Detroit

3-364.

Origin No.

Certificate No. 476320

ACT OF FEBRUARY 6, 1907.

Claimant, Stephen M. Hamlin

P. O., Douglas

County, Allegan

State, Michigan

Rank, Private

Company, 1

Regiment, 12 Mich Vol Inf

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

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

APPROVAL.

Submitted for Admission November 1907, St. Caliber, Examiner.

Approved for Admission

Age over 75.

Rate \$20 per month

Issue to allow under Act February 6, 1907. Deduct Subpay
ments and drop name from rolls under general law
Apr 23, 1907. H. W. C. Cobb Nov 26, 1907. H. E. Birmingham
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.

nuv.
476320
Detroit

3-355.

Certificate No.

476320

INCREASE INVALID PENSION.

Claimant, Stephen M. Hamlin

P.O., Douglas

County,

Michigan

Rank,

Company,

Regiment,

Private

12, Mich. Vol. Inf.

Rate, \$

17

per month, commencing

September 20, 1905.

Pensioned for

disease of liver and stomach.

EASTERN

Name,

P.O.,

Wm. W. Warner

Michigan

RECOGNIZED ATTORNEY.

Fee, \$

25

; Agent to pay.

Articles filed

1

APPROVALS.

Submitted for

Adm Nov 7

1905

Wagon BBA

Examiner.

Approved for

disease of liver and stomach.

Approved for

disease of liver and stomach.

17/06 from
September 20, 1905.

Nov 9

1905

Legal Reviewer.

Medical Examiner.

Medical Reviewer.

Re-Reviewer.

Medical Referee.

Enlisted Sept 5

1864

Discharged

Sept 9

1865

Last paid to

Pensioned at \$

12

per month for

disease of liver and stomach.

PRESENT CLAIM.

Declaration filed

July 7

1905

Inc per. Cause

Claimant does write.

476320
Detroit

(3-145.)

INVALID PENSION.

Claimant, *Stephen M. Hamlin*

P.O., *Douglas*
County, *Allegheny*
State, *Mich.*

Rank, *1st*
Company, *#1 F*
Regiment, *12 Mich Vol Inf*

Rate, \$ *12* per month, commencing *October 7 1896*

Disabled by *Disease of liver and stomach*

RECOGNIZED ATTORNEY:

Name, *McMorris* Fee \$ *2*, Agent *Justice* to pay.
P.O., *City* Articles filed *12/18*, 18 *96*

APPROVALS:

Submitted for *Jan 24 97*, 18 *97* Examiner, *Justice*
Approved for *disease of liver and stomach*
and stomach Approved for *disease of liver and stomach*
12/18 from Oct 7 1896

Justice
Jan 26 1897 *Churchill* Legal Reviewer. *Abel, A. M. G.* *Jan 30 1897* *Ha. D. D. D.* Medical Referee.

Discharged *Sept 5 1864* Last paid to *at \$ 8*

Pensioned from *May 1 1889*, at \$ *8*, for *disease of*
liver and stomach

Original declaration filed *May 1 1889* alleged *bilious trouble*
jaundice and disease of liver, resulting
typhoid fever, and disease of stomach and
liver

Arrears allowed from *18*, to *18*, at \$ *8*

PRESENT CLAIM.

Declaration filed *June 2 1896* *Alleges due for pensioning*
cause *Justice*
united work.

476320

ORIGINAL INVALID CLAIM.

Soldier, *Stephen M. Hamlin*P. O., *Douglas*County, *Allegan*State, *Michigan*Rank, *private*Company, *F*Regiment, *12 Mich Vol Inf.*Pay, \$ *8* per month, commencing *May 1, 1889*

Pensioned for

Disease of liver & stomach

RECOGNIZED ATTORNEY.

Name, *A. M. McCormick & Sons*P. O., *Washington D.C.*Fee, \$ *25.00*, Agent, *✓* to pay.Articles filed *June 19*, 18 *89*.

APPROVALS.

Approved for *disease of liver & stomach (malaria & result)*Submitted *for a April 2*, 1890; *S. F. Schaeffer*, Examiner.

Approved for

Disease of liver & stomach.

Approved for

*Disease of liver and stomach 5/18*april 3/90. *McDanis*, Legal Reviewer.

, 189 , Re-Reviewer.

Bennet A. , Med. Ex'r. J. Mac , Med. Reviewer, April 7, 1890, Med. Referee.

IMPORTANT DATES.

