

DEPOSITION

Case of Wm H. Hahn, No. 425138

On this 11 day of Nov, 1889 at Algona, County of Kossuth State of Iowa, before me, P. M. Noble, a Special Examiner of the Pension Office, personally appeared Samuel Benjamin, who, being by me first duly sworn to answer truly all interrogatories propounded to him during this Special Examination of aforesaid pension claim, deposes and says: That his age is 64 occupation, Carpenter by trade. for Algona Ia. was 2^d Lieut Co E 27 Iowa Infy. - I knew this Samuel, both before and after service - He was in the wood business from service. I know no more to be true than what I have found from service - We were handed at Dubuque for muster -

In service - after the 15th of Aug 1862 we were ordered to Fort Snelling Minn and on an expedition to Lake Mill Lake. When he was taken sick - He was then threatened with a fever. He says claimed it was a malarial fever "Dumb ague" was over Aug. then.

After we came back we were ordered to report to Memphis. - and laid in Camp 8 days or ten days, - and lay in Memphis about a week. - going down the river he did no duty, was unwell. - and when we started from Memphis, he, on the second day was taken down with typhoid fever at "Pigeon Roost Creek" where we camped the first night after we left Memphis.

1800 789-
1533

He was hauled along with a baggage wagon til we got to Waterford our next Camping place. The wagons were left with Blank and I got a horse & went back and found him sick in some tent. The next morning he was taken in an ambulance and taken to the hospital at the Tulehotchie River or regimental hospital. - I used to go deep most every day to see him and visit. - Enock Allen Calvin Oriskany and xxx Stratton were in there at the same time. His sickness was fever and was out of his head. - At Barre de Chem on our way down we left his porter at "P. du Ch" and he died and this felt was so bad at Tulehotchie that we dare not let him know of the death. - After he got from that hospital, he was taken to Hally Springs. but I did not see him again til we got to Jackson Tenn. about a week or ten days. He was then on his feet but was threatened with diphtheria - and was at the hospital at Jackson not able to do duty. and from that time on I was in the hospital for injuries.

I saw him next at his home in National Clayton C. Ia. - and I lived neighbor to him from 65 til - 73. - during that time I saw him about every week - When he came home he had the diphtheria

I never knew he said he had

I only know he said he had
the piles. The doctor "Hamilton"
told me he had the diarrhoea - that
my knowledge of that fact

All I know about his rheumatism
limb complaints etc, is what
Dr Hamilton told me and
the fact that he was crippled
up with rheumatism in the legs
knee joints - complained a good
deal of his shoulders at that
time. The general overage
of health was about the same
from 65 to 73.

The above is
all I know of the case
is correct and satisfactory
C. Benjamin

Sworn to and subscribed before
me this 11th day of Nov 1889
and I certify that the contents are
duly made known to deponent before
signing

J. F. R. R.
Special Examiner

W.N. HOSTROP, President.
J. ERVIN EVANS, Vice Pres.
J.B. NEWMAN, Vice Pres.
J.H. BYERS, Cashier.
WM. C. NUHN, Asst. Cashier.



CAPITAL & SURPLUS
\$125,000.00

CITIZENS SAVINGS BANK

CEDAR FALLS, IOWA Nov. 11, 1920.

Widow Division

Department of Interior,

W. O. No. 1153,817

Bureau of Pensions,

Sarah E. Nelings, 2616 College
Cedar Falls, Iowa

Washington, D. C.

William H. Nelings

Gentlemen:

E. 27 Iowa Inf.

In the matter of pension of Sarah E. Nelings, we enclose affidavits as per your request. Affidavit Sarah E. Nelings, affidavit Sarah J. Allen and affidavit Mary M. Miller.

These affidavits should complete your records according to instructions and suggest that you take the matter up direct with Mrs. Sarah E. Nelings, 2616 College Street, at your early convenience.

