

Act of June 27, 1890.

A

DECLARATION FOR INVALID PENSION.

A

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

STATE OF Iowa
COUNTY OF Seatt } ss.

On this 23 day of July, A. D. one thousand eight hundred and ninety-one
personally appeared before me, Clerk District Court
within and for the county and State aforesaid, James McFate
aged 54 years, a resident of the City of Princeton
county of Seatt, State of Iowa, who, being
duly sworn according to law, declares that he is the identical James McFate
who was ENROLLED on the 22nd day of August, 1862, in Company "B"
22nd Regt Pennsylvania Cavalry [Here state rank, company and regiment
in Military service, or vessel, if in the Navy.]

in the service of the United States, in the War of the Rebellion, and served at least ninety days, and was HONOR-
ABLY DISCHARGED at New Creek, West Virginia on the 1st day of June
1865. That he is Now unable to earn a support by manual labor by
reason of Loss of Eyesight & Hearing & Rheumatism's
[Here name the disease or injuries from which disabled.] And General Debility & Piles

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief
permanent. That he has Keener applied for pension under application No.

~~That he is a pensioner under certificate No.~~
[If a pensioner, the Certificate number only need be given. If not, give the number of the
former application if one was made.]

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

He hereby appoints Oliver M Evans
of Davenport Seatt Co, State of Iowa, his true and lawful attorney
to prosecute his claim and receive a fee of Five Dollars That his POST-OFFICE ADDRESS is Box 29
Princeton county of Seatt

State of Iowa
James McFate
x
[Claimant's signature.]

Attest: (1) x James Stewart
(2) x Nathaniel Brown

to get what is legally
 coming to me from Mrs
 Mettall's pension. I hope
 had heavy expenses and
 now and very low in
 financial circumstances
 I'm very sorry that I
 can not send you
 the stamped bill for
 I never got any only
 from the undertaker
 and that was \$193.00
 My operation left
 me so I am not

able to work this
 summer and as I
 hope you will consider
 the matter and
 send me the sum
 required.
 At oblige

Mrs Ella Mc Hale

221 E. Dover St.

Doverport

Yours

(over)

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

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

Orig
James M. Sate
[State above whether for original, increase, or restoration.]

Pension Claim No. 1043115

Company C, 22 Reg't I. Cav.

Rank, Private

Brimston Iowa.

Adamsport Iowa State.

[Post-office address of the Board.]

Dec. 16

1891

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Profound blindness, rheumatism
piles and general debility

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

and that he receives a pension of _____ dollars per month

He makes the following statement upon which he bases his claim for Orig
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Profund has been coming on gradually for two years.

Rheumatism for past sixteen years in small of the back.

Piles bothers him good deal.

Can see very well with glasses.

Here give a full description of the disability, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, 76
respiration, 18; temperature, normal; height, 5 feet 8 inches; weight, 150
pounds; age, 54 years. Case near ordinary conversation beyond 6 feet with either ear. No organic disease of eyes. Has good
deal of presbyopia which is corrected with glasses. Find very large prostate gland which would better account for good
deal of incontinence or pain in back.
Some incontinence at present examination. Not large.
No evidence of rheumatism in any of the muscles joints or tendons.
Hart and veins normal.
No other disabilities found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18
rating for the disability caused by Prostate enlarged 4/18 for that caused
by Piles, and 0 for that caused by Profund
0 for blindness

Pres. J. P. Crawford, Sec'y. W. B. Brown, Treas.

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

3-389.
(Old No. 3-173.)

Div.

Ex'r.

East
Claim No. 1043115

James McFate

Co. C, 72 Reg't Pa. Vol. Cav

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. June 16, 1903

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. James McFate,
RR & Co.

Commissioner.

