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THE NATIONAL ARCHIVES

CERT NO. 65-992

PENSIONER: Harriet E.

Widow OF

VETERAN: Charles W. [unclear]

CAN NO. 65-713

SINGLE NO. 11

Photograph of Marriage Cert.

Nov. 5. 1862

L. H.





(THIS CERTIFIES THAT)

The RITE of

*Sole* Matrimony

(WAS CELEBRATED BETWEEN)

*Charles McElroy of Watkins, Schuato*  
*and H. O. Madsen of Hopewell Co.*  
*on the 5th Nov. 1862 at Hopewell Centre*  
*by Rev. S. D. Bacon Pastor.*

*Witness A. F. Freeman*

*Witness Sarah Freeman*



# AFFIDAVIT

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes, and Thence to be Mailed to  
Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.

State of New York County of Rockland ss:

In claim No. 1132238 of Harriet E. McElroy  
(The claimant's name here)

widow of Charles McElroy who served  
(If claimant be the widow, state widow of, etc.)

in Co. 15 of the 161 Regiment of N.Y. Infy.

(State company and regiment, or vessel if service was in U. S. Navy)

Personally appeared before the undersigned duly authorized to administer oaths within and for the  
County and State aforesaid.....JOHN L. McELROY.....age 62 years,  
(Name of Affiant)

whose P. O. is:.....Nyack.....County of.....Rockland

State of.....New York.....whom I certify to be credible, who being duly sworn,  
states in relation to said claim as follows, to wit:

.....That I have known Mr. Charles McElroy all of my life  
.....and that I have known Mrs. Harriet E. McElroy for about fifty  
.....years past.....That during all of the time of the married life  
.....of Mr. & Mrs. McElroy, they always lived happily together as  
.....as man and wife and were always recognized in the community  
.....wherever they lived as man and wife. I know of my own personal  
.....knowledge that they were never at any time divorced nor ever  
.....lived apart from each other and that they lived together up to  
.....the date of the death of Mr. McElroy as man and wife, lawfully  
.....wedded.....

And affiant further states that he has no interest in this claim.

(If affiant signs by mark, two witnesses sign here)

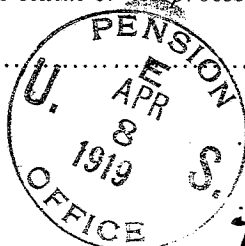
(Affiant's signature)

Sworn to and subscribed before me on the 26th day of March.....19 19, and I hereby  
certify that the contents of this affidavit were fully made known to the affiant before signing and

I have no interest in this claim or its prosecution \* ..and I believe the affiant to  
(See foot note)

.....be credible.....

Impress Seal  
here.



Notary Public  
(Official Signature)  
Rockland Co. N.Y.  
(Official Character)  
76 Main Street Nyack  
(Address of Official)

\* The officer before whom sworn should on the lines preceding his official signature add these words—"and I believe the affiant to be credible" (if he so believes).

# AFFIDAVIT

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes, and Thence to be Mailed to  
Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.

State of New York County of Rockland ss:

In claim No. 1132238 of Harriet E. McElroy

widow of Charles McElroy (If claimant be the widow, state widow of, etc.) who served

in Co. B of the 161 Regiment of N.Y. Infantry

(State company and regiment, or vessel if service was in U. S. Navy)

Personally appeared before the undersigned duly authorized to administer oaths within and for the  
County and State aforesaid. George W. Underdunk age 59 years,

(Name of Affiant)

whose P. O. is Nyack County of Rockland

State of New York whom I certify to be credible, who being duly sworn,  
states in relation to said claim as follows, to wit:

That I have known Mr. Charles McElroy all of my life  
and that I have known Mrs. Harriet E. McElroy for about fifty  
years past. That during all of the time of the married life  
of Mr. & Mrs. McElroy, they always lived happily together as  
man and wife and were always recognized in the community  
wherever they lived as man and wife. I know of my own personal  
knowledge that they were never, at any time, divorced nor ever  
lived apart from each other and that they lived together up  
to the date of the death of Mr. McElroy as man and wife, law-  
fully wedded.

And affiant further states that he has no interest in this claim.

(If affiant signs by mark, two witnesses sign here)

Geo W. Underdunk  
(Affiant's signature)

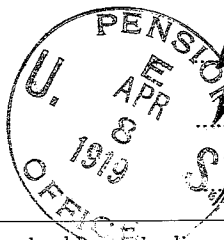
Sworn to and subscribed before me on the 2<sup>nd</sup> day of April 1919, and I hereby  
certify that the contents of this affidavit were fully made known to the affiant before signing and

I have no interest in this claim or its prosecution \* and I believe the

(See foot note)

affiant to be credible.

Impress Seal  
here.



William H. Hays  
(Official Signature)  
Notary Public Rockland Co. N.Y.  
(Official Character)  
576 Main Street Nyack N.Y.  
(Address of Official)

\* The officer before whom sworn should on the lines preceding his official signature add these words—"and I believe the affiant to be credible" (if he so believes).

# AFFIDAVIT

Claim No. 11 82 2 38  
Claimant Harriet E. Mc Elroy  
Soldier Chas. Mc Elroy  
Service B - 161  
N. Y. Duff.  
865-992

N. B.—Affiant should state as a material part of his (or her) affidavit his means of knowing or believing the facts to which he testifies to be true so that his testimony may receive full faith and credit.

When it is *impossible* to establish a fact or date required to be proven in the claim of a widow or minor child or dependent parent by *direct proof*, for instance, by transcript of a public or church record or by affidavits of those having *personal* knowledge, the claimant may furnish testimony which *tends* to establish the fact sought to be proven, that is tends to establish the probable truth of the matter to the end that mere doubt as to the truth, or as to the precise date of a marriage, birth or death, may be solved in favor of the claimant.

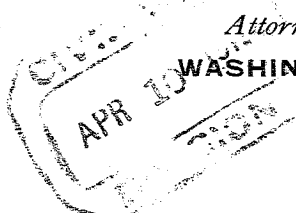
If the affiant testifies, not from personal knowledge, but upon the basis that he has good reason to *believe* that to be true to which he testifies, that is that the version he gives has been his understanding and is the common understanding or belief among acquaintances, in other words that such is true by repute and general report among neighbors according to the *best* of affiant's knowledge, information and belief, then affiant should state the basis of such knowledge, information and understanding, from whence derived, so that it may appear how affiant has gained knowledge of the matter to which he testifies.

FILED BY

EDGAR T. GADDIS

Attorney-at-Law

WASHINGTON, D. C.





# WIDOW'S PENSION.

Soldier, Charles McElroy ✓

Rank, Corporal; Co. B.

Regiment, 161 New York Inf.

Rate, \$12 per month, commencing December 3, 1918, and \$\_\_\_\_\_ commencing \_\_\_\_\_, 19\_\_\_\_,  
and \$2 additional for each child, as stated below.

10. All pension to terminate \_\_\_\_\_, 1\_\_\_\_\_, date of \_\_\_\_\_  
 Payments on all former certificates covering any portion of same time to be deducted.

No children. { Born, \_\_\_\_\_, \_\_\_\_\_ }  
 { Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_, \_\_\_\_\_

{ Born, ----- Sixteen	} Commencing

\_\_\_\_\_ { Sixteen, \_\_\_\_\_ } Commencing \_\_\_\_\_,  
 \_\_\_\_\_ { Born, \_\_\_\_\_ } \_\_\_\_\_

\_\_\_\_\_ { Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ { Born, \_\_\_\_\_, \_\_\_\_\_ }

\_\_\_\_\_ { Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_,  
( Born \_\_\_\_\_ )

\_\_\_\_\_ } Sixteen, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, Increased to \$30 per mo. from  
 { Sixteen, \_\_\_\_\_, Aug. 1, 1926-Act July 3, 1926.

\_\_\_\_\_ { Born, \_\_\_\_\_, \_\_\_\_\_ }  
\_\_\_\_\_ { Sixteen, \_\_\_\_\_, \_\_\_\_\_ } Commencing \_\_\_\_\_

{ Born, \_\_\_\_\_, \_\_\_\_\_ }  
{ Signature \_\_\_\_\_ } *Commencing*

RECOGNIZED ATTORNEY.

Name, Edgar T. Gaddis Fee, \$ 10; Bureau to pay.

P. O., Washington, D. C.

APPROVÅLS.

Submitted for ad. Mar. 16, 1919; Schwickardi, R.B., Examiner.

Approved for Admission under act April 19, 1908.

amended by Act Sept. 8, 1916.

Apr. 1, 1919 H. M. Vandervoort April 1, 1919 J. W. L. Lild

The soldier was \_\_\_\_\_ pensioned at \$ 4.0 per month under Act June 10, 1918.

Enlisted, August 18, 1862 Clt's app'n under other laws, None, 1-----

honorably disch'd, September 20, 1865 Former marriage of Neither, 1

Reenlisted, No other Service, 1 \_\_\_\_\_

Death } of former None, 1 \_\_\_\_\_  
 Divorce }

\_\_\_\_\_ honorably disch'd, \_\_\_\_\_, 1\_\_\_\_ Clt's marriage to soldier, November 3, 1862

Died, _____	November 18, 1918	Clt. <del>not</del> remarried, _____	1
Declaration filed _____	December 3, 1918	Clt. <del>not</del> divorced _____	1

Soldier's application filed October 16, 1896.

Claimant *Does* write *He* 6-2240 M.C.

# DECLARATION FOR WIDOW'S PENSION.

Act of April 19, 1908, and Amendments.

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes and Thence to be Mailed to  
Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.

State of New York, County of Rockland, ss: 55

Personally appeared before me the undersigned, duly authorized to administer oaths within the County and State aforesaid  
Harriet E McElroy aged 72 years, who, being duly  
Name of widow.  
sworn according to law, declares that she is the widow of Charles McElroy  
Name of soldier.  
who enlisted under the name of Charles McElroy in Co. B of the  
Name under which soldier served.  
161st Regiment of New York Inf Vols. If any other service, allege here.

and served at least ninety days in the Civil War  
1861-1865, and was honorably discharged. That he died on the 18th day of Nov 1918

That she was married to said soldier under the name of Harriet E Hadsworth on the  
Widow's name before marriage.  
5th day of Nov 1862, there being no legal barrier to said marriage.

Neither has previously been married  
If claimant or her husband had been previously married, state how the former marriage was dissolved, whether by death or divorce. If neither  
spouse had been married previously state that fact.

That she has not again married since the death of said soldier above named. That the names and dates of births of all the  
children of the soldier now living, and under sixteen years of age are as follows: None  
If there be child or children of soldier

under the age of sixteen, the widow is entitled to \$2 per month extra for each child. If no child is under sixteen years so state here.

That she has Not previously applied for pension  
If application for pension has ever been made, state its number, or if she has not heretofore applied for widow's pension, so state here.

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions  
of the Act of April 19, 1908, and any amendments thereof; also to obtain accrued pension due to her husband's death. That  
she appoints **EDGAR T. GADDIS**, of Washington, D. C., his successor or legal representative, her attorney to pro-

secute this claim. That her Post Office address is New York

County of Rockland State of New York

Widow sign here Harriet E McElroy

\* Also personally appeared Edith L. McElroy residing at #29 Division Ave. South Nyack, N.Y.  
Name one witness.

and Estelle McElroy residing at #29 Division Ave. South Nyack, N.Y.  
Name other witness.

whom I certify to be respectable, and entitled to credit, and who, being duly sworn say they were present and saw

Harriet E McElroy the claimant sign her name (or make her mark) to the foregoing  
Name of widow.

declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her  
that she is the identical person she represents herself to be; and that they have no interest direct or indirect in the prosecution of this claim.

Edith L. McElroy  
Signature of one witness.

Estelle McElroy  
Signature of other witness.

SWORN TO and subscribed before me this 26th day of November 1918

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

Impress  
seal here.



\* The two witnesses must be persons who write their own names.

Chas. Amerson  
Signature.  
Notary Public Rockland Co. N.Y.  
Official character.  
#30 South Orange, Nyack, N.Y.  
Address of official.

ATTORNEY FILED  
J. H.  
U. S. DIVISION

Ms. 13

Widow's Pension.

Act of April 19, 1908, and Amendments.

Mrs. *Levitt E. McElroy*

Widow of *Charles McElroy*

Date of Co. *B. 161* Regiment of

*New York Inf.* Volunteers

*Enl. Apr. 1918 973*

To be used by Widow of Union soldier or sailor of the Civil War, 1861-1865, who *does not* receive pension.

After the death of the husband the widow may execute this Declaration for Widow's Pension before a notary public, justice of the peace, clerk of the court, or other official empowered by law to administer oaths and to take acknowledgments for general purposes.

If the Declaration for Widow's Pension, when executed be mailed to *Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.*, it will be filed in the Bureau of Pensions for official action, and, *thereupon*, instructions will be given as to the official requirements to establish title to pension, as widow, and how to secure any pension that may have accrued under the husband's pension certificate to the date of his death provided he was borne upon the pension roll at the time of his death, and affidavit forms upon which to make the necessary proof will be supplied.