Enlisted, *Sept 5*, 1864, no 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 & line of duty Falls Bluff Ark March 1865 he contracted bilious tremble, jaundice & disease of liver resulting typhoid fever & permanent disease of stomach & liver

Claimant writes

no m. co.

[2-056.]



Middle
S.F.S.
Orig. No. 701,972
Stephen M. Hamlin
Co. F. 12 Reg't Mich Inf.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

WASHINGTON, D. C.,

Return this letter with your reply.

Jan'y 28, 1890.

Sir:

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. Lutz
Angola
Steuben Co. Ind.

Green B. Ransom
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. worked for him.

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

Answer: He complained of Rheumatism and at such times 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. 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. Lutz

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. *Orig* Pension Claim No. *701972*
 Name and rank of claimant. *Stephen M. Hamlin* Rank, *private*
 Company *F, 12 Reg't Mich Inf* *Allegan Mich* State,
 Claimant's post office address. *Doughlass Mich* (Date of examination.) *June 26, 1889*

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. *billious trouble jaundice and discolor of liver also Typhoid fever resulting disease of stomach and liver*
 If a pensioner, fill in the amount; if not, cross the whole line. *and that he receives a pension of* _____ *dollars per month.*

Pulse rate per minute, *80*; respiration, *23*; temperature, *98 3/4*; height, *5* feet, *10* inches; weight, *172* pounds; age, *58* years.

He makes the following statement upon which he bases his claim for *Orig*

Here give the claimant's statement as briefly and as compactly as possible.

that in March or April 1865- he got Dysentery Bluff Ark and Typhoid fever he had Typhoid fever or rather had jaundice and Billious fever that resulted in Typhoid fever when he was taken to Washington Ark, that as a result of this fever he now has discolor of the stomach and liver and is not able to perform manual labor, that he has had three attacks on each year or more.

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

The general appearance of this man is that of one who suffers from some disease. His liver is atrophied spleen enlarged tenderness over the abdomen. Tongue is heavily coated pharynx red and covered with mucus. Heart and lungs normal. Hands show no manual labor. Skin dry and rough.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, total, partial, &c., through the grades, without any regard to duties and emol, and to make such a full particular description as will show to this Office the ground for intelligent opinion and action in rating.

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 *78.50* rating for the disability caused by *Malaria and results* _____ for that caused by _____, and _____ caused by _____

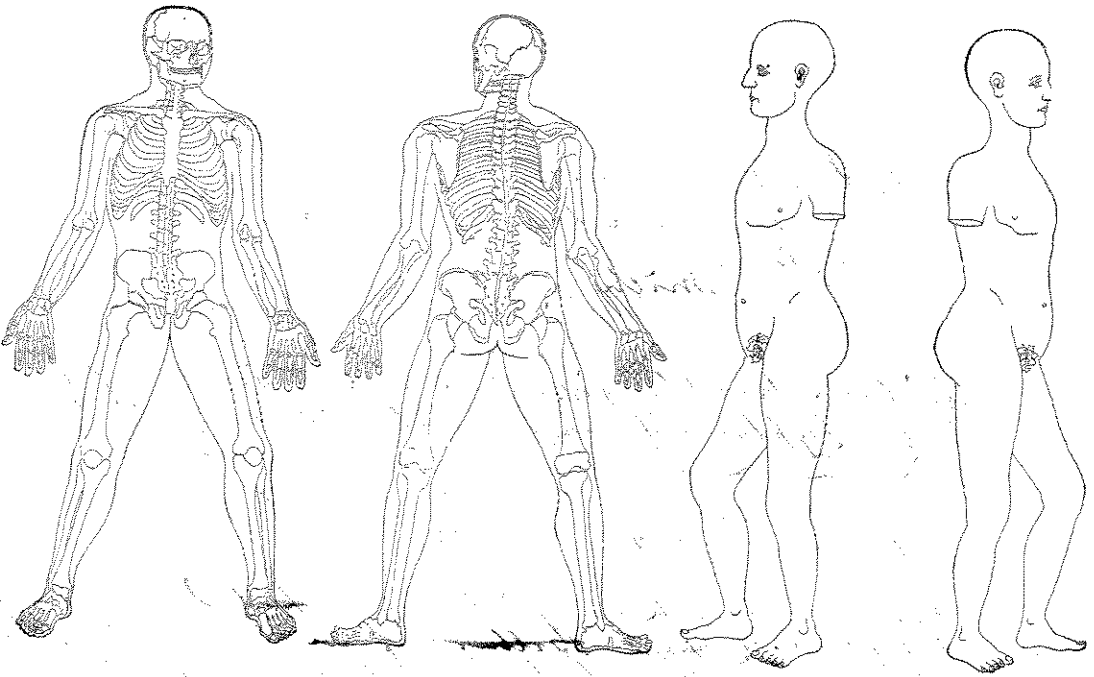
Rate for each cause of disability. If prolonged by vicious habits, the rating should be raised and the reason for the increase given.

