

X C 2 557 249

WEBB, FRANCIS M.

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how the disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible his physical condition then, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement; he should also state how he came to know the facts to which he testifies.

STATE OF Tenn, COUNTY OF Kearney SS:

In the matter of Case of Pension General Law
of Francis M. Webb, C.M.G. 2 Tenn. War, No.
Cert. 1,017, 100.

Personally came before me, a Notary Public in and for said
County and State, James R. Coulter, aged 70 years,
(Name in full.)
whose post-office address is State, (P. O. address.)

County of Blount State of Tenn, well known
to me to be reputable and entitled to credit, and who, being duly sworn, declares in
relation to the aforesaid case as follows:

He has known
Rev. Francis M. Webb, not only
ever since the Civil War, but be-
fore he went in the Army.
He has heard him complain many
times each year since his discharge
to the present time of Catarrh
of head and throat and stomach
and bowels. Both being
ministers of the Gospel of the same
denomination, they were thrown together
a great deal, being at each others
homes a great deal and then at
all kinds of religious meetings
besides living in the same section
of country. He is Catarrh of the
throat almost debarrred him from
the work of the ministry a great
deal of the time. He is disordered
indigestion and piles have continually
debilitated him and broken down his
health. He comes but eat little
a great deal of the time.
He has never been able
to do hard manual labor
any time since the war only
to a very limited extent, and for
the last ten years or more, has performed
no manual labor at all.

(SIGN ON THE OTHER SIDE.)



and he further says that his knowledge of the above facts is obtained from the following sources, viz: He has been intimately associated with claimant ever since his discharge from the army, and that he has no interest nor concern in this matter.

Attest—When any Affiant signs BY MARK.
(Two Persons.)

Signatures of Affiants.

James R. Leavitt

Sworn to and subscribed before me this day by the above named affiant; and I certify that I read said affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in this case, nor am I concerned in its prosecution, and that said affiant is personally known to me; that he is a creditable person and so reputed in the community in which he resides.

Witness my hand and official seal, this 26 day of April, 1891

(Signature) *M. R. ...*

NOTE.—This should be sworn to before a CLERK OF COURT OR JUSTICE OF THE PEACE. If before a JUSTICE, then CLERK OF COUNTY COURT must add his certificate of character on the back thereof, and not on a separate piece of paper.

State of _____, County of _____, SS:

I, _____, Clerk of County Court in and for aforesaid

County and State, do certify that _____, Esq., who hath signed his name

to the foregoing affidavit, was at the time of so doing a _____

in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 189_____

[L. S.]

Clerk of the _____

If a Notary Public (or Justice of the Peace) will put his signature and seal impress (if he has one) on a sheet of paper, and a Clerk of Court will certify that they are genuine, stating when his commission was dated and when it will expire; he can execute papers to be used in ONE DEPARTMENT ONLY during his term of office without authentication by the Clerk of Court. Such Certificates for each Department, where many authentications are required, will save much expense.

Several papers executed before one N. P. or J. P. on the same day, need County Clerk's Certificate on only one, if all are to be used in one case.

Write an affidavit just as you would a letter, stating all the facts, circumstances, dates and places, as near as you can remember, and of your own personal knowledge and observation, and state how you know what you say to be true.

9292-7

No. _____

GENERAL AFFIDAVIT.

CASE OF _____

FOR _____

AFFIDAVIT OF _____

FILED BY _____

SOUTH DAKOTA JUN 14 1891 RECEIVED

J. T. BROWN, PRINTER, COLUMBUS, IOWA.

M. W.

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

24. 11/4/15

REIMBURSEMENT

MAY 24 1916, 191

Certificate No. 1,017,100

Class GENERAL LAW

Pensioner Francis M. Webb

Soldier Pri. B. 2' Tenn.

Service Cav.

Check No. 9105485 Dated Nov 4 1915 Canceled

The Commissioner of Pensions.
Sir: Nov. ch. on file.

