ARMY NURSES,
Act Aug. 5, 1892.

Roll No. 36 ~~00~~ 4

(A.)

ARMY VOUCHER No. _____

INVALID.

Lister M. adela

_____, 190

$ 36

Return this voucher for payment to

Charles Bent
U. S. Pension Agent.

CHICAGO

6—1030 ILL

ARMY NURSES. Act Aug. 5, 1892.

WORTHLESS IF EXECUTED BEFORE JANUARY 4th, 1907

3—1000.

UNLESS THE INSTRUCTIONS ON FACE AND BACK OF THIS VOUCHER ARE SPECIFICALLY FOLLOWED, THE VOUCHER WILL BE RETURNED FOR CORRECTION.

A **Roll No.** 3607 A

INVALID.

Be it known, That I, Cristie M. Adela, do solemnly swear that I am the identical person named in pension certificate No. 706603, dated the 22 day of June, 1903, in my possession and now exhibited; that I served as a Nurse in Company Med, Dep., Regiment, U. S. Volunteers; that my name is inscribed on the rolls of the CHICAGO Agency, at the rate of 12 dollars per month

†

† Describe here any former payments covering the same period, by rates and periods.

That I am not in receipt of any other pension.

That I have not been employed or paid in the Army, Navy, or Marine Corps of the United States from the (1) _____ day of _____

(1) If the first payment, insert the date of the *commencement of the pension.* If not the first payment, the *date from which the payment is* claimed.

190____, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and that my post-office address is No. _____, _____ Street, City or Town of _____

County of _____, State of _____

(If pensioner signs by mark, or illegibly, two witnesses who can write.)

_____ (Pensioner's signature.) _____

(Signature must be written letter for letter as it is written in the pension certificate.)

_____

OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE PENSIONER BEFORE SIGNING OR SWEARING.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

State of _____, *County of* _____, *ss:*

Subscribed and sworn to before me this _____ day of _____, 190____, and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.

(Magistrate's signature.) _____

Officer's Seal here.

(P. O. address.) _____

_____

ARMY NURSES,
Act Aug. 5, 1892.

ORIGINAL.

$ 36 (ASS'T TREASURER) CHICAGO. January 1907,

Received of CHARLES BENT, *U. S. Pension Agent at* CHICAGO, ILL.,

THIRTY-SIX 100 *dollars by check No.* _____

dated _____, 190 , *being for* 3 *months' and* _____ *days' pension due me*

on pension certificate above described, from the 4th *day of* October, 1906, *to the*

4th *day of* January, 1907, *for which I have signed duplicate receipts.*

(Witness who can write.)

_____

_____
(Sign name as above.)

THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.

ARMY NURSES,
Act Aug. 5, 1892.

DUPLICATE.

$ 36 (ASS'T TREASURER) CHICAGO. (A.) 1061603 January 1907.

Received of CHARLES BENT, *U. S. Pension Agent at* CHICAGO, ILL.,

THIRTY-SIX 100 *dollars by check No.* _____

dated _____, 190 , *being for* 3 *months' and* _____ *days' pension due me*

on pension certificate above described, from the 4th *day of* October, 1906, *to the*

4th *day of* January, 1907, *for which I have signed duplicate receipts.*

(Witness who can write.)

_____

6—1030

_____
(Sign name as above.)

P. O. ADDRESS OF PENSIONER MUST APPEAR ON FACE AND BACK OF VOUCHER.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

The magistrate must carefully compare this voucher with the pension certificate exhibited to him.

Vouchers may be executed before any officer authorized to administer oaths for general purposes. If he has a seal and is required by law to use it to authenticate his official acts, it must be affixed; if not, a certificate of the proper officer, showing the commencement and termination of his term of office, and his signature, must be filed in **this Agency.** Vouchers may also be executed before fourth-class postmasters, their mailing stamps to be used as seals.

The officer will also see that the correct post-office address of *the pensioner* is inserted in face and in back of voucher, giving street and number (when so designated). He will also give his own post-office address after his official title on face of voucher.

No checks will be sent in care of any person.

The officer will be held strictly responsible for the correctness of his certificate of identity of pensioner, in every particular, pursuant to Act of

WRITE NAME AND P. O. ADDRESS PLAINLY HERE.

Name: _____

Street: _____

City or Village: _____

County: _____

State: _____