Lawrenceburg

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

Answer:

Yes Mary Brown Nancy McFate

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

Dec 28 1865 by Rev. Samuel S. Kahan

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

Gas McFate of Lawrenceburg and Miss Nancy Brown on Dec 28 1865 by S. Kahan

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer:

No

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

Mary E. Born Oct 16th 1866 James B. 1867
John C. Jan 4 1871 Mary H. Feb 22 1872 James
W. Aug 18th 1874 Willie B. Apr 12th 1876
Eva H. Oct 30th 1878

Gas McFate Lawrenceburg

Lawrenceburg

Date of reply, June 22nd, 1903

Gas McFate

(Signature.)



East

Division.

AKT Ex'r.

Claim No. 1043115 Department of the Interior,

James McFate,

BUREAU OF PENSIONS,

Co. C, 21 Reg't Pa. Vol. Inf.

Washington, D. C. June 16, 1903

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,

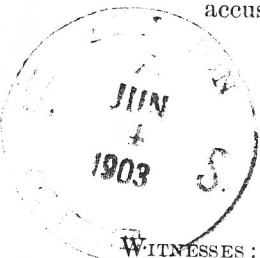
James McFate,
RR 2, S. H. L.

B. F. Ware
Commissioner.

Savenport, Iowa

1. When were you born? Answer. June 14 1837
2. Where were you born? Answer. Philadelphia Pa.
3. When did you enlist? Answer. On the 22nd day of August 1862
4. Where did you enlist? Answer. from Chicago Ill.
5. Where had you lived before you enlisted? Answer. Chicago Ill.
6. What was your post-office address at enlistment? Answer. Chicago Ill.
7. What was your occupation at enlistment? Answer. helping in saw mill
8. When were you discharged? Answer. the first day of June 1865
9. Where were you discharged? Answer. at New York City
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
I lived 3 months at Savenport Iowa
for 3 years at Savenport Iowa
11. What is your present occupation? Answer. Farmer
12. What is your height? Answer. 5 feet 7 inches. Your weight? 170
The color of your eyes? Blue The color of your hair? dark Your complexion?
fair Are there any permanent marks or scars on your person? If so, describe them.
No
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.

James McFate



WITNESSES:

1. George H. Changier
2. Pearl E. McFate

Date: June 22nd, 1903

[Witnesses who can write sign here.]

5-357.
(Old No. 3-464aa.)

Cert. Div. 724, Ex.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Oct 6, 1903

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier
age and personal
description at
enlistment.

1 Inc.

No other report on file.
Claim No. 1043, 115
Name, James McFaire
Co. C, 22 Reg't Pa. Vol. Cav.

Commissioner.

Address: "Chief of the Record and Pension Office,
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

James McFaire
Co. B, Ringgold Battery Pa. Cav.
was enrolled Aug 22, 1862,
and M. O., 4th Co. June 1, 1864.
as of Co. "C," 2d Reg't Pa. Cav.
which was formed of men
transferred from Co. B, Ringgold
Battery Pa. Cav. March 64.

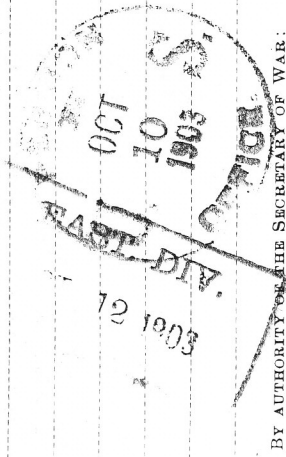
From May 1, 186 to Nov 1, 186,
he held the rank of Private.

and during that period the rolls show him present
except as follows: Feb. 29/64, Absent
Sick in Hospital at New Creek
Apr. 30/64, Absent Camp at
Mount Hoppers Storey, Va.
June 30/64, Absent Detail
Camp Martinsburg, Va.

Age 25 yrs.
Height: 5' 4 1/2 in.
Complexion: Fair
Eyes: Blue
Hair: Dark
Born: Washington, Pa.
Occupation: Farmer

Name also found as
James McFaire

The medical records show him treated as follows:
Mar. 21 to April 21, 1864
Typho malarial, set to duty.
No additional record of
disability found.