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 24, to Aug 4, 1915
has this day been dropped from the roll be-
cause of death, Sept. 15 1915

FRANCIS M. WEBB,
KNOXVILLE TENN
1017100 CIV WAR

GEN. DEL
Very respectfully,
[Signature]

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known. 6-2249

PLATE DESTROYED

DECLARATION FOR ORIGINAL INVALID PENSION.

State of Tennessee }
County of Blount } SS:

On this 25th day of April 1900, A. D. one thousand eight hundred and

personally appeared before me, a clerk of the County of Blount, within and for the County and State aforesaid
J. M. Webb, aged 52 years, a resident of Maryville, (Name of claimant.) (Give Town, County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles from nearest post office.)

County of Blount, who, being duly sworn according to law, declares that he is the identical J. M. Webb who served under the name of J. M. Webb, and who was enrolled on the 1st day of August, 1863, in company B of the 2nd regiment of Tennessee Cavalry commanded by _____, and was honorably DISCHARGED at _____, on or about the 24th day of May, 1865. That his personal description is as follows: Age, 52 years; height, 5 feet 7 inches; complexion, Fair; hair, Black or brown; eyes, _____

That while a member of the organization aforesaid, in the service and in the line of his duty at Vicksburg, in the State of Mississippi, on or about the _____ day of _____, 1865, he contracted disease of Stomach Piles Diarrhea and Catarrh of his head and throat (Here state name or nature of disease, or the location of the wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows: at Vicksburg and regimental Hospital Doctor (Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.)

That he has not been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the _____ (Town or City.) in the State of Tennessee, and his occupation has been that of a farmer. That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a sound young man. That _____ 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.

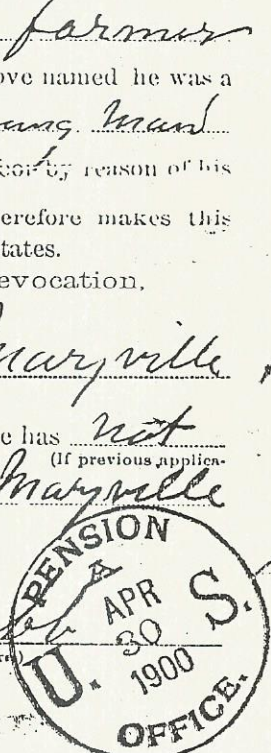
He hereby appoints, with full power of substitution and revocation, _____, of _____, Tennessee, his true and lawful attorney, to prosecute his claim. That he has not received or applied for a pension. That his postoffice address is _____ (If previous application has been made, give number of claim, if possible.)

County of Blount, State of Tennessee

Attest: _____ (Two witnesses to claimant's signature sign here.)

1. _____
2. _____

J. M. Webb (Claimant's signature)



ATTY NEEDED

Also personally appeared B. E. Reid, residing at Maryville, Tenn., and Jas M. Green, residing at Maryville, Tenn., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw F. M. Webb (Name of Claimant.)

....., the claimant, Sign his Name to the foregoing declaration; (Sign his name or make his mark.) 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.

1. B. E. Reid
2. Jas M Green
(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:
1. _____
2. _____

SWORN TO AND SUBSCRIBED before me this 25 day of April A. D. 189....., 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 thereto, including the words _____ (If any words have been erased in the application, enter them here.)

[L. S.] _____, erased, and the words _____ (If any words have been added in place of any erased, enter them here.) _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Ben O'Connell
(Signature)
Clay County Court
(Official character.)

This application may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes, providing, if such officer has no seal, that he has filed a general certificate in the Pension Bureau showing his official signature and character.

700 Anna

INVALID.

CLAIM FOR PENSION.

ORIGINAL.

F. M. Webb, Applicant

B Co. B' 2nd Reg't

Tennessee Cav Vols.

