

338.610

# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, June 27, 1881.

Respectfully returned to the Commissioner of Pensions.

John H. Sheldon (Private) Company "L", 6<sup>th</sup> Regiment

Mich Car Volunteers, was enrolled on the 30<sup>th</sup> day of

August, 1862, at Flint, for 3 years, and

is reported: To April 30/63, present; June 30/63, sick in

Campbell Hospital, Washington, D.C.; Aug 31/63,

present; Oct. 31/63, absent-sick at Campbell Hosp,

Washington, D.C.; same report to April 30/1865.

Mustered out with detachment at  
Washington, D.C., July 1, 1865, as Private, at Campbell  
U. S. Genl Hospital.

Nature of sickness June 30/63, not stated,

Wm  
G. S.  
W.E.

*[Signature]*

Assistant Adjutant General.

(2.)

X

# DECLARATION FOR PENSION

**Act of May 1, 1920**

**THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION**

**READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE HEREOF**

State of Michigan, County of Genesee, ss:

On this 15 day of July, 1924, before me, the undersigned, personally appeared John H. Sheldon, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920:

That he is 83 years of age; that he was born November 29, 1840  
at New York State of New York 2

That he is the identical John H. Sheldon who  
ENLISTED August 29, 1892 at Fulint, Michigan under the name of

*John H. Sheldon* in *company F 8 Regiment*  
*Michigan Vol Cav* (Here state company and regiment, if in the Army, or vessel, if in the Navy.)  
 and was honorably

DISCHARGED July 1, 1895 at Campbell Hospital La  
the United States in the Civil War.  
(State name of war, Civil or Mexican.)

That he also served \_\_\_\_\_  
(Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)  
\_\_\_\_\_

That his personal description at time of first enlistment was as follows: Height 5 feet 4 1/2 inches; complexion Light

color of eyes blue; color of hair brown; that his occupation was farmer;  
That since leaving the service he has resided at The Farm in Mundy Twp

and his occupation has been Am Farming

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since March 1 1924 on account of the following disabilities: old age and physical infirmities

Old age and disabilities of our young  
Limbs  
(State in this space the nature of any and all disabilities.)

\_\_\_\_\_

That he did not serve in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period.

That no member of his family served in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period.

(If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together

with the dates of enlistment and discharge. State also whether any such members are dead and, if so, give the names.)

That he has not applied for pension under Original No. Oct 2, 1920; that he is now a pensioner under Certificate No. 262134

direct or indirect, in the prosecution of this claim.

*from July 4, 1924 to July 4, 1928*

*Chief, Law Division*

*6/24/24*

**Declaration accepted as a claim under Sec.**

**U. S. PATENT OFFICE**

**JUL 21 1924**

Felint Mich R.F.D.#1  
 (Address of first witness.)

Felint Keresecso  
 (Claimant's signature in full.)



Claimant should answer fully the following:

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

Sarah L Sheldon Maiden Sarah L Vanslyke

No. 2. When, where, and by whom were you married to your present wife? Answer: Dec 4, 1867 at

Elint Mich By Elder Blades

No. 3. What record of your marriage to her exists? Answer: Certificate of

Marriage

No. 4. Were you previously married? Answer: no

If so, state the name of your former wife or wives, the date of your marriage

to each, and the date and place of death or divorce of each former wife. Answer: \_\_\_\_\_

No. 5. Have you any children under 16 years of age living? If so, state their names and the dates of their birth. Answer: no

John H Sheldon  
(Signature of claimant.)

Under the law a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau covering the same period of time. That part of the declaration referring to service between April 6, 1917, and February 9, 1922, should show whether the claimant or any member of his family rendered any service in the Army, Navy, or Marine Corps of the United States during said period, and if so, the full name under which each such member served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered, with dates of enlistment and discharge. The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.

Compliance with these instructions will expedite the adjudication of the claim.

