Acts of June 27/90

For "Completed Files."

Application for Pension.

No. Cf. 356,127

Division Southern

Claimant's Name. John W. Orrew.

Soldier's Name. " " "

Co. G 4th *Regt.* U.S.C.T. *Vols.*

IN COMPLIANCE WITH ORDER No. 151.

1. That the declaration has been made in due form, stating the proper service of the soldier ~~and the facts as to incurrence of his disability in~~ and his discharge from the service.

2. That the proof establishes that the disability alleged in the declaration was ~~incurred in the service and line of duty~~ not due to vicious habits.

3. That the proof connects the present disability for which pension is claimed with wounds or diseases incurred in the service and establishes the fact of disability during any past pensionable period.

4. That the claimant has, with the authority of the Bureau of Pensions, had a regular medical examination in respect to the disability described and claimed for in the declaration.

5. That, in the opinion of the claimant, the claim is fully made out and complete.

6. Proof has been made showing that the soldier died of an injury or disease contracted in the service and that claimant is the soldier's widow.

7. That proof of dependence has been filed in the claim and that the soldier left no widow or minor children.

OFFICE OF

W. H. Wills ~~& Co.~~

P. O. Box 89,

Washington, D. C., Mar. 12th 1891

To the Commissioner of Pensions.

SIR:

We hereby certify upon honor that after a careful consideration of the case aboye mentioned, and to which paragraph No. 1-2-4-5 Date refer to, we ~~are~~ of the opinion that the case is complete.

W. H. Wills

Attys. for Claimant

Remarks