Enlisted 1st Aug, 1862

Discharged May 24th, 1865

L. Green

FILED BY

Allen Warner
Maryville
RECORD DIVISION
MAY 2 1895

3-060.

Southern Div. *J. E. T. Ex'r.*
Serial No. 1248,015 Department of the Interior,
F. M. Webb BUREAU OF PENSIONS,
B 2 Tenn. Cav.

Washington, D. C., *June 7* 1900.
~~189~~

RECEIVED
JUN 4 1900
SOUTH DIVISION

RECORD & PENSION OFFICE

1028547

For use in the above-entitled claim for pension you are requested to furnish this Bureau with a full military and medical history of *F. M. Webb*,
who, it is alleged, enlisted *August 1*, 1863, at
—, as a — in Co. *B*, *2* Reg't,
Tenn. Cav., and was discharged *May 24*, 1865,
at *Headquarters, Miss.*

Please give age at enlistment.

It is also alleged that on or about —, 1865, he was disabled
by *disease of Stomach, Piles, diarrhoea,*
catarrh of head and throat,

and was treated in hospitals as follows:

At Vicksburg, and by Regimental doctor.

Very respectfully,

The Chief of the
RECORD AND PENSION OFFICE,
WAR DEPARTMENT.

A. C. Evans

Commissioner.

No. 1, 248, 015.

Inw.

WAR DEPARTMENT,

RECORD AND PENSION OFFICE.

Respectfully returned to the Commissioner

of Pensions. J. M. Webb whose

under the name Linch Webb.

Co. B, 2d Reg't East-Tenn. Cav.

was enrolled Aug 1, 1863.

and M.O. with Det. Co. May 2, 1865.

as of Co. B, 2d Tenn. Cav. to which

designation was changed Aug

6-5.

Age 41 yrs.

From Aug 1, 1863, to May 2, 1865

he held the rank of Private

and during that period the rolls show him

present except as follows: June 30, 64

one det. serv.

It has this day Apr 19, 1900

been determined by this

dept. from evidence referred

by the Commissioner of

Pensions that J. M. Webb

was accepted into the

service of the U. S. Aug 1,

63 that he assumed the

name of Linch Webb who

was permitted to leave the

service by way of furlough

and that he took Linch

Webb's place in this second

regiment

J. M. Webb is therefore

recognized as the true name

of the soldier who served in

this organization from and

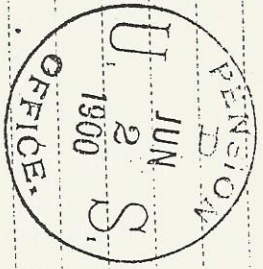
The medical records show him treated as

follows: after Aug 1, 63 under

the name Linch Webb

The medical record shows

M-2
95/2



By authority of the Secretary of War:

J. R. Dimmock

Person: Chas. Robbins, Capt., U. S. Army

Date: JUN 2 1900

(COMMISSIONER OF PENSIONS.)

Write nothing to the right of this line

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Tennessee, County of Blount, ss:

On this 25th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public, Francis McWebb, who, being duly sworn according to law, declares that he is 64 years of age, and a resident of Maryville, county of Blount, State of Tennessee; and that he is the identical person who was ENROLLED at Hills Valley

on the 1st day of August, 1863, as a Private, in Co B 2d Regt Tennessee War Troops

in the service of the United States, in the Civil war, and WAS HONORABLY DISCHARGED

That he also served That he is pensioned for Chronic diarrhoea and resulting disease of rectum and naso-pharyngeal catarrh, contracted in the service, which incapacitates him from performing manual labor

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 8 inches; complexion, Fair; color of eyes, Blue; color of hair, Light; that his occupation was Farmer; that he was born October 26th, 1847, at in Blount County Tenn

That his several places of residence since leaving the service have been as follows: in Blount County Tennessee and in Johnson County Tenn 10 years

That he is a pensioner under certificate No. L. 077,100 That he has applied for pension under original No. JCB

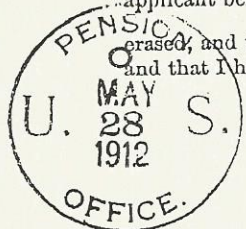
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Maryville, county of Blount, State of Tennessee

Attest: (1) W. C. Buchanan (2) W. A. Anderson Francis McWebb (Claimant's signature in full) MAY 28 1912

SUBSCRIBED and sworn to before me this 25th day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words

[L. s.] and the words and that I have no interest, direct or indirect, in the prosecution of this claim.