Yours very truly,

J. H. Byers
Cashier.

NOV 15 1920
RECEIVED
CITIZENS SAVINGS BANK
CEDAR FALLS, IOWA

AFFIDAVIT

State of Iowa, Black Hawk County; ss

We, Mrs. Mary M. Miller of Estherville, Iowa, and Mrs. Sarah J. Allen of Manchester, Iowa, on the eighth day of March, 1866, were present at the marriage service of William H. Nelings and Sarah E. ^{Jack} Nelings at Elkader, Iowa. That we have known William H. Nelings and Sarah E. Nelings for some time ^{before} they were married. We also know that they lived together as husband and wife up to the date of February 22, 1920, the date of the death of William H. Nelings.

Subscribed and sworn to by Mrs. Mary M. Miller and Mrs. Sarah J. Allen, this 11th day of May, 1920.

Mary M. Miller

Sarah J. Allen

Dated at Cedar Falls, Iowa.

Jimmy
Notary Public in and for
Black Hawk County, Iowa.



Widow Division
W.O.I., 153,817
Sarah E. Nelings
William H. Nelings
E, 27th Ia. Infantry

A F F I D A V I T.

State of Iowa)
Emmet County) SS.

Mary M. Miller, being first on her oath duly sworn, does say: That she is a sister of Sarah E. Nelings, and affiant is now of the age of 79 years; and resides at 1015 West 7th Street, Estherville, Emmet County, Iowa. Affiant states that she was present at the wedding ceremony that united William H. Nelings in marriage to his wife, Sarah E. Nelings; and knows and states the fact to be that said William H. Nelings and Sarah E. Nelings were never divorced, and that said persons lived together as husband and wife up to the time of the death of the said William H. Nelings. That said persons so lived together as ^{at least} 50 years.

That the statements herein made are so made from personal knowledge of the affiant.

Mary M. Miller

Subscribed in my presence by the said Mary M. Miller, and by her sworn to before me this 9th day of November, A.D.1920.

R. H. Miller
Notary Public for said County and State.



Widow Division
W.O.I., 153,817
Sarah E. Nelings
William H. Nelings
E, 27th Ia. Infantry.

A F F I D A V I T .

State of Iowa)
Delaware County) SS.

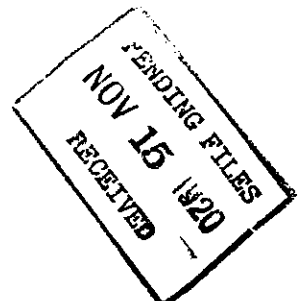
Sarah J. Allen, being first on her oath duly sworn, does say: That she is 77 years of age, and well knows Sarah E. Nelings, and well knew William H. Nelings in his life time. Affiant states that she resides at No. 308 Fayette Street, Manchester, Iowa. Affiant states that she well knew said William H. Nelings and Sarah E. Nelings for 50 years; and knows and states the fact to be that said parties lived together as husband and wife from the time of their marriage until the death of the said William H. Nelings; and that said persons were never divorced. That said parties so lived together for 48 1/2 years.

That the statements herein made are within the personal knowledge of the affiant, and are made from personal knowledge.

Sarah J. Allen

Subscribed in my presence by the said Sarah J. Allen, and by her sworn to before me this 9 " day of November, A.D. 1920.

W. D. Dunham
~~Notary Public for said County and State.~~
CLERK OF THE DIST. COURT.



26
676

DES MOINES AGENCY.

3-402.

Certificate No. 482 223

Name, William H Nelings

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,

W. H. Evans

Commissioner of Pensions.

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

Answer. yes Sarah E. Nelings Sarah E. Jack

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

Answer. 3/8 1864 Elkader Iowa Clinton Co. H. L. Rogers County Judge

Third. What record of marriage exists?

Answer. Certifict

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. No

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

Answer. No

Date of reply, July 4th, 1898

William H Nelings

(Signature.)

0-8

5301b750ml-98

SARAH R. NELINGS
303 W BROADWAY
896441
DECORAH IOWA

Cert. No.

