

SPECIAL EXAMINATION DIVISION.

3-594.

ctf No. 913.387
 Claimant *Thomas Shipley*
 Soldier *Joseph Shipley*
 Co. *K* 9 Reg't *U S C Inf*
 Enlisted *Nov 24*, 18. *63*
 Discharged *26*, 18. *66*

Department of the Interior,
 BUREAU OF PENSIONS.

Baltimore, Md.
 Washington, D. C., *Dec 16*, 189*7*

Mr. *Wm H. Day*
Newport

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply requires no stamp.

Very respectfully,

McKay Brandt
 Commissioner.

Q. Do you remember the soldier,
 as a member of your company?

Ans.

yes

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans.

yes

Q. If you do remember any such wound, injury, or disease, state the nature of same.

Ans.

best of my knowledge he suffered with Rheum-
atism & sciatica & I feel satisfied I am right

Exhibit B

(Signature:)

Wm H. Day

(Address:)

Newport Md

(In cities, street and number.)

Charles Co