Clerk's Copy.

ENROLLMENT

OF

SOLDIERS,

THEIR WIDOWS AND ORPHANS,

OF THE

Armies of the United States,

RESIDING IN THE

STATE OF INDIANA,

AND

Center Township,

Hendricks County,

FOR THE YEAR 1894.

AN ACT

TO ENROLL THE LATE SOLDIERS, THEIR WIDOWS AND ORPHANS, OF THE LATE ARMIES OF THE UNITED STATES RESIDING IN THE STATE OF INDIANA, APPROVED APRIL 13, 1885, AS AMENDED BY AN ACT APPROVED MARCH 11, 1889.

SECTION 1. *Be it enacted by the General Assembly of the State of Indiana,* That each Township Assessor, as Assessor of his Township, at the time for taking lists of property for taxation, shall enroll every person employed in the late armies of the United States, of the War of 1812, of the War of the United States with Mexico, of the War of 1861, and of all Wars of the United States with Indian tribes, and other persons specified in the several classes below, residing in his Township:

First. Any officers of the army, including regulars, volunteers, and militia, or any officer in the navy or marine corps, or any enlisted man, however employed, in the military or naval services, or in the marine corps, whether regularly mustered or not.

Second. Any master serving on a gunboat, or any pilot, engineer, sailor, or other person, not regularly mustered, serving upon any gunboat or war vessel of the United States.

Third. Any person not an enlisted soldier in the army, serving for the time being as a member of the militia of any State, or who volunteered for the time being to serve with any regular organized military or naval force of the United States, or who otherwise volunteered and rendered service in any engagement with the British, rebels or Indians.

Fourth. Any acting assistant surgeon, or surgeon, or contract surgeon, or any other physician or person who temporarily volunteered to assist in taking care of the sick or wounded, and any chaplain of the army or navy.

Fifth. Every widow, whether remarried or not, and every child under sixteen years of age of all persons mentioned above in classes one, two and three, and the children of like ages and widows of every army or navy surgeon and army or navy chaplain, who have died or shall hereafter die, and the name of the deceased father or husband of said children and widows.

SEC. 2. Said Assessor shall write the first and surname of every person listed by them, and note whether of African descent, the rank, letter of the company, number of the regiment, and the State to which the regiment belonged of which the listed man was a member, the arm of service in which employed, whether injured, wounded or contracted disease while in the service, and his present post-office address, and the post-office address of all other persons listed, and in case of deceased fathers and husbands of said children and widows, the date of their death and place of residence, at the date of death; and shall ascertain and report whether any widow, not remarried, or other person listed, as in indigent circumstances, or in the almshouse, or dependent upon others for support.

SEC. 3. The first enrollment under this Act shall be made at the time of listing property for taxation for the year 1886, and once in four years thereafter, and the rolls shall be returned at the time the Assessor makes his assessment returns to the County Auditor, to the County Clerks of the proper counties.

SEC. 4. The Auditor of each county shall furnish the Township Assessor, at the expense of his county, such blanks and books as may be necessary for the aforesaid statements, in accordance with the forms to be prescribed by the Adjutant-General of the State of Indiana; and the Circuit Clerk shall, within thirty days after the aforesaid statements and rolls are returned to him, procure suitable books at the expense of his county, and prepare duplicate tabular statements thereof by townships, cities and towns, with the names arranged in alphabetical order, one of which he shall forward to the Adjutant-General of the State of Indiana, and the other shall be filed and retained in his office, and for said services the Clerk shall be entitled to the same compensation as now allowed by law for similar services, to be paid out of the county treasury; and each clerk shall furnish a true and certified transcript of such records to any regular organization of ex-soldiers when requested through their officers, and each Clerk shall furnish all necessary information contained in said tabular statement to pension claimants, their widows and orphans, and other claimants, for pay and bounty, as they or their agents or attorneys may demand, for which service last mentioned he shall receive no compensation whatever.

SEC 5. It shall be the duty of the Adjutant-General, when he shall have received the said tabular statement from the County Clerks, to put the same on permanent file in his office, and to make therefrom a general list, arranging the surnames in alphabetical order, by regiments and companies, which general list shall be retained in his office; and he shall transmit a true copy thereof to the Commissioner of Pensions at Washington, D. C., and shall furnish information to pension claimants and others, as provided in the next preceding section, under the restrictions and limitations imposed upon the County Clerks.

SEC. 6. Any officer intrusted with the custody of the records above provided for, who shall refuse or neglect to furnish, within a reasonable length of time, information or transcripts, as hereinbefore provided, to the proper applicant or applicants, shall be deemed guilty of a misdemeanor, and be fined, on conviction thereof, in a sum not less than twenty five dollars nor more than one hundred dollars.

County, Indiana, for the Year 1894.

In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
Yes.	No.	Yes.	No.	28	29

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Arvine. Robert.	Priv.	C	8	Ky	Yes.					Yes.		1861	Danville.	Ind.		
		Ayers. Wm. P.	Priv.	G.	14	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Armstrong. John S.	Mus.	H.	7	Ind.	Yes.					Yes.		1861	Danville.	Ind.	Three.	
		Biddle. J. G. H.	Priv.	I.	115	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Brown. Lewis B.	Priv.	G.	4	Iowa					Yes.	Yes.		1861	Danville	Ind.		
		Branch. D. B.	1st Serg.	F.	7	Ind.	Yes					Yes.		1861	Danville.	Ind.	Two	
		Beck. J. M.	Priv.	E	33	Ind.	Yes					Yes.		1861	Danville.	Ind.		
		Ballard. George.	Serg.	G.	4	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Brady. Samuel M.	Priv.	C.	29	Ind.	No.					Yes.		1861	Danville.	Ind.	Five.	
		Belton. James Lobau.	Priv.	L.	41	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Bayne. John.	Corp.		18	Ind.	Yes.											

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

LIBERTY

Enrollment of Soldiers, their Widows and Orphans of the

Index.	Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
			1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
			Cook, Silas E.	Priv.	C.	148	Ind.	Yes					Yes.		1861	Danville.	Ind.		
			Cofer, Thomas J.	Capt.	I	9th 16	Ind.	Yes					Yes.		1861	Danville	Ind.		
			Curtis, Henry Y.	Priv.	G	53	Ind.	Yes.					Yes		1861	Danville	Ind.		
			Clements, Wm. C.	Corp.	C.	51	Ind.	Yes					Yes.		1861	Danville.	Ind.		
			Christie, Isaac.	Priv.	I.	1	Ind.	Yes.					Yes.		1846	Danville.	Ind.		
			Curtis, Hughey.	Priv.	C.	51	Ind	Yes.					Yes.		1861	Danville.	Ind.		
			Crawford, Henry H.	Priv.	C.	70	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
			Conquest, William	Priv.	H.	7	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
			Dooley, Thomas.	Priv.	D.	124	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
			Douglass, Graham.	Priv.	B.	7	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
			Dooley, John W.	Priv.	C.	148	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
			Dicke, George W.	Priv.	B.	66	Ind.	Yes.					Yes.		1861	Danville.	Ind		
			Dickerson, S. B.	Priv.	L.	90	Ind.	Yes.					Yes.		1861	Danville.	Ind		
			Dunwiddie, John T.	Priv.	C.	51	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
			Dunbar, John S.	Priv.	F.	1	Ohio	Yes					Yes		1861	Danville.	Ind.		
			Davidson, Wm. J.	Priv.	H.	132	Ind.	Yes.					Yes.		1861	Danville.	Ind.		

LIBERTY GRAY

United States, Residing in 1.

WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		...ase While in Service. Give Nature of Disease.
16	17	18	19			20		21		
			Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	22
Cook. Zimri M.					'70	Chariton	Iowa			

Center Township, Hendricks County, Indiana, for the Year 1894.

Index	No.	NAME IN I	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Cook. Silas					Yes.			No		No		No	Thilo. Wounded in hip	
		Cofer. Thomas														
		Curtis. Henry														
		Clements. Wm														
		Christie. Isaa														
		Curtis. Hugh														
		Crawford. Hen														
		Conquest. We														
		Dooley. Thomas														
		Douglass. Gb														
		Dooley. John														
		Dicks. Geor														
		Dickerson. S														
		Dunwiddie. J														
		Dunbar. Jo														
		Davidson. W														

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Englehart. Martin	Priv.	K.	70	Ind.	Yes					Yes.		1861	Danville.	Ind.	Three.	two
		Foley. Charles.	Priv.	H.	132	Ind.	Yes.				100 days in War of 1861	Yes.		1861	Danville	Ind.	None.	orphans
		Fitzgerald. John.	Priv.	F.	14	Ind.	Yes.					Yes.		1861	Danville.	Ind.		

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z
LIBERTY

Armies of the

En

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Englehart, Martin	Emminger, Henry B.			July	19	'84	Danville.	Ind.	Danville.	Ind.	tion
		Foley, Charles.	Ferguson, Daniel.			Nov.	27	'87	Leavenworth.	Kans.	Leavenworth.	Kans.	rrhoea
		Fitzgerald, John.											

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LIBERTY

CLAY

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	ase While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Gentry. Richard M.	Priv.	C.	145	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Humston. J. E.	Priv.	C.	67	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Hill. Daniel F.	Capt.	E.	145	Ind.	Yes.					Yes.		1861	Danville.	Ind.		ued. Died instantly
		Hannick. James W.	Capt.	E.	21	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Heman. J. B.	Capt.	H.	99	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Hall. Chester F.	Corp.	H.	7	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Holley. Josiah S.	Priv.	G.	99	Ind.	Yes.					Yes.		1861	Danville.	Ind.	Two.	
		Hall. Stanley G.	1st Lieut.		77	Ind	Yes.					Yes.		1861	Danville	Ind.	Two	
		Huron. Frank H.	1st Serg.	C.	70	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Hadley. John V.	1st Lieut.	B.	7	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Hadley. Henry C.	Priv.	G.	11	Ind.	Yes.					Yes.		1861	Danville.	Ind		
		Hyten. Thomas N.	Serg.	H.	7	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Hulett. Thomas H.	Priv.	G.	77	Ind.	Yes					Yes.		1861	Danville.	Ind.		
		Hendron. Squire	Corp.	K.	1	Ky. Cav.	Yes.					Yes.		1861	Danville.	Ind.		
		Hitchcock. Alfred.	Priv.	E.	23	Ind.	Yes.					Yes.		1861	Danville.	Ind.	Three.	
		Harchbarger. Joseph.	Priv.	G.	11	Ind.	Yes.					Yes.		1861	Danville.	Ind		
		Harris. William	1st Serg.	K.	7		Yes.					Yes.		1861	Gale.	Ind.		
		Hayden. Allen.	Priv.	G.	99	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Howell. B. F.	Priv.	C.	193	Ohio	Yes.					Yes.		1861	Danville.	Ind.		
		Hendricks. Milton.	Priv.	K.	79	Ind.	Yes.					Yes.		1861	Danville.	Ind		
		Hart. Aaron	Priv.	I.	9	Ind.	Yes.					Yes.		1861	Danville.	Ind		
		Harlan. C. E.	Priv.	H.	132	Ind.	Yes.					Yes.		1861	Danville.	Ind		
		Hussy. Harvey.	Priv.	I.	11	Ind.	Yes					Yes.		1861	Danville.	Ind		

En Armies of the United States, Residing in t.

Index.	No.	NAME IN FULL. 1	WIDOW OF 16	SON OF 17	DAUGHTER OF 18	Date of Deceased Father's or Husband's Death. 19 Month.	Day.	Year.	Place of Death of Deceased Father or Husband. 20 Town or City.	State.	Residence of Deceased Father or Husband at time of Death. 21 Town or City.	State.	...se While in Service. Give Nature of Disease. 29
		Gentry. Richard M.	Gregg. George.					'69	St. Louis	Mo.	Danville.	Ind.	
		Humston. J. E.	Hawkins. Saml L.	Hawkins. Wm.	Hawkins. Abigal.	Aug.	14	'93.	Danville.	Ind.	Danville.	Ind.	
		Hill. Daniel F.	Harvey. Geo. C.	Harvey. Amos.	Harvey. Mary	Apr.	6	'64.	Pittsbury Landing	Tenn.	Rockville.	Ind.	...nd. Died instantly
		Hamrick. James V.	Hogate. Charles F.			Mar	16	'74.	Danville.	Ind.	Danville.	Ind.	
		Homan. J. B.											
		Hall. Chester F.											
		Holley. Josiah D.											
		Hall. Stanley A.											
		Huron. Frank H.											
		Hadley. John V.											
		Hadley. Henry C.											
		Hyten. Thomas N.											
		Hulett. Thomas H.											
		Hendren. Squire											
		Hitchcock. Alfred.											
		Harshbarger. Joseph											
		Harris. William											
		Hayden. Allen.											
		Howell. B. F.											
		Hendricks. Milton.											
		Hart. Aaron											
		Harlan. C. E.											
		Henry. Harvey.											

En Center Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Gentry. Richard M.	[illegible]				Yes			No		No		No		
		Humston. J. E.					Yes.			No		No		No		
		Hill. Daniel F.	Pittsburg Landing	Tenn.	Pittsburg Landing	Tenn.	Gun Shot.					No		No		Gun Shot Wound. Died instantly
		Hamrick. James W.					Yes.			No				No		
		Homan. J. B.														
		Hall. Chester F.														
		Holley. Josiah D.														
		Hall. Stanley G.														
		Huron. Frank H.														
		Hadley. John V.														
		Hadley. Henry C.														
		Hyten. Thomas N.														
		Hulett. Thomas H.														
		Hendren. Squire														
		Hitchcock. Alfred.														
		Harshbarger. Joseph														
		Harris. William														
		Hayden. Allen.														
		Howell. B. F.														
		Hendricks. Milton.														
		Hart. Aaron														
		Harlan. C. E.														
		Henry. Harvey.														

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Jeffers. James M.	Priv.	B.	117	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Johnson. William	Corp.	C.	25			U. S. Regulars.					Yes.	1861	Danville.	Ind.		
		Jones. Ezekiel.	Priv.	B.	117	Ind.	Yes					Yes.		1861	Danville.	Ind.	Two	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	ase While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Kelleher. Daniel B.	Priv. corp. corp.	B. H. G.	117 132 156	Ind.	Yes.					Yes.		1861	Danville.	Ind.	One.	
		Kennedy. L. H.	Asst. Surg.		7	Ind.	Yes					Yes.		1861	Danville.	Ind		
		King. John M.	Priv.	G.	14	Ind.	Yes					Yes.		1861	Danville.	Ind		
		Kinman. Thomas B.	Priv.	C.	70	Ind.	Yes					Yes.		1861	Danville.	Ind.		
		Kesler. Covington.	Priv.	C.	148	Ind.	Yes					Yes.		1861	Danville.	Ind.		
		Lingenfelter. H. B.	Priv.	G.	53	Ind.	Yes.					Yes.		1861	Danville.	Ind.		of the Heart.
		Long. George W.	Orp.	C.	3	Ky	Yes					Yes.		1861	Danville.	Ind.		vound received at Battle uga.
		Little. Horace.	Serg.	K.	43	Ind.	Yes.					Yes.		1861	Danville.	Ind		
		Little. J. K.	3 Serg.	K.	11	Ind.	Yes.					Yes.		1861	Danville.	Ind.		

Armies of the United States, Residing in [illegible].

Index.	No.	NAME IN FUL	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Kelleher. Dan[illegible]											
		Kennedy. L. H[illegible]											
		King. John M[illegible]											
		Kinnan. Thomas											
		Kisler. Covington											
		Lingenfelter. H.	Lewis. James.			Mar.	14	91	Danville.	Ind.	Danville.	Ind.	of the Heart.
		Long. George [illegible]	Leffew. Samuel.			Aug.	18	74	Danville.	Ind.	Danville.	Ind.	ound received at Battle nga.
		Little. Horace.											
		Little. J. K.											

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

LIBERTY

CLAY

En Center Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	State.	Deceased Father or Husband Died of Wounds Received at — Place. (23)	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	No.	In Indigent Circumstances? (25) Yes.	No.	In Alms House? (26) Yes.	No.	Dependent on others for Support? (27) Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
	1															
		Kelleher. Daniel [illegible]														
		Kennedy. L. H.														
		King. John M.														
		Kinman. Thomas B.														
		Kesler. Covington.														
		Lingenfelter. H. B.					Yes.			No.		No		No	Heart disease. First knew of it in front of Petersburg Va., on July 30. 1864.	Palpitation of the Heart.
		Long. George W.	No		Chickamauga.		Yes. Wounds.			No				No	Chickamauga.	Gun shot Wound received at Battle of Chickamauga.
		Little. Horace.														
		Little. J. K.														

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

LIBERTY CLAY

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Madeu. Riley.	Priv.	C.	145	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Miller. James S.	Priv.	F.	63	Ind.	Yes.					Yes.		1861	Danville.	Ind.		de.
		Marshall. J. S.	Corp.	L.	21	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Miller. James G.	2d Lieut.	M.	6	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Moore. Samuel H.	Priv.	G.	30	Ind.	Yes.					Yes		1861	Danville.	Ind.		
		Mc Daniel. David	Priv.	G.	53	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Mc Leay. John.	Priv.	E.	3	Ohio.	Yes.					Yes.		1861	Danville.	Ind.		
		Mc Leay. Alfred V.	Priv.	H.	7	Ind.	Yes.					Yes.		1861	Danville.	Ind.		

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LIBERTY

CLAY

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		...e While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Maden, Riley.	Maloney, John			July	5		Danville.	Ind.	Danville.	Ind.	
		Miller, James S.	Maddax, Edward R.			Apr.	15	'79.	Cartersburg	Ind.	Cartersburg,	Ind.	lt.
		Marshall, J. S.	Montgomery, James H.			Aug.	12	'90.	Danville.	Ind.	Danville.	Ind.	,
		Miles, James G.											
		Moore, Samuel H.											
		Mc Daniel, David	Mc Pheeters, M. J.			Feby	14	'88.	Center Tp.	Ind.	Center Tp.	Ind.	
		Mc Coy, John,											
		Mc Coy, Alfred V.											

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Coulter Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	State.	Deceased Father or Husband Died of Wounds Received at — Place. (23)	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	No.	In Indigent Circumstances? (25) Yes.	No.	In Alms House? (26) Yes.	No.	Dependent on others for Support? (27) Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Maden. Riley														
		Miller. James S.					Yes.									Lung Trouble.
		Marshall. J. S.					Yes.							No		Consumption.
		Miles. James G.														
		Moon. Samuel H.														
		Mc Daniel. David						No						No		
		Mc Kay. John.														
		Mc Kay. Clifford V.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Nichols. Thomas.	Capt.	E.	4	Ind.	Yes.					Yes.		Black Hawk War.	Danville.	Ind.		
		Nichols. Erasmus D.	Priv.	a. B.	53 117	Ind.	Yes.					Yes.		1861.	Danville.	Ind.	One.	
		Nichols, William H.	Priv.	H.	117	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Osborn. E. C.	Priv.	I.	1	Ind.	Yes.					Yes.		Mexican.	Danville.	Ind.		

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Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Nichols, Thomas.											
		Nichols, Erasmus L.											
		Nichols, William H.											
		Osborn, E. C.	Ogden, Jane S.			Feby	10	'77	Danville.	Ind.	Danville.	Ind.	

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Enl… Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27			
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Nichols. Thomas.														
		Nichols. Erasmus L.														
		Nichols, William H.														
		Osborn. E. C.			Winchester. Va.		Yes.									

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	IRREGULAR SERVICE. Volunteers.	Regulars.	Militia.	Marines.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Thacker, B. G.	Priv.	C.	156	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Powers, Joe.	Priv.	B.	117	Ind.	Yes					Yes.		1861	Danville.	Ind.	One.	
		Pearson, Silas M.	Priv.	I.	11	Ind.	Yes.					Yes.		1861	Danville.	Ind.		