The pension of the widow, when allowed, will date from the filing of the declaration.

EDGAR T. GADDIS,

ATTORNEY-AT-LAW,

WASHINGTON, D. C.

DEC 5 1918

RECEIVED

This form may be used by the widow of a Union soldier or sailor of the Civil War, 1861-1865, who *does not* receive pension, notwithstanding that she may have filed a claim heretofore.

Title to widow's pension is not affected if the widow *possesses property*, because the Act of April 19, 1908, as it relates to the Widows of Union soldiers and sailors is *not* a dependent law; nor is it material if the death of the husband cannot be established due to the military service.

The Act of April 19, 1908, provides that those widows *hereafter* to be placed on the pension roll shall receive \$12 a month and \$2 a month additional for each child of the soldier or sailor who may be under sixteen years of age.

Upon the allowance of the widow's claim for pension, the Commissioner of Pensions directs the disbursing clerk who makes payment of the pension allowed to pay the lawful fee to the attorney of record.

This Declaration when executed should be mailed to *Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.*, who will present to the Bureau of Pensions and thereupon instruct the widow how to establish title to pension.

DEC 18 1918

RECEIVED  
OFFICE OF THE  
COMMISSIONER OF PENSIONS  
WASHINGTON, D. C.  
DEC 18 1918



# Reissue ACT OF MAY 11, 1912.

Cert. No. 1083975

Claimant, Charles M. ElroyP. O., 29 Division AvenueRank, CorporalService, B. 161, New York Inf.County, RocklandState, New YorkRate, \$ 30- per month, commencing May 21-1912.

Approved for Increase

\$ 40 from June 19 1912

\$ from 19

Act of June 19 1912

## ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_

Fee, \$ \_\_\_\_\_

Agent to pay. Rev. \_\_\_\_\_

P. O., \_\_\_\_\_

Articles filed \_\_\_\_\_, 19

## APPROVAL.

Submitted for Adm. Sept. 21, 1912, J. S. Sletcher, Examiner.Approved for admission Rate \$ 30 per month; age 45 years.

Reissue from Act February 6, 1907.

Length of pensionable service: 3 years, 1 months, 3 days.Deductions in service from any cause: none years, \_\_\_\_\_ months, \_\_\_\_\_ days,

on account of \_\_\_\_\_

Sept 26, 1912, W. J. Fisher Legal Reviewer. Sept. 27, 1912, J. P. Dennis Re-Reviewer.

Enlisted Aug. 18, 1862; honorably discharged Sept. 20, 1865

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Length of pensionable service: 3 years, 1 months, 3 days.Pensioned at \$ 15 per month, under Act of Feb. 6, 1907

## PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 21, 1912.Age shown by evidence 75 years; date of birth alleged May 9, 1837.

Claimant does \_\_\_\_\_ write.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of New York, County of Rockland, ss:

On this 20th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, Charles McElroy who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Hyack, county of Rockland,

State of New York; and that he is the identical person who was ENROLLED at Watkins, N. Y., under the name of Charles McElroy, on the 12th day of August, 1862, as a Private, in Co. B. 161st Regiment New York Infantry Volunteers (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED (State name of war, Civil or Mexican.)

at Fort Jefferson, Fla., on the 20th 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 11 1/2 inches; complexion, Fair; color of eyes, Blue; color of hair, Dark; that his occupation was Farmer; that he was born May 9, 1837, at Hamburg, N. Y.

That his several places of residence since leaving the service have been as follows: Hyack, Rockland Co. N. Y. (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 1083975. That he has applied for pension under original No. \_\_\_\_\_

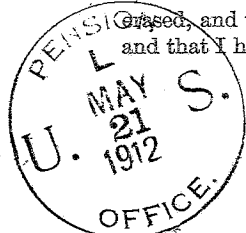
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is 29 Division Ave., Hyack County of Rockland, State of New York.

Attest: (1) Calvin M. Towell (2) S. W. Sours Charles McElroy (Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 20th 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 \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Charles M. Montgomery (Signature.)  
Notary Public,  
Rockland Co., N. Y.

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

ACT OF MAY 11, 1912.

## CLAIM FOR PENSION.

Certificate No. (0839)5-

Name, Charles McElroy

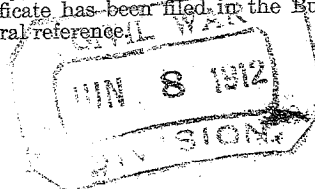
Service, Co. B. 161<sup>st</sup> Regt.

New York Inf. Vol.

### INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.





ad city  
ny

*Reissue*  
**ACT OF FEBRUARY 6, 1907.**

Claimant, Charles M. Elroy ✓

P. O., Nyack ✓

County, Rockland ✓

State, New York ✓

Rank, Corporal ✓

Company, B ✓

Regiment, 161 Ny Vol. Inf ✓

Rate, \$ 15 per month, commencing June 1, 1907 ✓

**STATE REPRESENTATIVE.**

(Order April 25, 1907.)

Name, \_\_\_\_\_

P. O., \_\_\_\_\_

**APPROVAL.**

Submitted for Ad Dec. 27, 1907, John D. Hyman, Examiner.

Approved for admission

Age over 70 ✓

Rate \$15 per month ✓

Reissue to allow under Act February 6, 1907. Deduct Sub. ✓  
payments and drop name from rolls under Act June 27, 1890 ✓

June 13, 1908, C. S. Robbins  
Legal Reviewer.

Jan 14, 1908 E. Ingletary  
Reg. Reviewer.

Enlisted Aug 18, 1867, honorably discharged Sept 20, 1865 ✓

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Pensioned at \$ 10 ✓ per month, under Act June 27, 1890 ✓

**PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.**

Declaration filed June 1, 1907 ✓

Date of birth alleged, May 9 1837 ✓

Age shown by evidence 70 ✓ years.

Claimant does \_\_\_\_\_ write.

J. W. Bradley

M. C.

ACT OF FEBRUARY 6, 1907.

## DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of New York  
 County of Rockland } ss.

On this 31st day of May, A. D. one thousand nine hundred and seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, Charles McElroy, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Myack county of Rockland State of New York; and that he is the identical person who was ENROLLED at Elmira, N. Y. under the name of Charles McElroy, on the 12th day of August, 1862 as a private, in Co. B. 161st. Regiment N.Y.S. I.  
 (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Fort Jefferson, Fla (State name of war, Civil or Mexican.) on the 20th day of September, 1865. That he also served as corporal in same regiment  
 (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 11 1/2 inches; complexion, Fair; color of eyes, Blue; color of hair, Dark; that his occupation was Farmer; that he was born May 9th, 1837, at Hamburg N.Y.

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

Myack N.Y. 1865  
 (State date of each change, as nearly as possible.)

That he is ☒ a pensioner. That he has ☒ heretofore applied for pension

Certificate No. 1083970  
 (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 Myack, county of Rockland, State of New York

Attest: (1) D. Van Houten

Charles McElroy  
 (Claimant's signature in full.)

(2) A. Schaub

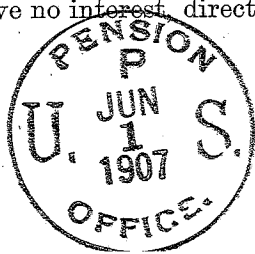
Also personally appeared D. Van Houten residing in Myack N.Y. and A. Schaub, residing in Myack, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles McElroy, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 20 years and 6 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.  
 per JTH 6 3 07

D. Van Houten  
A. Schaub  
 (Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 31st day of May, 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.]



A. Sherman  
 (Signature.)  
Notary Public  
 (Official character.)

3-014.

ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

*Certificate No.* .....

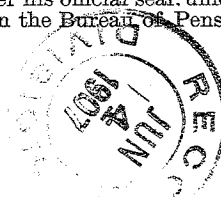
*Name,* .....

*Service,* .....

### INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.





nu.  
1083975  
N.Y. City

3-357.

Cert. No. 1083975

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant,

P. O.

County

State

Rate, \$

Charles McElroy.

29 Division Avenue, Nyack.

Rockland.

New York.

10 per month, commencing May 12, 1905

Rank

Company

Regiment

Corporal

B New York

161st Pa. Vol. Inf.

Pensioned for

inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name

P. O.

Fee, \$

Agent to pay.

Milo B. Stevens & Co.

Washington, D.C.

2.00

APPROVALS

Submitted for

Admission, June 24, 1905

Examiner.

Approved for

partial inability to earn a support by manual labor.

Age 68 years

Rate \$10. per month

Approved for

Aggregate of disabilities shown, permanent in character: \$

Medical Examiner.

Medical Reviewer.

, 190

Medical Referee.

Enlisted

Aug. 18<sup>th</sup>

, 1862; honorably discharged

Sept. 20<sup>th</sup>

, 1865

Enlisted

, 186; honorably discharged

186

Pensioned at \$

8.00

per month.

Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

May 12<sup>th</sup>

, 1905, alleges

age - 68 years.

Claimant does write.

Certificate not filed.

No. M. C.

M.N.  
1083975  
N.Y. City

3-356.

Act of June 27, 1890.

claim # 1181815

INVALID PENSION.

Claimant, Charles McElroy  
P. O., Hyack Rank, Corporal  
County, Rockland Company, B  
State, New York Regiment, 161. NY Vol. Inf.  
Rate, \$ 8 per month, commencing May 13, 1904

Pensioned for partial inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, Milo B. Stevens Fee, \$ 10-  
P. O., Washington, D.C. Agent to pay.

APPROVALS.

Submitted for ad. June 13, 1904, W. W. Turnstun Examiner.

Approved for partial inability to Approved for

earn a support by Medical Section recommended

manual labor. Age 65, years

Rate \$8 per month, Aggregate of disabilities shown, permanent in character, \$

June 16, 1904, W. W. Turnstun

Legal Reviewer. Medical Examiner. Medical Reviewer.

June 17, 1904, S. M. Abramson, , 190 ,

Re-Reviewer. Medical Referee.

Not pensioned under other laws at \$ per month for

Enlisted Aug 18 1862, honorably discharged Sept. 20, 1865.

Reenlisted /, 18 , honorably discharged , 18

Declaration filed May 13, 1904, alleges permanent disability, not due to

vicious habits, from claims the benefit of order 48

No, M. C. Claimant does write.



UNITED STATES VETERANS BUREAU

WASHINGTON

The Commissioner,  
Bureau of Pensions,  
Washington, D. C.

April 12, 1923

IN REPLY REFER TO:

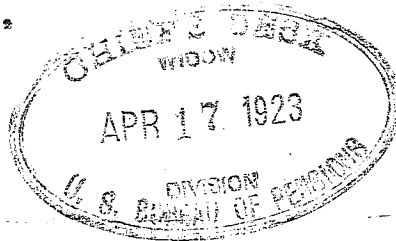
O.322

C-753 777

Chas. H. McElroy,

Chief, Radio Station

GJK/lmh-12.



Your Ref: Widow Division,  
W. C. 865992.

Sir:-

Replying to your letter of March 29, 1923, Widow Certificate 865992, copy of which is enclosed, you are advised that the grandmother is not receiving compensation as a dependent parent. The burial award of \$100.00 was paid to the grandmother on January 25, 1922, because the bills submitted showed that she had paid them.

All future communications relative to this case should bear the claimant's name, rank and organization, and the file number, C-753 777.

By Direction,

*Charles E. Mulhearn*

CHARLES E. MULHEARN,  
Assistant Director,  
Claims Division.



Civil War Division,  
Wid. Orig. 1,132,238,  
Harriet E. McElroy,  
Charles McElroy,  
Co. B, 121st N. Y. Inf.

K J - L T

## DEPARTMENT OF THE INTERIOR

## BUREAU OF PENSIONS

WASHINGTON

February 11, 1919.

Edgar T. Gaddis, Atty.,

Washington, D. C.

Sir:

In the above cited claim there should be filed certified copy of the church record showing the date of claimant's marriage to the soldier; or, if record evidence is unobtainable, the claimant should so state giving the reasons, under oath, and should forward her original marriage certificate, for inspection. The daughters are not competent witnesses on this point, as they could not testify from personal knowledge of the facts.

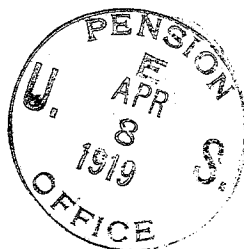
There is also required testimony of persons who lived in the vicinity, showing whether claimant and soldier were ever divorced and whether they lived together as husband and wife from marriage until his death.

The soldier's name and service and the number of this claim should be inscribed on all papers filed, and no affidavit can be considered satisfactory that fails to show the age and address of the witness and his means of knowing the facts stated.

Very respectfully,



Commissioner.



Did any member of your family serve in the World War? Yes.