#### READ CAREFULLY.

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required, and from what date, whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person, and giving the date from which such aid and attendance has been required; or, if the claimant is unable to procure such statement—

If the applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file with his application:

#### INSTRUCTIONS.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coast or frontier thereof, or en route thereto, during the war with that nation and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$12 per month.

Act Approved May 1, 1920.

3-026

Act Approved May 1, 1920.

## Declaration for Pension.

Number \_\_\_\_\_

Claimant \_\_\_\_\_

Service \_\_\_\_\_

This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 of the act of May 1, 1920, because he requires the regular personal aid and attendance of another person.

The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

GOVERNMENT PRINTING OFFICE

9-6172

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JOHN H. SHELDON,  
SWARTZ CREEK, MICH.  
202134 R R 4

*J. H. Sheldon*



Commissioner.

FOLD HERE.

No. 1. Date and place of birth? Answer. Born Nov. 29<sup>th</sup> 1840 in Schoharie Co. N. Y.  
The name of organizations in which you served? Answer. 6<sup>th</sup> Mich. Vol. Cavalry Co. D.

No. 2. What was your post office at enlistment? Answer. Flint, Genesee Co., Mich.

No. 3. State your wife's full name and her maiden name. Answer. Sarah Charlotte Van Dyke

No. 4. When, where, and by whom were you married? Answer. Dec. 4<sup>th</sup> 1869 at  
Flint, Mich. by Wm. Blades, Minister of the Gospel

No. 5. Is there any official or church record of your marriage? Answer. Yes  
If so, where? Answer. Clerk's Office, Genesee Co., Michigan (Flint)

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. Not previously married

FOLD HERE.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. Not previously married

No. 8. Are you now living with your wife, or has there been a separation? Answer. Am now living with her and there has never been any separation

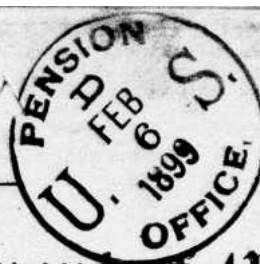
No. 9. State the names and dates of birth of all your children, living or dead. Answer. Flora May Sheldon  
born May 9<sup>th</sup> 1870  
Edwin Earle Sheldon Sept 12<sup>th</sup> 1872  
William Elmer " Apr. 4<sup>th</sup> 1874  
Hattie Isabel " June 28<sup>th</sup> 1877

FOLD HERE.

Date March 20<sup>th</sup>

(Signature) John H. Sheldon

3-173.



Ex'r.

Div.

## Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., Jan. 31, 1899

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Commissioner.

John H. Sheldon  
 Flint, Mich

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

Answer: yes Sarah C Sheldon Maiden Sarah C Vanstyke

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

Dec 4<sup>th</sup> 1867 by William Blades

No. 3. What record of marriage exists? Answer: I have Certificate of

Marriage and think the County Clerk has record

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: no

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

birth. Answer: yes Clara M. Born May 9, 1870

Edwin E " " Sept 12, 1872

William E " " April 4, 1874

Hattie B " " June 28, 1877

Date of reply, Feb 3<sup>rd</sup>, 1899

0-2

John H. Sheldon  
 (Signature.)



STATE OF MICHIGAN, } SS.  
COUNTY OF GENESEE

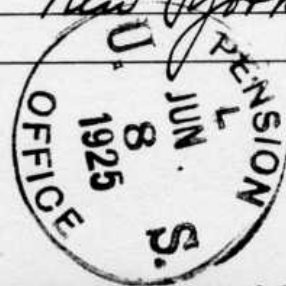
COPY OF THE RECORD OF THE DEATH OF

*John Harrison Sheldon*

Record Number 2  
Date of Death Feb. 11-1925  
Name of Deceased John Harrison Sheldon  
Sex M. Color W.  
Married or Single Married  
Age 84, years 2, months 12, days  
Place of Death Frank Township  
Disease or Cause of Death Chronic Nephritis  
Birthplace New York  
Occupation \_\_\_\_\_