W. D. Smith
Per J
Chief, Record and Pension Office.

Washington, D. C., OCT 9 1903
(COMMISSIONER OF PENSIONS.)

ACT JUNE 27, 1890.

Increase

INVALID PENSION.

Claimant,

P. O.

County

State

Rate, \$

per month, commencing

Rank

Company

Regiment

Pensioned for

inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name

P. O.

Fee, \$

Agent to pay.

APPROVALS

Submitted for

1905

Examiner.

Approved for

Approved for

of heart and rectum, varicose veins of legs and senile debility

Aggregate of disabilities shown, permanent in character: \$10

from April 19, 1905.

June 23, 1905

Legal Reviewer.

190

Re-Reviewer.

W. H. W. Medical Examiner.

June 27, 1905

Medical Referee.

Enlisted

August 22 1862

honorably discharged

June 1, 1865

Enlisted

186

; honorably discharged

186

Pensioned at \$

8

per month.

Last paid to

of heart piles senile debility. No other service

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

February 21, 1905

alleges

increase pensioned Cause varicose veins both legs impaired eyesight palpitation of heart and general debility from age.

Claimant does

write

Certificate not filed.

No

M. C.

100-68 Aug 1905

EASTERN

440 m.

Regt. 22

SURGEON'S CERTIFICATE

Insert character
and number of
claim.

Increase

Pension Claim No. 1,071,440

Name of claim-
ant.

James McFaitte

Address
of
Board.

Clinton. _____ P. O.

Company C 22 Reg't Pa. Cav.

0 Iowa.

State.

Claimant's post-office address.

LeClaire, Scott Co. Iowa.

April 19, 1905. _____, 190

Varicose veins both legs, impaired sight, disease of heart.

Names of disabilities.

rheumatism, general debility, age, deafness and piles.

He receives a pension of \$8.00 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: I have suffered with varicose veins, impaired sight, deafness and rheumatism for many years. I am growing old becoming weak and unable to earn my living by manual labor.

Birthplace, Pennsylvania. ; age, 57 years; height, 5ft 9 ;
weight, 145 pounds; complexion, light ; color of eyes, blue ;
color of hair, gray ; occupation, gardener. ; permanent marks and
scars other than those described below, _____

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

Pulse rate, 81.83 / 100; respiration, 14.20 24; temperature, 98.6;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

The tongue is clean, skin natural in appearance, muscular system fairly well developed.

VARICOSE VEINS. He suffers from varicose veins both legs, extending from the ankle to the knee. Some of them are as large as a lead pencil and most of the veins are involved, but they are not ulcerated or inflamed at this examination.

IMPAIRED SIGHT. He is only able to read D 50 Snellen at 20 feet with either eye, there is quite marked conjunctivitis present but no opacities.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

DISEASE OF HEART. There is a very slight mitral regurgitant murmur which is increased on exercise, but the heart is not irregular or intermittant and the area of dullness is not increased. There is some arterio sclerosis present but the heart is otherwise normal, except as described.

GENERAL DEBILITY. There is some general debility present fully corresponding to his age.

DEAFNESS. He can only hear loud conversation with the right ear at four feet distance and with the left ear at six feet distance. The external auditory apparatus is normal.

RHEUMATISM. He suffers from a mild form of rheumatism of the joints. There is no creptitis present and no swelling or enlargement except in the finger joints which are considerably enlarged. There is no limitation of passive motion and very little of active motion. There seems to be a general rigidity of the muscles and he claims at times that he suffers from it in a severe form.

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.

PILES. There are two small pile tumors one half an inch in diameter present neither ulcerated or inflamed at this examination. He suffers from a troublesome pruritus causing him considerable annoyance.

There is a stellate cicatrix 2 x 1 inches in size on the dorsal aspect of the left hand over the second phalanx beginning one inch below the distal end and running obliquely backward and inward. At about the middle of this cicatrix another cicatrix $\approx 1 \times 1/4$ inches extends outward and forward. There is another cicatrix on the palmar surface about midway between the palm of the hand and the wrist joint nearly opposite the cicatrix just described. Both are contracted and adherent with slight loss of soft tissue. These are the result of an injury received in a feed grinder in June 1904.