Pensioner
Soldier
Service
Class

Remarks

AUG 31 1933

Canceled (payee deceased)

ACCOUNTING DIVISION

SEP 7 - 1933

The name of the above-described person

who was last paid at the rate of \$ 3.66

JUL 31 1933

per month to

has this day been dropped from the roll be-

cause of DEATH

8-25-33

Vet. Adm. Wm. H. HOLMES

Fin. Form 1411

Rev. Mar. 1932

Chief Accounting Division

No. 1. Date and place of birth? Answer. Mount Lebanon Co. Pa. July 25/1840
The name of organizations in which you served? Answer. 27 Iowa Infantry

No. 2. What was your post office at enlistment? Answer. National Clayton Co Iowa
No. 3. State your wife's full name and her maiden name. Answer. Sarah E. Nelings & Sarah E. Lock ^{her} Maiden Name
No. 4. When, where, and by whom were you married? Answer. 8 day of March 1864 at Elkader
Clayton County Iowa by Judge Alvan Rogers
No. 5. Is there any official or church record of your marriage?
If so, where? Answer. at County Seat Elkader Clayton Co. Iowa
No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. Never

Was married before

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. wif never was married before

No. 8. Are you now living with your wife, or has there been a separation? Answer. Still living with my wife

No. 9. State the names and dates of birth of all your children, living or dead. Answer.
Living Edgeworth Nelings Born July 3/1867 died 9 March 1891
Jessie Nelings Born 26 day July 1871 died Aug 29/1891

Date March 8th 1915

(Signature) William H. Nelings

No.

Special Examiner.

Dated, 18

BRIEF:

No. of Inclosures

New Hampton, La. Dec. 23rd 1889.

Mr. W. J. Hunt,
Dubuque La.

Dear Sir:

David and Mary E. Jack have been
citizens of New Hampton for about the past fifteen
years, and are regarded here as persons of the
highest degree of credibility. - none higher
in our community.

Yours very truly.

H. M. Winters.

Ex. P.

Page 13

Department of the Interior,

BUREAU OF PENSIONS,

Dubuque, Ia. Dec. 19th, 1889.

Sir,

Will you have the kindness to inform me on the reverse side of this letter of the reputation for truth and veracity of David ^{and} Mary E. Jack of New Hampton, Ia., affiants in the pension claim of William H. Selings.

Your early reply will be appreciated.

Very respectfully,

H. J. Hunt,

Special Examiner.

Dr. H. M. Mixer,

New Hampton,

Iowa

THE EXAMINER MUST BRIEF THIS LETTER. 6-34

No. _____

Special Examiner.

Dated _____, 18

BRIEF:

No. of Inclosures _____

6-347

SPECIAL EXAMINATION
DIVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Dubuque, Ia Dec. 19th, 1889.

Sir,

Will you have the kindness to inform me on the reverse side of this sheet of the reputation for truth and veracity of David and Mary E. Jack of New Hampton, Ia affiants in the pension claim of William H. Kellogg.

Your early reply will be appreciated.

Very respectfully,

H. J. Hunt

Special Examiner.

P.M.

New Hampton.

Iowa.

Ex. 5 The reputation for truth and veracity of David & Mary E. Jack is good.

Page 12

D. B. Kearney, P.M.

A F F I D A V I T

State of Iowa

Black Hawk County

SS.

William H. Nelings, being first on his

oath duly sworn, does say: That he resides in the city of Cedar Falls, in Black Hawk County, Iowa, where he has resided since the month of June, 1915. That he is a pensioner of the United States Government, under certificate No. 482,223. That he was born on the 25th day of July, A.D. 1840, in Chester County, Pennsylvania, in the village of Mt. Vernon, in said county and state; that his parents were William Nelings and Jane McDowell Nelings; that he had brothers and sisters, as follows: George L. Nelings, Daniel T. Nelings, Sarah A. Nelings, Mary E. Nelings, afterwards Mary E. Nelings Jack; James W. Nelings. That there never has been any church record of the birth of affiant, but in the family bible the date of his birth was recorded. Affiant further states that he has made diligent inquiry and search for such family bible, but is now and has been, unable to find same, but he has in his possession a copy of the record so taken from the bible aforesaid, which gives the dates of birth of his parents, of himself, and his brothers and sisters, as follows:--