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14 Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13			15	29
		Runnels. Thomas M.	Priv.	C.	51	Ind.	Yes					Yes.		1861	Danville.	Ind.		
		Rice. Jesse.	Priv.	B.	149	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Rankin. Leroy C.	Priv.		18	Ky.	Yes.					Yes.		1861	Danville.	Ind.		
		Reeder. Reason R.	Priv.	H.	7	Ky.	Yes.					Yes.		1861	Danville.	Ind.		
		Russell. John C.	Corp.	K.	70	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Rankin. Wm. W.	Priv.	F.	5	Ky	Yes.					Yes.		1861	Danville.	Ind.		
		Rollins. John W.	Serg.	K.	9	Va.	Yes.					Yes.		1861	Danville.	Ind.		
		Scearce. George W.	2d Lieut.	K.	51	Ind.	Yes.					Yes.		1861	Danville.	Ind.		Diarrhoea
		Smock. David R.	Priv.	E.	29	Ind.	Yes.					Yes.		1861	Danville.	Ind.		iarrhoea.
		Scearce. Nathan J.	Priv.	C.	148	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Sears. R. B.	Priv.	G.	14	Ind.	Yes					Yes.		1861	Danville.	Ind.		
		Stapp. James W.	Priv.	G.	77	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Simms. Robert T. D.	Priv.	I.	121	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Stewart. Charles W.	Capt.	G.	117	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Sims. James P.	Priv.	C.	1	Ky.	Yes.					Yes.		1861	Danville.	Ind.		
		Sacre. Charles.	Priv.	H. C.	132 148	Ind.	Yes.					Yes.		1861	Danville.	Ind.	One	
		Stewart. William. Sr.	Priv.	G.	27	Ind.	Yes					Yes.		1861	Danville.	Ind.	Four	
		Sears. William R.	Priv.	K.	79	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Symons. Alphens L.	1st Serg.	D.	101	Ind.	Yes					Yes.		1861	Danville.	Ind.		

Enr

Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Runnels, Thomas M	Rader, Henry H.	R. married to Wm. G. Parker.		Dec.	6	74.	Danville.	Ind.	Danville.	Ind.	
		Rice, Jesse.											
		Rankin, Leroy C.											
		Reeder, Reason R.											
		Russell, John C.											
		Rankin, Wm. W.											
		Rollins, John W.											
		Scearce, George W.	Simpson, Wm. H.		Simpson, Wm. H.	Mar.	11	72	Danville.	Ind.	Danville.	Ind.	Diarrhoea
		Smock, David R.	Scearce, Wm. H.			Oct.	5	74	Danville.	Ind.	Danville.	Ind.	Diarrhoea.
		Scearce, Nathan J.	Scearce, Elizabeth E.			Dec.	23	71.	Danville.	Ind.	Danville.	Ind.	
		Seare, R. B.											
		Stapp, James M.											
		Simms, Robert T. D											
		Stewart, Charles W.											
		Sims, James P.											
		Sacre, Charles.											
		Stewart, William, Sr.											
		Scare, William R.											
		Symons, Stephens D											

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Enr Center Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Runnels. Thomas M					Yes.									
		Rice. Jesse.														
		Rankin. Leroy C.														
		Reeder. Reason R.														
		Russell. John C.														
		Rankin. Wm. W.														
		Rollins. John W.														
		Scearce. George W.					Yes.							No.	Chronic Diarrhoea. while at Paducah. Ky.	Chronic Diarrhoea
		Smock. David R.								No				No		Chronic Diarrhoea.
		Scearce. Nathan J.					Yes.			No				No	Pneumonia.	
		Sears. R. B.														
		Stapp. James W.														
		Simms. Robert T. S.														
		Stewart. Charles W.														
		Sims. James P.														
		Sacre. Charles.														
		Stewart. William S.														
		Sears. William R.														
		Symons. Alphens L.														

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	IRREGULAR SERVICE. Volunteers.	Regulars.	Militia.	Marines.	White.	Colored.	Was of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10		11	12	13	14		15	29
		Templin, Simeon.	Priv.	K.	70	Ind.	Yes.						Yes.		1861	Danville.	Ind.		
		Thomas, Benj. F.	Capt.	G.	99	Ind.	Yes.						Yes.		1861	Danville.	Ind.		
		Tinder, John W.	Sergt.	G.	4	Ind.	Yes.						Yes.		1861	Danville.	Ind.		
		Taylor, John T.	Priv.	I.		Ind.	Yes						Yes.		1861	Danville.	Ind.		
		Tout, George W.	Priv.	H.	7	Ind.	Yes.						Yes.		1861	Danville.	Ind.		
		Thompson, Jesse.	Priv.	I.	63	Ind.	Yes						Yes.		1861	Danville.	Ind.		
		Tout, C. C.	Priv.	H.	7	Ind.	Yes						Yes.		1861	Danville.	Ind.		

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
(Letter "V." see Below)																		
		White. Charles G.	Corp.	G.	117	Ind.	Yes.					Yes.		1861	Danville.	Ind.		Ill. at Ft. Hudson. La.
		Winings. Archibald.	Priv.	G.	11	Ind	Yes.					Yes.		1861.	Gale. Ind.	Ind.		
		Wiltshire. Alfred.	Serg.	G.	77	Ind.	Yes.					Yes.		1861	Danville.	Ind.	Three	
		Wyte. John.	Priv.	M.	77	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Wood. George W.	Priv.	G	59	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		White. F. M.	1 Serg.	A.	124	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Wilson. Wm. L.	Priv.	C.	145	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Winstel. Joseph.	Priv.	E.	33	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Worden. Wm. Riley	Priv.	F.	3	Ky	Yes					Yes.		1861	Danville.	Ind.		
		Wills. E. C.	Corp.	4 C.	54 145	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Wilson. George	Priv.	C.	145	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
Letter "V."		Vennie. Milton B.	Priv.	C.	51	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Vennie. N. M.	Priv.	I.	99	Ind.	Yes.					Yes.		1861	Danville.	Ind.		
		Van Meter. John R.	Priv.	H.	15	Ind.	Yes.					Yes.		1861	Danville.	Ind		

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Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
(Letter "V." see Below)		White. Charles G.	Warner. John F.			Sept.	26	'75.	Neosha Falls.	Kans.	Neosha Falls.	Kans.	Lt. at Ft. Hudson, La.
		Winings. Archibald.											
		Wilcham. Alfred.											
		Wyte. John.											
		Wood. George W.											
		White. F. M.											
		Wilson. Wm. L.											
		Winsted. Joseph.											
		Worden. Wm. Riley.											
		Wilts. E. L.											
		Wilson. George.											
Letter "V."		Vennie. Milton B.											
		Vennie. M. M.											
		Van Note. John R.											

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Enr Center Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
(Letter "V." See Below)		1														
		White, Charles A.	No.				Yes			No				No		Throat trouble, at Ft. Hudson, La.
		Winings, Archibald.														
		Welshaus, Alfred.														
		Whyte, John.														
		Wood, George W.														
		White, F. M.														
		Wilson, Wm. L.														
		Winsted, Joseph.														
		Warden, Wm. Riley.														
		Wills, E. C.														
		Wilson, George.														
Letter "V."		Vannice, Milton B.														
		Vannice, H. M.														
		Van Note, John R.														

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Barlow, James M.	Priv.	H.	132	Ind.	Yes.					Yes.		61-65	Plainfield,	Ind.	4	
		Barker, John M.	"	C	29	"	"					"		61-65	Avon,	Ind.		
		Baily, Joseph.	"	H.	25	"	"					"		61-65	Toll Gate.	Ind.		

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E[illegible] Township, [illegible] Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27			
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
			1												28	29
		Barlow. James M[illegible]													Injured in right groin by fall from mule near Nashville. Tenn. July 22. '64. Lost left leg at Stone River. Tenn. Dec. 31. 1862	
		Barker. John M[illegible]														
		Bailey. Joseph.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Carson, Francis.	Priv.	I.	2	Ky.	Yes.					Yes		61-65	Avon,	Ind.		
		Crone, D. L.	"	D.	124	Ind.	"					"		"	Bridgeport,	Ind.	2.	
		Crone, Michael.	"	L	2	Mo	"					"		"				
		Cox, Elizabeth R.	Serg.	I	63	Ind.	"					"		"	Plainfield,	Ind	2	
		Cox, Byron.																
		Cox, May.																
												*						
		Lewis, Mary G.	Priv.	I	7	Ind.	Yes.					Yes.		61-65	Avon,	Ind.		
		Lumbar, Walter L. V.	"	F.	34	Mass	"					"		"	Clermont,	Ind.		

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LIBERTY

CLAY

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Carson, Francis.											
		Crone, L. L.											
		Crone, Michael.											
		Cox, Elizabeth R.	Zimri W. Cox.										
		Cox, Byron.		Zimri W. Cox.									
		Cox, May.			Zimri W. Cox.								
		Davis, Mary G.	John H. Davis			Mar.	9	96.	Plainfield	Ind.	Plainfield	Ind.	
		Dumbar, Walter L. V.					"		"	"	"	"	
							"		"	"	"	"	
						Sept.	21	93.	Cross.	Ind.	Cross.	Ind.	

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LIBERTY

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En Washington Township, Hendricks County, Indiana, for the Year 1894.

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		1														
		Carson. Francis.														
		Crone. D. L.														
		Crone. Michael.														
		Cox. Elizabeth R.					Yes.			No		No		No		
		Cox. Byron.					"			"		"		"		
		Cox. May.					"			"		"		"		
		Lewis. Mary G.					Yes.			No		No		No.	Wounded in hand and leg at Battle of Wilderness, May 1864. Rheumatism contracted at Perryville, Md. Winter of 61-62.	
		Lumbar. Walter L. V														

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Travis, Sarah E.	Pvt.	F.	79	Ind.	Yrs.					Yrs.		61-65	Bridgeport.	Ind.		

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En Armies of the United States, Residing in .

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						19			20		21		
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		1	16	17	18								
		Travers, Sarah E.	William Travers			Apr.	25	'71.	Bridgeport	Ind.	Bridgeport.	Ind.	

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LIBERTY

CLAY

En Washington Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		1														
		Travis, Sarah E.					Yes.			No.		No		No	Injured by exposure and hard service during 3 years enlistment.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Gibbs. Henry H.	Priv.	G.	117	Ind.	Yes.					Yes.		61-65	Plainfield	Ind		
		Gossett. Barney.	"	I	7	"	"					"		"	Tall Gate.	Ind		chronic diarrhoea resulting
		Gray. George W.	"	B.	7	"	"					"		"	Avon	Ind.		rea. and piles contracted in Miss. Ga.
		Green. Joseph.	"	I	17	"	"					"		"	Plainfield	Ind		lung disease while in
		Huron. Jack J.	Priv.	C.	29	Ind.	Yes.					Yes.		61-65	Avon.	Ind.		ueling in loss of left eye.
		Hollingsworth. Asbury S.	Corp.	K.	79	"	"					"		"	Plainfield	Ind.		algia & rheumatism while in
		" Albert A.	Priv.	I.	54	"	"					"		"	"	Ind.		tracted at Nashville. Tenn. uble.
		" " "	"	K.	148	"	"					"		"	"	Ind.		near Franklin. Tenn. Dec. 17. '64. k and side by horse falling on him

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LIBERTY
CLAY

Index.	No.	NAME IN FULL. 1	Deceased Father or Husband was Killed at 22 — Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 — Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — Yes.	No.	In Indigent Circumstances? 25 — Yes.	No.	In Alms House? 26 — Yes.	No.	Dependent on others for Support? 27 — Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		Gibbs. Henry H.													Contracted Asthma while in service	
		Gossett. Barney.													Broken down in knees on march from Beverly to Phillipi, W. Va, Dec. 61	Contracted chronic diarrhoea resulting in piles
		Gray. George W.														Chronic diarrhoea and piles contracted in Andersonville Prison. Ga.
		Green. Joseph.														Contracted lung disease while in service.
		Huron. Scott J.														Erysipelas, resulting in loss of left eye.
		Hollingsworth. Asbury														Contracted neuralgia & rheumatism while in service.
		" Albert														Rheumatism Contracted at Nashville. Tenn. Also heart trouble.
		" " "													Taken with flux & camp diarrhoea, fall of 1864. at Pulaski. Tenn. resulting in liver complaint & piles.	While in action near Franklin. Tenn. Dec. 17. '64. was injured in back and side by horse falling on him

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Jenkins, Solan W	1st Sgt.	K.	79	Ind.	Yes.					Yes.		61-65	Avon.	Ind	3	rhoea, resulting in indi-

Er Washington Township, — Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — 22 — Place.	State.	Deceased Father or Husband Died of Wounds Received at — 23 — Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — Yes.	No.	In Indigent Circumstances? 25 — Yes.	No.	In Alms House? 26 — Yes.	No.	Dependent on others for Support? 27 — Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Jenkins, Solan W														Chronic diarrhoea, resulting in indigestion

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Merritt. William Joseph.	Priv.	I.	9th Cav. 121	Ind.	Yes.					Yes.		61-65	Gale.	Ind.		...arrhoea & disease of Stomach
		Mendenhall. Lewis.	"	D.	117	"	"					"		"	Avon.	Ind.		
		McClain. John S.	Priv.	K.	79	Ind.	Yes					Yes.		61-65	Toll Gate.	Ind.		
		McClain. Bascom S.	"	K.	79	"	"					"		"	Avon.	Ind.		...at Louisville, Ky. Sept. 1, '63. Contracted ... Tenn. June, '63.
		McDonald. James.	"				"				On Govt. Transport Boat St. Cloud.		Yes	"	Bridgeport.	Ind.		...by exposure on Govt. Boat, on Ohio ...3.
		McClain. Gilbert D.	1st Sgt.	K.	79	"	"					"		"	Avon.	Ind.		...s on Atlanta Campaign ...64.

Er (Washington Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Merrell. William Jay														Piles. Acute diarrhoea & Chronic of Stomach
		Mendenhall. Lewis.														
		Mc Clain. John S.													Lost left leg. Battle of Stone River, Tenn. Dec. 31. '62.	
		Mc Clain. Baccam S.														Suffered Sun Stroke at Louisville, Ky. Sept. 1. '63. Contracted at Mc Minnville, Tenn. June. '63. Contracted dropsy by exposure on Govt. Boat. on Ohio River. Apl. 1863.
		Mc Donald. James														
		Mc Clain. Gilbert S.													Wounded in left shoulder. front of Atlanta Ga. Fall of '64.	Contracted piles on Atlanta Campaign Summer of '64.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Ogborn. Samuel.	Priv.	17th Ind. 4th Cav.		Ind.	Yes.					Yes.		61-65	Toll Gate.	Ind.	3	Measles. resulting in Asthma. Va. Dec. 1863.

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			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Osborn. Samuel.													Rupture at Baltimore. Md. 1862.	Relapse from Measles, resulting in Asthma. Harpers Ferry. Va. Dec. 1863.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14 Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13			15	29
		Patterson, William	Priv.	K.	79	Ind.	Yes.					Yes.		61-65	Yvon.	Ind.		ease + catarrh of head while in service. Also ricose veins.
		Parsons, Adrian G.	"	I	9th Cav. 121		"					"		"	Plainfield	Ind.	5	
		Perkins, Joshua.	"	a F.	1						Mexican War.	"			Yvon.	Ind.		
		Parnell, Eli W.	"	H.	132	Ind.	"					"		"	Bridgeport.	Ind		. May. 64. Contracted Chronic l piles
		Price, John N.	"	H.	12	Ind.	"					"		"	Toll Gate.	Ind	2	cted in service. Also permanent injury from measles.
		Parks, Jonathan.	"		4	Ind.	"				Black Hawk War.	"		1832	Brownsburg.	Ind.		ora Contracted in service
		Parnell, George.	"	K.	79	Ind.	"					"		61-65	Toll Gate.	Ind		racted at Stone River. 1864.

En Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Patterson, William											ease & catarrh of head while in service. Also ricose veins.
		Parsons, Adrian G.											
		Perkins, Joshua.											
		Parnell, Eli W.											, May, 64. Contracted Chronic d piles
		Price, John N.											cted in service. Also permanent injury from measles.
		Parks, Jonathan.				Oct.	27	77	Haughville.	Ind.	Haughville.	Ind.	ora Contracted in service
		Parnell, George.											tracted at Stone River. 1864.

Enl Washington Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) — No.	In Indigent Circumstances? (25) — Yes.	In Indigent Circumstances? (25) — No.	In Alms House? (26) — Yes.	In Alms House? (26) — No.	Dependent on others for Support? (27) — Yes.	Dependent on others for Support? (27) — No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Patterson, William														Contracted heart disease + catarrh of head while in service. Also affected with varicose veins.
		Parsons. Adrian G.													Gun shot wound. Left side, Dec. 17, 64, at Spring Hill. Tenn.	
		Perkins. Joshua.														
		Parnell. Eli W.														At Louisville. Ky. May. 64. Contracted Chronic diarrhoea and piles
		Price. John N.														Deavey. Contracted in Service. Also permanent injury to back resulting from measles.
		Parks. Jonathan.					Yes.			No		No		No		Chronic diarrhoea Contracted in service
		Parnell. George.													Toe mashed at Chattanooga. Tenn. 1864. Ankle sprained at Lookout Mt. Tenn. 64.	Deafness contracted at Stone River. 1864.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14 Town or City.	State.	No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13			15	29
		Ratliff. Henry C.	Corp.	K.	79	Ind.	Yes.					Yes.		61-65	Gale.	Ind.		back while a prisoner, in
		Shipman. William	Priv.	F.	138	Ohio.	Yes.					Yes.		61-65.	Avon	Ind.		White House Landing, Va. of back and scurvy.
		Sanders. Daniel.	Corp.	K.	79	Ind.	"					"		"	Bridgeport.	Ind.	3	lesion, resulting in heart disease.
		Smith. McKendrie	Priv.	I.	7	"	"					"		"	Avon.	Ind.	6	resulting piles.
		Stutzman. David T.	"	G.	4th Cav. 77	"	"					"		"	Gale.	Ind.		rot. of head while in pril. 1863.

Em

Washington Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at (22) Place.	State.	Deceased Father or Husband Died of Wounds Received at (23) Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	No.	Is Indigent Circumstances? (25) Yes.	No.	Is Alms House? (26) Yes.	No.	Dependent on others for Support? (27) Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Ratliff, Henry C.													Wounded in hip at Stone River, Tenn. Jan. 2. 1863.	Suffered injury to back while a prisoner, in Dec. 62. accident.
		Shipman, William														Fever contracted at White House Landing, Va. resulting in disease of back and kidneys. Chronic Rheumatism, resulting in heart disease.
		Sanders, Daniel														
		Smith, Mc Kendree														
		Stutsman, David T.													Injured in right leg at Lebanon June. Ky. April 63.	Dyspepsia and resulting piles. Contracted Catarrh of head while in service, about April 1863.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	Died in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Thornbrough. Isaac	Pvt.	H.	13	Ind.	Yes.					Yes.		61-65	Bridgeport.	Ind.		

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LISKEY

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Enr Washington Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Thornbrough, Isaac													Wounded in left wrist at Rich Mountain, Va., July 11, 61. Wounded, right hand, at Spottsylvania Court House, July 1, 64.	

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.
		1	2	3	4	5	6	7	8	9	10
		Minnigo. Joseph G.	Priv.	F.	63	Ind.	Yes				
		Walters. Angeline.	"	D	134	"	"				

White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14		No. of Children under 16 Years Old.
11	12	13	Town or City.	State.	15
Yes.		61-65	Ogden.	Ind.	3
"		"	Clermont.	Ind.	

le in Service. Give Nature of Disease.
29
ee of Mouth.

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LIBERTY

CLAY

En

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		de in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Winings. Joseph G.											
		Walters. Angeline.	James Walters.										ace of Mouth.

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Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Winings. Joseph G.														Scurvy or Disease of Mouth.
		Walters. Angeline.					Yes.			No.		No.			Died of Consumption. Contracted in Service.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Ellison, Charles C.	Pvt.	G.	16	Ky	Yes.					Yes.		1861	Plainfield.	Ind.	3	
		Ellison, Jane.	"	"	"	"	"					"		"	"	"	2	umatism & Diarrhoea
		Ellison, Harry.																
		Ellison, Sallie.																
		Brown, George.	Pvt.	D.	6	Ohio.	Yes.					Yes.		1861	Plainfield.	Ind		loss of sight in one eye,
		Bennett, Elyabeth.	"	K.	79	Ind.	"					"		"	"	"	1	
		Bennett, Ida.																
		Bockius, Jesse	"	G.	51 53	Penn.	"					"		"	"	"	3	a Diarrhoea.
		Brown, John M.	"	B.	Hang artil	Ind.	"					"		"	"	"		
		Bly, Wm. G.	"	K.	79	"	"					"		"	"	"		He.
		Bryant, Woodson.	"	G.	27	"	"					"		"	"	"		Lt leg at Pine Mountain, Ga.
		Brown, Andrew C.	"	G.	33	"	"					"		"	"	"	3.	
		Blunt, A. G.	"	K. b. E.	21 70 43	"	"					"		"	"	"		
		Bray, David M.	"	D.	70	"	"					"		"	"	"	1	
												"		"	"	"		

E[illegible] Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		[illegible]se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Ellison. Charles C											
		Ellison. Jane.	Sam'l H. Ellison										
		Ellison. Harry.		Sam'l H. Ellison									
		Ellison. Sallie.			Sam'l H. Ellison								
		Brown. George.											
		Bennett. Elizabeth	Joseph I. Bennett			Mar.	15	'89.	Plainfield.	Ind.	Plainfield	Ind.	umatism + Diarrhoea
		Bennett. Ida.			Joseph I. Bennett.								loss of sight in one eye, and
		Bockius. Jesse				Oct.	15	'89	Plainfield.	Ind.	Plainfield.	Ind.	
		Brown. John M.											a Diarrhoea.
		Bly. Wm. G.											
		Bryant. Woodson.											He. Lt leg at Pine Mountain, Ga.
		Brown. Andrew [illegible]											
		Blunt. U. G.											
		Bray. David M.											