The tendon of the second finger is included in the scar and he is unable to flex it more than about one half normal.

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

C. Jonsson, Pres. J. A. Hallinger, Sec'y. J. S. Somers, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Original

Pension Claim No. 1,043,115

Name of claimant.

James McFate,

Company C 22 Reg't Pa Vol Cav

Address of Board.

Davenport,

P. O.

Iowa

State.

Claimant's post-office address.

R.R. F. D. #1, Davenport, Ia.

July 15th,

1903

[Date of examination.]

Names of disabilities.

Var Veins of both legs, deafness, poor eye sight, disease of of heart and debility from age, Rheumatism, Piles and enlarged Prostate gland. He receives a pension of No dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Var V 1st several yrs. Deafness several yrs. Eyes 5 or 6 yrs. Heart 10 yrs or more. Debility, gradually, Rheumatism 10yrs. Piles not so bad last 4 yrs. Prostate gland enlarged, frequent urination.

Birthplace, Philadelphia, Pa.; age, 66 years; height, 5-9" ; weight, 150 pounds; complexion, Fair; color of eyes, Blue; color of hair, Brown; occupation, Farmer; permanent marks and scars other than those described below, none

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

Pulse rate, 72- 74- 78- ; respiration, 18- 19- 20- ; temperature, N ;
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Varicose Veins both external Saph. hardly size goose quill, below knee very superficial. No disability there from. Left Varicocele, size 2 x3, says contracted in service, somewhat painful.

Hears ordinary conversation both ears at 6 feet.

Vision O. D. 20/40 O. S. 20/80. Improved slight by glasses for reading newspaper, but not for distance. No other disease of eyes.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Apex beat seen & felt 7th interspace N.L. Dullness from lower border 3 to lower border 6th and from N.L. To right Border Sternum. Slight hypertrophy, no present dilatation, oedema, cyanosis or dyspnoea. No murmurs, sounds weak. Rhythm at present regular, but action generally weak and irritable on slight exercise.

Rest 33 Exp. 34 1/2 At rest. #6 Insp. Lungs normal.

Urine 1022. Acid, no albumin, pus, blood or sugar.

Prostate gland enlarged, size of horse chestnut, bladder somewhat irritable and contracted.

Right shoulder limited 1/4 and crepitates. No other present evidence of Rheumatism, save cramps in legs, which may be due to Varicose Veins.

3 Int. Piles size of filbert, not at present ulcerated or bleeding. Claimant is somewhat senile, but not markedly so for age.

No other disability. No evidence of vicious habits.

Rate:--

We find that the aggregate permanent disability for earning a support by manual labor is due to Var. Veins, Varicocele, Irritable heart, Rheumatism, Piles, Enlarged Prostate and senility, not due to vicious habits, and warrants a rate of \$10.00 per month.

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.

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

W. H. H. H.

Pres.

Ed. R. R. R.

Sec'y.

W. H. H. H.

Treas.

For use when additional space is needed to complete or amend report of examination.

Increase

Pension Claim No. 1,071,440

James McFaitte

22 Pa. Cav.
Company C, Reg't
DeClaire, Scott Co. Iowa.

April 19, 1905. _____, 189

[Date of examination.]

EXAMINATION—Continued.

•Taking this man as a whole he is not able to do any hard manual labor and he suffers from several troubles none of them however, especially pronounced. We do not believe him able to do more than 1/3 to 1/2 a day's work at light labor. Except as above we find no disabilities. We find the aggregate permanent disability for earning a support by manual labor due to varicose veins, impaired sight, deafness, rheumatism and piles, not due to vicious habits, and warrants a rating of \$10.00 per month.

C. J. Foss, Pres. J. S. Hullinger, Sec'y. J. S. Lovell, Treas.

6-552

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Iowa
County of Scott } ss.