If so, state here their names and the service rendered by each, and whether living or deceased

(Grandson) Charles H. McElroy - deceased Navy

Have you applied for or are you in receipt of compensation by reason of service of any member of your family in the World War? Not for pension but for burial expenses

If so, give number of the claim for compensation

Name Harriet E. McElroy

Number of pension certificate 865992

(OVER)

3-1143

By direction of the Secretary of the Interior, this questionnaire is being sent to all pensioners.

In view of the terms of the act of Congress of October 6, 1917, and amendments thereto, it is important that the information called for be promptly furnished.

Even though you may have given similar information heretofore, or your response may be negative, please make your statement at once and mail it to THE COMMISSIONER OF PENSIONS, WASHINGTON, D. C.

Sign your name as it is given in your pension certificate and be sure that your certificate number is correctly given.

6-6461

(OVER)

WASHINGTON GARDNER,  
*Commissioner of Pensions.*



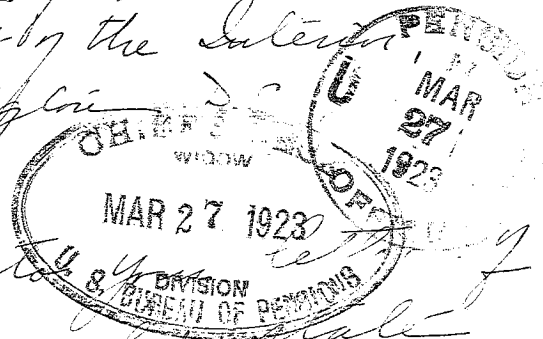
29 Livingston Ave.  
Nyack, N. Y.  
March 26, 1923.

Mr. Washington Gardner,  
Commissioner of Pensions  
Department of the Interior  
Washington, D. C.

Dear sir,

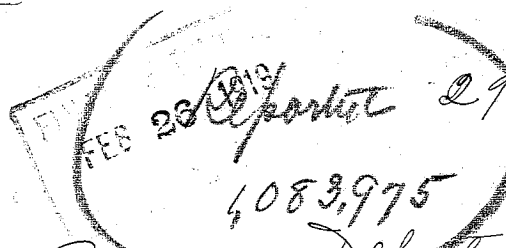
In reply to your letter of  
March 20, I would state  
that my grandson, Charles  
H. McElroy, served during  
the World War on the U. S.  
S. Flusser.

I am receiving no  
compensation from the  
War Risk Insurance or  
the Veterans Bureau or



any compensation on  
account of his service.

Respectfully,  
(Mrs. Charles) Harriet E. McElroy



Finance  
mark

Division for

New York N. Y.

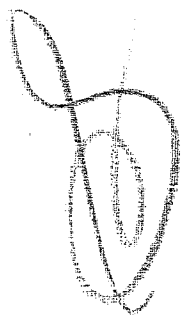
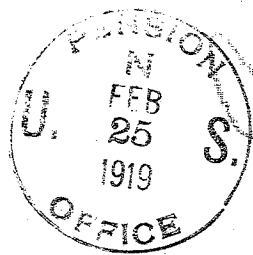
Feb. 21, 1919.

Pension Department,  
Department of the Interior,  
Washington, D. C.

Sirs,

My husband, Mr. Chas.  
McElroy, died on Nov. 18,  
1918. Is there any  
money due me from  
his pension from Nov. 4  
to the time of his death?  
If so what steps shall  
I take to secure  
the same?

Very truly yours,  
(Mrs. Harriet E. McElroy)



Civil War Division,  
Wid. Orig. 1,132,238,  
Harriet E. McElroy,  
Charles McElroy,  
Co. B, 121st N. Y. Inf.

K J - L T

February 11, 1919.

Edgar T. Gaddis, Atty.,

Washington, D. C.

Sir:

In the above cited claim there should be filed certified copy of the church record showing the date of claimant's marriage to the soldier; or, if record evidence is unobtainable, the claimant should so state giving the reasons, under oath, and should forward her original marriage certificate, for inspection. The daughters are not competent witnesses on this point, as they could not testify from personal knowledge of the facts.

There is also required testimony of persons who lived in the vicinity, showing whether claimant and soldier were ever divorced and whether they lived together as husband and wife from marriage until his death.

The soldier's name and service and the number of this claim should be inscribed on all papers filed, and no affidavit can be considered satisfactory that fails to show the age and address of the witness and his means of knowing the facts stated.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

The Commissioner,  
Bureau of Pensions,  
Washington, D. C.

April 12, 1923

O.322  
C-753 777  
Chas. H. McElroy,  
Chief, Radio Station  
GJK/lmh-12.

Your Ref: Widow Division,  
W. C. 865992.

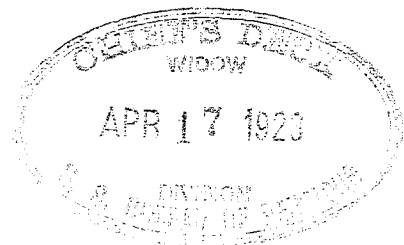
Sir:-

Replying to your letter of March 29, 1923, Widow Certificate 865992, copy of which is enclosed, you are advised that the grandmother is not receiving compensation as a dependent parent. The burial award of \$100.00 was paid to the grandmother on January 25, 1922, because the bills submitted showed that she had paid them.

All future communications relative to this case should bear the claimant's name, rank and organization, and the file number, C-753 777.

By Direction,

CHARLES E. MULHEARN,  
Assistant Director,  
Claims Division.





Desk.

Widow Division  
W.C. 865992  
Harriet E. widow of  
Charles McElroy  
B, 161 N.Y. Inf.

March 20, 1923.

Mrs. Harriet E. McElroy  
29 Division Avenue,  
Nyack, New York.

Madam:

Please give the name of the Vessel on which Charles H. McElroy served during the World War, and state whether you are receiving compensation from the War Risk Insurance or Veterans Bureau, in addition to the pension which you are receiving from the Bureau of Pensions, and if so the number of the claim, the rate you receive monthly, and the full name of the person on account of whose service compensation was granted, and his relationship to you.

Forward your answer in the enclosed envelope which does not require postage, and return this letter.

Respectfully,

WASHINGTON GARDNER  
Commissioner.

E.J.C.

Desk.

IN REPLY REFER TO

Widow Division  
W.C. 865992  
Harriet E. widow of  
Charles McElroy  
B, 161 N.Y. Inf.

3-1865

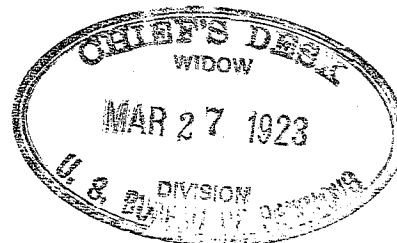
DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

March 20, 1923.

Mrs. Harriet E. McElroy  
29 Division Avenue,  
Nyack, New York.



Madam:

Please give the name of the Vessel on which Charles H. McElroy served during the World War, and state whether you are receiving compensation from the War Risk Insurance or Veterans Bureau, in addition to the pension which you are receiving from the Bureau of Pensions, and if so the number of the claim, the rate you receive monthly, and the full name of the person on account of whose service compensation was granted, and his relationship to you.

Forward your answer in the enclosed envelope which does not require postage, and return this letter.

Respectfully,

*Washington Gardner*  
Commissioner.

E.J.C.



Desk.

Ejc

Widow Division  
W.C. 865992  
Harriet E., widow of  
Charles McElroy  
B. 161st N.Y. Inf.

March 29, 1923.

The Director  
U.S. Veterans Bureau.

Sir:

For use in the claim of Harriet E. McElroy, a widow pensioner at \$25 per month from December 3, 1918, and \$30 from May 1, 1920, you are requested to state whether this pensioner is in receipt of compensation, and if so the rate and date of allowance and commencement.

The widow alleges that her grandson, Charles H. McElroy, served during the World War, on the U.S.S. "Flusser" and she applied for burial expenses.

Please attach the enclosed copy of this letter to your reply, and mention widow Ctf. 865992.

Respectfully,

WASHINGTON GARDNER

Commissioner.

E.J.C.

Desk.

Widow Division  
W.O. 865992  
Harriet E., widow of  
Charles McElroy  
E, 161st N.Y. Inf.

WIDOW DIVISION

385

March 22 1923

1923

The Director  
U.S. Veterans Bureau.

Sir:

For use in the claim of Harriet E. McElroy, a widow pensioner at \$25 per month from December 3, 1918, and \$30 from May 1, 1920, you are requested to state whether this pensioner is in receipt of compensation, and if so the rate and date of allowance and commencement.

The widow alleges that her grandson, Charles E. McElroy, served during the World War, on the U.S.S. "Flusser" and she applied for burial expenses.

Please attach the enclosed copy of this letter to your reply, and mention Widow Ctf. 865992.

Respectfully,

WASHINGTON GARDNER

Commissioner.

WIDOW DIVISION

APR 2 - 1923

INSURANCE UNIT

APR 17 1923  
DIVISION  
U. S. BUREAU OF PENSIONS

116

973

CLAIMS DIVISION

APR 2 1923

INDEX & RECORD SEC.

RECEIVED  
TO THE  
DIRECTOR  
OF THE  
INSURANCE  
DIVISION

TO THE  
DIRECTOR  
OF THE  
INSURANCE  
DIVISION

RECEIVED  
TO THE  
DIRECTOR  
OF THE  
INSURANCE  
DIVISION  
APR 2 1923  
INDEX & RECORD SEC.

RECEIVED

APR 2 1923

20

CLAIMS DIVISION

APR 5 1923

INSURANCE UNIT

2 Briefs

11

3-438

Cert. 1083.975

Act June 10, 1918.

car  
Gr 2

ACCRUED PENSION

Class Invalid

(May 11, 1912)

Pensioner Charles McElroy

Date of death November 18, 1918 Certificate not

filed.

Claimant Harriet E. McElroy, widow.

29 Division Avenue, Nyack, Rockland County,  
New York.

Attorney W. Gaddis

Address Washington  
D.C.

The fee of \$ none allowed on issue of

of to

to be paid when

payment is made on accrued.

Submitted for ad. Mar 26, 1919, Lewis R. B., Examiner.

Approved for Admission

Pay widow as above.

H.M. Vandervort, Reviewer, Apr. 1, 1919.

F. Warfield, Rereviewer, April 1, 1919.

M. C. Howe, Claimant does writes.

## Declaration for the Increase of an Invalid Pension.

(UNDER NEW LAW.)

State of New York County of Rockland ss:On the date hereinafter mentioned, personally appeared before me, a Notary Public  
within and for the County and State aforesaid, Charles M. Ebro Title of Magistrate.aged 68 years, a resident of Nyack County of Rockland State of N.Y. who being duly sworn according to law, declares that he is a pensioner of the United States under New Law enrolled at the New York Pension Agency at State under what law.the rate of 8 Dollars per month, Certificate No. 1083975 by reason of partial inability to earn a support by manual labor.That he served as a Corporal Co. "B" 161st Regiment New York Volunteer Infantry State Rank, company and regiment, if in the army; or the name of the vessel if in the navy.That he believes himself to be entitled to an increase of pension on account of too low rating for his present degree of disability as above

## Important

Do not fill in the opposite space if you are now pensioned under the General Law

That he claims increase of his pension under the act of June 27, 1890, on account of the following disabilities: age alone  
(More names or describe every disability on which you claim increase of pension.)That he claims the benefit of Order 78, dated March 15, 1904. That he was born } Do not fill if under 62 years  
on the 9th day of May 1837.That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent. He hereby appoints, with full power of substitution, MILO B. STEVENS & CO., of Nyack, N.Y. their successors and legal representatives, his true and lawful attorneys, to present and prosecute his claim, requesting that, in the event of the allowance of the same, his said attorneys be paid the fee now provided by law.His Post-office address is 29 Division Avenue Nyack, N.Y.  
Give street and number if in city or town.Also personally appeared John M. Ernst residing at Main and Franklin Sts. Nyack, N.Y., and Daniel B. Sippell residing at Nyack, N.Y., persons whom I certify to be respectableand entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles M. Ebro, 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.

If witnesses sign by mark two persons who can write must sign here.

Signature of witnesses.

SEE OTHER SIDE



INVALID  
Claim for Pension  
INCREASE

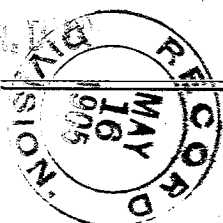
*Chas. M. Elroy* Applicant  
Co. *B* 161 Regt.  
*H. G. Joffe* Vols.  
Ctf. No. *1083 975* *J*

FILED BY

**MILO B. STEVENS & CO.,**

Solicitors of Claims and Patents.

WASHINGTON, D. C.