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		1														
		Ellison. Charles														
		Ellison. Jane.					Yes.									
		Ellison. Harry.														Chronic Rheumatism & Diarrhoea
		Ellison. Sallie.														
		Brown. George.														
		Bennett. Elizabeth														Rheumatism. loss of sight in one eye, and Scurvy.
		Bennett. Ida.														
		Bockius. Jesse														
		Brown. John M.														Rheumatism & Diarrhoea.
		Bly. Wm. G.														
		Bryant. Woodson.														Heart trouble.
		Brown. Andrew [illegible]														Shot in right leg at Pine Mountain, Ga.
		Blunt. U. G.													Lost right hand 3 inches below elbow at New Hope Church. Ga., May 25. '64. Right knee broken on drill, at Baltimore. Md.	
		Bray. David M.														

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Carter. Ellenson H.	Priv.	G.	9	Ky	Yes.					Yes.		1861	Plainfield	Ind.		...m.
		Cummings. John W.	"	L.	20	Ind.	"					"		"	"	"		
		Carson. James.	"	I.	13	Ohio.	"					"		"	"	"		...the chest, heart, & malarial
		Caviness. Walker W.	Corp.	H.	79	Ind.	"					"		"	"	"		...the leg.
		Carter. Alfred W.	"	C.	711	"	"					"		"	"	"	1.	
		Charlton. Thomas J.	2d Lt.	G.	22	"	"					"		"	"	"	1.	...mini ball passing through of Bentonville, N.C., Mar. 9. '65.
		Crutchfield. Charles.	Priv.	L.	8	Penn.	"						Yes.	"	"	"		...m.
		Douglass. Sarah.	Priv.	G.	119 221	Ind.	Yes.					Yes.		1861	Plainfield.	Ind.		
		Dennis. Obed H.	Mus.	K.	79	"	"					"		"	"	"		
		Dandage. Elias.	Priv.	D.	16	Tenn.	"						Yes.	"	"	"		
		Doan. Charles.	"	K.	Bat.	Ind.	"					"		"	"	"		...eumatism.
		Douglass. David	"	K.	79	"	"					"		"	"	"		
		Douglass. John.	"	G.	51	"	"					"		"	"	"	2.	& affected eyes.

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Carter. Ellerson H.											—
		Cummings. John W.											ene.
		Carson. James.											
		Carruss. Walker W.											the chest, heart, & Malaria
		Carter. Alfred W.											the leg.
		Charlton. Thomas J.											minie ball passing through
		Crutchfield. Charles.											of Bentonville, N.C., Mar. 9. '65.
													ne.
		Douglass. Sarah.	John F. Douglass.			Sep.	30	65	Plainfield	Ind.	Plainfield.	Ind.	
		Dennis. Obed H.											
		Dandage. Elias.											eumatism.
		Doan. Charles.											
		Douglass. David											
		Douglass. John.											& affected eyes.

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Guilford Township,

Haudricks County, Indiana, for the Year 1894.

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			22		23		24		25		26		27			
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Carter. Ellenson H.													Wounded May 6, 64. at the Battle of the Wilderness Va.	Rheumatism.
		Cummings. John M.														Trouble of the chest. heart. & Malarial poison.
		Carson. James.														Hurt on the leg.
		Cavaness. Walker M														Wounded by minnie ball passing through body at Battle of Bentonville. N. Co. Mar. 9. 65.
		Carter. Alfred W.														Rheumatism.
		Charlton. Thomas J.														
		Crutchfield. Charles.														
		Douglass. Sarah.													Hurt at Wild Cat Mountain. in spine.	
		Dennis. Obed H.													Hurt in right knee while marching through Georgia.	
		Daudage. Elias.														Piles. Rheumatism.
		Dean. Charles.														
		Douglass. David														Rheumatism & affected eyes.
		Douglass. John.														

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Ellis. Morris R.	2 Corp.	I.	163	Ohio.	Vo.					Yes.		1861.	Plainfield.	Ind.		

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Gregory. Wm. H. H.	Priv.	I	47	Iowa	Yes.					Yes.		1861	Mooresville	Ind.		
		Green. Hiram G. D.	"	E.	12	Ind.	"					"		"	Plainfield.	Ind		
		Gunn. John L.	Sgt.	I.	63	"	"					"		"	"	"		Rheumatism.
		Greeson. Alfred	Priv.	6.	2	"	"					"		"	"	"		
		Hardin. Esles.	Priv.	H.	15	Tenn.	Yes.						Yes.	1861	Plainfield	Ind.		
		Hamplan. Josan.	"	6.	20	Ind.	"						"	"	Friendswood	"	5.	Spinal & Heart trouble.
		Holderman. David.	Corp.	6.	124	"	"					"		"	Plainfield	"	1.	do.

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		Disease While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Gregory. Wm. H. H.											
		Green. Hiram G. L.											Rheumatism.
		Gunn. John L.											
		Greeson. Alfred											
		Hardin. Esler.	Harvey Hardin.			Sept.	5	'91	Plainfield.	Ind.	Plainfield.	Ind.	
		Hampton. Josiah.											Spinal & Heart trouble.
		Holderman. David.											do.

E[illegible] Guilford Township, [illegible] Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	Indigent Circumstances? — Yes.	Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Gregory. Wm. H. [illegible]														
		Green. Hiram G. [illegible]													Gun wound in right thigh. at Mission Ridge, Tenn. Nov. 25. '63.	
		Gunn. John L.														Chronic Rheumatism.
		Grosson. Alfred														
		Hardin. Esler.														
		Hamplan. Jorsn.														
		Holderman. David.														Rheumatism. Spinal & Heart trouble.
																Lung Trouble.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		James. Oliver.	Corp.	G.	70	Ind.	Yrs.					Yrs.		1861	Plainfield	Ind.		
		Jenkins. John R.	"	"	70	"	"					"		"	"	"		wig & Heart trouble.
		Johnson. Isaac G	Priv.	D.	70	"	"					"		"	"	"		

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		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		James. Oliver.														
		Jenkins. John R.														
		Johnson. Isaac G													At New Hope Church. Ga.	Loss of hearing & Heart trouble.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Krops. Augustus.	Priv.	F.	4	Ohio	Yes.					Yes.		1861	Plainfield	Ind.		x Heart Trouble.
		Kinnary. Andrew J.	"	K.	8	Tenn.	"					"		"	"	"	3.	x Heart trouble.
		Larrance. Wm. H.	Corp.		2	Ind.												
			Priv.	11	N.J.	Battery	Yes.					Yes.		1861.	Plainfield	Ind.	7	in.
		Lane. Henry S.	"	G.	11	Ind.						"		"	"	"		
			Corp.	A.	76	Ills.	"											

E[illegible] Gulford Township, Hendricks County, Indiana, for the Year 1894.

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		1														
		Koops. Augustus.													In Right Knee, near Rome, Ga.	Rheumatism & Heart Trouble.
		Kinnary. Andrew J.														Rheumatism & Heart trouble.
		Larrance. Wm. H.													Leg knocked out at 7 Days. Battle in front of Richmond. Gun shot in left hip at Fort Blakely, Ala, Apl. 9. 65.	Rheumatism.
		Lunn. Henry S.														

Enrollment of Soldiers, their Widows and Orphans of the

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Mallow. John D. G.	Pvt.	D.	12th	Ind.	Yes.					Yes.		1861	Plainfield	Ind.	3	Heart Trouble.
		Musselhall. Geo.	"	K.	7	Iowa.	"					"		"	"	"		
		John S. Moore	Sgt.	C.	4 7	Ind.	"					"		"	"	"		right leg from ty third fem.
		Mc Creary. Wm. G.	Pvt.	9	U. S.	Artl		Yes.				Yes.		1861	Friendswood.	Ind.	2.	Liver + Heart Trouble.
		Mc Cammahe. W. L.	"	A.	10	Ind.	Yes					"		"	"	"		

Enr Guilford Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Matteru, John D. G.														Rheumatism. Heart Trouble.
		Meredenhall, Asa.														
		John S. Moore														Partial Paralyses right leg from typhoid fever.
		McCrary, Wm. G.														Rheumatism, Liver & Heart Trouble.
		McCannahe, W. L.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Painter, William	Priv.	F.	63	Ills.	Vs.					Vs.		1861	Mooresville.	Ind.		

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	...ile in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Reagan. Taylor.	Priv.	A.	Mounted Horse	Me.	Yes.					Yes.		1861.	Plainfield.	Ind.	4.	
		Reagan. Jesse.	Maj. Sgt.		18 48	Ind.	"					"		"	"	"		. Rheumatism & Heart trouble.
		Smith, William.	Priv.	C.	31	Ind.	Yes.					Yes.		1861	Mooresville.	Ind.		
		Sellers. Abijah.	"	K.	21	"	"					"		"	Plainfield	"	4	
		Stout. Samuel B.	"	G.	117	"	"					"		"	"	"	3	
		Snipes. Wm. R.	Sgt.	E.	12	"	"					"		"	"	"		
		Sorters. Wm.	Priv.	H.	13	"	"					"		"	"	"		
		Stanley. Wm.	"	D.	124	"	"					"		"	"	"		.
		Strong. John T.	Surg.				"					"		"	"	"		...hora.
		Stone. Wm. N.	Sgt.	A. H. H.	54 117 29	"	"					"		"	"	"		
		Sowder. David R.	Corp.	B.	14	Ky.	"					"		"	"	"	1.	...a. Rheumatism
												"		"	"	"		...wel Trouble.

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Enl... Guilford Township, Hendricks County, Indiana, for the Year 1894.

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		1														
		Reagan. Taylor.														
		Reagan. Jesse.														Chronic Diarrhoea. Rheumatism & Heart trouble.
		Smith. William.													Hand hurt at Indpls. at Camp.	
		Sellers. Elijah.													4 ribs & collar broken Aug. 22. '64.	Piles.
		Stout. Samuel B.														
		Snipes. Wm. R.														Rheumatism.
		Sorters. Wm.														Chronic Diarrhoea.
		Stanley. Wm.														
		Strong. John F.													Voris. Oct. 14. '64. Dalton. Ga.	
		Stone. Wm. N.														Chronic Diarrhoea. Rheumatism
		Sowder. David R.														Chronic Liver & Bowel Trouble.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
															Town or City.	State.		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Tucker. John.	Corp.	A.	But.	Ind.	Yes.					Yes.		1861	Plainfield	Ind.		Nervous Debility.
		Tomlinson. Jonathan.	Priv.	K.	63	"	"					"		"	"	"		Lung affection. Incipient Cons.
		Tucker. William.	"	C.	11	U.S.	"					"		"	"	"		

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Bedford Township, Hendricks County, Indiana, for the Year 1894.

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			22		23		24		25		26		27		28	29
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		Tucker, John.														Rheumatism. Nervous Debility.
		Tomlinson, Jonathan														Diarrhoea. Lung affected. Granulated Eyes.
		Tucker, William.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City.	State.	15	29
		Worck, B. F.	Priv.	H.	11	Ind.	Yes.					Yes.		1861.	Plainfield	Ind.	1.	Chronic Diarrhoea.
		Weer, Hiram.	"	G.	15th	"	"					"		"	"	"		
		Williams, Thomas E.	"	E.	12	"	"					"		"	Mooresville.	"		Heart Trouble, Stomach & Trouble, Piles.
		Watson, George.	"	K.	63	"	"					"		"	Plainfield	"		"
		Washington, George	"	C.	28	"	"					Yes.		"	"	"		"
		Wilson, Walter.	"	G.	18	Mo.	"					"		"	"	"		

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Guilford Township, Hendricks County, Indiana, for the Year 1894.

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		1														
		North, B. F.														Rheumatism. Chronic Diarrhoea.
		Wear, Hiram.														Rheumatism, Heart Trouble, Stomach Trouble, Liver Trouble, Piles.
		Williams, Thomas E.														Rheumatism.
		Watson, George.														Rheumatism.
		Washington, George														
		Wilson, Walter.													Broken Leg.	

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
	1		2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Yoton. Yaron.	3d Sgt.	B.	7	Ind.	Yes.					Yes.		61-65	Clayton	Ind		u in left knee.
		Armstrong. James A.	Priv.	H.	25	Ills.	"					"		"	"	"	1.	Eye Sight.
		Brindle. Yaron.	Priv.	I.	148	Ind.	Yes.					Yes.		61-65	Clayton.	Ind.	2.	uing and Chronic Diarrhoea.
		Bolen. Benjamin.	Sgt.	C.	70	"	"					"		"	Clayton.	"	1.	
		Bare. Charles G.	Priv.	I.	137	"	"					"		"	Belleville	"		e. and Chronic Diarrhoea a. Tenn.
		Bray. Lot T.	"	C.	70	"	"					"		"	Clayton	"	1.	
		Barnes. Tilman H.	"	C.	15 21. I.	"		Yes.				"		"	Belleville.	"	1.	eneral Disability.

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Liberty Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27			
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Acton. Aaron.													Gun shot wound at Fredericksburg, Va. '62. Wound in left hand. at Cedar Mt. Aug. 9. '62. Wound in left knee. Wounded in left wrist. Sept. 19. '63. at Chickamauga.	Rheumatism in left knee. Loss of Eye Sight.
		Armstrong. Jam														
		Brindle. Aaron.														Malarial poisoning and Chronic Diarrhoea.
		Bolen. Benjamin.													Wounded May 16. '64. at Resaca. Ga.	
		Bare. Charles G.														Malarial trouble. and Chronic Diarrhoea at Tullahoma. Tenn.
		Bray. Lot T.													Thumb shot off May 15. '64. at Resacca. Ga. Strain in back Dec. 18. '62.	
		Barnes. Tilman H														Deafness & General Disability.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	ise While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Callahan, Cyrus.	Priv.	E.	2	W. Va.	Yes.					Yes.		61-65	Belleville,	Ind.		
		Cox, Alfred M.	"	H.	13	N. Y.	"					"		61-65	Carlesburg,	"	1,	
		Cornwall, Benjamin,	"	R.	53	Ind.	"					"		61-65	Belleville,	"	1,	y Springs. Miss. in 1862
		Cook, John M.	Corp.	C.	70	"	"					"		61-65	Belleville,	"	3.	
		Comer, Samuel G.	Priv.	I.	27	Ohio.	"					"		61-65	Clayton,	"		rrhoea & Throat Trouble.
		Cornett, Wm. P.	"	H.	64	Ind.	"					"		61-65	Belleville.	"		iarrhoea.
		Donnelly, John.	Priv.	G.	135	Ills.	Yes.					Yes.		61-65	Centre Valley,	Ind.		iarrhoea.
		Doty, John W.	"	B. & A.	54 116 12	Ind.	"					"		"	Belleville,	"		go. resulting from Measles.
		Dryden, Thomas F.	Hosp. Steward.		15	"	"					"		"	Clayton,	"		umatism & Bronchitis.
		Dooley, Moses.	Mus.	R.	21	"	"					"		"	Clayton,	"		ins.
		Davis, Davis W.	"	G.	99	"	"					"		"	Carlesburg,	"		Rheumatism.
		Duncan, Alex. W.	Priv.	E.	33	"	"					"		"	Clayton.	"		

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Callahan, Cyrus.											
		Cox, Alfred M.											
		Cornwall, Benjamin											y Springs, Miss. in 1862
		Cook, John M.											
		Comer, Samuel G.											orrhoea & Throat Trouble.
		Cornett, Wm. P.	Barbara G. Cornett			Nov.	19	'84.	Smyrna.	Tenn.	Nashville,	Tenn.	iarrhoea.
		Donnelly, John.											iarrhoea.
		Doty, John M.											go, resulting from Measles.
		Dryden, Thomas F.											umatism & Bronchitis.
		Dooley, Moses.											ris.
		Davis, Davis M.											Rheumatism.
		Duncan, Alex. M.											

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Liberty Township, Hendricks County, Indiana, for the Year 1894.

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		1														
		Callahan, Cyrus.													Gun shot wound in right hip, at Lynchburg, Va., June, '64.	
		Cox, Alfred M.														Piles, at Holly Springs, Miss., in 1862
		Cornwall, Benjamin														
		Cook, John M.														Chronic Diarrhoea & Throat Trouble.
		Comer, Samuel G.														Chronic Diarrhoea.
		Cornett, Wm. P.														
		Donnelly, John.													Gun shot wound in right arm, at Gascoade, Mo.	Chronic Diarrhoea.
		Doty, John W.														Disease of Lungs, resulting from Measles.
		Dryden, Thomas F.														Diarrhoea, Rheumatism & Bronchitis.
		Dooley, Moses.														Varicose Veins.
		Davis, Davis W.														Malaria & Rheumatism.
		Duncan, Alex. W.													Injured in left hip.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Ellis, James S.	Pvt.	A.	117	Ind.	Yes.					Yes.		61-65	Bellville.	Ind.		Eyes injured by Measles.
		Emerson, Mathew C.	"	F.	5	Ohio.	"					"		61-65	Clayton.	"		loan. Eyes injured by Measles loss of hearing.
		Faulkner, William.	Pvt.	C.	70	Ind.	Yes.					Yes.		61-65	Clayton.	Ind.		Trouble.

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		1														
		Ellis, James S.														
		Emerson, Mathew C.														Rheumatism. Eyes injured by Measles. Chronic Diarrhoea. Eyes injured by Measles and partial loss of hearing.
		Faulkner, William.														Bronchial Trouble.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Glover, Alfred R.	Priv.	C.	70	Ind.	Yes					Yes.		61-65	Clayton,	Ind.		Heart Trouble.
		Gans, Wm. T.	"	E.	39	Ohio.	"					"		"	Clayton,	"	1.	...arrh & Diarrhoea.
		Gasper, Robert.	"	C.	148	Ind.	"					"		"	Clayton.	"	1.	...arrhoea & Mumps.
		Hopwood, David N.	2d Sgt.	C.	70	Ind.	Yes.					Yes.		61-65	Clayton,	Ind.		Heart & Piles.
		Hopwood, Mate R.	Priv.	A.	11	"	"					"		"	Clayton,	"	1.	...rhoea, Piles & Scurvy.
		Horaday, Edwin H.	"	F.	13	"	"					"		"	Cartersburg,	"		
		Hall, John H.	Corp.	B.	7	"	"					"		"	Clayton.	"		...hoea, Rheumatism and varicocele
		Hazlewood, Josephus D.	Sgt.	G.	99	"	"					"		"	Hazlewood,	"		in Miss. July 5. 63.
		Hammond, William.	Priv.	R.	148	"	"					"		"	Clayton	"		...rhoea & Lung Trouble.
		Hammond, John.	"	C.	70	"	"					"		"	Belleville.	"		Stroke, and disabled in hip.
		Harrison, John.	2d Lt.	E.	54	"	"					"		"	Clayton.	"		...rrhoea & Fistula.

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United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		Disease While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Glover. Alfred [illegible]											Heart Trouble.
		Gans. Wm. T.											[illegible]arth & Diarrhoea.
		Gasper. Robert.											[illegible]arrhoea & Mumps.
		Hopwood. David [illegible]											Heart & Piles.
		Hopwood. Mate [illegible]											[illegible]rhoea. Piles & Scurvy.
		Horsaday. Edom H.											[illegible]hoea. Rheumatism and varicocele
		Hall. John H.											in Miss. July 5. 63.
		Haylewood. Josephus											
		Hammond. William	Mary Hammond.			Dec.	27	83	Hendricks Co.	Ind.	Hendricks Co.	Ind.	[illegible]rhoea & Lung Trouble. Stroke, and disabled in Hip.
		Hammond. John.											[illegible]rhoea & Fistula.
		Harrison. John.											