On this 1st day of March, A. D. one thousand nine hundred and Seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, James McHaite, who, being duly sworn according to law, declares that he is 69 years of age, and a resident of Le Claire county of Scott State of Iowa; and that he is the identical person who was ENROLLED at Washington Pa under the name of James McHaite, on the 22nd day of August, 1862, as a Private, in Co "C" 22nd Regiment Pennsylvania Cavalry 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 at New Creek West Va (State name of war, Civil or Mexican.) on the 1st day of June, 1865. That he also served in Co "B" Ringgold Battalion Pennsylvania Volunteer Cavalry (Here give 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 9 inches; complexion, Fair; color of eyes, Blue; color of hair, Dark; that his occupation was Farmer; that he was born June 14, 1837, at Philadelphia Pa.

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

Le Claire Iowa

(State date of each change, as nearly as possible.)

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

Pension Certificate No 1071440

(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 Le Claire, county of Scott, State of Iowa

James McHaite
(Claimant's signature in full.)

Attest: (1) W. A. Shirk
(2) H. D. Gault

Also personally appeared W. A. Shirk, residing in Le Claire Iowa and H. D. Gault, residing in Le Claire Iowa, 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 James McHaite, 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 10 years and 4 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.

W. A. Shirk
H. D. Gault
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 1st day of March, 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,

[L. S.]

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



J. E. Park
(Signature.)
Notary Public
(Official Character.)

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Iowa
County of Scott } ss.

On this 1st day of July, A. D. one thousand nine hundred and seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, James McHarte, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Le Claire county of Scott, State of Iowa; and that he is the identical person who was ENROLLED at Washington Penn under the name of James McHarte, on the 22nd day of Aug, 1862, as a Private, in Co "C" 22 Regiment Penn Cavalry
(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 New Creek West Virginia, on the 1st day of June, 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 9 inches; complexion, Fair; color of eyes, Blue; color of hair, Dark; that his occupation was Farmer; that he was born June 14, 1837, at Washington County Penn

That his several places of residence since leaving the service have been as follows:
Scott County Iowa
(State date of each change, as nearly as possible.)

That he is — a pensioner. That he has — heretofore applied for pension under act of Feb 6 1907. He now holds Pension Certificate #1071440
(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 Le Claire, county of Scott, State of Iowa

Attest: (1) James McHarte
(Claimant's signature in full.)

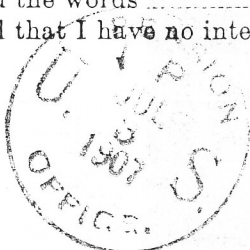
(2) _____

Also personally appeared A. J. Naumann, residing in Le Claire Iowa and Ed Simpson, residing in Le Claire Iowa, 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 James McHarte, 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 3 years and 5 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.

A. J. Naumann
Ed Simpson
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 1st day of July, 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.]



J. E. Park
(Signature.)
Notary Public
(Official character.)

Des *Reissue*
ACT OF MAY 11, 1912. Cert. No. *071440*

✓ Claimant, *James M^e Faite.*
✓ P. O., *La Clair.* Rank, *Private*
✓ County, *Scott.* Service, *B. Ringgold's Bath Bn. Cal.*
✓ State, *Iowa.* *Private C 22 Pennsylvania Cav.*
WTF Rate, \$ *30* per month, commencing *June 17, 1912.*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, _____ Fee, \$ _____; Agent to pay.
P. O., _____ Articles filed _____, 19

APPROVAL.

Submitted for *admission* *Mich. 6*, 19*13*, *M. A Brooks*, Examiner.
Approved for *admission* Rate \$ *30* per month; age *75* years.

Reissue from act February 6 1907

Length of pensionable service: *2* years, *9* months, *9* days.

Deductions in service from any cause: _____ years, _____ months, *1* days,

on account of *Desertion*

April 14, 191*3*, *H. L. Mann* *April 16*, 191*3*, *L. L. Mann*
Legal Reviewer. Re-Reviewer.