* See the back.

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

F. D. Mudgett res. *H. F. Thomsen*, Sec'y, *Chas. M. Oosterlinck*, Treas.

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



Single surgeons will use ~~the~~ ^{the} ~~not~~ ^{not} changing "we" to read "I," and "our" to read "my." They will erase the words "Pres. Secy. & Co." and "Board" where the words appear, and sign at the foot of the certificate, and also on ~~the~~ ^{the} back ~~of~~ ^{of} the same.

SURGEON'S CERTIFICATE
IN CASE OF
FEE

Wm. W. Winkler
Co. 1st Regt. Mich. Inf.

Applicant for Dis.

No. 701942

DATE OF EXAMINATION:

June 22, 1897.

W. B. Winkler Pres.,
A. F. Thomas Sec'y,
Wm. Winkler Treas., } BOARD.

Post office, *Albany*

County, *Albany*

State, *Mich.*

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 ritual signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 26, 1862.]

7

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. Increase Pension Claim No. 476320
 Name and rank of claimant. Stephen M. Hamilton, Rank, Pat
 Company F, 12 Regt Mich Inf, Allegan Mich State,
 Claimant's post-office address. Douglas, Allegan Co, Mich [Post-office address of the Board.]
Oct 7 [Date of examination.] 1896

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

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Eight dollars per month.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for increase [Original, increase, restoration, &c.]
That his liver troubles him in great deal is obliged to take medicine nearly all the time. He is very much constipated. That he has pain and misery 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.

Here give a full description of the disability, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 50; respiration, 20; temperature, 98 1/2; height, 5 feet 10 inches; weight, 160 pounds; age, 26 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 sallow and his digestion and nutrition are poor. There seems to be chronic gastric catarrh. He is somewhat tender over the whole abdomen. His rectum is sensitive and the hemorrhoidal vessels are enlarged but no piles. Tumors, 1 1/2 for disease of the stomach & liver.

The actual or probable origin of every existing disability must be fully set forth.

Whenever disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the Board must be stated. When not due to such habits this fact must be stated.

About 12 years ago he met with an accident in a saw mill, and received a saw cut across the upper and back part of the left thigh, which would have severed the sciatic nerve. The muscles of the left leg are lax and flabby 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 3, 1865, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is 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.

W. H. Bills, Pres. F. M. Bacon, Sec'y. Abner, Treas.

N. B.—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.

~~13~~ (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. V.V. Bacon and Dr. W.H. Bills, the examining surgeons here present (waiving examination by full board), on this 7 day of October, 1896

(Signature.)

Stephen M. Hamlin



SURGEON'S CERTIFICATE

IN CASE OF

Stephen M. Hamlin

Co. F, 12 Reg't Mich Inf.

Applicant for Increase

No. 476320

DATE OF EXAMINATION:

October 7, 1896

W. H. Bills, Pres.,
V. V. Bacon, Sec'y,
Abner, Treas.,

BOARD.