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			22		23		24		25		26		27			
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Glover. Alfred A														Lung and Heart Trouble.
		Gunn. Wm. F.														Chronic Catarrh & Diarrhoea.
		Gasper. Robert.														Chronic Diarrhoea & Mumps.
		Hopwood. David W														Disease of Heart & Piles.
		Hopwood. Mote R														Chronic Diarrhoea. Piles & Fistula.
		Hornaday. Edwin H													Wound in eyes June 2. '64. at Cold Harbor. Va.	
		Hall. John H.													Wounded at North Anna River. Va., '64. May.	Chronic Diarrhoea. Rheumatism and neuralgia of left side.
		Hazlewood. Josephus													Broken foot at Duck Creek. I. Cy. in Feby. '65.	Sun Stroke in Miss. July 5. 63.
		Hammond. William.														Chronic Diarrhoea & Lung Trouble. Suffered Sun Stroke, and disabled in back and hip.
		Hammond. John.														Chronic Diarrhoea & Fistula.
		Harrison. John.														

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Jackson, Harden.	Pvt.	C.	70	Ind.	Yes.					Yes.		61-65	Clayton.	Ind.	1.	throat trouble.
		Jackson, John.	"	G.	11	"	"					"		"	Clayton.	"		

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		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		Jackson. Harden.														
		Jackson. John.														Lung & throat trouble.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	ase While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Kebner. Moses G.	Priv.	R.	145	Ind.	Yes.					Yes.		61-65	Belleville.	Ind.		Throat Trouble.
		Lindsey. Wm. M.	Priv.	I.	144	Ind.	Yes					Yes.		61-65	Clayton.	Ind	2.	u & Lung Disease.
		Leitzman. Wm.	Corp.	R.	21	"	"					"		"	Clayton.	"	4.	Feets Lungs & Heart.
		Little. Calvin H.	Priv.	F.	3 U.S.			Yes.				"			Belleville.	"		
		Little. James G.	"	H.	2	Iowa.	"					"		"	Carlersburg	"		
		Little. James G.	"	H.	11	Ind.	"					"		"	Carlersburg	"		arrhoea.

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Kebner. Moses C											Throat Trouble.
		Lindsey. Wm. M.											n & Lung Disease.
		Leitzman. Wm.											Heart Lungs & Heart.
		Little. Calvin H.											
		Little. James G.											
		Little. James G.	Cornilia Little			July	21	70	Lebanon.	Mo.	Lebanon.	Mo	arrhoea.

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		1														
		Kebner. Moses [illegible]														Lungs & Throat Trouble.
		Lindsey. Wm. M.														Rheumatism & Lung Disease.
		Litzman. Wm.														Measles. Affects Lungs & Heart.
		Little. Calvin H.														
		Little. James G.														
		Little. James G.					Yes.									Chronic Diarrhoea.

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Murley, Orron.	Priv.	G.	99	Ind.	Yes.					Yes.		61-65	Hazlewood,	Ind.		e Typhoid Fever.
		Marlin, James R.	"	C.	70	"	"					"		"	Clayton.	"	3.	
		Moon, Warner J.	"	G.	117	"	"					"		"	Hazlewood,	"	2.	Diarrhoea.
		Miles, John G.	"	G.	117	"	"					"		"	Carlisburg	"	4.	
		Mitchell, Wm. C.	Capt.	C.	70	"	"					"		"	Clayton.	"		st Disease.
		Mahon, George W.	Priv.	H.	54	"	"					"		"	Hazlewood,	"	2.	- Throat Trouble.
		Mabe, Vandever.	"	G.	43	"	"					"		"	Clayton.	"	3.	d by Measles.
		Miles, Thomas J.	"	H.	54	"	"					"		"	Clayton.		2.	Catarrh in Head.
																		rrhoea & Rheumatism.
		McCormick, Aquilla S.	Priv.	G.	151	Ind.	Yes.					Yes.		61-65	Carlisburg,	Ind.		
		McCown, Jacob.	"	R.	25 5th Art.	"	"					"		"	Bellville,	"	2.	at Dreadnaut Swamp
		McCloud, James M.	"	L.	124	"	"					"		"	Clayton.	"	1.	rrhoea & Piles

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Liberty Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.	
		1	22		23		24		25		26		27		28	29	
		Murley. Orrin.														Diarrhoea & Typhoid Fever.	
		Martin. James R.															
		Moon. Warner J.														Chronic Diarrhoea.	
		Miles. John G.															
		Mitchell. Wm. C.														Piles & Heart Disease.	
		Mithon. George W.														Catarrhal & Throat Trouble.	
		Mabe Vandever.														Eyes injured by Measles.	
		Miles Thomas J.														Contracted Catarrh in Head.	
															Wounded in left hand and left side. at Nashville. Tenn. Dec. 16. 64.	Chronic Diarrhoea & Rheumatism.	M
		Mc Cormick. Aquilla															Mc
		Mc Cown. Jacob.														Sun Stroke at Dreadnaut Swamp	
		Mc Cloud. James														Chronic Diarrhoea & Piles	
																	N
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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
1			2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Noel. James.	2d Sgt.	I	1	Ky. Cavalry	Yes.					Yes.		61-65	Claylon.	Ind.		Ankle.
		Overman. Hugh.	Priv.	C.	16	Ind.	Yes.					Yes.		61-65	Bellwille	Ind.		
		Owens. John C.	"	G	156	"	"					"		"	Carlersburg.	"	1.	Diarrhoea.

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United States, Residing in

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						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Noel. James.											Ankle.
		Overman. Hugh.	Sarah Overman.						In boat on Mississippi		Hendricks Co.	Ind.	
		Owens. John le.											iarrhoea.

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CLAY

En

Liberty Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Nort. James.														Poisoned Ankle.
		Overman, Hugh.														
		Owens. John le.														Chronic Diarrhoea.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Prewitt. Eli J.	Priv.	E.	78	Ind.	Yes.					Yes.		61-65	Clayton	Ind.		
		Parker. Wm. J.	Corp.	K	154	"	"					"		"	Belleville,	"		ug Trouble.
		Prather. Thomas L.	Priv.	A.	53	"	"					"		"	Clayton.	"	1.	art Disease & Rheumatism.
		Powers. Greenberg.	"	a. c.	117 156	"	"					"		"	Carlesburg.	"	1.	
		Powers. Colonel W.	Sgt.	B.	124	"	"					"		"	Carlesburg.	"		& Injured ankle.

Enu... Liberty Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Prewitt. Eli J.														
		Parker. Wm. J.														Throat & Lung Trouble.
		Prather. Thomas L.													Bayonet wound in left hip. July 1. '63, at Indianapolis.	Catarrh. Heart Disease & Rheumatism.
		Powers. Granbury.														Heart Disease & Injured ankle.
		Powers. Colonel W.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	ile in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Rust. Quartus E.	Priv.	I.	11	Ind.	Yes.					Yes.		61-65	Carlesburg	Ind.	1.	
		Roberts. John A.	"	C.	70	"	"					"		"	Clayton	"	7.	ing overheated on a post
		Rhoades. Joseph L.	"	I.	9	"	"					"		"	Clayton	"		e & Rheumatism.
		Richardson. Wm. B.	"	G.	99	"	"					"		"	Hazlewood.	"		alysis.
		Sralon. Grafton M.	Priv.	D.	117	Ind.	Yes.					Yes.		61-65	Carlesburg.	Ind	1.	alarial Poisoning.
		Strong. Asa M.	"	I.	7	"	"					"		"	Bellville	"	1.	hoea.
		Stephenson. Edward P.	"	a.	117	"	"					"		"	Carlesburg.	"	4.	
		Swindler. Wm. C.	"	R.	148	"	"					"		"	Bellville	"	2	Lung Trouble.
		Scollen. David.	"	G.	99	"	"					"		"	Centre Valley.	"		Lung trouble & Dyspepsia.
		Sawyers. Wm. W.	"	G.	99	"	"					"		"	Clayton.	"	3.	Blood Poison.
		Smith. Edward J.	2 Lt.	G.	99	"	"					"		"	Clayton	"		rhoea.
		Scott. Stephen.	Priv.	C.	70	"	"					"		"	Clayton	"		oea & Piles.

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En Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		ile in Service. Give Nature of Disease.
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Rust. Quartus E.											
		Roberts. John A.											ing overheated on April
		Rhoades. Joseph L.											& Rheumatism.
		Richardson. Wm. B	Mary E. Richardson			Nov.	7	94	Hendricks Co.	Ind.	Hendricks Co.	Ind.	ralysis.
		Seaton. Grafton W.											alarial Poisoning.
		Strong. Asa M.											hora.
		Stephenson. Elwood											
		Swindler. Wm. C.											Lung Trouble.
		Scotten. David.											Lung trouble & Dyspepsia.
		Sawyers. Wm. W.											Blood Poison.
		Smith. Edward J.											rrhoea.
		Scott. Stephen.											ora & Piles.

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En Liberty Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Rust. Quartus E.													Ruptured, March. '62. at Brush Creek, Tenn.	
		Roberts. John G.														Disability from lung overheated on April 9. '65.
		Rhoades. Joseph L.														Chronic Diarrhoea & Rheumatism.
		Richardson. Wm. B					Yes.									Diabetes & Paralysis.
		Seaton. Grafton W.														Heart. Lungs & Malarial Poisoning.
		Strong. Asa M.														Chronic Diarrhoea.
		Stephenson. Edward													Ruptured Vein in left leg in Fall of '63. on the March from Camp Nelson to Greenville, Tenn.	
		Swindler. Wm. C.														Sun Stroke & Lung Trouble.
		Scollen. David.														Chron. Diarrhoea. Lung trouble & Dyspepsia.
		Sawyers. Wm. W.													Wounded Head and leg Sept. '64. at or about Jonesburg Ga.	Heart trouble & Blood Poison.
		Smith. Edward J.													Ruptured Dec. '62. at Holly Springs, Miss.	Chronic Diarrhoea.
		Scott. Stephen.														Chronic Diarrhoea & Piles.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Underwood, Horace.	Priv.	D.	1	Mo. Vrs.						Vrs.		61-65	Centre Valley	Ind.		Neuralgia. Weakness of Eyes. Kidneys & Bladder.

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Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Underwood Horac														Rheumatism, Neuralgia, Weakness of Eyes, Disease of Heart, Kidneys & Bladder.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Worrell. John.	Capt.	G.	99	Ind. Yrs.						Yrs.		61-65	Clayton	Ind.	3.	
		Mills. James I.	2 Lt.	C.	70	"	"					"		"	"	"		
		Walker. John C.	Priv.	A.	117	"	"					"		"	"	"		
		Musted. Oliver.	"	A.	11	"	"					"		"	"	"	1.	
		West. Washington	Corp.	B.	7	"	"					"		"	"	"	1.	
		Musted. James.	Priv.	E.	21	"	"					"		"	Belleville.	"	1.	

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Er Liberty Township, Hendricks County, Indiana, for the Year 1894.

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		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Worrell. John.														
		Wills. James J.														
		Walker. John C.														
		Winsted. Oliver.													Crippled in left leg near Ft. Henry, about Feby 1. '62.	
		West. Washington														Pneumonia.
		Winsted. James.													Sun Stroke. Baltimore, Md. Eyesight injured & Heart trouble.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Alexander, F. M.	Pvt.	B.	59	Ind.	Yes.					Yes.		61-65	Stilesville	Ind.		
		Alexander, Thomas B.	"	B.	59	"	"					"		"	Mexico,	"	2.	
		Appleby, Wm. H.	"	E.	75	"	"					"		"	Stilesville	"		
		Blessingham, Jeremiah.	Pvt.	F.	143	Ind.	Yes.					Yes.		61-65.	La Clair,	Ind.	1.	
		Bartholomew, H. S.	"	C.	148	"	"					"		"	Clayton,	"		
		Bell, John T.	"	C.	51	"	"					"		"	Stilesville	"	3.	
		Boyd, Oliver P.	1st Lt.	I.	125	"	"					"		"	Stilesville	"		
		Brown, Martha.																
		Baldwin, Wm.																

E

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		...se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Alexander. F. [illegible]											
		Alexander. Thos.											
		Appleby. Wm.											
		Bluemahan, Jno.											
		Bartholomew, H. D.											
		Bell. John T.											
		Boyd. Oliver P.											
		Brown. Martha	John W. Brown		Jane Brown	Apr.	16	'91.	Stilesville	Ind.	Stilesville.	Ind.	
		Baldwin. Jno.	Wm. H. Baldwin		Ora Baldwin	July	16	'57	"	"	"	"	...ption.

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E Franklin Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	State.	Deceased Father or Husband Died of Wounds Received at — Place. (23)	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	No.	In Indigent Circumstances? (25) Yes.	No.	In Alms House? (26) Yes.	No.	Dependent on others for Support? (27) Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Alexander, F. [illegible]														
		Alexander, Thomas														
		Appleby, Wm.														
		Blessinham, Jere														
		Bartholomew, H. D														
		Bell, John F.														
		Boyd, Oliver P.														
		Brown, Martha														
		Baldwin, Jno.					Yes.									Consumption.

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Cobb. Elihu W.	Corp.	G.	99	Ind.	Yes.					Yes.		61-65	Stilesville.	Ind.	1.	
		Cosner. Mahlon.	Priv.	E.	78	"	"					"		"	"	"		
		Crawford. G. N.	"	E.	75	"	"					"		"	"	"	2.	
		Dyer. Wm. F.	Priv.	G. H.	11	Ind.	Yes.					Yes.		61-65.	Stilesville	Ind.	3.	
		Dean. Amanda.																ption.

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Coble. Elihu W.											
		Cosner. Mahlon.											
		Crawford. G. N.											
		Dyer. Wm. F.											
		Dean. Amanda.	Daniel Dean.			Dec.	19	'65.	Stilesville.	Ind.	Stilesville	Ind.	ption.

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		1														
		Cobb, Elihu W.														
		Coener, Mahlon,														
		Crawford, G. N.														
		Dyer, Wm. F.														
		Dean, Amanda,					Yes.									Consumption.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	ase While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Howson, Rhoda.																

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Howson, Rhoda.	Wm. Howson										

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Franklin Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Howson, Rhoda.													Wounded in left shoulder. Sept. 10. at Carney Fox Ferry. W. Va.	

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Kelley, Wm. E.	Pvt.	E.	78	Ind.	Yes.					Yes.		61-65	Stilesville.	Ind.	1.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Mc Clout, W. H. H.	Priv.	G.	33	Ind.	Yes.					Yes.		61-65	Stilesville	Ind.		
		Mc Cammack, Russel.	"	F.	29	"	"					"		"	"	"	2.	
		Mc Cammack, Odelphia.																uption.

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Mc Cloud, W. H.											
		Mc Cammack, Russ											
		Mc Cammack, Ode	Solomon Fultz			Dec.	16	'86.	Chelsea,	Indian Ter.	Chelsea,	Indian Ter.	uption.

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		1	22		23		24		25		26		27		28	29
		Mc Cloud, W. H.														
		Mc Cammack, Russ														
		Mc Cammack, Oder					Yes.									Consumption.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City.	State.	15	29
		Osborn, Francis M.	Corp.	H.	43	Ind.	Yes					Yes.		61-65	Stilesville	Ind.	5.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Phillips, Lewis G.	Priv.	H.	43	Ind.	Yes					Yes.		61-65	Yoma.	Ind.	3	
		Pratt, J. D.	"	C.	70	"	"					"		"	Stilesville.	"	2	
		Parker, Mrs.																d on lungs, causing

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Phillips. Lewis C.											
		Pratt. J. S.											
		Parker. Mrs.	Joseph Parker.			Mar.	13.	80	Martinsville.	Ind.	Martinsville	Ind.	d on lungs. Causing

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CLAY

En[illegible] Franklin Township, [illegible] Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Phillips, Lewis G														
		Pratt, J. D.														
		Parker, Mrs.					Yes.						Yes.			Measles settled on lungs, causing Consumption

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Reese. John S.	Pvt.	E.	75	Ind.	Yes.					Yes.		61-65	Stilesville	Ind.		
		Robards. Casper.	"	E.	75	"	"					"		"	"	"		
		Rector. L. S.	"	H.	43	"	"					"		"	"	"	1.	
		Rector. Nancy J.																Usual trouble.
		Snoddy. G. G.	Pvt.	B. H.	54 43	Ind.	Yes					Yes.		61-65.	Stilesville.	Ind.		
		Swope. Samuel,	"	E.	75	"	"					"		"	"	"		

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		e While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Reese. John S.											
		Roberds. Casper.											
		Rector. L. S.											
		Rector. Nancy J.	Wm. Sarsmore			Oct.	11	77	Hazlewood.	Ind.	Hazlewood.	Ind.	Spinal trouble.
		Snoddy. G. G.											
		Swope. Samuel,											

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Hendricks County, Indiana, for the Year 1894.

Township,

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Soldiers' Orphans' 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		1														
		Reese. John S.														
		Robards. Casper.														
		Rector. L. S.														
		Rector. Nancy J.														Kidney & Spinal trouble.
		Smoddy. G. G.														
		Swope. Samuel,														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Tigner, Franklin.	Priv.	B.	156	Ills.	Yes.					Yes.		61-65	Stilesville.	Ind.		

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.
		1	2	3	4	5	6	7	8	9	10
		Walle. John.	Priv.	E.	75	Ind.	Yes.				
		West. J. W.	"	E.	148	"	"				

White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14 Town or City.	State.	No. of Children under 16 Years Old.
11	12	13			15
Yes.		61-65	Attica.	Ind.	1.
"		"	"	"	

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V W Y Z

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		York. Smith G.	Pvt.	G	99	Ind. Vs.						Vs.		61-65	Attica,	Ind.	2.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Benbow. Harvey.	Priv.	E.	78	Ind.	Yes					Yes.		61-65	Ymo.	Ind.		...rrhoea & Rheumatism.
		Baker. Sylvester G.	"	E.	155	"	"					"		"	Pecksburg,	"	3.	...isease
		Bourne. James N.	"	G.	27	"	"					"		"	Coatsville	"		Bowel Trouble
		Brown. Newell.	"	H.	115	"	"					"		"	Reno.	"	2.	Chronic diarrhoea & heart disease.
		Beason. Wm.	"	a, B.	54 117	"	"					"		"	Ymo.	"	5	...iarrhoea.
		Brown. John W.	"	B.	148	"	"					"		"	Coatesville.	"		...iarrhoea.
		Bryant. Richard B.	"	B	54	"	"					"		"	Coatesville.	"	2.	...ivar. Dropsy.

E [illegible] Clay Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25	
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.
		Benbow. Harvey								
		Baker. Sylvester [illegible]								No
		Bourne. James [illegible]								"
		Brown. Newell.								
		Beason. Wm.								
		Brown. John W [illegible]								
		Bryant. Richard [illegible]							Was	

In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
Yes.	No.	Yes.	No.	28	29
			No		Chronic Diarrhoea & Rheumatism.
			"		Heart Disease
			"		Stomach & Bowel Trouble
			"		Rheumatism, Chronic diarrhoea & heart disease.
			"		Chronic Diarrhoea
		Yes			Chronic Diarrhoea.
					Disease of Liver. Dropsy.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Crews. Mary M.	Corp.	B.	145	Ind.	Yes.					Yes.		61-65	Coatesville	Ind.		at a Heart Trouble
		Champion. John M.	Priv.	G.	51	"	"					"		"	Ono.	"		
		Christy. James M.	"	D.	124	"	"					"		"	Reno.	"	2.	
		Dyer. Daniel F.	Priv.	D	1	Penn.	Yes					Yes.		61-65	Ono.	Ind.	2.	

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Crews. Mary M	John F. Crews.			Apr.	27	'93	Coalesville	Ind.	Coalesville.	Ind.	at a Heart Trouble
		Champion. John C											
		Christy. James M											
		Dyer. Daniel F											

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27			
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Crews, Mary M					Yes			No				No		Chest, Throat & Heart Trouble
		Champion, John C														
		Christy, James M														
		Dyer, Daniel F														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Elrod, Joseph W.	Priv.	I.	11	Ind.	Yes.					Yes.		61-65	Coalesville	Ind.		Diarrhoea
		Fry, Edward,	Priv.	D	124	Ind.	Yes					Yes.		61-65	Coalesville.	Ind.	6.	hoea. Piles & Rheumatism.