# An Increase of Pension

## MAY BE SECURED

1st. When, under the terms of Order 78 of the Commissioner of Pensions, dated March 15, 1904, the pensioner's age entitles him to a higher rating than he is receiving;

2nd. When the disability for which pension is drawn has ratably increased since the pensioner was last before Pension Examining Surgeons;

3rd. When the disability for which pension is drawn has ratably increased since the rate of pension was last increased;

4th. When the disability for which pension is drawn has ratably increased since the pension was originally granted;

5th. When the disability for which pension is drawn has resulted in some other ratable pensionable disability not mentioned in the pensioner's certificate;

6th. When the rate of pension at the original allowance was fixed too low in proportion to the degree of disability (in many such cases a re-rating as well as an increase can be secured); and,

7th. Also, in cases under the act of June 27, 1890, as amended by the act of May 9, 1900, when additional ratable disability of permanent character, not due to vicious habits, has been incurred since last medical examination.

FROM THE OTHER SIDE.

**Subscribed, sworn to and acknowledged** before me this twentieth day of May

1905, and I hereby certify that the contents of the above declaration and power of attorney were fully and truly made known and explained to the applicant and witnesses before swearing to the same; and that Charles

[L. S.]

Mc Elroy acknowledged the signing and sealing of the power of attorney to be his free act and deed for the purposes herein named. I further certify that I have no interest, direct or indirect, in the prosecution of this claim.

Declaration and  
power of attorney valid.  
S. A. Cuddy,

Joseph P. Keely  
Signature of Magistrate.  
Notary Public  
Official title of Magistrate.

NOTE ~~as~~ This paper may be executed before any officer authorized to administer oaths for general purposes. Certificate of Clerk of Court need not be attached but will be procured when called for. In numerous instances the official character of the Notary or Magistrate is already officially known at the Pension Bureau, and in that case the fact should be stated.

11-4-1904-25M.

per W. L. B.

Act of June 27, 1890.

Original 1181815

INVALID PENSION.

Claimant, Charles McElroy  
P. O., Myack Rank, Corporal  
County, Rockland Company, B  
State, New York Regiment, 161 New York Inf  
Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for \_\_\_\_\_ inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, Miles B Stevens & Co Fee, \$ \_\_\_\_\_  
P. O., City Agent to pay, \_\_\_\_\_

APPROVALS.

Submitted for Rejection August 16 1901, W E Clapp, Examiner.  
Subject to opinion of Medical Referee  
Approved for \_\_\_\_\_

rejection of dis kidneys & nervous  
debility & loss of thumb of left hand & no  
dis. sub. to approval of med. Ref.  
not  
notably disabled under  
Act of June 27th 1890.

Aggregate of disabilities shown, permanent in character: \$ \_\_\_\_\_

Aug. 31, 1901, F. C. Beck, Legal Reviewer.  
Sept. 4, 1901, E. A. Burchick, Re-Reviewer.  
Sept. 10, 1901, H. J. Shunk, Medical Examiner.  
Sept. 10, 1901, J. S. Rank, Medical Referee.

No is pensioned under other laws at \$ \_\_\_\_\_ per month for \_\_\_\_\_

Enlisted August 18 1862 honorably discharged September 20 1865  
Reenlisted \_\_\_\_\_, 18 \_\_\_\_\_, honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Declaration filed October 16 1896, alleges permanent disability, not due to  
vicious habits, from kidney disease, nervous debility  
and loss of thumb of left hand.

No, M. C.

Claimant does \_\_\_\_\_ write.

# DECLARATION FOR ORIGINAL INVALID PENSION.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of New York  
County of Rockland } SS:

On this 14<sup>th</sup> day of October, A. D. one thousand eight hundred and ninety-six, personally appeared before me, William E. Gowder, a Notary Public in and for the County and State aforesaid, Charles M. Eloy, aged fifty nine years, a resident

(Name of claimant.)  
of the village of South Nyack, County of Rockland,  
(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.)

State of New York, who, being duly sworn according to law, declares that he is the identical Charles M. Eloy, who entered service during the War of the

(Name of claimant.)  
Rebellion under the name of Charles M. Eloy on or about the 12<sup>th</sup> day of

August, 1862, as private in company B of the 161<sup>st</sup> regiment of

(Give rank.) (Or vessel, if in the Navy.)  
New York State Volunteers commanded by Captain Brown, and was

(Name of company's commander. If upon any General's staff, state that fact.)  
HONORABLY DISCHARGED, after a service of at least 90 days during said war, on or about the

25<sup>th</sup> day of October, 1865, by reason of expiration of term

of service; that his personal description is as follows: Age, 59 years;

height, 5 feet 11 1/2 inches; complexion, fair; hair, brown; eyes,

blue. That he is now suffering from Kidney disease, nervous

(Here state the name and nature of any disease, wound or injury which in any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)  
debility and loss of a thumb on left hand

and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. 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 the 25<sup>th</sup> day of October, A. D. 1865, he has not been employed in the military or naval service of the United States.

He hereby appoints, with full power of substitution and revocation,

**GEORGE E. LEMON,**  
OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim; and in consideration of services done, and to be done, in the premises, he hereby agrees to allow his said Attorney, George E. Lemon, a fee of ten dollars, payable only in the event of the allowance of the claim by the Commissioner of Pensions. That he has not received or applied for

(If previous application has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)  
a pension heretofore.

That his Postoffice address is Nyack, County of Rockland, State of New York.

Two witnesses to claimant's signature sign here:

(1) John S. Murray

(2) Harvey F. Dutcher

(Claimant's signature.)

Attorney Filed.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

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This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

Also personally appeared John S. Murray, residing at Myack, New York, and Harvey F. Dutcher, residing at Myack, New York, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Charles McElroy (Name of claimant.) the claimant sign his name 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 S. Murray  
Harvey F. Dutcher  
(Signatures of witnesses to identity of applicant.)

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

(1) James E. Blauvelt  
(2) Victor Schumann

SWORN TO AND SUBSCRIBED before me this 14<sup>th</sup> day of October A. D. 1896, 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.)

them here.)

, erased, and the words

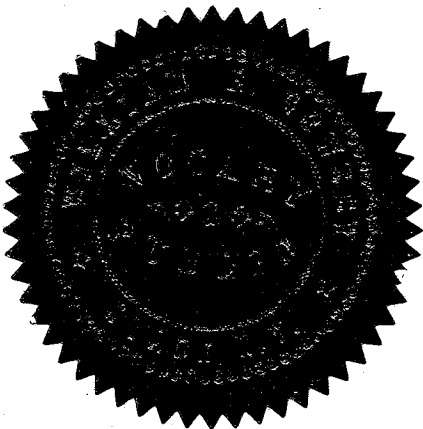
, added;

(If any words have been added in place of any erased, enter them here.)

and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

William E. Gowder  
(Signature)  
Notary Public  
(Official character.)

The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations, as indicated above.



As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testimonials in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United States:

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA.  
It gives me pleasure to recommend George E. Lemon, of this city, to those having professional business, as a reliable and responsible attorney of high character and superior attainments.  
Respectfully,  
JOHN J. INGALLS, U. S. S.  
U. S. SENATE CHAMBER, WASHINGTON, D. C.

GEORGE E. LEMON, Esq., Washington, D. C.  
MY DEAR SIR: Before leaving for home I desire to express to you my high appreciation of the aid rendered in your business office, resulting as it has, to the successful completion of my business. This is due to the many excellent qualities that distinguish you as a man, and I am glad of the opportunity to assure you of my high esteem.  
Very truly, yours,  
CHARLES F. MANDERSON, U. S. S.  
U. S. SENATE, WASHINGTON, D. C., June 12, 1890.

I take pleasure in recommending George E. Lemon, Esq., of Washington City, as a reliable and able attorney who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession.  
Very truly,  
G. C. MOODY, U. S. S.  
U. S. SENATE, WASHINGTON, D. C., June 16, 1890.

I regard George E. Lemon as one of the most thoroughly reliable and competent attorneys in Washington.  
GILBERT A. FIERCE, U. S. S.  
U. S. SENATE, WASHINGTON, D. C., June 7, 1890.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and entirely responsible for all his contracts.  
Respectfully,  
S. M. COLLAM, U. S. S.  
U. S. SENATE, WASHINGTON, D. C., June 7, 1890.

We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and entirely responsible for all his contracts.  
Respectfully,  
O. K. DAVIS, U. S. S.  
PULLETS SAWYER, U. S. S.  
A. S. FADDOK, U. S. S.  
H. M. TELLER, U. S. S.  
W. D. WASHBURN, U. S. S.  
HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney and worthy lawyer, to whom claimants can entrust their business with assurances that it will be well and honestly attended to.  
I. E. ATKINSON, M. C., 18th Pa. District.  
HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence.  
Geo. W. E. DOWNEY, 3d Dist., Neb.  
HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, and worthy of all confidence.  
J. C. BOWMAN, 4th Dist., Mich.  
HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney. I have had occasion for years to carefully observe his treatment of soldiers' claims intrusted to him, and have never yet heard one complaint from his clients. I also personally know of his doing many acts of kindness for soldiers without charge.  
Very respectfully,  
D. B. HENDERSON, 3d Dist., Iowa.  
HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.

I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients.  
JAMES O'DONNELL, 3d Dist., Mich.  
HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 7, 1890.

We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.  
Wm. McKinley, Jr., 13th Dist., O.  
E. N. MORRILL, 1st Dist., Kan.  
S. E. MILLIKEN 3d Dist., Me.  
J. E. PAXTON 9th Dist., Ill.  
THOS. J. HENDERSON, 7th Dist., Ill.  
WAG. E. HENDERSON, 3d Dist., Ill.  
FRANK LAWLER, 2d Dist., Ill.  
W. G. LAIDLAW, 34th Dist., N. Y.  
I. S. STRUBER, 11th Dist., Iowa.  
Y. W. SMITH, 14th Dist., N. Y.  
JOHN R. L. K. 6th Dist., Iowa.  
SHERNO E. PAXTON, 27th Dist., N. Y.  
J. H. MCCARTHY, 8th Dist., N. Y.  
W. E. OWEN, 10th Dist., Ind.  
J. B. CHADLER, 9th Dist., Ind.  
GEO. E. SENEY, 6th Dist., Ohio.  
J. J. FUGSLEY, 12th Dist., Ohio.  
E. H. BUTTERWORTH, 1st Dist., O.  
JOSEPH L. TAYLOR, 4th Dist., O.  
and others

INVALID  
CLAIM FOR PENSION.  
1896  
U. S. SENATE

ACT JUNE 27, 1890.

Charles McElroy, Applicant,  
Co., 161st Reg't,  
N.Y. S. I. Vols.  
Enlisted August 12<sup>th</sup>, 1862  
Discharged Oct 25<sup>th</sup>, 1865.

RECORDED  
OCT 21 1896  
FILED BY  
GEORGE E. LEMON  
Attorney and Counselor at Law  
1729 New York Avenue Northwest,  
(LEMON BUILDING)  
WASHINGTON, D. C.

LAW DIVISION, WASHINGTON, D. C.  
B. OCT 17 1896  
RECEIVED

Read Carefully.

No. 64.

Norm

## Declaration for Invalid Pension.

Act of June 27, 1890, as amended by Act of May 9, 1900.

1. The ratings under the Act of June 27, 1890, are from \$6.00 to \$12.00.

2. All disabilities of a permanent character, whether slight or serious, not due to vicious habits, and whether due to the service or not, are considered in determining the rate of pension thereunder.

3. The fact that you can and do earn a support by other means than manual labor, or have other means of support, will not defeat your right to a pension.

4. The fact that you are compelled to earn your support by manual labor, although you are in fact materially disabled, will not prevent you from obtaining a pension.

5. Advancing age and increasing disability of the survivors of the war of 1861-5, is creating title in many cases, and especially in cases heretofore rejected.

6. The benefit of the Act above referred to, may be claimed by all who receive no pension, or who receive less than \$12.00 per month.

7. If you have heretofore applied under the Act of 1890 and amendments, and been rejected on ground of no pensionable disability, the filing of a new application will serve as a means of securing a new medical examination.

STATE OF New York COUNTY OF Rockland ss:

On the date hereinafter mentioned, personally appeared before me, a Justice of the Peace (Title of Magistrate.)  
within and for the County and State aforesaid Charles McElroy aged 66  
(Name of Applicant.)

years, a resident of Myack County of Rockland

State of New York, who, being duly sworn according to law, declares that he is the identical Charles McElroy who was ENROLLED on the 12<sup>th</sup>  
(Name under which service was rendered.)

day of August, 1862, in Company (B) 161<sup>st</sup> Infantry Regiment  
(Here state rank, company and regiment, in military service; or vessel, in the Navy.)

State of New York in the war of the Rebellion, and served not less than ninety days, and was HONORABLY DISCHARGED at Port Jefferson Dry Docks on the 25<sup>th</sup> day of October 1865. That he is to a material extent disqualified from

earning a support by manual labor, by reason of  
(Here name ALL diseases, wounds or injuries, whether due to U. S. Service or not.)

loses the benefit  
of the Act of 1890

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has not served in the Army, Navy or Marine Corps of the United States, otherwise than as above stated, except  
(State other service, if any)

That he is not a pensioner  
(If a pensioner, so state, giving certificate number; if not a pensioner so state:

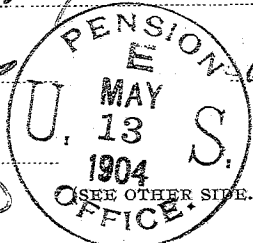
if a prior application is pending, so state, giving case number.)