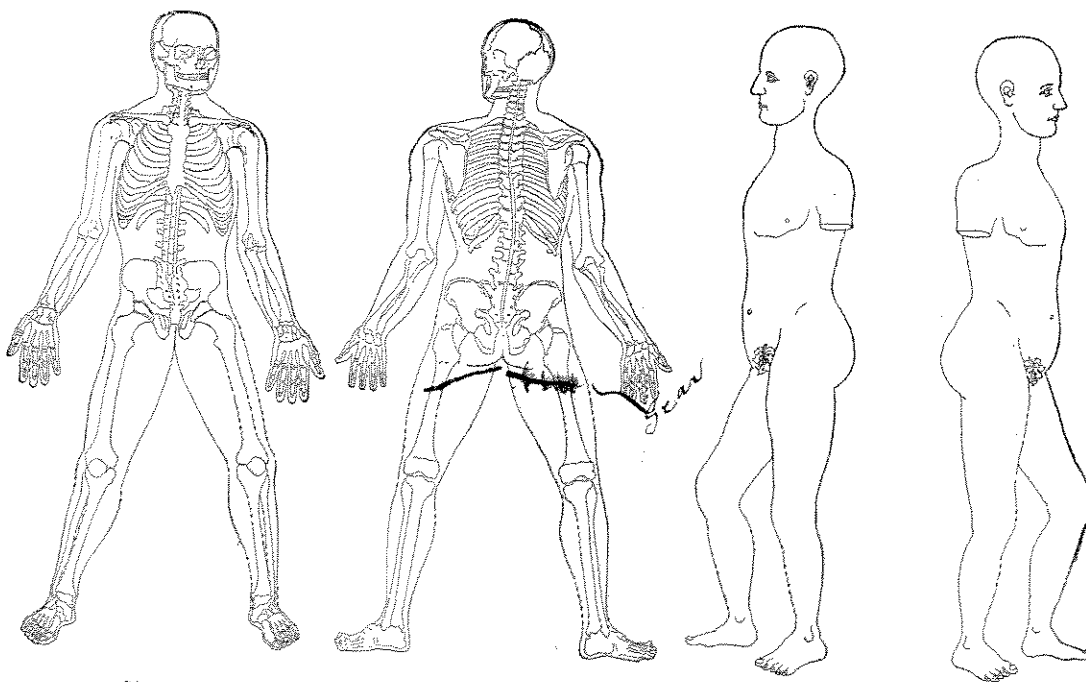
Post office, Allegan

County, Allegan

State, Michigan

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

White



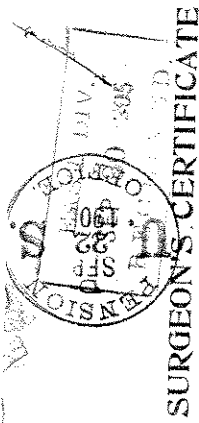
Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

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.]

(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. C. Leighton, and
 Dr. A. L. Van Horn, were personally present and actually participated in the
 examination of Stephen M. Hamilton, the claimant in this case, on 20th day
 of Sept, 1900.
 (Signature.) A. C. Leighton

(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 _____, 1900."

Witnesses to mark. _____ (Signature of Applicant.) _____



SURGEON'S CERTIFICATE

IN CASE OF

Stephen M. Hamilton

Co. F 12 Regt Mich Cntrl

APPLICANT FOR Insurance

No. 476220

DATE OF EXAMINATION:

Sept 20, 1900

W. H. Bills, Pres.,

A. C. Leighton, Sec'y,

A. L. Van Horn, Treas.,

Post office, Albany

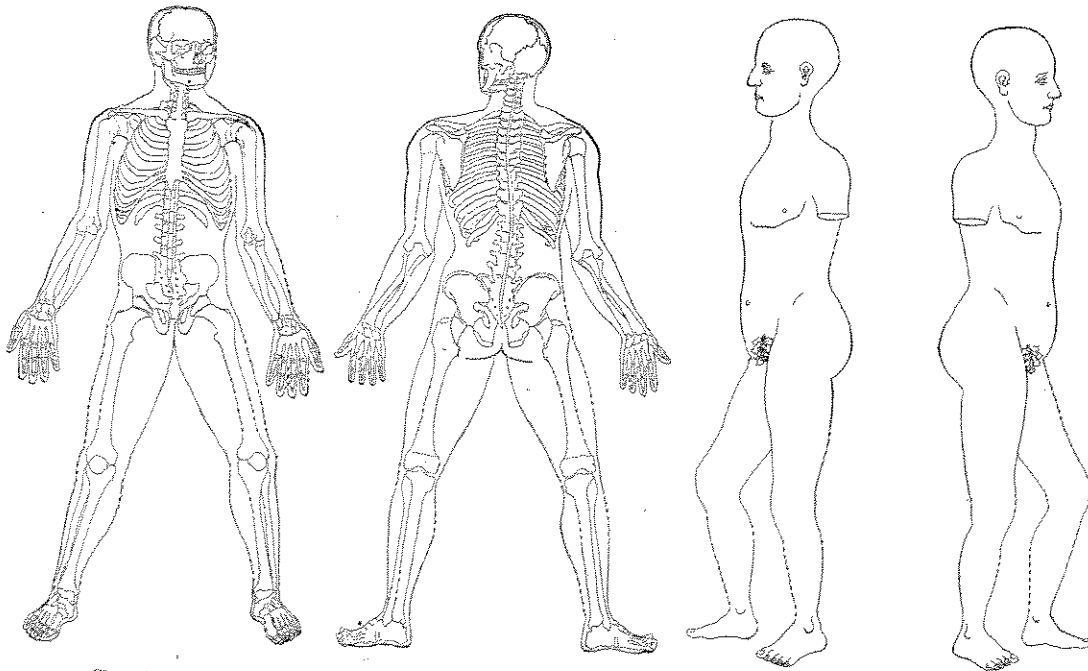
County, Albany

State, Mich.