Father: William Nelings, Born July 19th, 1802.
 Mother: Jane McDowell, Born July 9th, 1802.
 Brother: George L. Nelings, Born Nov. 13th, 1830.
 Brother: Daniel T. Nelings, Born, July 27th, 1832.
 Sister: Sarah A. Nelings, Born, April 9th, 1834.
 Sister: Mary E. Nelings, Born, April 15th, 1836.
 Brother: James W. Nelings, born Nov. 17th, 1843.
 Affiant: William H. Nelings, born July 25th, 1840.



Affiant states that in the year 1850 he lived in the town of Penningtonville, Chester County, Pennsylvania; and in the year 1860 he lived in the town of National, in Clayton County, state of Iowa; and he enlisted in the service of the United States Government in the Civil War from the town of National, in said county and state aforesaid, and was mustered into service at Dubuque, Iowa. My parents, and all of my brothers and sisters above named, were living in Penningtonville, Chester County, Pennsylvania, in the year 1850. In 1860 my father was deceased; and my mother and all of my brothers and sisters above named, with the exception of George L. Nelings, were living in the town of National, Clayton County, Iowa, and my said brother George L.

Nelings, was living in the city of Philadelphia, Pennsylvania.

In the town of Penningtonville, Chester County, Pennsylvania, where this affiant lived in 1850, there were no wards, and to the best recollection of this affiant, there were but two streets, which were not named; and the same statement applies to the town of National, in Clayton County, Iowa.

Affiant further states in explanation of the discrepancy in the date of his birth, appearing in the records of the Pension Office, that he became confused as between the day of the month on which his brother Daniel T. Nelings was born, and the date of the month on which this affiant was born; said Daniel T. Nelings having been born on July 27th, of an earlier year, and this affiant having been born on July 25th, of a later year; but in making up his statement of the date of his birth, he has at times confused these two dates, and it was not until he received the positive evidence from the family bible of the true date of his birth, that he has been absolutely sure of such date.

Affiant further states that he is not able to furnish any church record, or the bible in which the family record was kept, and diligent search and inquiry has failed to elicit its whereabouts, but he has the record from one who claims to have copied it direct from such bible. The last heard of, such bible was in the possession of his sister, now deceased, and since her death, the bible has not been seen, to his knowledge. That he is unable to state the year in which said bible was printed; and is also unable to state as to whether or not the record of the births aforesaid bears any marks of erasure or alteration. Further, affiant sayeth not.

William H. Nelings

Subscribed in my presence by the said William H. Nelings, and by him sworn to before me this 10th day of January, A.D. 1916.

J. B. Newman
Notary Public in and for
Black Hawk County, Iowa.

CLAYTON LODGE NO. 70

A. F. & A. M.

Cedar Falls

Mamm, Iowa, Sept 14 1915

Commissioner of Pensions
Washington, D.C.



Dear Sir On the 25th of July, 1915
I reached the age of 75. My certificate
is No 482228 my rate is \$24⁰⁰ per month,
now I should receive the rate of \$30 per
month.

Very respectfully

William H. Meling

Cedar Falls, Iowa

Receipt acknowledged by
Mail & Supplies Division

(3-125.)

ORIGINAL INVALID CLAIM.

✓ Soldier, *William, H. Kellogg.*
 ✓ P. O., *Monona* Rank, *Sergeant-Corporal*
 ✓ County, *Clayton* Company, *E.*
 ✓ State, *Iowa* Regiment, *24 Iowa Vol Infy.*
 Rates, \$ _____ per month, commencing *July 15, 1881.*

Pensioned for _____

RECOGNIZED ATTORNEY.