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, as amended by the Act of May 9, 1900. He hereby appoints, with full power of

substitution, WILLO B. STEVENS & CO., of Washington D C, their successors or legal representatives, his true and lawful attorneys to prosecute his claim under said law, and agrees that they shall be allowed and paid, upon the issuance of a certificate, a fee of ten dollars.

That his POSTOFFICE ADDRESS IS Myack D C

William B. Meyer Charles McElroy  
(Two witnesses who can write, sign here.) (Signature of Claimant)



FILED

[FROM OTHER SIDE.]

Also personally appeared William H. Myers residing at Myack N Y  
and William L. Eckert residing at Myack N Y, persons whom I

certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw

Charles McElroy, the claimant, sign his name (or make his mark) to the foregoing declaration; that from the appearance of the said claimant and their acquaintance with him, they have every reason to believe, and do believe, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

William H. Myers  
William L. Eckert  
(Signature of witnesses.)

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

Sworn to and subscribed before me this 6<sup>th</sup> day of May A. D. 1904, 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.

Certificate on file to cover date  
of execution.

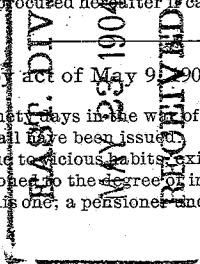
[L. S.]

W. W. Whyard  
(Official Signature.)  
Justice of the Peace  
(Official Character.)

This may be executed before any Person Authorized by Law to Administer Oaths for General Purposes. The Certificate of the Clerk of the Court need NOT be attached; but will be procured hereafter if called for.

The act of June 27, 1890, as amended by act of May 9, 1900, requires, in case of a soldier or seaman:

1. That there has been a service of not less than ninety days in the war of the rebellion.
2. That an honorable discharge from the service shall have been issued.
3. That a disability, permanent in character, not due to vicious habits exists: question as to origin, not material.
4. The rates are graded from \$6.00 to \$12.00, proportioned to the degree of inability to earn a support by manual labor; pension in no way affected by rank.
5. A pensioner under prior laws may apply under this one; a pensioner under this law may apply under the general law; only one pension, however, can be drawn for the same period.



## Soldier's Application.

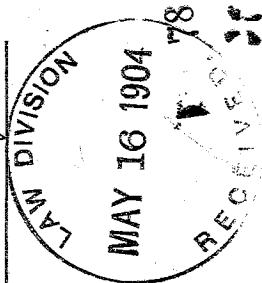
Act of June 27, 1890,  
as amended by Act of May 9, 1900.

Order Made by Act

Chas. McElroy  
Name

D - 161 - N. Y. 1000  
Service

Myack. N. Y.  
Address.



# 1181815

FILED BY

**MILB. STEVENS & CO.**

Solicitors of Claims and Pensions



Notif May 19 1904 - mmsm



East Division.

Claim No. 1181815

Charles McElroy

Co B, 161 Reg't Inf. N.Y. 4th

Department of the Interior

BUREAU OF PENSIONS,

Washington, D. C., June 6, 1904.

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage.

Very respectfully,

Mr. Charles McElroy,  
N.Yack,  
N.Y.

E. J. Ware  
Commissioner.

1. When were you born? Answer. May 9<sup>th</sup> 1837 at Hamburg N.Y.
2. Where were you born? Answer. Hamburg N.Y.
3. When did you enlist? Answer. Aug. 12<sup>th</sup> 1862
4. Where did you enlist? Answer. at Watkins Schuyler Co N.Y. at Hamburg N.Y.
5. Where had you lived before you enlisted? Answer. at time of enlistment at Watkins Schuyler Co N.Y.
6. What was your post-office address at enlistment? Answer. Watkins N.Y.
7. What was your occupation at enlistment? Answer. Farmer
8. When were you discharged? Answer. October 1865
9. Where were you discharged? Answer. Fort Jefferson Fla. by Jorgens
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.  
I came to N.Yack N.Y. April, 1866  
and have lived there ever since
11. What is your present occupation? Answer. Carpenter Builder
12. What is your height? Answer. 6 ft feet 4 1/2 inches. Your weight? about 200 lbs  
The color of your eyes? Blue The color of your hair? gray Your complexion? fair  
Are there any permanent marks or scars on your person? If so, describe them.  
The 1st of left hand gone
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

Charles McElroy

WITNESSES: { 1. Calvin M. Towell  
2. Grace Powell

[Witnesses who can write sign here.]

Date: June 7, 1904

Write nothing above this line.

(3-060.)

*Eastern* Div.  
*D.* Ex'r.

# Department of the Interior,

## BUREAU OF PENSIONS,

No. *1181, 815*

*Charles McCleary,*

*Co. B, 161<sup>st</sup> Reg't Inf., Vol. Inf.,* Washington, D. C., *November 11,* 189*6.*

It is alleged that *Charles McCleary* enlisted *August 12*, 18*62*,  
and served as a *private* in Co. *B*, *161<sup>st</sup>* Reg't *N. Y. Vol. Inf.*,  
also as a \_\_\_\_\_ in Co. \_\_\_\_\_, Reg't \_\_\_\_\_.

and was discharged at \_\_\_\_\_, 18\_\_\_\_.

It is also alleged that while on duty at \_\_\_\_\_  
on or about \_\_\_\_\_, 18\_\_\_\_, he was disabled by \_\_\_\_\_

and was treated in hospitals of which the names, locations, and dates of treatment are as follows: \_\_\_\_\_

In case of the above-named soldier the War Department is requested to furnish an official statement showing his full military and medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

*D. J. Murphy*

Commissioner.

The Chief of the  
Record and Pension Office,  
War Department.

No. \_\_\_\_\_

WAR DEPARTMENT,  
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner  
of Pensions.

Charles Mc Elroy  
Co. B 161, Reg't New York Inf.  
was enrolled August 18, 1862  
and mustered Co Sept 20, 1865

Write nothing to the left of this line.

From Enl, 186, to Mo, 186  
he held the rank of private -  
Corpl.

and during that period the rolls show him  
present except as follows: Aug 31, 63  
absent on det. duty at the  
landing.

The medical records show him treated as  
follows: as Co. - Mc Elroy, Pvt.

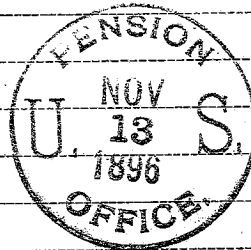
Co. B. 161 N.Y. Apr. 13, 63, to -

Discharge: as Charles Mc Elroy

Corpl. re. Sept. 27 & 28, 64. Disch.

Acute, ret'd. to duty.

Nothing additional found.



By authority of the Secretary of War:

*F. B. Amisworth*

Colonel

Major and Surgeon, U. S. Army.

Per *N.*

Date NOV 12 1896

(COMMISSIONER OF PENSIONS.)

NO & PE

RECEIVED AS A  
139

also is a

in Co.

Regt.

in *1st* *Regt.* *in* *1st* *Regt.*

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

He receives a pension of \_\_\_\_\_ dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

He makes the following statement upon which he bases his claim for \_\_\_\_\_

[Original, decrease, restoration, etc.]

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

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 72-78-108, respiration, 18-19-26, temperature, 98 1/2  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 6 feet 0 inches; actual weight, 192 pounds; age, 67 years.

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

"Kidney;"-Urine normal as to color, sp. grav. (1020) and reaction.

No albumen, sugar or deposits.

"Rheumatism;"-Tenderness and stiffness in the right knee. No swelling of the joint. Impaired flexion of the joint and inability to stoop on one knee. Internal condyle tenderness on pressure. Power and motion limited 1/4. Heart:-Apex impulse not evident to inspection or palpation. Sounds, position, rhythm and force normal.

No murmurs, no oedema, dyspnoea or cyanosis. We find no objective or subjective symptoms of "nervous debility", or any signs of disease or disorder of the nervous system.

Amputation of the distal phalanx of the left thumb. Gcatrix and stump healthy. No other disability found to exist.

We find that the aggregate permanent disabilities do not warrant a rating. No evidence of any vicious habits.

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

Whenever a 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.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

J. M. Loughlin Pres. J. B. West Sec'y. Harry Allen Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

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

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

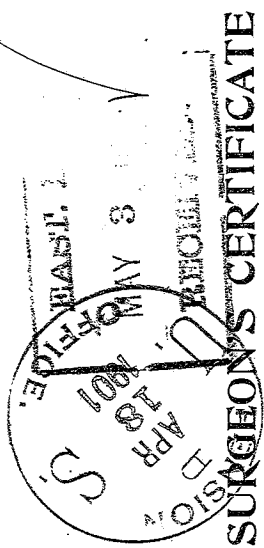
"I hereby certify that Dr. J. M. Longfellow, Dr. J. O. West, and Dr. Henry M. May were personally present and actually participated in the examination of Chas. McElroy, the claimant in this case, on 10 day of April, 1901."

(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, \_\_\_\_\_, 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 \_\_\_\_\_, 1901."

(Signature.)



# SURGEON'S CERTIFICATE

IN CASE OF

Chas. McElroy

Co. B, 161 Reg't N.Y.V., I.

APPLICANT FOR Original

No. 118187A

DATE OF EXAMINATION:

April 10, 1901

BOARD.

J. M. Longfellow, Pres.,

J. O. West, Sec'y,

Henry M. May, Treas.,

Post office,

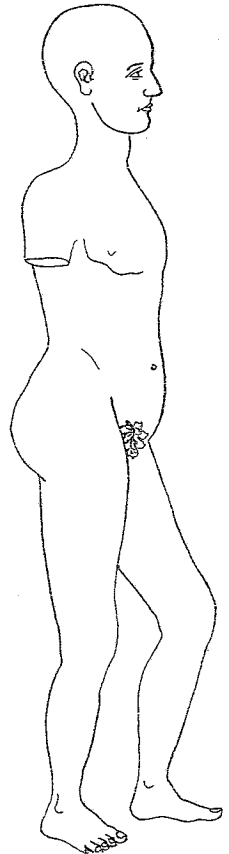
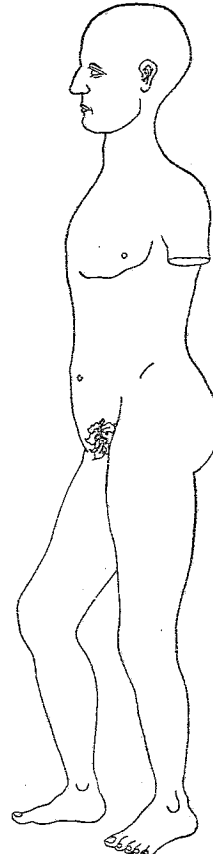
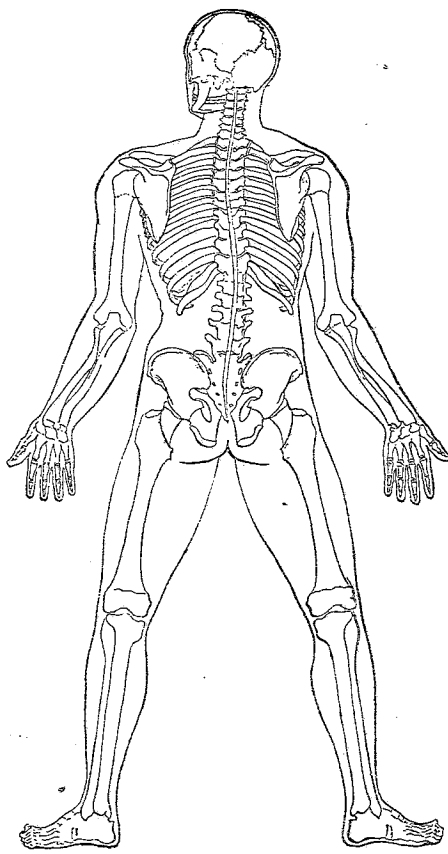
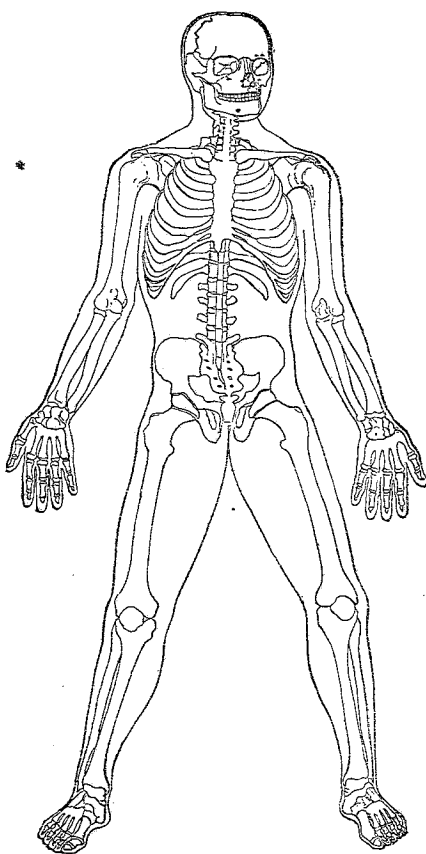
Jersey City

County,

Hudson

State,

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



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

"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.]