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

6-32a

MX



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 Bellevue Mich pension agency, Certificate No. 476,320 at the rate of \$ 12.00 per month, by reason of disability incurred in the Military Service of the United States, in Company 7 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 alleges 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. D. Walz 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. D. Walz

J. E. Devine

JUL 7 1905

STATE OF Michigan, COUNTY OF Allegan, ss:

Sworn to and subscribed before me this 9th
day of July, A. D. 1906, and I hereby certify that the
contents of the above Declaration, etc., were fully made known and ex-
plained 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 of this claim.

MY COMMISSION EXPIRES OCT. 29, 1908.

Notary Public.

Declaration and
power of attorney valid.
S. A. Cuddy,
Chief, Law Division.
per W. L. B. 8

FORM D

91
Certificate No. 476,320

INCREASE PENSION

APPLICATION OF

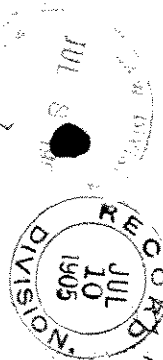
Stephen M. Handlin

Late Private Co. F

12th Regt. Mich. Inf. Bn.

P.O. Douglas

Allegan Co. Mich.



Filed
William W. Warner
Atty. Allegan
Mich.

AFFIDAVIT FOR GENERAL PURPOSES.

State of Michigan Allegan County, ss.:

In the matter of the Pension Claim No. 701972 of Stephen M Humlin
Co. 7 12 Regt. Mich Inf Vols.:

On the 3rd day of Feb 1890, before the undersigned authority
within and for said County and State, personally appeared Stephen M Humlin

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 Gunsoley is
dead - and the next Dr Oleron Miller who treated
him is dead - Since the death of Dr Oleron Miller
affiant has been treated by Dr E Prouson whose
testimony is on file -

I was discharged in Little Rock Ark with others
to work for a year for some & we were paid
discharge & section money & had to pay our
fare & there was a detachment of colored troops
on the same boat that was going at government
fare and I was so yellow with fondle that
the clerk of the boat supposed I was one of
the colored troops & did not ask me for pay
my fare

21

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

My Post Office address is Boydston Allegany Co. Mich

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

(Signature)

Stephen M. Hamilton

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 character as Magistrate George Anthony Phillips
file in Pension Department at Washington D.C.

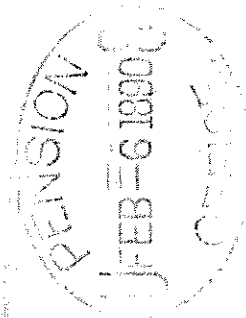
This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said Notary will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of the Court, which will be sufficient for his term of office in that case. Affiant will please state the facts as fully as possible, and ALWAYS give Post Office address.

ADDITIONAL EVIDENCE

Invalid Claim No. 701972

Stephen M. Hamilton

Late Co. H 12 Regt. Mich Vols



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

AFFIDAVIT FOR GENERAL PURPOSES.

State of Michigan County, ss.:

In the matter of the Pension Claim No. 25972 of Stephen M Hamilton
Co. F Regt. 12 Mich Vols.:

On the 3rd day of Feb 1890, before the undersigned authority
within and for said County and State, personally appeared Frank B Mc
Lanthe who, being duly sworn, states on oath that

I have known Mr. Stephen Hamilton
ever since he came from the war
and have wanted for him by times
and have known of him being
troubled with his Spinal and
When I was to work for him I
knew of his young son & I kept with out
telling and would be in trouble
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
near 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
known to him in the village of Douglas
F. B. Mc Lanthe
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. McLaughlin

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 character by
free in Pension Department
Washington D.C.

Charles L. ...
(Magistrate's Signature) 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.