PARENTS

Name John Sheldon Birthplace New York  
Charlotte Bates Residence New York  
Date of Record Mar. 7-1925



STATE OF MICHIGAN, } SS.  
COUNTY OF GENESEE

I, Jesse C. Good Clerk of the County of Genesee and of  
the Circuit Court thereof, the same being a Court of Record and having a Seal, Do Hereby Certify, That, I  
have compared the foregoing copy of Record of Death of John Harrison Sheldon  
with the original Record of said Death now remaining in my  
Office, and have found the said copy a correct transcript therefrom, and of the whole of such original Record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal  
of said Circuit Court, this 29th day  
of May A. D. 1925.

By Jesse C. Good Clerk  
Ruf. M. Gale Deputy Clerk

2.

said County of Genesee, this 19th day of May, A. D. 1925.

*Jesse L. Good* Clerk

By *Charles L. Kelley* Deputy

CLERK'S OFFICE  
JUN 3 1925

House of Representatives,

Washington, D. C.

May 27, 1912

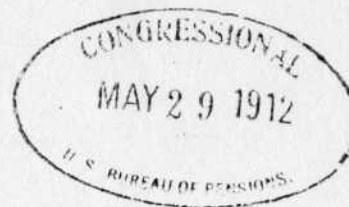
Hon. J. L. Davenport,  
Washington, D. C.

Dear Sir:-

I inclose declaration in the case of  
John H. Sheldon, Flint, Michigan.

Truly yours,

*Samuel H. Smith*





# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of MICHIGAN, County of GENESEE, ss:

On this 23rd day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public, within and for the county and State aforesaid, John H. Sheldon, who, being duly sworn according to law, declares that he is 71 years of age, and a resident of The City of Flint, county of Genesee, State of Michigan, and that he is the identical person who was ENROLLED at Flint, Michigan, under the name of John H. Sheldon, on the 30th day of August, 1862, as a Private, in Co. "L", 6th Reg't Michigan Vol. Cavalry.

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the late civil war, and WAS HONORABLY DISCHARGED (State name of war, Civil or Mexican.)

at Washington, D.C., on the 1st day of July, 1865,

That he also served that he did not serve in any other regiment or branch of the service. (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 4 1/2 inches; complexion, light, color of eyes, blue, color of hair, brown; that his occupation was a Farmer, that he was born November 29, 1840, at in the county of Schoharie, State of New York.

A. Cuddy,  
Chief, Law Div.

That his several places of residence since leaving the service have been as follows: residing in Genesee County and now residing at Flint, Michigan. (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 262.134. That he has not applied for pension under original No. \_\_\_\_\_

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is 522, East 5th St. Flint, county of Genesee, State of Michigan.

Attest: (1) John H. Sheldon (Claimant's signature in full.)  
(2) John W. Tyler

SUBSCRIBED and sworn to before me this 23rd day of May, A.D. 1912; and I hereby certify that the contents of the above declaration were fully made, known and explained to the applicant before swearing, including the words \_\_\_\_\_

[L. s.]

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

Com. Expires January 12, 1913.

Notary Public, Genesee County,  
Flint, Michigan.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

State of Michigan }  
County of Genesee }

In the matter of  
the Claim for unpaid Pension No.  
338, 1st B. of John H. Sheldon. Personally  
appeared before me a Notary Public  
in and for said County, and State John  
L. Jennings, whose residence is in  
the Township of Mumby and whose  
Postoffice address is Flint, Genesee  
County Michigan. Known to me  
to be reputable and entitled to credit  
who being by me duly sworn, testified  
as follows to wit. I am personally  
acquainted with John H. Sheldon the  
above named Claimant, and have  
known him <sup>being</sup> personally, twenty three  
years. I knew <sup>him</sup> for five years previous  
to his enlistment, and lived about one  
mile from him. I have (previous to his  
enlistment) been in battery with him  
and have at such times seen him  
naked, and I know that he  
was, sound physically and free  
from ~~any~~ <sup>any</sup> ~~previous to his enlistment~~  
Since his return from the Army  
I have lived near him. And  
he has shown me a receipt of

his left testicle. And I have heard  
him complain that. Said <sup>being</sup> ~~regret~~  
disabled from manual labor  
And I believe that he is disabled  
by said <sup>regret</sup> ~~regret~~ from manual labor. I  
have no interest in said claim