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Clay Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at (22) Place.	Deceased Father or Husband was Killed at (22) State.	Deceased Father or Husband Died of Wounds Received at (23) Place.	Deceased Father or Husband Died of Wounds Received at (23) State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) No.	In Indigent Circumstances? (25) Yes.	In Indigent Circumstances? (25) No.	In Alms House? (26) Yes.	In Alms House? (26) No.	Dependent on others for Support? (27) Yes.	Dependent on others for Support? (27) No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Elrod, Joseph M														Chronic Diarrhoea
		Fry, Edward,														Chron. Diarrhoea. Piles & Rheumatism.

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Gambold. Josephus B.	Sgt.	a.	27	Ind.	Yes.					Yes.		61-65	Coatesville	Ind.	1.	arrhoea. resulting in
		Gambold. Eric A.	Priv.	G.	27	"	"					"		"	"	"	2.	arrhoea
		Gremler. Wm.	"	C.	51	"	"					"		"	"	"	2.	Measles. Sore Eyes.
		Goodrich. Ira.	"	E.	115	Ills.	"					"		"	"	"		rhoea. Rheumatism.
		Gasper. Wesley.	"	H.	43	Ind.	"					"		"	Ohio.	"	2.	rhoea. Piles.
		Gasper. Mary J.	"	C.	148	"	"					"		"	"	"		Lungs & Bowels
		Garrison. Joel B.	"	B.	59	"	"					"		"	"	"	3.	Catarrh.
		Hodson. Zarilda	Priv.	C.	51	Ind.	Yes					Yes.		61-65.	Ohio.	Ind	1.	ease
		Hamilton. Oliver P.	"	G.	23	Ky	"					"		"	"	"	2.	
		Haysworth. Wm.	"	H.	43	Ind.	"					"		"	"	"		
		Hodson. Jeremiah B.	"	C.	51	"	"					"		"	"	"		Fever. Sun Stroke.
		Hunt. William.	"	B.	117	"	"					"		"	Hadley.	"		Rheumatism, and inflam- Heart. Disease of Rectum
		Harlan. Enoch.	Sgt.	B.	117	"	"					"		"	Ohio.	"		
		Hampton, Stephen	Priv.	I.	9	"	"					"		"	Coatesville	"		rhoea & Piles resulting in Piles
		Huber. Jacob.	"	E.	11	"	"					"		"	"	"	1.	ease

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Gambold. Josephus											arrhoea. resulting in
		Gambold. Eric A.											
		Greenlee. Wm.											arrhoea
		Goodrich. Ira.											Measles. Sore Eyes.
		Gasper, Wesley.											ronia.
		Gasper. Mary J.	James Gasper.										rhoea. Rheumatism.
		Garrison. Joel K				Sept.	18	91	Ams.	Ind.	Ams.	Ind.	rhoea. Piles.
													Always a Bowels
													Catarrh.
		Hodson. Garilda	Eli B. Hodson.			May	12	90	Ams.	Ind.	Ams.	Ind.	disease
		Hamilton. Oliver P.											
		Haywood. Wm.											
		Hodson. Jeremiah											
		Hunt. William.											Disease. Sun Stroke.
		Harlan. Enoch.											Rheumatism, and inflam-
		Hampton, Stephen											Heart.
		Huber. Jacob.											a Disease of Rectum
													rhoea & Piles
													" resulting in Piles
													ease

En Clay Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — 22 — Place.	State.	Deceased Father or Husband Died of Wounds Received at — 23 — Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — Yes.	No.	In Indigent Circumstances? 25 — Yes.	No.	In Alms House? 26 — Yes.	No.	Dependent on others for Support? 27 — Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Gambold. Josphus								No.				No.	Dallas, Ga, May 16. 64; Wound in Hand.	Chronic Diarrhoea. resulting in Consumption.
		Gambold. Eric A.								"				"	Battle of Antietam. Md. Sept. 62.; Wound in Right Foot.	Chronic Diarrhoea
		Gramlee. Wm.								"				"		Measles. Sore Eyes. deafness. hernia
		Goodrich. Ira.								"				"		Chron. Diarrhoea. Rheumatism.
		Gaspar. Wesley.														Mumps. Diarrhoea. Piles.
		Gaspar. Mary J.					Yes		Yes				Yes			Consumption of lungs & Bowels
		Garrison. Joel B								"				"	Foot crushed near Chattanooga Tenn.	Nasal Catarrh.
		Hodson. Zarilda					Yes		Yes.				Yes			Heart Disease
		Hamilton. Oliver P.								No				No		Scurvy.
		Haysworth. Wm.								"				"		Mumps.
		Hudson. Jeremiah								"				"		Malarial Poison. Sun Stroke.
		Hunt. William.								"				"		Dyspepsia. Rheumatism. and inflammation of heart.
		Harlan. Enoch.								"				"		Diarrhoea & Disease of Rectum
		Hampton, Stephen								"				"		Chronic Diarrhoea & Piles resulting in Piles
		Huber. Jacob.														& "heart disease

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Jenkins. Ome.	Priv.	B.	148	Ind.	Yes.					Yes.		61-65	Coalesville,	Ind.		Lung. Consumption
		Keles. Garrison	Priv.	F.	54	Ind.	Yes					Yes.		61-65	Coalesville	Ind.		...
		Henry. Omas	"	I	27	"	"					"		"	Ome	"	H.	of Head.

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		...se While in Service. Give Nature of Disease.
		1	16	17	18	19			20		21		29
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		Jenkins, Ynn.	Wm. P. Jenkins,			Dec.	20	'81	Coatesville	Ind.	Coatesville	Ind.	...hoea. Consumption
		Kelso. Garrison											...ine.
		Kersey. Ymas											...of Head.

En Clay Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	State.	Deceased Father or Husband Died of Wounds Received at — Place. (23)	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	No.	In Indigent Circumstances? (25) Yes.	No.	In Alms House? (26) Yes.	No.	Dependent on others for Support? (27) Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Jenkins. Ono.					Yes.		Yes.				Yes.			Throu. Diarrhoea. Consumption.
		Kelso. Garrison								No.				No.		Rheumatism.
		Kersey. Thomas								"				"		Catarrh of Head.

I	I
J	J
K	K
L	L
M	M
Mc.	Mc.
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
Y	Y
Z	Z

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Lakin. Wm. N.	Priv.		2d Cal.	Ind.	Yes					Yes		61-65	Coalesville.	Ind.		sen.
		Mabr. Sylvanus.	Priv	C.	6	Ind.	Yes.					Yes.		61-65	Rocksburg.	Ind		of Lungs
		Mason. Martin.	"	S.	70	"	"					"		"	Ames.	"	3.	er
		Masten. Nathan	"	B.	117	"	"					"		"	"	"	2.	. Diarrhoea
		Madison. Kate.	"	I.	48	"	"					"		"	Hadley.	"		. Chron. Diarrhoea
		Myers. Georg E.	"	K.	2	Iowa	"					"		"	Coalesville.	"	2.	Lungs & Heart.
		Mc Collum. John.	Corp.	B.	1	Ind.	Yes					Yes.		61-65	Ames.	Ind.	1.	Prison
		Mc Clure. James H.	Lt.	K.	2	Iowa.	"					"		"	Coalesville	"		

Em Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						19			20		21		
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Lakin. Wm. N.											sm.
		Mabe. Sylvanus.											of Lungs
		Mason. Martin.											er
		Masten. Nathan											. Diarrhoea
		Madison. Kate.	Leland Madison			Oct.	5	'84	Montezuma	Ind.	Montezuma	Ind.	. Chron. Diarrhoea
		Myers. Georg E.											Lungs & Heart.
		McCollum. John											Poison
		McClure. James											

En [illegible] Clay Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Lakin. Wm. N								No				No		Rheumatism.
		Mabe. Sylvanus								No				No.	Wounded in right knee near Missionary Ridge, Tenn.	Disease of Lungs
		Mason. Martin.														Typoid Fever
		Maslin. Nathan														Rheumatism. Diarrhoea.
		Madison. Kate.					Yes							No		Heart trouble. Chron. Diarrhoea
		Myers. Georg E.														Disease of Lungs & Heart.
		Mc Collum. John													Injury of Back and left knee in 1865. at Clarks Landing	Malarial Poison
		Mc Clure. James													Injury to Back.	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Newman, Samuel.	Priv.	B.	148	Ind.	Yes.					Yes.		61-65	Ymo.	Ind.	2.	Disease
		Oneal. Wm. H.	Priv.	K.	148	Ind.	Yes					Yes.		61-65	Crawfordsville	Ind.		Diarrhoea
		Phillips. Wm.	Priv.	B.	148	Ind.	Yes					Yes.		61-65	Ymo.	Ind.	3.	ea.
		Patrick. Noah N.	"	B.	59	"	"					"		"	Crawfordsville	"		rhoea. Small pox &
		Phillips. Jonathan F.	"	B.	117	"	"					"		"	"	"	1.	ea.
		Pearce. Elijah J.	Corp.	H.	4	Iowa	"					"		"	Ymo.	"	1.	ent Disease.

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Enr Clay Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Newman, Samuel													Rupture, at Pulaski, Tenn. in 1865	Heart Disease
		Oneal, Wm. H.														Chronic Diarrhoea
		Phillips, Wm.														Rheumatism.
		Patrick, Noah N.														Chron. Diarrhoea, Small pox & Rheumatism.
		Phillips, Jonathan														
		Pearce, Elijah J.													Gun shot wound in right fore-arm.	Piles & Heart Disease.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Rice, Calvin S.	Priv.		Bat. 18	Ind.	Yrs.					Yes.		61-65	Coalesville	Ind.	2.	Diarrhoea
		Ritzell, Aaron R.	"	6.	148	"	"					"		"	Pecksburg.	"		ble. Pneumonia.
		Rudd, John.	Corp.	H.	43	"	"					"		"	Ams.	"		Diarrhoea.
		Richardson, Rachel G.	Priv.	E.	21/9	"	"					"		"	"	"	1.	...m.

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Rice, Calvin S.											Diarrhoea
		Ritzell, Aaron K											ble. Pneumonia.
		Rudd, John.											Diarrhoea,
		Richardson, Rachel	Wm. H. Richardson			Sept.	17	'87.	Terre Haute	Ind.	Terre Haute,	Ind.	ea.

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Clay Township, Hendricks County, Indiana, for the Year 1894.

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			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Rice, Calvin S.								No				No		Chronic Diarrhoea
		Ritzell, Aaron R								"				"		Heart trouble. Pneumonia.
		Rudd, John.								"				"		Chronic Diarrhoea,
		Richardson, Rachel					Yes			"				"		Rheumatism.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14 Town or City.	State.	No. of Children under 16 Years Old.	...e in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13			15	29
		Stout. Wm. A.	Priv.	K.	7	Ind.	Yes.					Yes.		61-65	Amo.	Ind.	5	...t hip
		Shirley. James A.	1st Lt.	E.	21 1	"	"					"		"	Pecksburg.	"		Rheumatism, Chronic
		Soots. David.	Priv.	D.	148	"	"					"		"	Hadley.	"		...les
		Shirley. Wm. R.	"	C.	148	"	"					"		"	Pecksburg.	"		..., diarrhoea. Rheumatism
		Swain. Wm. B.	"	B.	117	"	"					"		"	Coatesville.	"	4.	...ora. Piles.
		Sharp. Robert P.	"	F.	54	"	"					"		"	"	"	3.	Rheumatism
		Suart. Francis H.	"	H.	43	"	"					"		"	"	"		...le. ...an. Disease of Liver. ...ys.
		Tucker. Geo. W.	Priv.	H.	132	Ind.	Yes.					Yes.		61-65.	Amo.	Ind.	1.	Piles & Rheumatism.

Enr[illegible] Clay Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Stout. Wm. G.								No				No		Sprain of Left Hip
		Shirley. James G.								"				"		Disease of Eyes. Rheumatism. Chronic Diarrhoea & Piles
		Foster. David.								"				"		Nervous debility. Diarrhoea. Rheumatism Heart Trouble
		Shirley. Wm. R.														Chron. Diarrhoea. Piles.
		Swain. Wm. B.														" " Rheumatism
		Sharp. Robert P.														Chest Trouble.
		Swart. Francis M														Chron. Diarrhoea. Sprain of Liver. Rheum. & Lungs.
		Tucker. Geo. W.														Chron. Diarrhoea. Piles & Rheumatism.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14 Town or City.	State.	No. of Children under 16 Years Old.	...e in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13			15	29
		Walters. Harrison.	Priv.	H.	99	Ind.	Yes.					Yes.		61-65	Hadley.	Ind		... Special Trouble &
		Winningham. Milton.	"	I.	14	Ills.	"					"		"	Coatesville.	"		...rgement of Heart.
		Willinghoff.	"	I.	196	Ohio	"					"		"	Reno.	"	1.	
		Wisehart. H. H.	"	G.	99	Ind.	"					"		"	"	"	1.	Diarrhoea & Piles
		Williamson. Abraham.	"	C.	11	"	"					"		"	Ymo.	"		loss of one
		Williams. Joseph.	"	H.	11	"	"					"		"	Coatesville	"		...ne Piles.
		Walton. John S.	"	G.	15	Ky	"					"		"	"	"	5.	... Blood Poisons
		Wilson. James.	"	D.	124	Ind.	"					"		"	"	"	3.	Piles. Heart and

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Township,

Hudnell

County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27		28	29
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		Walton. Harrison												No.		Chron. Diarrhoea. Spinal trouble & Piles.
		Winningham. Milton								No.				"		Rheumatism. Enlargement of Heart.
		Willinghoff.								"				"		Bronchitis
		Wuchart. H. H.								"				"		Stomach trouble, Diarrhoea & Piles
		Williamson. Abrahm								"				"		Mumps. throat, loss of one testicle
		Williams. Joseph								"				"		Chron. Diarrhoea Piles.
		Walton. John G								"				"	Gun shot wound in right foot. injury to left testicle, at Winchester Tenn. May '64.	Chron. Diarrhoea. Blood Poison Piles. Heart and
		Wilson. James.								"				"		liver trouble
										"				"		

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	Disease While in Service. Give Nature of Disease.
	1		2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Allison, Joseph.	Pvt.	A	7	Ind.	Yes.					Yes.		61-65	Danville.	Ind.		
		Bryant. Wm. B.	1st Sgt.	D	121	Ind.	Yes.					Yes.		61-65.	New Winchester.	Ind.		Diarrhoea.
		Bunten, Theodore P.																

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Allison, Joseph											
		Bryant, Wm. B.											
		Bunten, Theodore P.	Theodore P. Bunten.			Oct.	8	'80	New Winchester	Ind.	New Winchester	Ind.	Diarrhoea

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Er Marion Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27		28	29
		1														
		Allison, Joseph														
		Bryant, Wm. B.														
		Bunten, Theodore F.					Yes.			No.		No.		No.		Chronic Diarrhoea.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	Disease While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Couch, Jacob E.	Pvt.	B.	F	Ky	Yes.					Yes		61-65	New Winchester,	Ind.		
		Dooley, Aaron T.	1st Lt.	C.	51	Ind.	Yes											
		Denny, John C.	Pvt.	H.	99	"	"					Yes.		61-65	New Winchester	Ind.		
		Dooley, James B.	"	H.	99	"	"					"		"	" "	"	1.	
		Depew, Wesley.										"		"	Danville.	"		vation

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Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Couch, Jacob E.											
		Dooley, Aaron T.											
		Denny, John C.											
		Dooley, James B.											
		Depew, Wesley.	Wesley Depew.			Mar	30	91.	New Winchester	Ind.	New Winchester,	Ind.	natural

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En (Marion Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Couch. Jacob E.														
		Dooley. Aaron T.														
		Denny. John C.														
		Dooley. James B.														
		Depew. Wesley.					Yes.			No		No		No		Rheumatism

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	Disease While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Galvin. John.	Priv.	K.	70	Ind.	Yes.					Yes.		61-65	New Winchester.	Ind.		
		Harris. Andrew V.																
		Hodges. Delano L.	Priv.	B.	148	Ind.	Yes					Yes.		61-65	Hadley	Ind.		
		Harper. Richard F.	"	C.	70	"	"					"		"	New Winchester	"	1.	
		Harlan. James.	3d Lieut	B.	117	"	"					"		"	Hadley.	"	3.	

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Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		ase While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Galvin. John.											
		Harris. Andrew V.	Andrew V. Harris			Oct.	9	'87.	Danville	Ind.	Danville.	Ind.	tism
		Hodges. Delano L.											
		Harper. Richard F.											
		Harlan. James.											

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Marion Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Galvin. John.														
		Harris. Andrew [illegible]														Rheumatism
		Hodges. Delano L[illegible]														
		Harper. Richard [illegible]														
		Harlan. James.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	...se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Kurtz, Henry F.	Priv.	G.	99	Ind.	Yes.					Yes.		61-65	New Winchester	Ind.		

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Lamar, Josiah																Deardorff
		Mathews, John N.	Priv.	C.	70	Ind. Vols.						Vol.		61-65	Hadley.	Ind.	4	
		Martin, John S.	"	H.	7	"	"					"		"	Reno.	Ind.	2	

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Lamar, Josiah	Josiah Lamar			Feby	10	74	Lizton	Ind.	Lizton	Ind.	Diarrhoea
		Mathews, John M.											
		Martin, John S.											

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En Marion Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27			
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Lamar, Josiah					Yes.		Yes			No		No	Contracted at Nashville, Tenn, Aug. '63.	Chronic Diarrhoea
		Mathews, John M														
		Martin, John S.														

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Parker, Wm. F.																tis.

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Enr

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Parker. Wm. F.	Wm. F. Parker			July	20	93	New Winchester,	Ind.	New Winchester.	Ind.	Tis.

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Enr… (Marion Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Parker. Wm. F.					Yes		No		No		No			Bronchitis.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.
		1	2	3	4	5	6	7	8	9	10
		Rose. Lewis									
		Robbins. Wm. S.									

White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. 14		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
11	12	13	Town or City.	State.	15	29
						Fever.
						Fever.

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

En

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Rose. Lewis	Lewis Rose			Jany	28	63	Lagrange,	Tenn.	New Winchester	Ind.	Fever.
		Robbins. Wm. S.	Wm. S. Robbins			Sept.	10	'64	New Winchester	Ind.	New Winchester	Ind.	Fever.

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Enl Marion Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		Rose. Lewis					Yes			No		No				Typhoid Fever.
		Robbins. Wm. S.					Yes.			No		No		No		Typhoid Fever.

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Steele. Josephus	Pvt.	H.	7	Ind.	Yes.					Yes		61-65	New Winchester	Ind.		
		Sharp. Franklin	Corp.	F.	66	Ills.	"					"		"	" "	"		
		Soots. Addison	Pvt.	C.	117	Ind.	"					"		"	North Salem.	"		
		Tinder. Samuel M.	1st Lt.	E.	21	Ind.	Yes					Yes.		61-65	Danville.	Ind.	1.	Diarrhoea
		Truitt. Henry.																

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En

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		ile in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Steele. Josephus											
		Sharp. Franklin											
		Soots. Addison											
		Tinder. Samuel C											
		Truitt. Henry.	Henry Truitt			June	2	65	Ward "J" Barracks Jefferson	Mo.	New Winchester	Ind.	Diarrhoea

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

En [illegible] Marion Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Steele. Josephus														
		Sharp. Franklin														
		Soots. Addison														
		Tinder. Samuel G														
		Truitt. Henry.					Yes.			No		No		No		Chronic Diarrhoea

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Wiechart, John D.	Pvt.	H.	11	Ind.	Yrs.					Yrs.		61-65	North Salem	Ind.	2.	
		Watson, Martin V.	Sgt.	K.	70	"	"					"		"	Danville.	"	1.	

A B C D E F G H I J K L M N O P Q R S T U V W Y Z

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	IRREGULAR SERVICE. Volunteers.	Regulars.	Militia.	Marines.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	...se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Odams. Thomas J.	Pvt.	I.	9	Ind.	Yes				Yes.		61-65	North Salem	Ind.	3.	- Scurvy
		Akers. John.	"	G.	99	"	"				"		"	"	"		- Throat Trouble.
		Odams. John Wm.	"	H	123	Ill.	"				"		"	"	"	1.	Diarrhoea
		Bramlett. Thomas E.	Pvt.	D.	68	Ind.	Yes				Yes.		61-65	Jamestown.	Ind.	3.	...d in back, and Rheumatism ...g and arms.
		Biggs. Reason.	"	G.	54	Ohio.	"				"		"	North Salem	"		...ble, eyes affected. Piles
		Barber. John N.	"	C.	119	Ill.	"				"		"	"	"	1.	...ys. Sun Stroke. Deafness.