Guy M. Budgett (Signature) Notary Public (Official character)

MY COMMISSION EXPIRES OCTOBER 9, 1915.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

Act of June 27, 1890.

AA

DECLARATION FOR INVALID PENSION.

AA

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

STATE OF Tennessee }
COUNTY OF Blount } ss.

On this 25th day of April, A. D. one thousand eight hundred and ninety 1900
personally appeared before me, a Clerk

within and for the county and State aforesaid, F. M. Webb
aged 52 years, a resident of the Maryville of
county of Blount, State of Tennessee, who, being

duly sworn according to law, declares that he is the identical
who was ENROLLED on the 1st day of August, 1863, in the State

of Mississippi from B. Company, 2nd Tennessee Cavalry
in military service, or vessel, if in the Navy.

in the service of the United States, in the War of the Rebellion, and served at least ninety days, and was HONOR-
ABLY DISCHARGED at Head Quarters of the Mississippi on the 24th day of May

1865. That he is unable to earn a support by manual labor by
reason of Stomach Trouble Piles and Diarrhea Cataarrh
of head and throat

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a

permanent character. That he has not applied for pension under application No.

That he is not a pensioner under Certificate No. [If a pensioner, the Certificate number only need be given. If not, give the number of the

former application if one was made.]

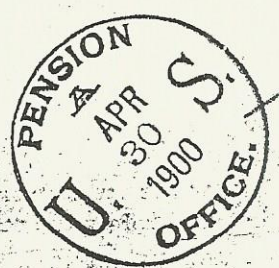
That he makes this declaration for the purpose of being placed on the pension roll of the United States
under the provisions of the Act of June 27, 1890.

He hereby appoints Allen Garner
of Maryville, State of Tennessee, his true and lawful attorney

to prosecute his claim and receive a fee of \$ 1000 That his POST-OFFICE ADDRESS is Maryville
county of Blount, State of Tennessee

F. M. Webb
[Claimant's signature.]

Attest: (1) J. W. Green
(2) C. E. Kidd



ATTY FILED

Also persons appeared Jas M. Greer, residing at Marville Tenn
 and C. E. Reid, residing at Marville, Tenn., persons whom I
 certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present
 and saw J. M. Webb, the claimant, sign his name (or make his mark) to
 the foregoing declaration; that they have every reason to believe from the appearance of said claimant
 and their acquaintance with him for several years and _____ 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.

(1) Jas M Greer
 (2) C. E. Reid
 [Signatures of witnesses.]

SWORN to and subscribed before me this 25 day of April, 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,
 [L. s.] including the words _____, erased,
 and the words _____, added;
 and that I have no interest, direct or indirect, in the prosecution of this claim.

Ben Cunningham
 [Signature.]
Clerk County Court
 [Official character.]

No claim

AA (3-1010a.)

SOLDIER'S APPLICATION.

Name, J. M. Webb

Service, Co B 24 Tenn Cav Reg

Address Marville Tenn

2 Decla.
Allan Gurner Attorney

Address Marville

RECORD DIVISION
 MAY 2 1900
 LAW OFFICE

- The Act of June 27, 1890, REQUIRES, in case of a soldier:
1. An honorable discharge (but the certificate need not be filed unless called for).
 2. A minimum service of ninety days.
 3. A mental or physical disability of a permanent character not due to vicious habits. (It need not have originated in the service.)
 4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
 5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

GENERAL AFFIDAVIT.