John L. Cummings  
Subscribed and sworn to before me  
this 18<sup>th</sup> day of October  
A.D. 1881. And I am not  
interested in said claim

David P. Halsey  
Notary Public  
Given & much

James H. Halsey  
for  
James H. Halsey



State of Michigan  
County of Ionia ss I in  
the matter of the application  
of John H Shelden for an  
Invalid Pension Claim #338610  
late a private in Company "L"  
Sixth Michigan Cavalry during  
the war of the Rebellion do call  
David C Spalding a Physician  
in good standing residing at the Village  
of Lyons in the County of Ionia and State  
of Michigan being duly sworn by  
me Albert K Roof a Notary Public  
in and for said County depose and  
say - That he was assistant  
Surgeon of the 6th Regt Mich -  
Vol. Cavalry that he examined  
most of the men when they enlisted  
in said Regiment - and believes  
that he examined the above named  
applicant, That at the time of  
said examination he was perfectly  
free from Hernia - That from  
applicant's statement - I believe  
he was ruptured by being thrown  
from a horse at Washington D.C.  
in the Spring of 1863 and  
from this statement I believe

that I treated him from June to  
June till July of last year and  
that I have no interest direct or  
indirect in the prosecution of said  
claim.

D C Spaulding

State of Virginia & Shenandoah

Sworn and Subscribed to before me  
this 15<sup>th</sup> day of October A.D. 1881 and I  
hereby certify that I have no interest direct  
or indirect in the prosecution of said claim.

Witness my hand

Notary Public  
John C. Miller

3

D. Spaulding

Surgeon

In service

Med. Division

of Surgeon in

Service

State of Michigan,  
County of Lonia

I, Henry P Taylor Clerk of said County  
of the Circuit Court therein, being a Court of Record, having a seal :  
Do Hereby Certify, That Albert H Roof whose name is subscribed to the  
annexed Affidavit, and therein written, was, at the time of taking such Affidavit, a Notary Public  
in and for said County, duly Commissioned and qualified, and duly  
authorized by law to take the same: and further, that I am well acquainted with the  
hand writing of such Notary Public and  
verily believe that the signature to the said Affidavit is genuine, and, as such, entitled  
to full faith and credit.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal  
of said Circuit Court, at Lonia this 17th day  
of October A. D. 1881

Henry P Taylor Clerk.

\* CLERK'S CERTIFICATE.

57-22-4.

(40)

Printed and Sold by Richmond, Backus & Co., Stationers, Detroit.

This 15th day of October A.D. 1881 and I  
Henry certify that I have no interest direct  
or indirect in the prosecution of said claim

Albert H Roof

Notary Public

Lonia Office

3  
Dr Spaulding  
Lonia  
In service  
Med Examiner  
of Surgery in  
Lonia

10W  
1881  
E



2  
Concord  
206-500-1

And with  
what are  
under which  
said 2 upl-  
ms Concord

State of Michigan  
County of Leuen

In the matter of the  
claim for Invalid Pension No 338,610. of  
John H. Sheldon. Personally appeared  
before me a Notary Public in and  
for said County and State Augustus  
M. Derby, whose residence is in the  
Township of Hunt, Leuen County Mich  
and whose P.O. address is Hunt Mich  
Known to me to be reputable and  
entitled to credit. Who being by me duly  
sworn testified as follows, to wit:

I am 45 years of age, and by occupation  
a farmer. I am personally acquainted  
with the above named claimant John  
H. Sheldon. I have known him 25 years  
and upwards, I knew him previous to  
his enlistment. I lived within a half mile  
of him for five years previous to his  
enlistment. I frequently went in bathing  
with said Sheldon, previous to his enlistment  
and at such times, saw him naked and  
knew, that he was sound physically  
previous to and at the time of his enlistment  
and free from any disease. I was a  
Member of Co L 2nd Mich Cavalry  
Vols, a Private in said Company. The