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Er Oal Grove Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL. 1	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		Adams, Thomas														Catarrh & Scurvy
		Akers, John														" & Throat Trouble.
		Adams, John W.													Gunshot in left arm, at Perryville, Ky. Oct. '62.	Chronic Diarrhoea
		Bramlett, Thomas														Measles settled in back, and Rheumatism in left leg and arm.
		Biggs, Reason														Stomach trouble, eyes affected. Piles
		Barbur, John W.														Disease of Lungs. Sun Stroke. Deafness.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	Disease While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Clark. Samuel G.	Pvt.	G.	3	Ky	Yes.					Yes.		61-65	North Salem	Ind.	1	
		Clemens. John.	"	B.	7	Ind.	"					"		"	" "	"		tism
		Christie. Elijah F.	"	F.	1	Ind.	"					"		Mexican	Mount Clair.	"		Disease, Kidney trouble
		Covey. John R.	"	F.	54	Ind.	"					"		61-65.	Jamestown.	"		
		Cromer. Napolean B.	"	G.	31	Ind.	"					"		"	North Salem.	"		tism.
		Duncan. George H.	Pvt.	I	99 115	Ind.	Yes					Yes.		61-65	North Salem	Ind.		tism & Deafness.
		Davis. Jeremiah.	"	L.	33	"	"					"		"	" "	"		Right Ear.
		Davis. Smith R.	2d Cp.	H.	132	"	"					"		"	" "	"		
		Dowdy. James C.	Pvt.	G.	6	Ky	"					"		"	Jamestown.	"	6.	ulled in Lungs.
		Davis. Quincy G.	"	H.	132	Ind.	"					"		"	North Salem.	"	3.	
		Davis. Benj. F.	2d Lt.	F.	54	"	"					"		"	" "	"		Lt Lung affected. Chron. Diarrhoea

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En [illegible] Township, [illegible] County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Clark. Samuel G														Rheumatism
		Clemens. John.														Throat Disease, Kidney trouble
		Christie. Elijah [illegible]														
		Covey. John R.														Rheumatism.
		Cromer. Napolean [illegible]														
		Duncan. George [illegible]														Rheumatism & Deafness.
		Davis. Jeremiah.													Shot by horse falling. in 1863.	Deaf in Right Ear.
		Davis. Smith R														
		Dowdy. James C.														Measles settled in Lungs.
		Davis. Lucy G.														&
		Davis. Benj. F.														Lung Fever. Right Lung affected. Chron. Diarrhoea.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Engambright, James M.	Priv.	F.	135	Ind.	Yes.					Yes.		61-65	North Salem	Ind		Heart & Liver.
		Emmons, James M.	"	E.	132	"	"					"		"	" "	"		Trouble, Rheumatism
		Fleece, Jacob H.	Capt.	A.	51	Ind.	Yes.					Yes.		61-65.	North Salem.	Ind.		
		Fiscus, Adam N.	Priv.	B.	117	"	"					"		"	" "	"	1.	Sciatica.

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Enl... Armies of the ... United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		1	16	17	18								
		Engambright. James G											Heart & Liver.
		Emmons. James											Trouble. Rheumatism
		Fiscus. Jacob H.											
		Fiscus. Adam M.	Martha E. Fiscus			July	22	81	Owen County.	Ind.	Owen County.	Ind.	Disease.

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En Eel River Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL. 1	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		Ergenbright, James C.														Disease of Heart & Liver.
		Emmons, James														Stomach Trouble, Rheumatism
		Fleece, Jacob H.														
		Fiscus, Adam N.					Yes.								Ruptured	Kidney Disease.

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	ase While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Gossett. Thomas G.	Priv.	I.	7	Ind.	Yes.					Yes.		61-65	Jamestown.	Ind.	2.	Rheumatism.
		Gray. John.	"	G.	145	"	"					"		"	North Salem.	"	2.	
		Hackley. Wm. H.	Priv.	I.	9	Ind.	Yes.					Yes.		61-65.	North Salem	Ind.	2.	& Chronic Diarrhoea
		Hufman. Davis.	"	B.	8	Ky	"					"		"	" "	"		rouble.
		Hunt. John W.	"	G.	51	Ind.	"					"		"	" "	"		ulled on lungs.
		Henry. Thompson.	"	G.	55	"	"					"		"	Jamestown.	"	3.	Rheumatism.
		Hrete. Orion B.	"	B.	1	"	"					"		Mexican.	Jamestown.	"		a & Rheumatism.
		Hackley. James.	"	G.	7	"	"					"		61-65	North Salem.	"		
		Harper. William.																
		Hacker. Philip.	Priv.	K.	145	Ind.	Yes.					4		1861.	North Salem.	"	1.	Rheumatism.

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		...ase While in Service. Give Nature of Disease.
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Gossett, Thomas G.											Rheumatism.
		Gray, John.											
		Hackley, Wm. H.											...le & Chronic Diarrhoea
		Hufman, Davis											...rouble.
		Hunt, John W.	Nancy Hunt.					'92.	North Salem.	Ind.	North Salem.	Ind.	...ulled on lungs.
		Henry, Thompson											...Rheumatism.
		Hrste, Orion B											...a & Rheumatism.
		Hackley, James.											
		Harper, William.	William Harper.					July 22	'65 Pulaski,	Tenn			Rheumatism.
		Hacker, Philip.											

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En

Township,

Newdick County, Indiana, for the Year 1894.

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		1														
		Gossett, Thomas G														Piles & Rheumatism.
		Gray, John.														
		Hackley, Wm. H.														Lung Trouble & Chronic Diarrhoea
		Hufman, David														Lung Trouble.
		Hunt, John W.														Measles settled on lungs.
		Henry, Thompson													Gun Shot Wound, at Richmond, Ky.	Piles & Rheumatism.
		Hrste, Orion B														Diarrhoea & Rheumatism.
		Hackley, James.														
		Harper, William.														
		Hacker, Philip.														Piles & Rheumatism.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
1			2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Jones. David S.	1st Lt.	F.	54	Ind.	Yrs.					Yrs.		61-65.	North Salem.	Ind.		Kidney Disease. Fractured d by Falling

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Jones. David D.	Mary Jones.			Feby	9	75.	North Salem.	Ind.	North Salem.	Ind.	Kidney Disease. Fractured d by falling

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E

Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		Is Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		Jones, David L														Catarrh & Kidney Disease, Fractured Knee, caused by falling

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...e While in Service. Give Nature of Disease.
	1		2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Lytle, James G.	Pvt.	I.	76	Ind.	Yes.					Yes.		61-65	North Salem,	Ind.		Lung Trouble, caused
		Lockhart, Jacob.	"	I.	9	"	"					"		"	" "	"		Stomach Complaint.
		Miller, Daniel.	Pvt.	G.	1	Ky.	Yes.					Yes		61-65	North Salem,	Ind.		Trouble.
		Miller, John T.	"	B.	5	Ind.	"					"		"	" "	"		

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

En

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		Disease While in Service. Give Nature of Disease.
						19			20		21		
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Lytle, James G.	Mattie J. Lytle			Feby	29	'88	North Salem.	Ind.	North Salem.	Ind.	Kidney Trouble, caused
		Lockhart, Jacob.											Stomach Complaints.
		Miller, Daniel.											Trouble.
		Miller, John T.											

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En [illegible] Del Aware Township, [illegible] Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 — Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 — Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — Yes.	No.	In Indigent Circumstances? 25 — Yes.	No.	In Alms House? 26 — Yes.	No.	Dependent on others for Support? 27 — Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Lytle, James G.														Heart & Lung Trouble, caused Consumption
		Lockhart, Jacob.														Measles & Stomach Complaint.
		Miller, Daniel.													Gun shot wound in neck, caused paralysis of left side, Knoxville, Tenn.	Heart Trouble.
		Miller, John T.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Parsons, T.	Pvt.	D.	124	Ind.	Yes.					Yes.		61-65	North Salem.	Ind.		Consumption.

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		e While in Service. Give Nature of Disease.
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Parsons. I.	Elia Parsons.			Feby	8	72.	North Salem.	Ind.	North Salem.	Ind.	Consumption.

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En Eel River Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Parsons, T.														Measles, Consumption.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Rodgers. John.	Priv.	E.	16	Ind.	Yrs.					Yrs		Mexican	Jamestown.	Ind.		
		Rodgers. John.	"	K	70	"	"					"		61-65	"	"	1	Trouble.
		Robbins. M. D. L.	1st Lt.	H. a	7	"	"					"		"	Lizton.		3.	ea. Piles & Catarrh.
		Ralston. John B.	Priv.	H.	99	"	"					"		"	Moret Salem	"		
		Robbins. William	Capt.	I.	9	"	"					"		"	" "	"		orrhoea. Piles Piles. Rheumatism.
		Robbins. Elijah T.	Sgt.	H.	7	"	"					"		"	" "	"		ual trouble.
		Rose. Thomas.	Priv.	G.	51	"	"					"		"	" "	"		Diarrhoea.

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En Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
		1	16	17	18	19			20		21		29
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		Rodgers, John.											
		Rodgers, John.											Trouble.
		Robbins, M. D. L.											...oea, Piles & Catarrh.
		Ralston, John B.	Margaret Ralston.			Nov.	25	'62	Memphis.	Tenn.	North Salem.	Ind.	
		Robbins, William											...rrhoea. Piles
		Robbins, Elijah T.											" Piles, Rheumatism.
		Rose, Thomas.											...inal trouble.
													Diarrhoea.

Em[illegible] Cal River Township, [illegible] Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Rodgers. John.													Gun shot at Winchester & Petersburg. 1863 and 1864.	Spinal Trouble.
		Rodgers. John.														Chron. Diarrhoea. Piles & Catarrh.
		Robbins. M. D. L.														Measles
		Ralston. John B.													Injured in left leg and back. at Bull Run.	Chron. Diarrhoea. Piles
		Robbins. William													Gun shot on Head. at Slaughter Mountain	Piles. Rheumatism.
		Robbins. Elijah T.														Kidney & Spinal trouble.
		Rose. Thomas.					Yes.									Chron. Diarrhoea.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15
		Storm, Hiram.	Priv.	C.	71	Ind.	Yes.					Yes.		61-65	North Salem.	Ind	
		Sellers, J. B.	"	I.	27	"	"					"		"	"	"	1.
		Shannon, John.	"	G.	99	"	"					"		"	"	"	
		Stevens, Willis	1st Sgt.	H. I.	51 9	"	"					"		"	"	"	
		Thompson, Joshua.	Priv.	a.	7	Ind.	Yes					Yes.		61-65	North Salem.	Ind	3.
		Trotter, Fayette.	Cpl.	F.	54	"	"					"		"	"	"	4.

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Storm, Hiram.											Trouble.
		Sellers, J. B.											
		Shannon, John.	E. J. Shannon			June	13	85	Winchester	Ind.	Winchester	Ind.	trouble from Measles, Chronic Piles.
		Stevens, Willie.											
		Thompson, Joshua											Disease.
		Trotter, Fayette.											

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En Cal Revar Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Storm, Hiram.													Lost left leg at Richmond, Aug. 30, '64.	Piles
		Sellars, J. B.													Wounded in left leg at Cedar Mt. May 25, 64. leg amputated.	Heart Trouble.
		Shannon, John.														Stomach trouble
		Stevens, Willis														Lung trouble, from Measles, Chronic Diarrhoea & Piles.
		Thompson, Joshua														Piles
		Trotter, Fayette.														Lung Disease.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Wynn, Jesse W.	Priv.	H.	99	Ind.	Yes.					Yes.		61-65	North Salem.	Ind.		Diarrhoea
		Williams, Wm.	Corp.	H.	99	"	"					"		"	"	"		
		Walker, James D.	Priv.	B.	7 11	"	"					"		"	"	"		
		Wright, Harrison	Sgt.	G.	2	"	"					"		"	"	"	1.	"
		Williams, Alexander.	2d "	D	124	"	"					"		"	"	"	4.	

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Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		ille in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Wynn, Jesse W.											Diarrhoea
		Williams, Wm.	Nancy Williams										
		Walker, James D.	Mary Walker										
		Wright, Harrison				Dec.	4	'63	Chattanooga	Tenn.	North Salem	Ind.	
		Williams, Alexander				Dec.	4	'64	Carolina		" "	"	

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U V W Y Z

En Cal Ewart Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		Is Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		Wynn. Jesse W.														
		Williams, Wm.	Chattanooga	Tenn.											Gun Shot Wound in face. Georgia. May 10. 1863.	Chronic Diarrhoea
		Walker. James D.														
		Wright. Harrison														Measles.
		Williams. Alexander.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Yellow. John.	Surg.	H.	1	Ind.	Yes					Yes.		61-65	Jamestown	Ind.	4	[illegible] of Stomach Trouble

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En[illegible] Eel River Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27			
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Yellon, John.														Measles Rheumatism & Stomach Trouble

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Adams. James Q.	Sgt.	F.	66	Ohio	Yes.					Yes.		61-65.	Lizton.	Ind.		...ves settled in right eye ...houlder
		Ayers. James.	Priv.	C.	25	Ind.	Draft					"		"	"	"	4.	
		Brush. John A.	Priv.	E.	2	Ind.	Yes					Yes.		61-65	Lizton	Ind.		...ease of Stomach
		Belcher. Christian L.	"	D.	29	"	"					"		"	"	"		...rrhoea & Rheumatism.
		Bryant. James.	Sgt.	C.	51	"	"					"		"	"	"	2.	
		Bowman. Robert.	Priv.	D.	59	"	"					"		"	"	"	1.	
		Bramell. Amos R.	"	B.	16	Ky.	"					"		"	"	"	1.	...t Respiratory Organs.

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(Union Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) — No.	In Indigent Circumstances? (25) — Yes.	In Indigent Circumstances? (25) — No.	In Alms House? (26) — Yes.	In Alms House? (26) — No.	Dependent on others for Support? (27) — Yes.	Dependent on others for Support? (27) — No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Adams. James C													Typhoid Fever, Piles, on Potomac River Va.	Typhoid Fever settled in right Eye and left Shoulder
		Ayers. James.														
		Brush. John A														
		Belcher. Christian													Cold and Chron. Diarrhoea, Chattanooga, Tenn. Contracted Rheumatism at Murfreesboro. Tenn. Jan. & Feb. '63. Wounded at Battle of Resaca, in right Knee joint. Oct. 30th. '62.	Piles. Disease of Stomach Chron. Diarrhoea & Rheumatism.
		Bryant. James.														
		Bowman. Robert.														Disease of Respiratory Organs.
		Bramell. Amos C														

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Clark, Joseph.	Priv.	H. K.	99 Mex.	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.		Left side, last of Nov.
		Davidson, John N.	Priv.	C.	141	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.		...ted on lungs.
		Day, Thomas.	"	G. E.	116 42	"	"					"		"	Mont Clair.	"	3.	...rrhoea, Piles.
		Dunwidie, Wm. G.	"	L.	4	"	"					"		"	" "	"	2	Back.
		Eaton, Wm.	Sgt.	F.	149	N.Y.	Yes.					Yes.		61-65.	Lizton.	Ind.	1.	...oea
		French, John W.	Corp.	F.	10	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.	2.	

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		...se While in Service. Give Nature of Disease.
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Clark. Joseph.											... Gft side. last of Nov.
		Davidson. John M.	G. G. Davidson.			Dec.	22	'88.	Ligton.	Ind.	Ligton.	Ind.	...ulsed on lungs.
		Day. Thomas.											...rrhoea. Piles.
		Dunvidie. Wm. G.											Back.
		Eaton. Wm.											...ness.
		French. John M.											

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En

Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Clark, Joseph.														Paralysis of Left side. last of Nov. 1862.
		Davidson, John [illegible]													Caught cold at Lafayette, Ind.	Cold settled on lungs.
		Day, Thomas.													Chron. Diarrhoea & Piles. Winter of 1863.	Chron. Diarrhoea. Piles.
		Dunwidie, Wm. G.													Thrown from Horse and injured in back near Bargetown, Ky. 1862.	Injured Back.
		Eaton, Wm.														Diarrhoea
		French, John M.													Shot through hips & thigh, at Mills Springs, Ky. and still discharging wound.	

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	ase While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Goin, Luther.	Pvt.	K.	7	Ky	Yes.	*				Yes.		61-65.	Lizton.	Ind.		
		Helton, John.	Pvt.		5	Ind.	Yes.					Yes.		61-65	Lizton.	Ind.		
		Harden, James T.	"	G.	27	"	"					"		"	Mont Clair.	"		in left shoulder.
		Harrison, Wade H.	"	G.	51	"	"					"		"	" "	"		
		Hedge, Chester B.	"	F.	40	"	"					"		"	Lizton.	"		Diarrhoea
		Johnson, Benj. F.	Pvt.	H.	99	Ind.	Yes.					Yes.		61-65	Mont Clair.	Ind.		Lead. by bursting shell.

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Armies of the United States, Residing in

Index.	No.	NAME IN FULL. 1	WIDOW OF 16	SON OF 17	DAUGHTER OF 18	Date of Deceased Father's or Husband's Death. 19 Month.	Day.	Year.	Place of Death of Deceased Father or Husband. 20 Town or City.	State.	Residence of Deceased Father or Husband at time of Death. 21 Town or City.	State.	...se While in Service. Give Nature of Disease. 29
		Goin, Luther.											
		Helton, John.	Mary Helton.			Sept.	28	'76.	Lizton	Ind.	Lizton	Ind.	
		Harden, James T.											in left shoulder.
		Harrison, Wade H.											
		Hedge, Chester B.											Diarrhoea
		Johnson, Benj. F.											head. by bursting shell.

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E Union Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Goin, Luther.														
		Helton, John.														
		Harden, James F													Was wounded in left shoulder, May 25. 1864. at New Hope, Ga.	Wounded in left shoulder.
		Harrison, Wade F													Injured in left ankle, between Corinth, Miss., and Atlanta, Ga.	
		Hedge, Chester B														Chronic Diarrhoea
		Johnson, Benj. F													Typhoid fever at Ft. Fowler, Tenn. 1865. Gun shot wound left foot June 29. '64.	Injured near head. by bursting shell.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Kendall. Jacob H.	Priv.	B.	7	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.		...ck. Chronic Diarrhoea
		Kirtley. Wm. G.	"	L.	14	Ky	"					"		"	"	"		...e. Chronic of Stomach & Bowels
		Leak. David V.	Priv.	B.	7	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.		...ea, Dyspepsia, Piles, & Disease
		Lane. David C.	1st Sgt.	C.	51	"	"					"		"	"	"		Diarrhoea.
		Leak. James M.	Corp.	H.	7	"	"					"		"				
		Leak. Henry B.	Priv.	F.	54	"	"					"		"	"	"		
		Montgomery. John L.	Priv.	K.	14th	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.		Bold & Piles
		Montgomery. Wm. G.	"				Drafs.					"		"	"	"		...s.
		May. John L.	"	C.	29	Ind.	"					"		"	Ramslowa	"	2.	
		McClintock. Jas. W.	Priv.	B.	7	Ind.	Yes.					Yes.		61-65	Ramslowa	Ind.	2.	Stomach & Bowels.
		McLean. Peter G.	"	G.	77	"	"					"		"	Maplewood.	"	2	

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18								29
		Kendall. Jacob &											ck. Chronic Diarrhoea
		Kirtley. Wm. G.	Sarah Kirtley			Aug.	31	'78.	Leyton.	Ind.	Leyton.	Ind.	a Lesion of Stomach & Bowels
		Leak. David V.											ea, Dyspepsia. Piles. & Disease
		Lane. David C.											Diarrhoea.
		Leak. James M.											
		Leak. Henry B.											
		Montgomery. John											; Old & Piles
		Montgomery. Wm.	Maria G. Montgomery.			June	4.	76	Leyton.	Ind.	Leyton.	Ind.	es.
		May. John L.											
		Mc Clintock. Jno. P.	Ann Mc Clintock			June	17	8[illegible]	Leyton.	Ind.	Leyton.	Ind.	Stomach & Bowels.
		Mc Coun. Peter &											

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

Enr Union Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL. 1	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		Kendall. Jacob [illegible]														Injured in Back. Chronic Diarrhoea.
		Kirtley. Wm. G.					Yes.									Chron. Diarrhoea. Disease of Stomach & Bowels
		Leak. David V.														Chron. Diarrhoea, Dyspepsia. Piles, & Disease of Heart.
		Lane. David C.													Right Knee dislocated at Nashville. Tenn. Nov. '64. Hearing injured at Stone River. Dec. 31. '63.	Chronic Diarrhoea.
		Leak. James M.													Shell wound below knee. Gun shot wound above knee, at Thoroughfare Gap. Va. & Spottsylvania C. H.	
		Leak. Henry B.													Erysipelas or Smallpox. Vicksburg. Miss.	
		Montgomery. John [illegible]													Contracted Cold & Piles, at Nashville, Tenn.	Deep-seated Cold & Piles
		Montgomery. Wm.													Lung Disease. Effects of Measles.	Measles.
		May. John L.													Overheated at Dalton. Ga., May 30. '65.	
		McClintock. Geo. [illegible]					Yes.								Army of Potomac. 1862.	Disease of Stomach & Bowels.
		McCoun. Peter [illegible]													Right Shoulder mashed, in 1863. at Mount Washington	

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Overstreet. Yaron.	Pvt.	G.	99	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.		
		Plummer. John.	Pvt.	G.	27	Ills.	Yes.					Yes.		61-65	Lizton.	Ind.	3.	