Name, *George W. Van Leuven, Jr.* Paid in fee - *\$100.00*
 P. O., *Line Springs, Iowa* Fee, \$ *25.00*; Agent _____ to pay.
 Articles filed *Sept 26*, 18 *84*.

APPROVALS.

Approved for *Chronic diarrhoea results*Submitted *April 16*, 1888;*Wheagher*, Examiner.Approved for *Chronic Diarrhoea and*
rheumatism.

Approved for _____

Rating 97

Reck, Legal Reviewer.
Apr. 17, 1888, _____, Re-Reviewer.

_____, Med. Ex'r, _____, Med. Reviewer,

_____, 1888, _____, Med. Referee.

IMPORTANT DATES.

✓ Enlisted *August 10*, 1862, _____ service from _____
 ✓ Mustered _____, 18 _____, to _____, 18 _____, in
 ✓ Discharged *August 8*, 1865.
 ✓ Declaration filed *July 15*, 1881. Not in service since *Aug 8, / Dec 17*, 1860.

BASIS OF CLAIM.

That at Lake Malock, Minn., Summer of 1862 through hardship exposure
at the Indian Agency at Rainy Lake while on the march thereunto taken sick with
typhoid fever, diarrhoea resulting in piles rheumatism.
Inf. Aff. filed Dec 14/87. alleges in addition to a long named, general debility and inflammation
of the stomach. Aff. filed _____ showing when & where alleged fever, diarrhoea,
piles rheumatism were contracted.

STATE OF IOWA--Department of Vital Statistics

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

1 PLACE OF DEATH		County <u>Black Hawk</u> State <u>Iowa</u>		Registered No. <u> </u>
Township <u>Cedar Falls</u>		or Village <u> </u>		
City <u>Cedar Falls</u>		No. <u>2610 College Ave.</u> St. <u> </u>		Ward <u> </u>
(If death occurred in a hospital or institution, give its name instead of street and number)				
2 FULL NAME <u>William H. Nelings</u>				
(a) Residence. No. <u> </u> St. <u> </u> Ward <u> </u>				
(Usual place of abode)				
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>		
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>				
6 DATE OF BIRTH (month, day, and year) <u>July 25, 1840</u>				
7 AGE Years <u>79</u>	Months <u>6</u>	Days <u>28</u>	If less than 1 day, hrs. or min. <u> </u>	
8 OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Retired Merchant</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Hardware</u>				
(c) Name of employer <u> </u>				
9 BIRTHPLACE (city or town) (State or country) <u>Pennsylvania</u>				
10 NAME OF FATHER <u>William Nelings</u>				
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Pennsylvania</u>				
12 MAIDEN NAME OF MOTHER <u>McDowell</u>				
13 BIRTHPLACE OF MOTHER (city or town) (State or Country) <u>Ireland</u>				
14 Informant <u>A. G. Killen</u>				
(Address) <u>2616 Col. St Cedar Falls, Ia.</u>				
15 Filed <u>Mar. 3, 1920</u> <u>G. H. Sumner M.D.</u> Registrar				
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH (month, day, and year) <u>Feb. 22, 1920</u>				
17 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 19, 1920</u> to <u>Feb. 22, 1920</u>				
that I last saw him live on <u>Feb. 3, 1920</u>				
and that death occurred, on the date stated above, at <u> </u> m.				
THE CAUSE OF DEATH* was as follows:				
<u>Apoplexy. Only lived a few minutes after attack.</u>				
(duration) yrs. mos. ds. <u>20</u>				
CONTRIBUTORY (Secondary) <u>Diabetes</u>				
(duration) yrs. mos. ds. <u>10</u>				
18 Where was disease contracted if not at place of death? <u> </u>				
Did an operation precede death? <u> </u> Date of <u> </u>				
Was there an autopsy? <u> </u>				
What test confirmed diagnosis? <u> </u>				
(Signed) <u>Frank N. Mead</u> M. D.				
<u>Feb. 23, 1920</u> (address) <u>C. F.</u>				
*State the disease causing death, or in deaths from violent causes, state (1) means and nature of injury, and (2) whether accidental, suicidal, or homicidal. (See reverse side for additional space.)				
19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL				
<u>Monona, Iowa</u>				<u>Feb. 24, 1920</u>
20 UNDERTAKER <u>EDWC.</u>				ADDRESS
<u>Mr Dahl</u>				<u>Cedar Falls</u>