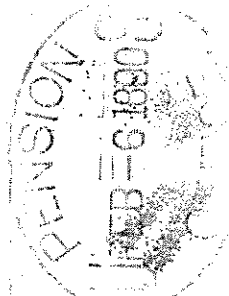
21-380

ADDITIONAL EVIDENCE

Invalid Claim No. 701972

Stephen M. Hamlin

Late Co. 7 1st Regt. Mass 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. *701972* of *Stephen M. Hamlin*

Co. *A* Regt. *12th inf* Vols.

On the *14* day of *October*, 188*9*, before the undersigned authority within and for said County and State personally appeared

Robert M. Lutz, 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* 186*7*, and found him then suffering from disability or disease called *Bilious colic* & *lack of appetite & unable to work at time* from which he knew him to continue to suffer each year up to about 187*0*,

That he lived near him from about 186*7*, to about 187*0*, near *Port-Leno* 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, having no appetite and would generally have to go through a course of Medicine called Blue Mass & Salts. 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

*See Foot Notes on Back and Follow closely.

9.

That he ⁷ ~~was~~ employed said claimant.
That he ~~worked with him during the above time~~ *from fall of 1867*
until fall of 1880
That his means of knowing his condition are as follows:

bring with him during said time

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

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* *1/4* 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 *Angola, Indiana*
Two may sign here, each giving his P. O. address.

Robert M. Lutz

*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 con-
tents of this Affidavit were made known to affiant before signing. Witness my hand and official seal.*

William E. Kinsey
(Magistrate's Signature.)
Clark Stubbins, Jr.

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 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

Invald Claim No. 701,972

Stephen M. Hamlin

Late Co. H 12 Regt. Mich. Vols.

FILED IN
NOV 14 1880
PENSION
A. W. MCCORMICK & SON,
PENSION ATTORNEYS,
1416 F Street,
WASHINGTON, D. C.

for at least seventy hours an
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
seriously he could not earn his board
I sometimes think that he was
wise to get a pension
Samantha Hamlin

61

AFFIDAVIT FOR GENERAL PURPOSES.

State of Michigan County, ss.: Alcona

In the matter of the Pension Claim No 701972 of

Co. F Regt. 12 Mich inf Vols.:

On the 30 day of Feb 1898, before the undersigned authority

within and for said County and State, personally appeared Mattie Hamilton and Sumner A. Hamilton, P.O. Adams Douglas Mich who, being duly sworn, states on oath that

As I am only twenty five now
I can not remember
father came home from the
army but ever since I can
remember he has been obliged
to take medicine and then
would be sick from two to three
times every year and go
without eating any thing for
days at a time and take a
thorough course of calomel and
physic before he could attend to
any business and lately he
is much worse and for the
last four or five years has
not been able to do much enough
to board himself half of the time.

Mattie Hamilton
I then my husband came home from the Army
he could have passed me anywhere and I would
not have known him he had changed so much
has been sick by spells ever since he has
to take medicine constantly and then would get storm
and there would be days that he could not eat any thing

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

My Post Office address is Douglas Allegan Mich
(When mark is made, two witnesses required to sign here other than the officer.) (Signature.)

Mettie Hearshie
Samantha 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 character in
file in Pension Department
Washington, D.C.*

Martin Gray
(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 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.

ADDITIONAL EVIDENCE

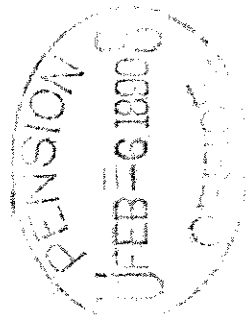
— IN —

Invalid Claim No. 701972

— OF —

Stephen M Hamlin

Late Co. F 12 Regt. Mich Vols.



FILED BY

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

AFFIDAVIT FOR GENERAL PURPOSES.

State of Michigan Allegan County, ss:

In the matter of the Pension Claim No 721972 of Stephen M Kamlin

Co. D Regt. 12 Ind's Infantry Vols.:

On the 19th day of December 1889, before the undersigned authority

within and for said County and State, personally appeared Shadrach H Kamlin
+ Harriett B. Kamlin who, being duly sworn, states on oath that

Shadrach H. Kamlin knew him before and
while in the army during the war and ever
since and that he had the ill and some and
fellows Paradise and him last up to know
him has spells of billiards and others going
a number of days without being able to do anything
and these spells are growing on him being smaller
and longer spells gone and now he is not
able to do any work to earn of
Harriett B. Kamlin has known
Stephen M. Kamlin ever since the war
and that she individually knows of his
having these spells and that they are
growing on him

41

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

My Post Office address is *West Coaster*

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

Amelora J. Clapp

(Signature.)