Respectfully referred  
to the Hon. Sec.  
Pensions  
Mr. Robert  
Egner T. Gaddis

29 Division Ave.,  
Nyack, N. Y.  
March 7, 1919.

E. T. Gaddis,  
Attorney at Law,  
Washington, D. C.

Dear sir,

I am in receipt of  
your letter asking for  
my wedding certificate.

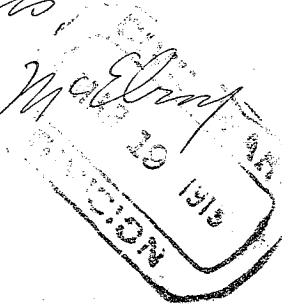
As the original is in  
a poor condition I am  
sending a Certified

---

will be satisfactory, I am,

Very truly yours,

(Mrs. Chas.) ~~Harriet~~ E. McElroy





In re

Harriet E. Mc Elroy

wid.

Chas. Mc Elroy

B-161 N.Y. Supp

#11322 ST



STATE OF NEW YORK,  
COUNTY OF ROCKLAND,

SS:

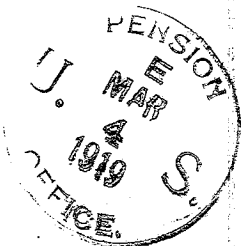
In Claim No. 1132238 of Harriet E. McElroy, widow  
of Charles McElroy who served in Co. B. of the 161 Regiment  
of New York Infantry.

Personally appeared before the undersigned  
duly authorized to administer oaths within and for the County  
and State aforesaid HARRIET E. McELROY age 73 years, whose  
Post Office is Nyack, New York, County of Rockland, State of  
New York, whom I certify to be credible, who being duly sworn  
states in relation to the said claim as follows, to wit:

That other than the Certificate of my marriage to Charles McElroy, a copy of which has heretofore been submitted herein, there is absolutely no other church record thereof that I can possibly at this time procure. That the minister who performed the ceremony has been dead for many years. That there is no person now living who was present at the time that I was married, nor is there any person living to my knowledge who knew my husband or myself since we became of marriageable age nor is there any person or persons living who could make affidavit as to my husband or either of us having been married to any other person at any time. That I have made investigations and cannot find any person living at this late date who have known my husband nor myself since the date of our marriage. That I again repeat and re-affirm that my husband nor myself were never divorced and that the only proof that I have in reference hereto is the evidence herein and hereinbefore submitted on this application

That all of the facts herein submitted are absolutely truthful in every regard and further facts, deponent is not nor will she ever be able to submit.

And affiant further states that she



has an interest in this claim.

WITNESS:

Benjamin H. Coe

Harriet E. McEvoe  
Affiant.

SWORN to and subscribed before me on this 20th day of February, 1919, and I hereby certify that the contents of this affidavit were fully made known to the affiant before signing and I have no interest in this claim or its prosecution., and I believe the affiant to be credible.

Benjamin H. Coe  
Notary Public, Rockland Co. N.Y.  
76 Main Street, Nyack, N.Y.



N. B.—WRITE LEGIBLY, WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH (Dist. No. 4326)  
County Rockland  
Town \_\_\_\_\_  
or  
Village South Nyack  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

New York State Department of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
STATE OF NEW YORK

Register's No. 4

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Charles McElroy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH May 9, 1887  
(Month) (Day) (Year)

7 AGE 81 yrs. 6 mos. 9 ds. If LESS than 1 day, how many hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Retail barkeeper  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Hamburg New York

10 NAME OF FATHER David McElroy

11 BIRTHPLACE OF FATHER Harvestown New York

12 MAIDEN NAME OF MOTHER Phoebe Riggs

13 BIRTHPLACE OF MOTHER Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles McElroy

(Address) 292 Madison Ave. S. Y. Ck.

15 Filed Nov 19, 1918 Frederic De Ruiter  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 18, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July, 1917, to Nov 18, 1918,

that I last saw him alive on Nov 19, 1918, and that death occurred, on the date stated above, at 4:30 M. The CAUSE OF DEATH\* was as follows:

Chronic endocarditis and  
myocarditis  
Secondary aneurysm  
Indefinite  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Heart embolism  
(SECONDARY) (Duration) 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_, M. D.

\_\_\_\_\_, 191\_\_\_\_\_ (Address)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For hospitals, institutions, transients, or recent residents).

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Primary registration district)

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Oak Hill cemetery, Nyack

21 DATE OF BURIAL Nov 21, 1918

20 UNDERTAKER Martin's Son

ADDRESS Nyack N. Y.

Burial or Transit } Permit issued by Frederic De Ruiter Date of Issue Nov 19-1918

See Instructions on Other Side

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: (*retired, 6 yrs.*). For persons who have no occupation, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

## SECTION 377, CHAPTER 619 OF THE LAWS OF 1913.

**Certificate of death.**—The particulars called for by items one to thirteen inclusive shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person in charge of the corpse.

The medical certificates shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. He shall further state the cause of death, so as to show the cause of disease or sequence of causes resulting in the death, giving first the name of the disease

causing death, that is to say, the primary cause, and the contributory, that is to say, the secondary cause, if any, and the duration of each. Indefinite terms, denoting only symptoms of disease or conditions resulting from disease, shall not be held sufficient for the issuance of a burial or removal permit. Any certificate stating the cause of death in terms which the state commissioner of health shall have declared indefinite, shall be returned to the physician or person making the medical certificate for correction and more definite statement. Causes of death which may be the result of either disease or violence shall be explicitly defined; and if from violence, the means of injury shall be stated, and whether apparently accidental, suicidal, or homicidal. For deaths in hospitals, institutions, or of non-residents, the physician shall supply the information required under Item 18, if he is able to do so, and may state where, in his opinion, the disease was contracted.

§ 378. **Registration of deaths occurring without medical attendance.**—In case of any death occurring without medical attendance, it shall be the duty of the undertaker or other person to whose knowledge the death may come to notify the local health officer of such death, and when so notified the health officer shall immediately investigate and certify as to the cause of death; provided that if the health officer has reason to believe that the death may have been due to unlawful act or neglect he shall then refer the case to the coroner or other proper officer for his investigation and certification. The coroner or other proper officer whose duty it is to hold an inquest on the body of a deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the name of the disease causing death, or if from external causes, the means of death; whether probably accidental, suicidal or homicidal; and shall, in any case, furnish such information as may be required by the state commissioner of health in order properly to classify the death.

§ 379. **Duties of undertaker.**—In each case the undertaker, or person having charge of the corpse, shall file the certificate of death with the registrar of the district in which the death occurred and obtain a burial or removal permit prior to any disposition of the body. He shall obtain the required personal and statistical particulars from a person qualified to supply them, over the signature and address of his informant. He shall then present the certificate to the attending physician, who shall forthwith fill out and sign the medical certificate of death, or to the health officer or coroner, for the medical certificate of the cause of death and other particulars necessary to complete the record for the registration of deaths, as specified in this article, if no physician was in attendance upon the deceased. He shall then state the facts required relative to the date and place of burial, cremation or removal, over his signature and with his address, and present the completed certificate to the registrar in order to obtain a permit for burial, removal or other disposition of the body. The undertaker shall deliver the burial permit to the person in charge of the place of burial, before interring or otherwise disposing of the body, or shall attach the removal permit to the box containing the corpse, when shipped by any transportation company; said permit to accompany the corpse to its destination, where if within the state of New York, it shall be delivered to the person in charge of the place of burial.

§ 381. **Interments.**—No person in charge of any premises on which interments or cremations are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, cremation or transit permit, as herein provided. Such person shall endorse upon the permit, the date of interment, or cremation over his signature, and shall return all permits so endorsed to the registrar of his district within seven days from the date of interment or cremation. He shall keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the undertaker; which record shall at all times be open to official inspection; provided that the undertaker or person having charge of the corpse, when burying a body in a cemetery or burial ground having no person in charge, shall sign the burial or removal permit, giving the date of burial, and shall write across the face of the permit the words "No person in charge," and file the burial or removal permit within three days with the registrar of the district in which the cemetery is located.

Filed by  
Casper T. Hadden  
Washington  
D.C.  
Since Harriet C. the Gray mid.  
Charles the Gray - 161 N. Y. St.  
#11322

7-10-1913 8:10 P.M.

STATE OF NEW YORK,  
COUNTY OF ROCKLAND, SS:

HARVEY F. DUTCHER being duly sworn deposes and says a Commercial Photographer and in business at No. 30 Vesey Street, in the City and State of New York.

That the attached photograph was made by deponent on the 4th day of March, 1919., and was taken from an original marriage certificate dated the 5th day of November 1862 and which was handed to deponent for the purpose of photographing the same, by Mrs. Harriet E. McElroy.

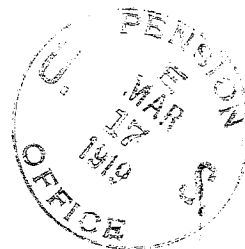
Deponent further states that the said photograph is a true copy and correct photograph in each and every respect and that said photograph has not been altered nor does not vary from the original marriage certificate from which said Photograph was made.

SWORN to before me this

5th day of March, 1918

Harvey F. Dutcher

Notary Public,  
Rockland County, N.Y.



EW 3 - LPH. 1890

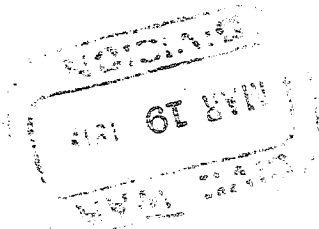
In re

Harriet E. Mc Elroy  
wid.

Charles Mc Elroy

B-161 N.Y. Infy

# 1132235



Attested by  
Edgar T. Haddis  
Washington  
D.C.

East Div.

MMA, Ex'r.

Claim No. 1181815

## Department of the Interior,

Charles McElroy

## BUREAU OF PENSIONS,

Co. B, 161 Reg't Inf Vol Inf

Washington, D. C., June 6, 1904.

SIR:

Will you kindly 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 family.

Very respectfully,

Mr. Charles McElroy

Agaok,

M.

E. J. Ware

Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes, Married to Harriet E. Wadsworth

No. 2. When, where, and by whom were you married? Answer:

November 5<sup>th</sup> 1863  
after I had) resided, by the Rev D. B. Bacon

No. 3. What record of marriage exists? Answer: Marriage Certificate

No. 4. Were you previously married? If so, please 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 consorts. Answer: NO—

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Yes. Three.

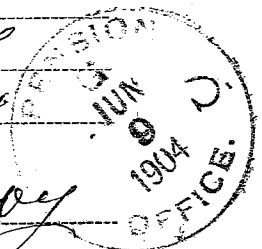
1<sup>st</sup> Alonzo Henry Born July 29<sup>th</sup> 18672 Howard " Aug 18<sup>th</sup> 1871

3 Grace " Sept 29 1874

Edith, Luciana Nov 4<sup>th</sup> 1879Estella Jan 6<sup>th</sup> 1884Date of reply, June 7<sup>th</sup>, 1904

Chas McElroy

(Signature.)





LAST SET  
JUN 10 1904  
RECEIVED

3-2437

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
Bureau of Pensions  
Washington

July, 1926.

The act of July 3, 1926, provides a pension of \$50 per month for the widow or remarried widow now in receipt of pension on account of the service of her soldier husband during the Civil War, IF SHE WAS THE WIFE OF SUCH SOLDIER, SAILOR, OR MARINE DURING THE PERIOD OF HIS SERVICE IN SAID WAR.

If you were the wife during his service in the Civil War, of the soldier, sailor, or marine on account of whose service you are drawing pension, you should so notify the Pension Bureau at once. For this purpose you may use the form on the other side of this slip.

If you were married to the soldier, sailor, or marine after his discharge from the service, even though during the period of the Civil War, you are not entitled under this act.

WINFIELD SCOTT,

August 9, 1926.

The Commissioner of Pensions:

I was the wife of the person on account of whose service during the Civil War I am drawing pension, during the period of his service in said war, and therefore I request consideration of my case with a view to the allowance of the \$50 rate provided by the act of July 3, 1926.

Name

Harriet E McElroy

Address

29 Division Ave.

Ryack, New York

Widow Cert. No.

865,992

Village of South Nyack }  
STATE OF NEW YORK } SS.:  
COUNTY OF ROCKLAND }

Office of Registrar of Vital Statistics for the Village of South Nyack, in said County and State.

I, Freel De Revere....., Registrar of said Village being duly sworn, depose  
and say that I am the Registrar of Vital Statistics in and for said Village, and have the custody of Records of Vital Statis-  
tics for said Village, and that I have compared the foregoing copy, "Certificate of Death....."  
of Charles Mc Elroy....., with the original record in said office and find the same a  
transcript therefrom and of the whole of such original.

