

That prior to his entry into the service above named, he was a man of good, sound, physical health, being, when enrolled, a Farmer That he is now very much disabled from obtaining his subsistence by manual labor by reason of his injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States

He hereby appoints, with full power of substitution and revocation, of Indianapolis State of Indiana his true and lawful attorney to prosecute his claim. That he has not received any applied for a pension. His post office address is Spain Madison County of Vigo State of Indiana  
John Finster  
Signature of Claimant.

Two witnesses who can write.

W. A. Nichols  
R. J. Duker  
Also personally appeared William Strauchan  
Gracie Creek P. O., County of Vigo  
State of Indiana and Martin Hollinger  
Shorthants P. O., County of Vigo  
and State of Indiana; 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 John Finster the claimant, sign his name (make his mark) to the foregoing declaration and power of attorney; and they further swear 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 known him for 17 years last past; that his merits have been uniformly good, and his occupation has been that of a Farmer and that they have no interest in the prosecution of this claim.

When signed by mark, two persons must sign as witnesses to mark.

When signed by mark, two persons must sign as witnesses to mark. W. A. Nichols  
R. J. Duker  
Signature of two identifying witnesses } William Strauchan  
Martin Hollinger  
Sworn to, acknowledged and subscribed before me, this 9<sup>th</sup> day of October 1899, and I hereby certify that the contents of the foregoing declaration of claimant and affidavit of witnesses, was made known to each of them before administering the oath; and that I have no interest, direct or indirect, in the prosecution of this claim.

Official Signature.

W. A. Nichols  
Notary Public

**NOTE**—The law requires that this application must be executed before a Clerk or Judge of a Court of Record.

(1.) State all the circumstances under which disabled, and just how you were wounded, or how disease was contracted, naming the disease or wound, and when, state just how your disability has affected you since first contracted. Then follow with the names, dates and localities of all hospitals in which you were treated, and your full history from the time you were wounded or diseased, to the date of your discharge.