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)

This can be sworn before a Justice or Notary, and a 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.

ADDITIONAL EVIDENCE

— IN —

Invalid Claim No. *711 972*

— OF —

Stephen M. Hamlin

Late Co. *F* 12 Regt. *Mich* Vols

FILED BY

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

State of Michigan County, of Calhoun, ss.

On this 18th day of February, 1898, before the undersigned authority within and for said County and State, personally appeared Eli H. Callen M.D.

of Bath Creek Michigan who, being duly sworn, states on oath that Alpha M. Hamlin of Co. A, 12th Regt. Mich Vols. Inf.

from exposure in the line of his duty in the U. S. Service at De Valls Bluffs Arkansas, was taken sick with a malaria from causing jaundice and great debility on or about March 1865, contracted disease called, as above and

did not fully recover when his regiment made its march from De Valls Bluffs Ark. to Washington where he was taken prisoner and ordered to the hospital for treatment where he was sick some thirty or 20 days with a fever malaria from which he did not get until after his return to the Regiment from several months one of 130 men who he had charge of from Mich to De Valls Bluffs Ark. the last of Sept 1864

That he testifies from personal knowledge, having been Surgeon of Co. of the 12th Regt. Mich. Inf. Vols., and serving with said soldier at the time.

That he has no interest in this Pension Claim.

My Post Office address is Bath 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.

Rank _____ [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 as file

Charles C. Pearson
Notary Public

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.

State of _____ County of _____, ss.

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. 201972

— OF —

S. McHamlin

Later Co. J. 12 Reg. Mich. Vols.



FILED BY

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

Ganges Michigan
June 22, 1889

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, and ^{is} ^{not} ^{able} ^{to} ^{do} ^{more} ^{than} ^{one} ^{fourth} ^{the} ^{manual} ^{labor} ^{that} ^{an} ^{able} ^{bodied} ^{man} ^{ought} ^{to} ^{do}.

Eugene E. Brunson M. D.
State of Michigan

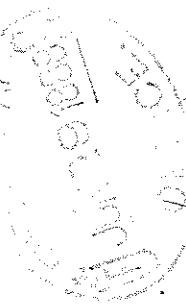
Allegheny County } H

The above statement subscribed & sworn
to before me this 22 day of June A.D. 1888, by
Jas Eugene E. Pearson a person who is entitled
to free credit in any statement he may make
in this or any other case, & certify that I
have no interest in the claim and am not concerned
in its prosecution, Martin Gray
& Charles A. Canfield in } Mayor, District
of Columbia Department }

10/

701972

of
Stephen M. Hamlin,
A-124 Mich.



Adm. Comm. in
Washington
D.C.

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Michigan, County of Alligan ss:

ON THIS 26th 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
late a Private in Company F of the 12th 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.

For 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 Alligan

State of Miss

Stephen M. Hamlin

Signature of Claimant

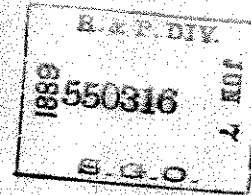
If claimant signs by mark, two persons who can write must sign here.

ATTY FILED

Mid. Div.
R.H.

(3-065.)

Department of the Interior,
BUREAU OF PENSIONS,



June 5th, 1889.

Sir:

Please furnish this Bureau a report of hospital treatment in the Claim No. 701,972, of Stephen M. Hamlin, late a private Co. 4, 12th Mich. Inf., from the data given below.

1. Disability from gall-stone trouble, jaundice, and disease of liver contracted in March 1865, also typhoid fever resulting disease of stomach & liver while in regt. field hospital at Washington, Ark.
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: that in

enlisted Sept. 5th. 1864.

4. Discharged Sept. 9, 1865 at Camden Ark.

Very respectfully,

~~James Parker~~

~~John C. Black~~
Commissioner

W/ The Surgeon General U. S. A.

3226
RETURN TO
U. S. PENSION AGENT,
DETROIT, MICH.

3-402.

Certificate No. 476.320

Name Stephen M. Hamlin

Department of the Interior,
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,

McKay Brandt
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. in Casco, Me. by Richard Barden *J.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.