Subscribed and sworn to before me }

this

4

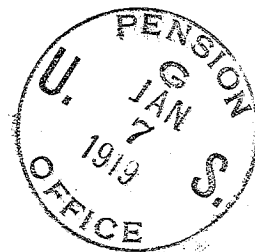
day

Dec

1918 }

Freel De Revere

Seal here



WAR DEPARTMENT,  
THE MILITARY SECRETARY'S OFFICE,  
WASHINGTON.

JUN 7 1904

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

*Charles M. Elroy*  
Co. *B*, *161* Reg't *N. Y. Inf.*

the records show personal description as follows:

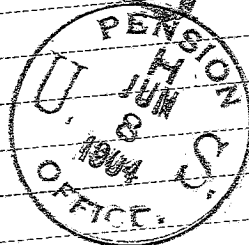
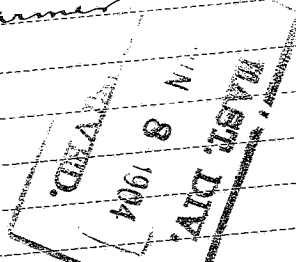
Age *25 yrs.*, height *5* feet, *11 1/2* inches,

complexion *fair*

eyes *blue*, hair *dark*

place of birth *Dix N. Y.*

occupation *farmer*



*J. B. Ainsworth*

The Military Secretary.

(323)

Per

*E*

Armstrong  
East Div. MMA Ex'r.**Department of the Interior,  
BUREAU OF PENSIONS,**

Washington, D. C. June 6, 1907.

Respectfully referred to The  
Military Secretary War  
Department requesting a  
personal description of  
the soldier, including  
age at enlistment.

No other report on file

Claim # 1181815

Charles McElroy

Co. B. 161. Reg. Vol. Inf.

D. L. Ware  
Commissioner.

(1. Encl) 0-4

GROUP 2

3-1081

3-888

PENSIONER DROPPED

## DEPARTMENT OF THE INTERIOR

## BUREAU OF PENSIONS

DEC 9 1918, 191

Certificate No. 1083975

Class ACT OF MAY 11, 1912

Pensioner Charles M. Elroy

Soldier Corp. B. 161 "J"

Service N.Y. Inf.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of  
the above-described pensioner who was last  
paid at \$ 40, to NOV 4 1918  
has this day been dropped from the roll be-  
cause of death, Nov. 18 1918

CHARLES M. ELROY

NYACK N.Y.

1083975 ACT MAY

29 DIVISION AVE.

Very respectfully,



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

M. V.

PLATE DESTROYED

Wid Ctf. 865-992

Harriet E

McElroy

may  
Nyack - N.Y.  
29 Division Ave



Ex'r.

278  
DEPENDENT.

B/161

No.

1132238

Act of April 10, 1908

amended by Act. Sept. 8, 1916.

Act of

Harriet E. McElroy  
Myack

N.Y.

Widow

Charles McElroy

Service

B 161 N.Y. Inf.

Died

Nov. 18, 1918

No

other claim.

than

D.C. 1083975

Dec 11, 1918

EPC

Clerk.

Application filed:

Dec. 3, 1918

Attorney:

Edgar T. Gaddis

P. O.

Washington

D.C.

Notified DEC 12 1918 F, 19

Feb 11 1919 L-ally

Gaddis

Better in of judge T  
told W. C. C. T

no dir KJ

CIVIL 1918  
DEC 13 1918

Chaff

[3-216 a.]

~~Davidson~~

Ex'r.

No.

118181570

Act of June 27, 1890.

Charles McCloy  
P. O. Nyack.  
Rockland Co N.Y.  
Service: B. 161. N.Y. Inf.  
Enlisted: Aug. 12, 1862.  
Discharged: Oct. 25, 1865.  
Application filed: Oct. 16, 1896.  
Alleges: " " May 13, 1904  
Any other Claim filed: No.  
Numerical No.

Attorney:

P. O.

~~Alfred S. Tappan~~  
~~George W. Tappan~~  
~~Miles B. Tappan & Co.~~  
City  
Miles B. Tappan & Co  
City

Recognized.

Contract.

Cert. of Dis. Searched for

, 189 .

City filed

Not Nov 5796 S.H.  
Nov. 11/96. - War Dept for full hist  
Tad. S. Tarrytown, N.Y. order to  
Atty Lemon. <sup>1896</sup> D. 1607 16.

March 29/97 - Atty Taber inf'd  
N.H. Clint failed to be exam. D.

July 22/99 - Atty Stevens & Co.  
inf'd Clint failed to be  
examined. D.

Feb. 14/01 - To Bd for ex. bit. D.

Vt.  
Oct. 1. 1901. Letters of ref. N. F.  
to Bd. & Atty Stevens & Co. N.H.  
MASS.

June 6, 1904. As to attempt  
for further ex. & Clint  
R. I. family & data vis. - ma

CONN.

N. Y.

N. J.

DEL.

No.

INFORMATION WANTED

Feb 4, 1919

No. 1132238

Herbert E. McElroy  
and C. has. McElroy  
Co. B, 161 Regt. N. Y. Inf. Vols.

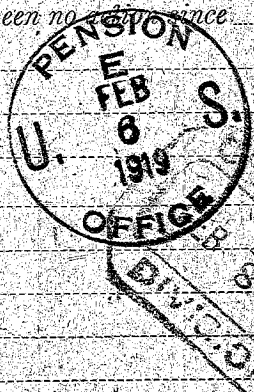
Commissioner of Pensions:

Please furnish the condition of the claim  
mentioned above and state what evidence, if  
any, is required to complete the same.

Very respectfully,

Edgar T. Gaddis,  
WASHINGTON, D. C.

There has been no change since



# INFORMATION WANTED

Apr. 5, 1919

No. 1132238

Harriet E. McElroy and  
Chas. McElroy

Co. B, 161 Regt. N. Y. Inf. Vols.

Commissioner of Pensions:

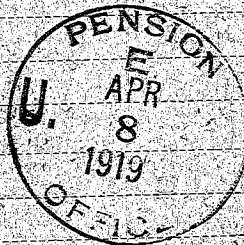
Please furnish the condition of the claim  
mentioned above and state what evidence, if  
any, is required to complete the same

Very respectfully,

Edgar T. Gaddis,

WASHINGTON, D. C.

There has been no action since



Q.  
C.2.

Circular Call No. 7

(3-100.)

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Nov. 16, 1896.

Mr. Charles McElroy,  
late a private in  
Co. 13, 161<sup>st</sup> Regiment N. Y. Vol. Inf.,  
an applicant for Original  
Invalid Pension, No. 4187815,  
on account of disability from kidney  
disease, nervous debility,  
and loss of left limb,

has been directed to report himself to you.

Very respectfully,

D. I. MURPHY,  
Commissioner.

Dr. S. F. Norton, Sec.,  
Tarrytown,  
Co. Westchester, N. Y.

CLAIMANT'S POST-OFFICE ADDRESS:

Charles McElroy,  
Hick, Rockland Co., N. Y.  
Atty. Gen. E. Lemon, City.

N. B.—Read the inside of this circular before examining a claimant.

## TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned, and each order of this character must be indorsed "*Claimant failed to appear within the specified time.*"

Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular must be returned to this Bureau with your certificate of examination, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.



Act of Feb. 6, 1907.

Cert. 1083945

Name, Charles McElroy

Application filed June 1, 1907  
Service, B, 161 N.Y. & Cal. City.

Act of April 19, 1908, amended by  
Act of September 8, 1916.  
3-732

D

Cert. No. 865992

Marriet E.

Widow of

Charles Mc Elroy

Rank Capt.

Company B

Regiment 161<sup>st</sup> N. Y. Inf.

Rate per Month \$ 2.50

Commencing Dec. 3<sup>rd</sup> 1918

Ending

Agency or Group No. Group 2

Issued Apr. 3<sup>rd</sup> 1919, 191

Increased to \$50 per mo. from  
Aug. 4, 1926-Act July 3, 1926.

666.00 dW

MAR 20 1928

Clint as To  
W. St. Compensation Etc

MAR 29 1928

Director Vets Bu.  
any compensation Etc

See In. Cert 108395

ACT JUNE 27, 1890

INVALID. (Series.....)

Cert. No. 1083975

Name, Charles M. Elroy

Rank, Corpil; Service, Co B 161

N.Y. Vol Inf.

Original Roll: New York N.Y.

Agency. Transf'd, 1, to

, 1, to

Issued, July 1, 1904

Mailed, July 6, 11

Rate and Period, \$ 8, from May 13 1904

Fee, \$ 10.

Deductions:

Disability:

Entered

Issued, July 18, 1905

Mailed, July 28, 1905

Rate and Period, \$ 10, from May 12, 1905

Fee, \$ 2.

Deductions:

Disability:

ACT JUNE 27, 1890

Per. 3

Per. 14

Issued *Jan 15, 1908*  
Mailed *JAN 16 1908*  
Rate and Period, \$ *15*, from *June 1, 1907*  
Fee, \$  
Deductions: *0*  
Disability: *a*

Issued *Sept 30 1912*  
Mailed *OCT 1 1912*  
Rate and Period, \$ *30.*, from *May 21 1912*  
Fee, \$  
Deductions: *0*  
Disability: *ACT OF MAY 11, 1912.*

INDORSEMENTS.

*Sept. 4, 1906. Census letter  
ref. to delay in payment for  
Ang. gr. referred to P. A.  
L. M. Fin. Div.*

**DROPPED**

PAIGE  
DEC 12 1918  
FIN. DIV.

*See Ward Cert 865992*

Accrued Pension,  
ACT OF MARCH 2, 1895.

Accrued Pension Order

Issued Apr. 3, 1919

Payable to Widow

Sent \_\_\_\_\_

to Finance Division.

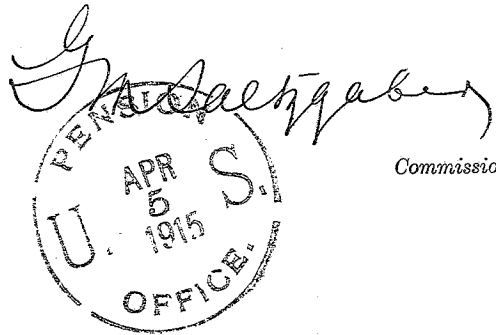
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

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,

CHARLES MC ELROY,  
NYACK, N. Y.  
1083975  
29 DIVISION AVE.,



Commissioner.

- No. 1. Date and place of birth? Answer. *May 9, 1837, Hamburg, N. J.*  
The name of organizations in which you served? Answer. *161st Regiment, N. S. V.*
- No. 2. What was your post office at enlistment? Answer. *Watkins, Schuyler Co., N. Y.*
- No. 3. State your wife's full name and her maiden name. Answer. *Harriet Electa McElroy*  
*Harriet Electa Madewell*
- No. 4. When, where, and by whom were you married? Answer. *Nov. 5, 1862 at Hopewell Center, N. J. by Rev. D. S. Bacon*
- No. 5. Is there any official or church record of your marriage?  
If so, where? Answer. *I do not know.*
- 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. *No.*
- 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. *No.*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *Living with wife*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
- |  |                                 |
|--|---------------------------------|
| <i>Alonzo McElroy</i>                        | <i>July 29, 1867 (deceased)</i> |
| <i>Howard McElroy</i>                        | <i>Aug. 15, 1871</i>            |
| <i>Mrs. Calvin M. Powell (Grace McElroy)</i> | <i>Sept. 29, 1874</i>           |
| <i>Edith L. McElroy</i>                      | <i>Nov. 4, 1879</i>             |
| <i>Estelle McElroy</i>                       | <i>Jan. 6, 1884</i>             |

Date *April 3, 1915*

(Signature)

*Charles McElroy*



# AFFIDAVIT

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes, and Thence to be Mailed to  
Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.

State of New York County of Rockland ss: ss

In claim No. 1132238 of Harriet E. Mc Elroy  
(The claimant's name here)

widow of Charles Mc Elroy who served  
(If claimant be the widow, state widow of, etc.)

in Co. B of the 161 Regiment of N. Y. Infy

(State company and regiment, or vessel if service was in U. S. Navy)

Personally appeared before the undersigned duly authorized to administer oaths within and for the  
County and State aforesaid Grace M. Powell age 44 years,  
(Name of Affiant)

whose P. O. is Nyack County of Rockland

State of New York whom I certify to be credible, who being duly sworn,  
states in relation to said claim as follows, to wit:

That I am a daughter of Harriet E. Mc Elroy  
who resides at No 29 Division Avenue  
Nyack, N. Y. That my father Charles  
Mc Elroy was married to my mother  
on the 15<sup>th</sup> day of November 1862 at  
Hopewell Centre Ontario County, New York  
by Rev. D. S. Bacon, Pastor of the Methodist  
Episcopal Church, in the presence of  
A. Furmon and Sarah Furmon as  
witnesses. To the best of my knowledge  
information and belief the said Pastor  
and both of the witnesses are now dead  
nor are there any other persons who witnessed  
said marriage except myself. That my  
information of the foregoing facts is  
based upon an examination and  
inspection of my parents marriage  
certificate received by my mother's possession

And affiant further states that he has no interest in this claim.