State of Tenn, County of Knox

IN THE MATTER OF

Claim for Original Pension, General Law,
of Francis M. Webb, Co "B," 2nd Regt Tenn, Vols, Cav,
No. 1,248,015 ON THIS 13 day of Feb A. D. 1900 personally appeared before me, a

Nathan Publicie in and for the aforesaid County, duly authorized to administer oaths,

Dr. Lynch S. Webb aged 44 years, a resident of Knoxville
in the County of Knox and State of Tenn

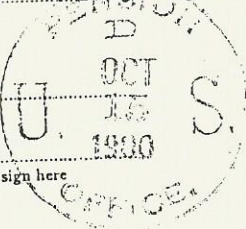
whose Post-office address is Knoxville (Grove City) Tenn,
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid

case as follows:

He remembers when Francis M Webb, came home from the Army after discharge.
He has lived with a great deal of
the time since the war to the present,
and is therefore perfectly familiar with
his physical condition from that time to
the present time. Has only lived away
from him about 3 years, only about 6 miles
away from him and would see him then
every two or three months visiting back and
forth. He knows by actual observation that
he has had dia'rhoea and disease of
of stomach (Dyspepsia) every year
since the war to the present time
because he has seen him down sick and
heard him complain many times each
year, since discharge to the present time.
He has never been able to perform more than
1/2 man's labor and in the last 20 years he has
not been able to work at all. (Grove City)

Affiants should state how they gain knowledge of the facts to which they testify

His Post-office address is Knoxville, Tenn, (Grove City)
He further declares that he has no interest in said case and he is not concerned in its
prosecution.



Lynch S. Webb, M.D.
Signature of affiant

If affiant sign by mark, two witnesses who can write sign here

State of Texas, County of Kuon, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____ erased, and the words _____ added,

and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

[L. S.]

W. P. Murphy
Notary Public
Official signature
Official character

I, _____ Clerk of the County Court in and for aforesaid County

and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 19_____.

[L. S.]

Clerk of the _____

Note.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

Division.

Additional Evidence.

No. 1,248,015

Frances M. Webb

Name of Claimant.

Texas

Name of Soldier.

Co. 2 Regt. 200 Vols.

Case
Nature of Claim Cession

AFFIDAVIT OF

As Lynch A. Webb

Filed by, Allen Gerner

Mayville Texas

For sale by J. H. SOULE, Washington, D. C.

SOUTH DIV.
OCT 18 1900
RECEIVED

GENERAL AFFIDAVIT.

State of Tenn, County of Knox ^{55:}
IN THE MATTER OF Claim for pension, General Law, Or. Co. B, 2nd

Tenn. Vols. Co. No. 1,017/100.

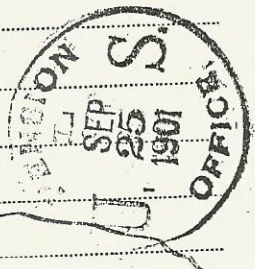
ON THIS 11 day of Sept A. D. 1901, personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,

Jonathan Cogdill aged 60 years, a resident of Ogles
in the County of Sevier and State of Tenn

whose Post-office address is Ogles, Sevier Co., Tenn.
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

I was served in the same Co. Co. B, Or. Co. 2nd Tenn. Vols. in the late war of the Rebellion with Francis M. Webb, and was with the Command at Vicksburg, Miss. in the Spring of 1865, when the said Webb had stomach and diarrhoea troubles seriously, and was so bad that he was sent to the Hospital there. He was thin, poor, and looked more like a dead than a ~~man~~ man. He was discharged from the Army while at the Hospital.



His Post-office address is Ogles, Sevier Co., Tenn.

He further declares that he has no interest in said case and he is not concerned in its prosecution.