✓ Enlisted *Aug. 22*, 18*62*, honorably discharged *June 1st*, 18*65*

Enlisted _____, 18 _____; honorably discharged _____, 18

Enlisted _____, 18 _____; honorably discharged _____, 18

Length of pensionable service: *2* years, *9* months, *9* days. *W*

✓ Pensioned at \$ *10* per month, under *Act Feb 6, 1907*

PRESENT CLAIM, ACT OF MAY 11, 1912.

✓ Declaration filed *June 17*, 191*2*

✓ Age shown by evidence *75* years; date of birth *June 14*, 18*37*

✓ Claimant does *u* write.

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 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,

JAMES MC FAITE,
LE CLAIRE, IOWA.
1071440

G. M. Sargent
Commissioner.
PENSION
JAN 21 1915
OFFICE

No. 1. Date and place of birth? Answer. June 14, 1837. Philadelphia Pennsylvania
The name of organizations in which you served? Answer. Co. B. Ringold Battalion
Co. C. 22nd Pa. Co. Volunteer Cavalry

No. 2. What was your post office at enlistment? Answer. Cayce Pa. Washington Co.

No. 3. State your wife's full name and her maiden name. Answer. Mrs. Nancy (Brown) Mc. Faite

No. 4. When, where, and by whom were you married? Answer. Dec. 28, 1865. Le Claire, Iowa
By Rev. J. S. Kelston

No. 5. Is there any official or church record of your marriage? Yes
If so, where? Answer. Court House Le Claire, Iowa

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. 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 former marriage

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

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

Mary Ella McFaiter born Oct. 16-1866 Margaret Gertrude born Nov. 3-1880
Lurana McFaiter Dec. 17-1867 Deceased
Fannie Anna McFaiter Apr. 1-1869 Deceased
John Alexander McFaiter Jan. 4-1871
William Franklin McFaiter Feb. 22-1873
Samuel Albert McFaiter Aug. 18-1874
Lula Belle McFaiter Apr. 12-1876
Mrs. E. A. Florence (McFaiter) Hansen born Oct. 30-1878

Date Mar. 22 1915 (Signature) James Mc Faite
C 0-272

REPRODUCED AT THE NATIONAL ARCHIVES

Two witnesses who can write must sign here.

NA MC- MWC
Civil War Division
Widow Orig. 1100812
Nancy Mc Faite
James Mc Faite
Co. C-22 Pennsylvania Cav.

State of Iowa }
County of Scott) SS.

In the matter of Nancy Mc Faite, "Widow" of
James Mc Faite of Company C. 22nd. Penn. Cav..
On the 23rd. day of Nov. A.D. 1917 personally appeared before
me, a Notary Public in and for the aforesaid County, duly
authorized to administer oaths, Nancy Mc Faite, "Widow" and
Claimant, aged Seventy-four (74) years, and a resident of Le Claire,
Scott County, State of Iowa, and whoes Post Office is Le Claire,
Iowa, well known to me to be reputable and entitled to credit, and
who being duly sworn, declare in relation to the aforesaid case
as follows:-

That I am unable to furnish public or church records
of my birth owing to the fact that I was born in Ireland, and no
records kept at that time that I know of, and that there was no
family record kept.

I further state that during the summers of
and between the years 1850 and 1860 I lived at the home of my
parents James Brown and Nancy Brown in Le Claire Township, Scott
County, Iowa., and that the names of my brothers who were living
during those years were; James, William and John, I had no sisters
living at this time.

Nancy Mc Faite

MAILED-M.W.C
Civil War Division
Wid. Orig. 1100812
Nancy Mc Faite
James Mc Faite
Co. C 22 Penn. Cav.

State of Iowa) SS.
County of)

In the matter of Nancy Mc Faite, "Widow"
of James Mc Faite of Co. C. 22nd. Pennsylvania Cav.