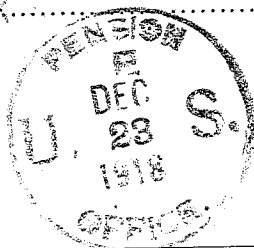
John P. Messler  
(If affiant signs by mark, two witnesses sign here)

Grace M. Powell  
(Affiant's signature)

Sworn to and subscribed before me on the 9<sup>th</sup> day of December 1918, and I hereby  
certify that the contents of this affidavit were fully made known to the affiant before signing and

I have no interest in this claim or its prosecution and I believe the affiant  
(See foot note)

Impress Seal  
here.



William J. [Signature]  
(Official Signature)  
Nation Public Rockland Co. N. Y.  
(Official Character)  
76-78 Main St. Nyack, N. Y.  
(Address of Official)

\* The officer before whom sworn should on the lines preceding his official signature add these words—"and I believe the affiant to be credible" (if he so believes).

# AFFIDAVIT

Claim No. 1132238

Claimant Harriet E. Mc Elroy

Soldier Chas. Mc Elroy

Service B - 161

Wm. J. Murphy

N. B.—Affiant should state as a material part of his (or her) affidavit his means of knowing or believing the facts to which he testifies to be true so that his testimony may receive full faith and credit.

When it is *impossible* to establish a fact or date required to be proven in the claim of a widow or minor child or dependent parent by *direct proof*, for instance, by transcript of a public or church record or by affidavits of those having *personal* knowledge, the claimant may furnish testimony which *tends* to establish the fact sought to be proven, that is tends to establish the probable truth of the matter to the end that mere doubt as to the truth, or as to the precise date of a marriage, birth or death, may be solved in favor of the claimant.

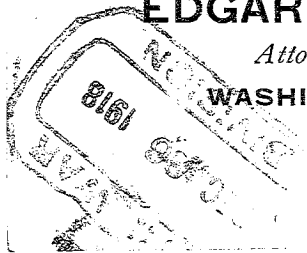
If the affiant testifies, not from personal knowledge, but upon the basis that he has good reason to *believe* that to be true to which he testifies, that is that the version he gives has been his understanding and is the common understanding or belief among acquaintances, in other words that such is true by repute and general report among neighbors according to the *best* of affiant's knowledge, information and belief, then affiant should state the basis of such knowledge, information and understanding, from whence derived, so that it may appear how affiant has gained knowledge of the matter to which he testifies.

FILED BY

EDGAR T. GADDIS

Attorney-at-Law

WASHINGTON, D. C.



# AFFIDAVIT

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes, and Thence to be Mailed to  
Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.

State of New York County of Rochland ss:

In claim No. 1132238 of Harriet E. M. Elroy  
(The claimant's name here)

widow of Charles M. Elroy who served  
(If claimant be the widow, state widow of, etc.)

in Co. B of the 161 Regiment of N. Y. Infantry

(State company and regiment, or vessel if service was in U. S. Navy)

Personally appeared before the undersigned duly authorized to administer oaths within and for the  
County and State aforesaid Estelle M. Elroy age 34 years,

whose P. O. is Myack County of Rochland

State of New York whom I certify to be credible, who being duly sworn,  
states in relation to said claim as follows, to wit:

That I am a daughter of Harriet E. M. Elroy who  
resides at No. 29 Division Avenue Myack, N.Y.  
That my father Charles M. Elroy was married  
to my mother on the 5th day of November 1862  
at Hopewell Centre, Ontario County, New York  
by Rev. D. S. Bacon, Pastor of the Methodist  
Episcopal Church in the presence of A. Furmon  
and Sarah Furmon as witnesses. To the best  
of my knowledge, information and belief the  
said Pastor and both of the witnesses are  
now dead. Nor are there any other persons  
who witnessed said marriage now  
living. That my information  
concerning the foregoing facts is  
based upon and examination and  
inspection of my parents marriage  
certificate now in my mother's  
possession.

And affiant further states that he has no interest in this claim.

(If affiant signs by mark, two witnesses sign here)

(Affiant's signature)

Sworn to and subscribed before me on the 9 day of December 1918, and I hereby  
certify that the contents of this affidavit were fully made known to the affiant before signing and

I have no interest in this claim or its prosecution

(See foot note)

Impress Seal  
here.

(Official Signature)

(Official Character)

(Address of Official)

\* The officer before whom sworn should on the lines preceding his official signature add these words—"and I believe  
the affiant to be credible" (if he so believes).

# AFFIDAVIT

Claim No. 1132238

Claimant Harriet E. McElroy

Soldier Chas. McElroy

Service B - 161

N. Y. Duffy

N. B.—Affiant should state as a material part of his (or her) affidavit his means of knowing or believing the facts which he testifies to be true so that his testimony may receive full faith and credit.

When it is *impossible* to establish a fact or date required to be proven in the claim of a widow or minor child or dependent parent by *direct proof*, for instance, by transcript of a public or church record or by affidavits of those having *personal* knowledge, the claimant may furnish testimony which *tends* to establish the fact sought to be proven, that is tends to establish the probable truth of the matter to the end that mere doubt as to the truth, or as to the precise date of a marriage, birth or death, may be solved in favor of the claimant.

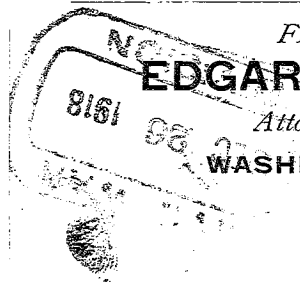
If the affiant testifies, not from personal knowledge, but upon the basis that he has good reason to *believe* that to be true to which he testifies, that is that the version he gives has been his understanding and is the common understanding or belief among acquaintances, in other words that such is true by repute and general report among neighbors according to the *best* of affiant's knowledge, information and belief, then affiant should state the basis of such knowledge, information and understanding, from whence derived, so that it may appear how affiant has gained knowledge of the matter to which he testifies.

FILED BY

EDGAR T. GADDIS

Attorney-at-Law

WASHINGTON, D. C.



# AFFIDAVIT

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes, and Thence to be Mailed to  
Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.

State of New York County of Rockland ss: ss

In claim No. 1135238 of Harnet E. Mc Elroy  
(The claimant's name here)

widow Charles Mc Elroy who served  
(If claimant be the widow, state widow of, etc.)

in Co. B of the 161 Regiment of N.Y. Inf.

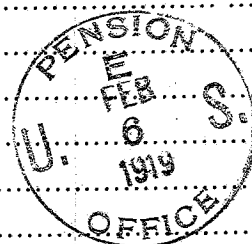
(State company and regiment, or vessel if service was in U. S. Navy)

Personally appeared before the undersigned duly authorized to administer oaths within and for the  
County and State aforesaid. Evelena Wallace age 70 years,  
(Name of Affiant)

whose P. O. is Utica County of Rockland

State of New York whom I certify to be credible, who being duly sworn,  
states in relation to said claim as follows, to wit:

That I have personally known Mr and  
Mrs Charles Mc Elroy for approximately  
forty five years past and that to my  
personal knowledge and belief  
that neither Mr nor Mrs Mc Elroy  
had been married prior to the  
date of their marriage, to any  
other person whatsoever. That  
I have known them personally  
for the time above mentioned and  
have had every opportunity  
to know them in their personal  
relations. I am certain and  
aver that they were never  
divorced and lived together  
up to the time of the death of  
Mr Charles Mc Elroy.



And affiant further states that he has no interest in this claim.

(If affiant signs by mark, two witnesses sign here)

Evelena Wallace  
(Affiant's signature)

Sworn to and subscribed before me on the 27 day of January, 1919 and I hereby  
certify that the contents of this affidavit were fully made known to the affiant before signing and

I have no interest in this claim or its prosecution\*

affiant to be credible.

and I believe the  
(See foot note)

Impress Seal  
here.

(Official Signature)

(Official Character)

(Address of Official)

\* The officer before whom sworn should on the lines preceding his official signature add these words—"and I believe the affiant to be credible" (if he so believes).

# AFFIDAVIT

Claim No. \_\_\_\_\_

Claimant \_\_\_\_\_

Soldier \_\_\_\_\_

Service \_\_\_\_\_

N. B.—Affiant should state as a material part of his (or her) affidavit his means of knowing or believing the facts to which he testifies to be true so that his testimony may receive full faith and credit.

When it is *impossible* to establish a fact or date required to be proven in the claim of a widow or minor child or dependent parent by *direct proof*, for instance, by transcript of a public or church record or by affidavits of those having *personal* knowledge, the claimant may furnish testimony which *tends* to establish the fact sought to be proven, that is tends to establish the probable truth of the matter to the end that mere doubt as to the truth, or as to the precise date of a marriage, birth or death, may be solved in favor of the claimant.

If the affiant testifies, not from personal knowledge, but upon the basis that he has good reason to *believe* that to be true to which he testifies, that is that the version he gives has been his understanding and is the common understanding or belief among acquaintances, in other words that such is true by repute and general report among neighbors according to the *best* of affiant's knowledge, information and belief, then affiant should state the basis of such knowledge, information and understanding, from whence derived, so that it may appear how affiant has gained knowledge of the matter to which he testifies.

FILED BY  
FEB 8 1919  
EDGAR T. GADDIS  
Attorney-at-Law  
WASHINGTON, D. C.

# AFFIDAVIT

To be Executed Before an Officer Authorized to Administer Oaths for General Purposes, and Thence to be Mailed to  
Edgar T. Gaddis, Attorney-at-Law, Washington, D. C.

State of New York County of Rochester ss: ss

In claim No. 1132232 of Harriet E. M. Elroy  
(The claimant's name here)

widow of Charles M. Elroy who served  
(If claimant be the widow, state widow of, etc.)

in Co. B of the 161 Regiment of Infantry

(State company and regiment, or vessel if service was in U. S. Navy)

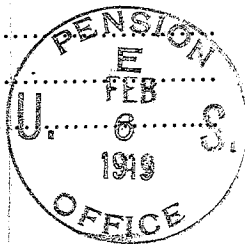
Personally appeared before the undersigned duly authorized to administer oaths within and for the  
County and State aforesaid Leonidas A. Dykes age 70 years,  
(Name of Affiant)

whose P. O. is Lyons, N. Y. County of Rochester

State of New York whom I certify to be credible, who being duly sworn,  
states in relation to said claim as follows, to wit:

That I have personally known Mr and  
Mrs. Charles M. Elroy for about forty years  
that I truly believe that neither of them  
was married to any other person prior  
thereto and that they had never been  
divorced. That they lived happily to  
gether as man and wife up to the  
time of the death of Mr. M. Elroy  
that I have met them intimately  
during the period of my acquaintance  
with them and believe that I am  
capable and competent to make  
the foregoing statements which  
I have signed and sworn to.

And affiant further states that he has no interest in this claim.



(If affiant signs by mark, two witnesses sign here)

(Affiant's signature)

Sworn to and subscribed before me on the 27 day of January 1919, and I hereby  
certify that the contents of this affidavit were fully made known to the affiant before signing and

I have no interest in this claim or its prosecution \*

(See foot note)

Impress Seal  
here.

(Official Signature)

(Official Character)

(Address of Official)

\* The officer before whom sworn should on the lines preceding his official signature add these words—"and I believe the affiant to be credible" (if he so believes).

# AFFIDAVIT

Claim No. 1132238  
Claimant Harriet E. McElroy  
Soldier Chas. McElroy  
Service B - 161  
N. Y. Infy

N. B.—Affiant should state as a material part of his (or her) affidavit his means of knowing or believing the facts to which he testifies to be true so that his testimony may receive full faith and credit.

When it is *impossible* to establish a fact or date required to be proven in the claim of a widow or minor child or dependent parent by *direct proof*, for instance, by transcript of a public or church record or by affidavits of those having *personal* knowledge, the claimant may furnish testimony which *tends* to establish the fact sought to be proven, that is tends to establish the probable truth of the matter to the end that mere doubt as to the truth, or as to the precise date of a marriage, birth or death, may be solved in favor of the claimant.

If the affiant testifies, not from personal knowledge, but upon the basis that he has good reason to *believe* that to be true to which he testifies, that is that the version he gives has been his understanding and is the common understanding or belief among acquaintances, in other words that such is true by repute and general report among neighbors according to the *best* of affiant's knowledge, information and belief, then affiant should state the basis of such knowledge, information and understanding, from whence derived, so that it may appear how affiant has gained knowledge of the matter to which he testifies.

FILED BY  
**EDGAR T. GADDIS**

Attorney-at-Law

WASHINGTON, D. C.