Answer. I was married Jan 4 1851
to Matilda A. Hall in Marshall Co. Ind.
I was divorced July 15 1862 at New York

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

Answer. former wife 2 Mary E was born Feb 14 1853

Marriage at New York Feb 24 1859 by second wife
A. Miller & Sons Nov 3 1864. Job H. was born
Jan 25 1868. Lida B. was born April 23 1871
Lida C. was born May 11 1876
Stephen M. Hamlin

Date of reply, Feb 4, 1898

0-6

(Signature.)

5091b750ml-08

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Michigan
County of Allegan } ss.

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 vessel if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Candlen Arkansas (State name of war, Civil or Mexican.) 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 heretofore applied for pension
Certificate No 426320
(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 February 6, 1907.

That his post-office address is Douglas, county of Allegan State of Mich.

Attest: (1)

(2)

John P. Clark
Stephen M. Hamlin
(Claimant's signature in full.)
Charles Hamilton

Also personally appeared John P. Clark, residing in Christian Allegan co Mich and Charles Hamilton, residing in Christian 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,
Chief, Law Division.
JAN 4 5 07

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

[L. S.]

John P. Clark
Charles Hamilton
(Signatures of witnesses.)

W. V. Clark
Notary Public Com. expires Jan 25 1909
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 Mich. Infy Vols.

commanded by David Reese Captain and was honorably DISCHARGED at
Campden Ark. 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 Detable Bluff in the State of Arkansas -

on or about the March day of 1865, he Contracted typhoid

fever - jaundice and injury of the bowels, reported
(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 there. I went with it, I reported to
Dr. Collier on the march. I was sick, and was carried
across one river in an Ambulance. When we
arrived at Washington Arkansas, I was very sick.
Reported to the Doctor and was sent by Dr. Collier
to Regimental Field Hospital. I think it was
the third day after the Regiment arrived there -
My sickness resulted in Typhoid fever, and Discharge
of liver then and there. Contracted has affected
me to present time has resulted in permanent disorder of stomach & 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.)
during two days - June & 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 Cass Co. Allegan Co
in the State of Mich. July 1865 - Rd. West Cass Allegan Co Mich. - present time at

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 & Son 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. Spring street street

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

Douglas, Allegan Co. Mich. has been since April 1865 -

John H. Padgham Stephen M. Hamlin
(Signature of Claimant)

A. Stegman
(Two witnesses who can write sign here.)

Do not sign unless you are a member of the Michigan State Militia

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.)

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

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

Stephen M. Hamlin Applicant.

Oct 7 1864 Reg't.

Mich. Infy Vols.

Enlisted Sept. 10 1864

Discharged Sept. 9 1865

MAY 1 1889
OFFICE

Filed by

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

701.972-

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, July 20, 1889.

Respectfully returned to the Commissioner of Pensions.

Stephen M. Hamlin, a Pvt (Ret.) of Company E,
12 Regiment Mich Inf. Volunteers, was enlisted on the
5 day of Sept., 1864, at Hamilton for ten yrs.
and is reported: on roll for Sept & Oct 64 present -
Same to Aug 31/65 - Mustered out
with Det Sept 9/65 at Camden Ark.
Return for July 65 reports him absent sick
in Fort Hopt at Devils Bluff Ark -
Co Morning Reports show him June 25/65
sent to Fort Hope Washington Ark, July
29/65 joined Co -
Record of this office furnish no further
evidence of disability.

J.
MST

By authority of the Secretary of War.

R. C. Amisworth
Capt. and Assistant Surgeon, U. S. A.

Per

W. H.

442
13

31

ACT OF FEB'Y 8, 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 6 1/2 Mich. V. S.

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, 1

has been dropped because of DEATH

Aug. 25 1910.

Very respectfully,

C. A. Jones.

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
which he served: Army

4. State: Michigan

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

6. Unit in which he served:

12th Infantry

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

8. Rank:

Enlisted

9. Kind of service:

Not Sure

10. Pension File no:

11. If veteran lived in a home for soldiers:

13. Date of birth:
183014. 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:
191616. 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.

DATE SEARCHED

6-21-06

SEARCHER

JH

FILE DESIGNATION

Stephen Hamlin
SC 476 320☐ 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 the _____ for a soldier named _____ who served in _____ 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

Order Information (NARA use only):

Service Ticket #: F11-5773514E

Customer Name: Candace Nash Truty

Order Date: 06/13/2006 09:37:07

F11-5773514E NWCTB
Candace Nash Truty
11456 Prescott Lane
Westchester, IL, 60154
USA



Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.