On this day of 1917, personally appeared before me
, a Notary Public in and for the aforesaid County, duly authorized
to administer oaths, John Campbell, -- aged --- years
and a resident of Gilman, ----- County, Iowa, and whose
Post Office is Gilman, -----, Iowa., well known to me to be
reputable and entitled to credit, and who being duly sworn, declare
in relation to the aforesaid case as follows:--

That I was well and personally acquainted with the Claimant
Nancy Mc Faite and her husband James Mc Faite now deceased, and
that I was present at the marriage of Nancy Brown and James
Mc Faite, said marriage occurring Dec. 28th. 1865, and that I know
that there was no prior marriage other than that above mentioned,
and that I have known Claimant and said soldier from the time they
became of marriageable ages, that I know that said Claimant and
soldier were never divorced, and that they lived together as
husband and wife up to the date of soldiers death, which occurred
May 9th. 1917.

That I know that he died on said date, and was buried
at Le Claire, Scott County, Iowa, ~~as I attend~~.

State of Iowa)
County of ~~Warrick~~) SS.

John Campbell

--28-- day of *Nov* 1917 by the above affiant, and I certify
Sworn to and subscribed before me this

MAMCD-M.W.C
Civil War Division
Wid. Orig. 1100812
Nancy Mc Faite
James Mc Faite
Co. C 22 Penn. Cav.

State of Iowa)
County of) SS.

In the matter of Nancy Mc Faite, "Widow"
of James Mc Faite of Co. C. 22nd. Pennsylvania Cav.

On this 4 day of Dec 1917, personally appeared before me
, a Notary Public in and for the aforesaid County, duly authorized
to administer oaths James H. Wilson, aged 75 years
and a resident of Davenport, Scott County, Iowa, and whose
Post Office is Davenport, Iowa., well known to me to be
reputable and entitled to credit, and who being duly sworn, declare
in relation to the aforesaid case as follows:-

That I was well and personally acquainted with the Claimant
Nancy Mc Faite and her husband James Mc Faite now deceased, and
that I was present at the marriage of Nancy Brown and James
Mc Faite, said marriage occuring Dec. 28th. 1865, and that I know
that there was no prior marriage other than that above mentioned,
and that I have known Claimant and said soldier from the time they
became of marriagable ages, that I know that said Claimant and
soldier were never divorced, and that they lived together as
husband and wife up to the date of soldiers death, which occured
May 9th. 1917.

That I know that he died on said date, and was buried

OFFICE OF
THE DIRECTOR

"Thrive by Thrift, Buy War Savings Stamps."

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

June 19, 1918.

Sir:

Referring to your letter of June 11, 1918, "WVJ-WMC Civil War Division, Wid. Orig. 1100812, Nancy McPaite, James McPaite, Co. C 22 Pennsylvania Cav.," I give below data secured from the

Census records of 1860:

Le Claire Township, Scott County,
Iowa, enumerated July 9, 1860.

Name.	Age.
James Brown	45
Nancy "	40
Nancy "	16
Wm "	18
John "	14
James "	12
Fanny "	7

You are advised that the schedules for Scott County, Iowa, as returned at the Census of 1860, have been carefully examined but we fail to find the pensioner's name enumerated therein.

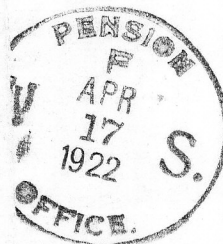
Very respectfully,

John A. ...

Director.

Widow-Divisions
 Rem. Sec.
 Wid. Cl. 848,986
 Nancy McFaul
 James McFaul
 Co. E, 22 Pa Cav.

22/4/9
 20



Please and
 Thank you.

221 E. Dover St
 Davenport Ia

Apr. 14-1922

Department of the Interior
 Wash. D. C.
 FINANCE DIVISION
 APR 20 1922

Dear Mr. Grady:
 Your letter came when
 I was in Chicago under-
 going a very serious
 operation, having a
 cancer removed, and
 to be up there time
 and am very sorry
 indeed not to be able