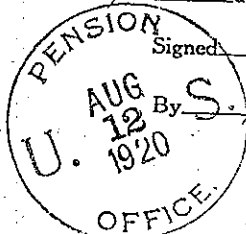
CERTIFIED COPY OF CERTIFICATE OF DEATH

I HEREBY CERTIFY that I am Secretary of the Iowa State Board of Health and as such Secretary am State Registrar of Vital Statistics. I further certify that as said Registrar I am the legal recipient of the original certificates of death returned under Chapter 326, Laws of the Thirty-seventh General Assembly.

I further certify that the foregoing certificate of death of William H. Nelings is a true and correct copy of the original on file in this office.

Witness my hand and seal hereunto attached this 7th day of August 19 20

(SEAL)



Signed

By

G. H. Sumner State Registrar.
S. Helmer Assistant State Registrar.

Physician's Affidavit

TAKE NOTICE.—The affidavit should, if possible, be in the hand-writing of the affiant; the marginal instructions must be carefully observed before writing out the statement. All facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the date of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated. The physician in filling this blank should not refer to the marginal instructions by numbers, but should write his statement in narrative form.

This blank is prepared by GEO. M. VAN LEEUWEN, Jr., of Iame Springs, Iowa, and is especially for his use.

State of Iowa County of Winnebago ss.
In the Pension Claim No. 425138 of Wm. H. Nelson late of
Co E 25 Iowa Vols
(Company and Regiment of service, if in the Army; or vessel and rank, if in the navy.)
Personally came before me, a Notary Public in and for
the aforesaid County and State. J. M. J. J. J. a citizen of Ossian
whose Post-office address is Ossian Winnebago Co Ia and well
known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to afore-
said case as follows:

That he is a practicing Physician, and that he has been acquainted with said soldier for about 5
years, and that he has treated him for Chronic
indigestion frequently during this acquaintance

unless the magistrate certifies in his jurat that they were made before executing the paper.
and also for attacks of Rheumatism
more particularly for Acute Rheumatism
of which the acute attacks would usually
last when relief was sought of Physician
have also occasionally prescribed
for Chronic Rheumatism in the
case of the above named soldier
the business of prescribing having extended
over nearly or quite the extent
of our acquaintance therewith.
This patient has been incapacitated
from pursuing his ordinary avocations
(that of salesman & bookkeeper in
hardware store) frequently during
the last 4 years varying in length
of time from two (2) to five (5) weeks
or longer at a time

NOTES.

The Physician's affidavit must show the following facts:
1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately, and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state. adding, if true, that had he been unsound he would have known it.
2nd. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.
3d. If he has treated soldier since discharged he should so state, giving the date of first treatment; what his physical condition was at the time with complete diagnosis of the disability; the period during which he treated him should be stated with dates as near as possible of the prescriptions.
4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

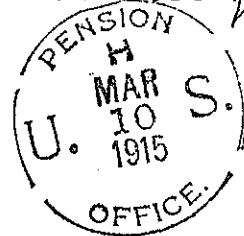
WASHINGTON, D. C., January 2, 1915.

Sir: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

WILLIAM H. NELINGS,
MONONA, IOWA.
482223

G. M. Saenger



Commissioner.

No. 1. Date and place of birth? Answer. Mount Vernon, Chester Co. Pa. July 25/1840

The name of organizations in which you served? Answer. 27 Iowa Infantry

No. 2. What was your post office at enlistment? Answer. National, Clayton Co. Iowa

No. 3. State your wife's full name and her maiden name. Answer. Sarah E. Nelings & Sarah E. Hook. Maiden Name

No. 4. When, where, and by whom were you married? Answer. 8 day of March 1864 at Elkader, Clayton County, Iowa by Judge Alvan Rogers

No. 5. Is there any official or church record of your marriage?