Jonathan Cogdill
Signature of affiant

1.
2.
If affiant sign by mark, two witnesses who can write sign here

State of Tenn, County of Kearney, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words _____, erased, and the words _____

and acquainted him with its contents before he executed the same. I further certify that I am in

nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that Lisa credible person.

[L. S.]

W. A. Murphy
Official signature
Notary Tennessee
Official character

_____, Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the

foregoing declaration and affidavit was at the time of so doing _____ in

and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 19_____

[L. S.]

Clerk of the _____

Note.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

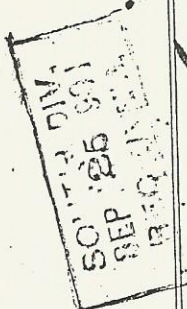
No Revenue Stamps Required.

Division.

Additional Evidence.

Case
No. 1017, 100.
Francis M. Kelly

Name of Claimant.
Allice
Name of Soldier.
Co. 2 Regt. Tenn, Vols.
Nature of Claim Pension.



FILED BY
Allen G. Jones
Atty, Tenn
Mayville, Tenn

GENERAL AFFIDAVIT.

State of Texas, County of Johnson, 55.

IN the matter of the application for pension of Francis M. Webb, Jr. Co B
2 Term, Vol. Cad, General Law, Certf. No. 1,017,100,

ON THIS 29th day of May, A. D. 1901, personally appeared before me, a

Notary Public in and for the aforesaid County, duly authorized to administer oaths,

C. P. Tipton, aged 64 years, a resident of Grandview

in the County of Johnson and State of Texas.

whose Post Office address is Grandview Texas and

Mrs Emma Tipton aged 59 years, a resident of Grandview

in the County of Johnson and State of Texas.

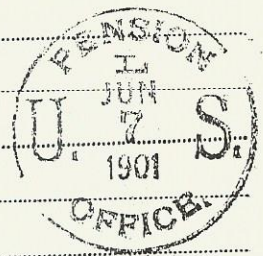
whose Post Office address is Grandview Texas.

well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to the aforesaid case as follows:

We have been personally and well acquainted with Francis M Webb for

Affiants should state how they gain a knowledge of the facts to which they testify

all of his life When he come out of the war in May 1865 he stayed over night at our house and was so weak on account of diarrhrea and stomach trouble and catarrh of the head that we saw he could not reach home and sent him the said Francis M. Webb home on a horse This was as he was going home from the war :- Mrs Emma Tipton further states that she took him the said Francis M. Webb to Dr Boynton of Knoxville Tenn to be treated and we the affiant herein further states that he the said Francis M Webb stayed at our house several times in going to and from the said Dr Boynton to be treated this was in the year 1874 We further state we saw the said Francis M Webb many times each year from 1865 to 1879 When we moved to Texas and that he the said Francis M Webb come about the same time and we saw him many times each year while he was in Texas. They heard him complain many times each year from 1865 to 1883 of diarrhoea and stomach troubles and catarrh of the head



They further declare that they have no interest in said case and they are not concerned in its prosecution.

W W O'Hara
Carrie Gebhard

1. Le. Dr. Tipton
2. Emma Tipton
Mach

If affiants sign by mark, two witnesses who can write sign here

State of Texas, County of Johnson, ss:

SWORN TO and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words.....erased, and the words.....added, and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant s are personally known to me and that they credible person.

[Handwritten Signature]
Official signature

notary Public Johnson County Texas
Official character

[L. S.]

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

WITNESS my hand and seal of office, this _____ day of _____, 190 .

[L. S.]

Clerk of the _____

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If certificate on file, so state.

No Revenue Stamps Required.

DIVISION

Additional Evidence

No. 1,017,100.
Coanist M. Webb
Name of claimant
James
Name of soldier
REGT. 2 VOLS.
CO. Co. A.
NATURE OF CLAIM War. Pension

FILE BY

Alley
Marye
FILED
DIVISION
1907
JAN 10

For sale by J. H. Soule, Washington, D. C.