A B C D E F G H I J K L M Mc c N O P Q R S T U V W Y Z

En

Union Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Overstreet, Garo													Chronic Diarrhoea & Rheumatism. 1862-5. Partial deafness	
		Plummer, John.														

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15	29
		Radcliff. Phillip	Pvt.	A.	55	Ky.	Yes.					Yes.		61-65	Maplewood,	Ind.		
		Ross. James L.	"	A.	86	Ind.	"					"		"	Ligton	"		
		Seamahorn. Walter.	Pvt.	K.	135	Ills.	Yes					Yes.		61-65.	Ligton	Ind.	3.	Diarrhoea & Piles.
		Simmons. Joab	"	L.	33	Ind.	Draft.					"		"	"	"		
		Scott. James E.	"	C.	150	"	Yes					"		"	Mont Clair.	"	3.	
		Spingler. Henry.	"	F.	93.	Ohio	"					"		"	" "	"		
		Scott. Wm. J.	"	C.	150	Ind.	"					"		"	Ligton.	"		
		Tharp. John D.	Pvt.	C.	33	Ind.	Draft.					Yes.		61-65	Mont Clair.	Ind.		

En

Union Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Bardshen. Philip													Ruptured. Injured in Right Hip. in 1864.	
		Ross. James L.													Wound in Right Shoulder at Stone River Murfreesboro, Tenn.	
		Seamahorn. Walter.													Diarrhoea & Kidney Trouble. Louisville Ky.	Rheumatism. Diarrhoea & Piles.
		Simmons. Joab													Measles settled in eyes, at Harpers Ferry, Va.	
		Scott. James E.													Erysipelas & Rheumatism, near Atlanta. Ga.	
		Spingler. Henry.													Bowell Trouble, at Camp Harrington.	
		Scott. Wm. J.														
		Tharp. John D.													Piles & Rheumatism, near Louisville. Ky. July 65	

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City. 14	State.	15
		Vliet, John.	Priv.	B.	117	Ind.	Yes.					Yes.		61-65.	Lizton.	Ind.	4.
		Wilson, Francis M.	Priv.	C.	148	Ind.	Yes					Yes.		61-65	Lizton.	Ind.	
		Watts. Thomas,	Mus.	G. F.	25	"		Yes					Yes.	"	Ramelsown.	"	2.
		West. James M.	Priv.	I.	33	Ind.	Draft.					"		"	Lizton	"	
		West. J. D.	"		79	"	"					"		"	Mont Clair.	"	
		Wheat. Geo. W.	"	C.	33	"	"					"		"	Lizton.	"	
		Willson Wm. B.	"	H.	19	"	Yes					"		"	Ramelsown	"	

in Service. Give Nature of Disease.

29

Bleeding Piles & Heart trouble.

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Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Viles, John.											Kidneys.
		Wilson, Francis M	Virgil Wilson			Mar.	5	65	Danville.	Ind.	Danville.	Ind.	
		Watts, Thomas.											es.
		West, James M.											tism
		West, J. D.											rhoea. Bleeding Piles & Heart trouble.
		Wheat, Geo. W.											
		Wilson, Wm. B.											

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E[illegible] (Union) Township, [illegible] (Hendricks) County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Viles, John.													Cold at Camp Carrington, Indpls. and settled on lungs and in back.	Injured Kidneys.
		Wilson, Francis M					Yes.									
		Watts, Thomas,													Measles, at Indianapolis	Measles.
		West, James M.													Fractured in head, Sept. 10. 1883. Injured on march from Raleigh, N.C. to Richmond, Va. May 1, '64. Deaf	Rheumatism
		West, J. D.													cold in left side & hearing impaired, at Indpls. in Mar. & April '65.	Chronic Diarrhoea, Bleeding Piles & Heart trouble.
		Wheat, Geo. W.														
		Wilson, Wm. B.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Yehley, Leander B.	Priv.	I.	121	Ind.	Yes.					Yes.		61-65	Ramstown	Ind.		Chronic Diarrhoea, Piles, of Heart.
		Byers, Jacob.	"	B.	124	Ky	"						Yes.	"	Danville.	Ind.	2.	Lost teeth. Lungs
		Bird, John R.	"	D	15	Ind.	"					"		"	Pittsboro.	"		of Rectum. Chronic Piles
		Bird, Elizabeth.													"	"	1.	Chronic Deafness, Piles, Rheu-
		Brooks, Thomas	"	C.	25	"	"					"		"	"	"		Heart trouble.

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Ashby. Leander C											Chronic Diarrhoea. Piles. of Heart.
		Byas. Jerry.											Lost teeth. Lungs
		Bird. John R.											& Rectum. Chronic Piles
		Bird. Elizabeth.	Geo. W. F. Bird			Apr.	13	'79.	Pittsboro.	Ind.	Pittsboro,	Ind.	
		Brooks. Thomas											Chron. Diarrhoea. Piles. Rheu- matic trouble.

A B C D E F G H I J K L M Mc N O P Q R S T U V W Y Z

En (Middle) Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Yeakley, Leander C.														Rheumatism, Chronic Diarrhoea, Piles, Irritation of Heart.
		Byers, Jerry.														
		Bird, John R.														
		Bird, Elizabeth.			Battle of Wilderness											
		Brooks, Thomas														Salivated. Lost teeth. Lungs affected. Disease of Rectum. Chronic Diarrhoea. Piles
																Chronic Diarrhoea, Dropsy, Piles, Rheumatism. Heart trouble.

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
					96													
		Cundiff. John A.	Priv.	H.	99	Ind.	Yes					Yes.		61-65.	Pittsboro.	Ind.		of Mind,
		Cox. Chas. P.	"	C.	51	"	"					"		"	"	"		wn. Fit. Spasms.
		Case. Peter.	"	G.	93	"	"					"		"	"	"		f Lungs
		Coalman. Hiram.	"	H.	54	"	"					"		"	"	"		rhoea. Disease of Rectum.
		Courtney. Henderson.	"	I.	148	"	"					"		"	"	"		i left leg. Scurvy. Loss
												"		"	"	"		resulting from Measles.
																		Fever.
		Dillon. Luke.	Priv.	F.	24	Ky	Yes					Yes.		61-65	Pittsboro	Ind.		ratory Organs & Rectum
		Dorman. Richd T.	"	H.	99	Ind.	"					"		"	"	"	7	e. Heart Disease.
		Davis. Louis.	"	K.	79	"	"					"		"	"	"		eum
		De Long. Isaac.	"	D.	25	"	"					"		"	"	"		Chronic Diarrhoea
																		rhoea, Rheumatism, Kidney
												"		"	"	"	2.	ey. Irritation Heart.
		Edwards. Robt G.	Priv.	H.	16	Ind.	Yes					Yes.		61-65.	Pittsboro	Ind.		e, Piles

En Middle Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at (22) Place.	State.	Deceased Father or Husband Died of Wounds Received at (23) Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	No.	In Indigent Circumstances? (25) Yes.	No.	In Alms House? (26) Yes.	No.	Dependent on others for Support? (27) Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Cundiff. John A.													Gun shot wound in thigh at Atlanta Ga.	Aberration of Mind Spinal affectations, Fits. Spasms, numbness of limbs
		Cox. Chas. P.													Ruptured in Groin, in Miss.	Chronic Diarrhoea. Disease of Rectum. Buried Ball in left leg. Scurvy. Loss of teeth.
		Case. Peter.														Paralysis, resulting from Measles. Mumps & Fever.
		Coalman. Hiram.														
		Courtney. Henderso														
		Dillon. Luke.														Diseased Respiratory Organs & Rheumatism. Heart Disease.
		Dorman. Richd E													Gun shot wound. Dallas, Ga. Varicose Veins. Wild Cat. Mt. '64. Ribs broken at Battle of Murfreesboro.	Rheumatism
		Davis. Louis.														Rheumatism. Chronic Diarrhoea
		De Long. Isaac														Chronic Diarrhoea. Rheumatism. Kidney trouble. Scurvy. Irritation Heart.
		Edwards. Robt C													Hernia of Stomach. Apr. 1. 1865	Rheumatism. Piles

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State in which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.
		1	2	3	4	5	6	7	8	9	10
		Franck, John S.	Surg.	B.	120	Ind.	Yes.				
		Flinn, Alfred.	Priv.	K.	45	"	"				
		Fee, Lorenzo.	"	I.	42	"	"				
		Hornaday, Enos C.	2d Lt.	I.	11	Ind.	Yes.				
		Holly, John A.	Priv.	E.	145	"	"				
		Harpare, John H.	2d Sgt.	F.	90	"	"				
		Holtsclaw, Marshall,	2d Lt	G	53	"	"				
		Hunt, Chas.	Priv.	a. L.	2	N.Y.	"				

White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
11	12	13	14 Town or City.	State.	15	29
Yes.		61-65.	Pittsboro.	Ind.	1.	Diarrhoea
"		"	"	"		
"		"	"	"	3.	Diarrhoea.
Yes.		61-65.	Pittsboro.	Ind.	3.	rhoea. Diarrhoea of Bowels
"		"	"	"		rrhoea. Piles
"		"	"	"	3.	ea. Catarrhal affection.
"		"	"	"		ism.
"		"	"	"		

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En

Middle Township,

Headnecks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place.	Deceased Father or Husband was Killed at — State.	Deceased Father or Husband Died of Wounds Received at — Place.	Deceased Father or Husband Died of Wounds Received at — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No.	In Indigent Circumstances? — Yes.	In Indigent Circumstances? — No.	In Alms House? — Yes.	In Alms House? — No.	Dependent on others for Support? — Yes.	Dependent on others for Support? — No.	Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	22		23		24		25		26		27		28	29
		Frauch, John S														Chronic Diarrhoea
		Flinn, Alfred.														Lumbago.
		Fee, Lorenzo.														Chronic Diarrhoea.
		Hornaday, Enos C													Wounded in leg, May 16. 64. at Champion Hill.	Chronic Diarrhoea. Disease of Bowels
															" " Breast, July. 64. at Jackson, Miss.	Chronic Diarrhoea. Piles
		Holly, John A.														Chronic Diarrhoea. Catarrhal Affection.
		Hafacre, John S													Wounded at Hatchie River. 1862.	Rheumatism.
		Holtsclaw, Marsha													Shiloh. 1862.	
		Hunt, Chas.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...ase While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Jordan, Wm. T.	Corp.	G.	51	Ind	Yes					Yes.		61-65	Pittsboro	Ind.		...art Trouble.
		Janes, Samuel.	Priv.		18	"	"					"		"	"	"		
		Jordan, John G.	Corp.	H.	99	"	"					"		"	"	"	1.	
		Kesler, John C.	Priv.	H.	7	Ind.	Yes					Yes.		61-65	Pittsboro	Ind.	1.	...var. Irritation of ...umatism
		Kirk, Henry T.	"	A.	50	"	"					"		"	"	"	6.	

En (Middle Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL. 1	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		Jordan, Wm. T.													Sun Stroke	Piles. Heart Trouble.
		Janes, Samuel.													Deafness by explosion of Shell. Vinings Bridge, Ga. July 17. '64.	
		Jordan, John Y.													Sun Stroke, Jackson, Miss. July 17. '63. Loss of hearing in left Ear. 1864.	
		Kesler, John C.														Typhoid Fever. Irritation of Heart. Rheumatism
		Kirk, Henry T.													Ruptured, at Corinth, Miss	Piles

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Leonard, Frederick	Pvt.	K.	79	Ind.	Yes					Yes.		61-65.	Pittsboro	Ind.	1.	hoea, Lung trouble, Bronchitis, Irritation of Heart.
		Linton, Wm.	"	C.	25	"	"					"		"	"	"		Diarrhoea. Piles
		Lewis, Wm. B.	Sgt.	C.	51	"	"					"		"	"	"		Lung Trouble.
		Miller, James W.	Pvt.	B.	79	Ind.	Yes.					Yes?		61-65	Pittsboro.	Ind.		hoea, Piles. General Debility.
		Meher, Frank M.	"	A.	111	Ohio.	"					"		"	"	"		
		Money, John T.	"	E.	10th	Ind.	"					"		"	"	"		
		Martin, Francis.	"	A.	"	"	"					"		"	"	"	2.	hea. Crippled toe. caused
		Milam Wm. H.	Corp.	B.	45	Ills.	"					"		"	"	"	4.	Diarrhoea.
		McAllister, John G.	Pvt.	D.	124	Ind.	Yes.					Yes.		61-65.	Pittsboro	Ind.		ation, Chronic Diarrhoea

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Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Leonard, Fredrc														Chronic Diarrhoea, Lung trouble, Rheumatism, Rheumatism, Irritation of Heart.
		Liston, Wm.														Chronic Diarrhoea. Piles
		Lewis, Wm. C														Throat & Lung Trouble.
		Miller, James W.													Bayonet thrust in wrist, Stone River, Tenn.	Chronic Diarrhoea, Piles, General Debility.
		Meher, Frank M														
		Money, John T.													Sun Stroke, in Ark. 1862.	Chronic Diarrhoea. Crippled toe, caused by Acres.
		Martin, Francis.														Chronic Diarrhoea.
		Milam Wm. H														
		McAllister, John														Piles, Rheumatism, Chronic Diarrhoea

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Pressley. Robt C.	Pvt.	G.	25	Ind.	Yes					Yes.		61-65.	Pittsboro	Ind.		Diarrhoea. Deafness
		Potts. George W.	"	G.	70	"	"					"		"	"	"	4.	Rheumatism. Chronic Diarrhoea
		Pebworth. Jas. H.	Corp.	H.	99	"	"					"		"	"	"		of Heart.
		Parker. Dudley H.	Pvt.	H.	51	"	"					"		"	"	"	3.	
		Phillips. Melvin	"	K.	120	"	"					"		"	"	"		Eyes.

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Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 — Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 — Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — Yes.	No.	In Indigent Circumstances? 25 — Yes.	No.	In Alms House? 26 — Yes.	No.	Dependent on others for Support? 27 — Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Presley. Robt E.													Hurt by being thrown from horse, in S. Ga.	Chronic Diarrhoea. Deafness
		Potts. George W.													Gun shot wound in head. July 28, near Atlanta, Ga.	Disease of Stomach. Chronic Diarrhoea. Irritation of Heart.
		Pebworth. Jas. H.														Piles.
		Parker. Dudley. H.														Diseased Eyes.
		Phillips. Melville														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Ridgeway, John G.	Pvt.	G.	7	Ind.	Yes.					Yes.		61-65	Pittsboro.	Ind.	5.	Piles, General Debility
		Ray, Chas. G.	"	C	29	"	"					"		"	"	"		Debility in Gen. Debility
		Sillery, Jas. F.	Pvt.	K.	51	Ind.	Yes.					Yes.		61-65.	Pittsboro.	Ind.		
		Stillwagon, Benj. C.	Sgt.	H.	16	"	"					"		"	"	"		Diarrhoea & Piles.
		Smith, Alex. F.	Pvt.	F.	103	"	"					"		"	Tilden	"		Chronic Diarrhoea, Yellow Jaundice.
		Smith, John W.	"	C.	25	"	"					"		"	Pittsboro.	"		Debility.
		Smith, Andrew J.	"	G.	117	"	"					"		"	"	"		Diarrhoea
		Smoot, Jas. H.	"	K.	63	"	"					"		"	"	"	2	Liver, Spinal Trouble, Heart Disease.

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Index.	No.	NAME IN FULL.
		1
		Ridgeway, John G.
		Ray, Chas. G.
		Sillery, Jas. F.
		Stillinger, Benj. C.
		Smith, Alex. F.
		Smith, John W.
		Smith, Andrew J.
		Smoot, Jas. A.

Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25	
Place.	State.	Place.	State.	Yes.	No.	Yes.	No.

In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
Yes.	No.	Yes.	No.	28	29
				Gun shot wound in right elbow joint. Mar. 22. '62. Winchester. - Wounded in breast July. '64. Petersburg	Rheumatism. Piles. General Debility Heart trouble. Measles, resulting in Gen. Debility
				Eyes injured at Atlanta, Ga. Ruptured. Camp Ford. Texas.	Chronic Diarrhoea & Piles.
					Rheumatism. Chronic Diarrhoea, Yellow Jaundice. Piles. General Debility.
				Sprained Back. Greenville, Tenn. Sun Stroke July. '63. Between Lebanon & New Hope, Ky.	Chronic Diarrhoea. Chronic Diarrhoea. Spinal Trouble. Rheumatism. Heart Disease.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Tout. William	Corp.	A.	51	Ind.	Yes					Yes.		61-65.	Pittsboro.	Ind.		...orhoea. Piles. ...r sight.

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Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Decreased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Soldiers' Orphans' Home? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Yount, William													Concussion of Brain, caused by striking bridge on train, Tullahoma Chattanooga & Knoxville	Chronic Diarrhoea. Piles. Defective Eye sight.

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Enrollment of Soldiers, their Widows and Orphans of the [illegible]

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	ase While in Service. Give Nature of Disease.
	1		2	3	4	5	6	7	8	9	10	11	12	13	Town or City.	State.	15	29
		Watts. Lewis S.	Pvt.	B.	7	Ind.	Yr.					Yes.		61-65.	Pittsboro.	Ind.		o Piles.
		Waters. Isaac B.	"	H.	25	"	"					"		"	"	"		
		Weaver. Ellis M.	"	B.	7	"	"					"		"	"	"	1.	tism.
		Wills. S. S.	Sgt.	C.	70	"	"					"		"	"	"	2.	t Heart & Spleen. Indigestion.
		Waters. Jacob G.	Pvt.	C.	25	"	"					"		"	"	"		ea. rrhoea & Piles
		Ward. Henry N.	"	G.	51	"	"					"		"	"	"	2.	Bronchitis.
		Watson. Francis M.	"	I.	121	"	"					"		"	"	"	4.	hoea. Piles. Irritation of Heart.
		Wills. James M.	"	C.	70	"	"					"		"	"	"	1.	rrhoea
		Waller. Wm. H.	"	D.	139	"	"					"		"	Rainstown	"		
		Weaver. Amos C.	Sgt.	G.	51	"	"					"		"	Pittsboro	"	1.	ia of Heart.