If so, where? Answer. at County Seat Elkader, Clayton Co. Iowa

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. Never

Was married before

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. wife never was married before

No. 8. Are you now living with your wife, or has there been a separation? Answer. Still living with my wife

No. 9. State the names and dates of birth of all your children, living or dead. Answer.

Etting, Eldsworth Nelings Born July 3/1867 died 9 March 1891

Jessie Nelings Born 26 day July 1871 died Aug 29/1891

Date March 8th 1915

(Signature) William H. Nelings

1 EXAMINING SURGEON'S CERTIFICATE 1

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 425138State: Iowa County: Winneshiek
Post Office: Decorah March 22, 1882.I hereby certify That I have carefully examined
Wm H. Nilings, late a 1

Applicant's service

Co. E, 27 Reg't, Iowa Inf.in the service of the United States, who is an APPLICANT for an
invalid pension by reason of alleged disability resulting from Rheumatism
Typhoid Fever and resulting liver Complaint
and Piles

Degree of disability.

In my opinion the said Wm H. Nilings
is 5/9 Totally 3rd incapacitated for obtaining his subsistence
by manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence before me
it is my belief that the said disability did originate in the
service aforesaid in the line of duty.

Probable duration.

The disability is Probably Permanent

A more particular description of the applicant's condition is subjoined:

Particular description.

Height, 6 ft; weight, 150; complexion, Light
age, 41; pulse, 82; respiration, 20It must be borne in mind that the duty of the Surgeon is to fix
the proportionate degree of disability as $\frac{1}{4}$, $\frac{2}{4}$, total, &c., through
the grades, without any regard to dollars and cents, and to make
such a full particular description as will afford to this Office the
ground for intelligent opinion and action in rating.Says "On or about the month of March
1863 while on the voyage from Memphis to Vicks
burg Miss was attacked with Typhoid fever
which totally disabled him for service for the
months and that from that time to the pre
he has been afflicted with Constipation and
piles resulting as he says from it, and
sometimes in the Spring of 1864 at Nashville
he was attacked with Rheumatism that
commenced in the left shoulder and arm
at times has bleeding from the rectum from pro
blems of the pile tumors and lower part of rectum
Complaints of "a pressure" and pain in the head also pain
in the left side of the chest.I find an enlargement
the heart tongue is coated buff color 2 pile tumors in
the inferior Sphincter inflammation and hypertrophy of
the liverFrom Rheumatism an
effects I believe he is entitled to $\frac{1}{2}$ Total rating and
from the effects of Typhoid fever $\frac{3}{4}$ Total = $\frac{5}{9}$
Grade or \$1000W. L. Coleman

Examining Surgeon.

Attention is invited to the outline 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.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No.

Rank,

(Post office address of the Board.)

(Date of examination.)

, 188

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.

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

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

Pulse rate per minute, 80; respiration, 24; temperature, 99°; height, 5 feet 10 inches; weight, 150 pounds; age, 45 years.

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 Original Wile on march to Lake Wales from Memphis to Vicksburg he incurred Typhoid Fever and entered Regimental Hospital and was laid up over two months. The attack was followed by Chr. Diarrhea & piles which still trouble him. He considers he is totally disabled from manual labor.

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.

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

Upon examination we find the following objective conditions: Tongue very red. Apex beat heard in Epigastro space. Murmur with first sound, a booming sound. Liver enlarged two thirds. Spleen enlarged double natural size. No pile tumors - muc. memb. of rectum ulcerated congested, inflamed, veins enlarged.

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 2 of 3rd Grade

Rate for each cause of disability.

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

rating for the disability caused by Heart Disease, 2 of 3rd Grade for that caused by Diarrhea & results, and _____ caused by _____

* See the back.

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

J. M. H. Lewis, Pres. Amster Beag, Sec'y. W. C. L. M. P.

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