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Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 — Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 — Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — Yes.	No.	In Indigent Circumstances? 25 — Yes.	No.	In Alms House? 26 — Yes.	No.	Dependent on others for Support? 27 — Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Watts. Lewis													Wounded in Breast. Battle of Fredericksburg. Va. Dec. 13. 62. Wounded in Rip. Batt. of Wilderness. May 5. 64.	Deafness & Piles.
		Waters. Isaac														
		Weaver. Ellis M														
		Wills. S. S.													Gun shot wound in left leg. at Peach Tree Creek. July 20. '64.	Rheumatism. Enlargement of Heart & Spleen. Indigestion. Heart disease.
		Waters. Jacob G.														
		Ward. Henry N.													Wounded at Goldsboro. N. C.	Chronic Diarrhoea & Piles
		Watson. Francis C														Chronic Bronchitis.
		Wills. James M														Chronic Diarrhoea. Piles. Irritation of Heart.
		Waller. Wm. H.														Piles & Diarrhoea
		Weaver. Amos C													Gun shot wound through left foot. Aug. 15. 64. Dallas. Ga.	Disease of Heart.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
															Town or City.	State.		
	1	2		3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Orbuckle. Eliza Ann													Brownsburg.	Ind.		
		Orbuckle. John G.	Priv.	K.	70	Ind.	Yes.					Yes.		61-65	"	"	2.	tism
		Bland. Rebecca J.																Trouble.
		Brown. William	Priv.	C.	5	Ind.	Yes.					Yes.		Mexican 61-65	Brownsburg.	Ind.		Diarrhoea.
		Barnhill. James R.	"	I.	7	"	"					"		61-65	"	"		" & Rheumatism
		Button. John.	"	B.	29	"	"					"		"	"	"		& Black Scurvy.
		Burcott. Mary G.													"	"		in & Kidney Disease

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En Armies of the United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Orbuckle, Eliza	Francis M. Orbuckle		Mora Orbuckle	Dec	2	'79	Insane Hospital	Ind.	Indianapolis	Ind.	
		Orbuckle, John											tism
		Bland, Rebecca J.	Americus V. Bland.			Mar	27	75	Brownsburg.	Ind.	Brownsburg	Ind.	Typhoid. Diarrhoea. " & Rheumatism
		Brown, William											& Black Dewvy.
		Barnhill, James											
		Button, John.											
		Bursott, Mary E	Tilman F. Bursott.			May.		'88	Lincoln Township	Ind.	Brownsburg.	Ind.	in & Kidney Disease.

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Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	State.	Deceased Father or Husband Died of Wounds Received at — Place. (23)	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? (24) Yes.	No.	Is Indigent Circumstances? (25) Yes.	No.	In Alms House? (26) Yes.	No.	Dependent on others for Support? (27) Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Orbuckle. Eliza					Yes.			No.	Yes.				Sun Stroke, and feel masked by Care.	Rheumatism
		Orbuckle. John														
		Bland. Rebecca J.					Yes.									Lung Trouble
		Brown. William														Camp Diarrhoea.
		Barnhill. James														" " & Rheumatism
		Button. John.														Rheumatism & Black Jaundice.
		Burcott. Mary C						No		No		No		No.		Rheumatism & Kidney Disease.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Mariner.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Cook. Horace.	Pvt.	G.	29	Ind.	Yes.					Yes.		61-65	Brownsburg	Ind.		m + Piles.
		Cook. Nathan.	"	"	5	Ohio	"					"		"	"	"	3.	
		Crouch. Aaron N.	"	K.	93	"	"					"		"	"	"	1.	m.
		Cook. Wm. T.	"	D.	153	Ind.	"					"		"	"	"	1.	iarrhoea
		Darby. Hannah.																Rheumatism.
		Dinividdie. Wm. F.	Corp.	K.	79	Ind.	Yes.					Yes.		61-65	Brownsburg.	Ind.		ison. Catarrh. Deafn
		Dobson. James A. C.	Sgt.	"	79	"	"					"		"	"	"	4.	
		Dewey. John W.	Pvt.	F.	13	"	"					"		"	"	"		
		Davidson. Albert W.	Sgt.	F.	13	"	"					"		"	"	"		ion of Bowels.
		Ellis. Wm. A.	Pvt.	G.	51	Ind.	Yes.					Yes.		61-65.	Brownsburg.	Ind.	1.	Diarrhoea.
		Eaton. Gardison	"	B.	7	"	"					"		"	"	"		"
		Ellis. John T.	"	G.	51	"	"					"		"	"	"	2.	Diarrhoea. Piles.

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Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death. 19			Place of Death of Deceased Father or Husband. 20		Residence of Deceased Father or Husband at time of Death. 21		se While in Service. Give Nature of Disease.
		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Cook. Horace.											...m + Piles.
		Cook. Nathan.											...m.
		Crouch. Aaron C											...arrhoea
		Cook. Wm. F.											
		Darby. Hannah.	Wm. Darby.			Apr.	1	'83.			Brown Township	Ind	...o of Rheumatism.
		Diswiddie. Wm. F.											...rism. Catarrh. Deaf in
		Dobson. James A. C.											...e.
		Dewey. John W.											...ion of Bowels.
		Davidson. Albert D											
		Ellis. Wm. A.											Diarrhoea.
		Eaton. Gradison											Diarrhoea. Piles.
		Ellis. John T.											

Enl Lincoln Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Cook. Horace.													Varicose Veins from ankle facing on right leg. at Jamestown. Tenn. 1864.	Rheumatism & Piles.
		Cook. Nathan.														Piles.
		Crouch. Aaron C														Rheumatism.
		Cook. Wm. T.														Camp Diarrhoea
		Darby. Hannah.					Yes.			No.		No.	Yes.		Sunstroke at Louisville. Ky. in 1863	Heart Disease & Rheumatism.
		Dinwiddie. Wm. F.													Gun shot wound at Stone River, Tenn.	Malarial Poison. Catarrh. Deaf in both Ears.
		Dobson. James A. C.														
		Dewey. John W.													Loss of Eye Sight, at Indpls. 1864.	Constipation of Bowels.
		Davidson. Albert H														
		Ellis. Wm. A.													Sunstroke at Chattanooga, Tenn. 1864.	Camp Diarrhoea.
		Eaton. Gradison														" Camp Diarrhoea. Piles.
		Ellis. John T.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Gray. Isaac W.	Sgt.	K.	79	Ind.	Yes.					Yes.		61-65	Brownsburg.	Ind.		
		Gorham. James S.	Priv.	F.	90	"	"					"		"	"	"		ew.
		Griffith. John W.	"	O.	5	"	"					"	"	"	"	"	1.	arrhoea. Piles
		Gray. Wm. H.	"	B.	83	"	"					"	"	"	"	"	1.	
		Gregg. Elizabeth.													"	"	1.	Diarrhoea.
		Hallett. James T.B.	Priv.	I.	121	Ind.	Yes.					Yes.		61-65.	Brownsburg.	Ind.	1.	chitis.
		Hutson. Anthony.	"	G.	1	"	"					"		"	"	"		atism.
		Hutson. James K.	"	G.	5	Tenn.	"					"		"	Clermont.	"		sis.
		Harding. Robert N.	Opt.	G.	47	Ind.	"					"		"	Brownsburg	"		ness. Rheumatism.
		Harmon. Charles.	Priv.	L.	3	"	"					"		"	"	"	2.	Diarrhoea.

En

Armies of the

United States, Residing in

Index.	No.	NAME IN FULL.	WIDOW OF	SON OF	DAUGHTER OF	Date of Deceased Father's or Husband's Death.			Place of Death of Deceased Father or Husband.		Residence of Deceased Father or Husband at time of Death.		se While in Service. Give Nature of Disease.
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		1	16	17	18	19			20		21		29
		Gray. Isaac W.											
		Gorham. Dan'l S.											
		Griffith. John R											eye.
		Gray. Wm. H.											iarrhoea. Piles
		Gregg. Elizabeth.	Wm. Gregg.		Alice Gregg	—	May 4	'79.	Brownsburg.	Ind.	Brownsburg.	Ind.	Diarrhoea.
		Hallett. James T. C											chitis.
		Hutson. Anthony.											atism.
		Hutson. James R											sis
		Harding. Robert C											Con. Rheumatism.
		Harmon. Charles.											Diarrhoea

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Lincoln Township,

Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 Place.	State.	Deceased Father or Husband Died of Wounds Received at 23 Place.	State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 Yes.	No.	In Indigent Circumstances? 25 Yes.	No.	In Alms House? 26 Yes.	No.	Dependent on others for Support? 27 Yes.	No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Gray, Isaac W.														Deafness. Rheumatism. Camp Diarrhoea. Piles
		Gorham, Daniel S.														
		Griffith, John R														
		Gray, Wm. H.													Wounded in Right Elbow by Gunshot at Vicksburg, Tenn. May, 1863	
		Gregg, Elizabeth.					Yes.									Camp Diarrhoea.
		Hollett, James T. Co													Left foot and ankle mashed at Vicksburg, Miss. 1865.	Bronchitis. Rheumatism. Dyspepsia
		Hutson, Anthony.														Camp Diarrhoea. Rheumatism.
		Hutson, James R													Wounded in middle finger left hand, at Kingston, Tenn. 1863.	Camp Diarrhoea
		Harding, Robert C														
		Harmon, Charles.														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
1			2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Jolly, Thomas J.	Sgt.	G.	86	Ind.	Yes.					Yes.		61-65	Brownsburg.	Ind		vy & Smallpox.
		Johnson, David	Pvt.	K.	137	"	"					"		"	"	"	3.	
		Jenkins, Wm. M.	Sgt.	A.	53	"	"					"		"	Tilden	"	3.	ew & Camp Diarrhoea.

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Lincoln Township,

Haudricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22 — Place.	Deceased Father or Husband was Killed at 22 — State.	Deceased Father or Husband Died of Wounds Received at 23 — Place.	Deceased Father or Husband Died of Wounds Received at 23 — State.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — Yes.	Did Deceased Father or Husband Die of Disease Contracted while in Service? 24 — No.	In Indigent Circumstances? 25 — Yes.	In Indigent Circumstances? 25 — No.	In Alms House? 26 — Yes.	In Alms House? 26 — No.	Dependent on others for Support? 27 — Yes.	Dependent on others for Support? 27 — No.	Injured While in Service. Give Nature of Injury. State Time and Place. 28	Contracted Disease While in Service. Give Nature of Disease. 29
		1														
		Jolly, Thomas J.													Hurt in right shoulder. by jumping from Cars. July. 1864.	Black Jaundice & Smallpox
		Johnson, David														Rheumatism & Camp Disorders
		Jenkins, Wm. M														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Lowe, Benj. F.	Priv.	I.	5th	Ind.	Yes.					Yes.		61-65.	Brownsburg.	Ind.	1.	
		Miller, Charles C.	Priv.	I.	7	Ind.	Yes.					Yes.		61-65.	Brownsburg.	Ind.	1.	in Camp Dearborn.
		McCormick, Wm. S.	Priv.	a.	51	Ind.	Yes.					Yes.		61-65.	Brownsburg.	Ind.	6.	anthrax & Rheumatism.

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Township,

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		1														
		Lowe, Benj. F.													Hearing & Eye sight affected by force of shell, Dec. 28, 1862.	
		Miller, Charles C.														Rheumatism & Camp Diarrhoea.
		McCormick, Wm														Camp Diarrhoea & Rheumatism.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Rogers, Isaac P.	Pvt.	I.	9	Ind.	Yrs.					Yrs.		61-65.	Brownsburg,	Ind.	4.	Rheumatism. Varicose Right Leg.
		Ridgeway, Charles.	"	H.	54							"		"	"	"	1	
		Richards, Ottiwas,	"	I.	2	Mich.	"					"		"	"	"		a. Piles. Rheumatism.

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Lincoln Township, Hendricks County, Indiana, for the Year 1894.

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			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Rogers, Isaac T														Lung Trouble, Rheumatism, Varicose Veins in Right Leg.
		Ridgeway, Charles														
		Richards, Ottimus														Camp Diarrhoea, Piles, Rheumatism.

Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.	Disease While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Tyler, Charles W.	Priv.	K.	145	Ind.	Yes.					Yes.		61-65	Brownsburg,	Ind.		atism.
		Tyler, Preston.	"	I.	145	"	"					"		"	"	"		Heartburn.
		Turpin, Henry.	"	I.	7	"	"					"		"	Clermont,	"		Rheumatism.

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En Lincoln Township, Hendricks County, Indiana, for the Year 1894.

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			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Tyler, Charles W													Wounded in left arm Jany 2. 63. at Stone River, Tenn.	Rheumatism.
		Tyler, Preston.													Finger shot off at Coloka, Tenn.	Camp Diarrhoea.
		Turpin, Henry.													Flesh Wound at the Battle of the Wilderness in Virginia.	Piles & Rheumatism.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
	1		2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Wilson, Gilbert,	Pvt.	G.	93	Ohio	Yes					Yes		61-65	Brownsburg,	Ind.		Veins in Right
		Watts, Samuel W	"	C.	51	Ind.	"					"		"	"	"	1	Leg.

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Township,

County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at — Place. (22)	Deceased Father or Husband was Killed at — State. (22)	Deceased Father or Husband Died of Wounds Received at — Place. (23)	Deceased Father or Husband Died of Wounds Received at — State. (23)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — Yes. (24)	Did Deceased Father or Husband Die of Disease Contracted while in Service? — No. (24)	In Indigent Circumstances? — Yes. (25)	In Indigent Circumstances? — No. (25)	In Alms House? — Yes. (26)	In Alms House? — No. (26)	Dependent on others for Support? — Yes. (27)	Dependent on others for Support? — No. (27)	Injured While in Service. Give Nature of Injury. State Time and Place. (28)	Contracted Disease While in Service. Give Nature of Disease. (29)
		1														
		Wilson, Gilbert													Wounded in left breast, at Chickamauga, Tenn. Sept. 1863. Wounded in left breast and shoulder, at Overton Hills, Nashville, Tenn. 1864.	Varicose Veins in Right Leg. Rheumatism.
		Watts, Samuel C														

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	...se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Ayers. Horatio	Corp	K.	79	Ind.	Yes.					Yes.		61-65	Royalton.	Ind.		...rhoea. Kidney Diseases
		Brown. Mary E.													Brownsburg.	Ind.		...ties

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		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	29
		Ayers, Horatio											rhoea, Kidney Diseases
		Brown, Mary E	Jas. W. Brown			June		63	Louisville	Ky.	Brownsburg,	Ind.	Yes

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E… Brown Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at		Deceased Father or Husband Died of Wounds Received at		Did Deceased Father or Husband Die of Disease Contracted while in Service?		In Indigent Circumstances?		In Alms House?		Dependent on others for Support?		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			22		23		24		25		26		27			
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Cyrus, Horatio													Gun shot wound in left arm, at Dallas, Ga, May 27. '64.	Chronic Diarrhoea. Kidney Diseases
		Brown, Mary E					Yes		Yes.							Bronchitis

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Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	Town or City.	State.	15	29
		Catterson. James P.	Corp. Capt.	R. F.	4 79	Ind.	Yes.					Yes		Mexican 61-65.	Brownsburg.	Ind.		
		Cassiday. Michael	Priv.	B.	7 20	"	"					"		61-65	White Lick	"		case of Rheumatism
		Coffman. Wm. J. W.	"		113	"	"					"		"	Brownsburg.	"	1.	
		Dunn. George W.	Priv.	I.	7	Ind.	Yes.					Yes.		61-65.	Haughville.	Ind.		Diarrhoea

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Brown Township, Hendricks County, Indiana, for the Year 1894.

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		1														
		Callerson, James [illegible]								No					Injured in right foot at Stone River, Jan. 2, 63. Injured in back & hip while on duty as field officer.	
		Cassiday, Michael [illegible]							Yes.				Yes.		Gun shot wound in back, at North Anna River, in 1864.	Spinal Disease & Rheumatism
		Coffman, Wm. J. [illegible]							Yes.							
		Dunn, George W.							Yes.				Yes.		Shot Back loading Ammunition, at Bull Point, in 1862.	Chronic Diarrhoea

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Enrollment of Soldiers, their Widows and Orphans of the

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15	29
		Jorrall, James.	Priv.	K.	79	Ind.	Yes.					Yes.		61-65.	Royalton	Ind.	1.	u & Chronic Diarrhoea
		Hulsizer, William.	Corp.	K.	79	Ind.	Yes.					Yes.		61-65	Brownsburg.	Ind		Chronic Diarrhoea.
		Hough, George.	Priv.	H.	7	"	"					"		"	Traders Point.	"	two	Veins. ses of Teeth. Piles

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Brown Township.

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		1														
		Gorrell, James.													Gun shot wound, left leg. June 2, 1863 at Stone River	Rheumatism & Chronic Diarrhoea
		Hulsizer, William							Yes				Yes		Gun shot wound in thigh. Jany 2, 1863. Stone River.	Rheumatism. Chronic Diarrhoea. Varicose Veins.
		Haugh, George.							Yes							Deafness. Loss of Teeth. Piles

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Enrollment of Soldiers, their Widows and Orphans of the

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Jordan, Amua M.													Royalton.	Ind.		
		Kinney, Bridget													Brownsburg.	Ind.		

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		1	16	17	18	Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	22
		Jordan, Amua C.	Joseph W. Jordan										
		Kinney, Bridget	Peter Moran, Remarried to John Kinney					'64.	N. C.		Vermont.	Ind.	

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			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Jordan, Amua C					Yes									
		Kinney, Bridget					Yes									

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Lowe, David G.	Priv.	K.	33	Ind.	Yes.					Yes.		61-65.	Brownsburg.	Ind.	5.	in Head.
		Marvel, Josiah.	Priv.	H.	7	Ind.	Yes					Yes.		61-65	Traders Point.	Ind.	1.	& Chronic Diarrhoea
		Mark, William H.	"	E.	148	"	"					"		"	" "	"	2.	Rheumatism, Heart Disease.
		Mc Kee, John M.	Corp.	F.	79	Ind.	Yes.					Yes.		61-65	Brownsburg,	Ind.	5.	Rheumatism.
		Mc Crary, Sarah.													"	"	2	

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		1	16	17	18	19			20		21		29
						Month.	Day.	Year.	Town or City.	State.	Town or City.	State.	
		Lowe, David G.											...in Heads
		Marvel, Josiah											...& Chronic Diarrhoea
		Mark, William F.											...eumatism, Heart Disease
		McKee, John W.											Rheumatism.
		McCrary, Sarah	G. W. McCrary.					'92.	Brown Twp.	Ind.	Brownsburg.	Ind.	

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En [illegible] Township, Hendricks County, Indiana, for the Year 1894.

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		1	22		23		24		25		26		27		28	29
		Lowe, David [illegible]							Yes				Yes.		Gun shot wound in breast.	Catarrh in Head.
		Marvel, Josiah [illegible]							Yes.							Rheumatism & Chronic Diarrhoea.
		Mark, William [illegible]							Yes				Yes.			Cough. Rheumatism. Heart Disease.
		Mc Kee, John [illegible]								Yes					Hearing injured Jan. 1. '63. at Murfreesboro.	Piles & Rheumatism.
		Mc Crary, Sara[illegible]						Yes		Yes			Yes		I	

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State in which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	se While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Pennington. Wm.	Pvt.	G.	79	Ind. Vs.						Vs.		61-65	White Lick.	Ind.	5.	Diarrhoea, Varicose Veins.

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Enr Brown Township, Hendricks County, Indiana, for the Year 1894.

Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Pennington, Wm							Yes.							Chronic Diarrhoea, Varicose Veins.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State in which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Navies.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	e While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City.	State.	15	29
		Ruse. George.	Pvt.	C.	62	Ohio	Yes					Yes.		61-65.	Pittsboro.	Ind.		Diarrhoea Left Leg

Enr[illegible] Brown Township, Hendricks County, Indiana, for the Year 1894.

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			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		1														
		Ruse, George.							Yes.							Piles. Chronic Diarrhoea. Left Leg Decaying.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS.		No. of Children under 16 Years Old.	While in Service. Give Nature of Disease.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14 Town or City,	State.	15	29
		Vorhis, Oliver J.	Priv.	C.	124	Ind.	Vas.					Yes.		61-65.	Traders Point	Ind.	1.	Chron. Piles, Rheumatism.

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Hendricks County, Indiana, for the Year 1894.

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			Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.		
		1													28	29
		Vorhis, Oliver J.							Yes,							Chronic Diarrhoea, Piles, Rheumatism.

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Enrollment of Soldiers, their Widows and Orphans of the

Index.	No.	NAME IN FULL.	Rank.	Letter of Company.	Number of Regiment.	The State to which Regiment Belonged.	Volunteers.	Regulars.	Militia.	Marines.	IRREGULAR SERVICE.	White.	Colored.	War of	PRESENT POST-OFFICE ADDRESS. Town or City.	State.	No. of Children under 16 Years Old.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14		15
		Warren, Calvin W.	Corp.	Co.	17	Ind.	Yes.					Yes.		61-65.	Brownsburg.	Ind.	

Service. Give Nature of Disease.
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Index.	No.	NAME IN FULL.	Deceased Father or Husband was Killed at 22		Deceased Father or Husband Died of Wounds Received at 23		Did Deceased Father or Husband Die of Disease Contracted while in Service? 24		In Indigent Circumstances? 25		In Alms House? 26		Dependent on others for Support? 27		Injured While in Service. Give Nature of Injury. State Time and Place.	Contracted Disease While in Service. Give Nature of Disease.
		1	Place.	State.	Place.	State.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	28	29
		Warren, Calvin G							Yes.				Yes.			

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