Augustus M. Derby  
Notary Public

20

Said John H. Shelden was a member  
of the same Company that I was, and  
I was present on the parade Ground  
at Washington D. C. about the first  
of April 1863, and saw said Sheldens  
horse fall with him while in the act  
of jumping a wide ditch. He Sheldens  
was very badly hurt by his fall, and  
struck the pommel of the saddle. I helped  
him up and with others put him on  
his horse, and one man held him on  
his horse, while I led his horse to Camp.  
I afterwards learned that he was ruptured  
in the left testicle by his fall from his  
horse above described. He showed me  
the injury. I also know that he had  
the rupture of left testicle when he was  
discharged, and that he has not recovered  
from said disability. I live at present,  
within a mile of said Shelden and  
have lived in the same neighborhood  
with him ever since my discharge  
from the Army in 1865, and in my  
opinion, he is more than  $\frac{1}{2}$  disabled  
from obtaining his subsistence by manual  
labor.

On account of said injury above mentioned

I am not interested in said Claim  
for pension. Attest my hand  
Subscribed and sworn to before me this 12<sup>th</sup> day  
of October A.D. 1887.

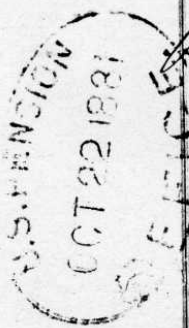
I am not interested in said Claim

David H. Halley

Notary Public

Sever &  
Nich

Certificate registered



JOHN H. SHELDON,  
FLINT MICH  
262134  
R R 1

8-1081

**DROP REPORT—PENSIONER**

INVALID

Cert. No. \_\_\_\_\_

Pensioner \_\_\_\_\_

Soldier \_\_\_\_\_

Service \_\_\_\_\_

Class \_\_\_\_\_

**SECTION 1**

**LAW DIVISION**

\_\_\_\_\_, 192

In the above-described case a declaration filed  
in this Division indicates that said pensioner died

\_\_\_\_\_, 19\_\_\_\_\_

Per \_\_\_\_\_

*Chief, Law Division.*

**FINANCE DIVISION**

**MAR 10 1925**

\_\_\_\_\_, 192

The name of the above-described pensioner who  
was last paid at the rate of \$ 72 per month

to **FEB 4 - 1925**, 19\_\_\_\_\_, has this day

been dropped from the roll because of **Death**

*Feb. 11, 1925*

*O. J. Randall*  
*Chief, Finance Division.*



# ORDER FOR COPIES OF VETERANS RECORDS

Please see Page 1 of this form for instructions.

Date Received (NNMS)

## 1. FILE TO BE SEARCHED (Check one box ONLY)



PENSION



BOUNTY-LAND WARRANT APPLICATION  
(Service before 1856 only)



MILITARY

## REQUIRED MINIMUM IDENTIFICATION OF VETERAN

Items 2, 3, 4, 5 (and 6 when applicable) MUST be completed or your order cannot be serviced.

2. VETERAN (Give last, first, and middle names)

SHELDON, JOHN HARRISON

3. BRANCH OF SERVICE IN WHICH HE SERVED

☒ Army

☐ Navy

☐ Marine Corps

4. STATE FROM WHICH HE SERVED

MICHIGAN

5. WAR IN WHICH, OR DATES BETWEEN WHICH, HE SERVED

DISCHARGED JULY 1, 1865 AT WASH. DC

6. IF SERVICE WAS CIVIL WAR

☒ Union

☐ Confederate

## PLEASE PROVIDE THE FOLLOWING INFORMATION, IF KNOWN

7. UNIT IN WHICH HE SERVED (Name of regiment or number, company, etc., name of ship)

COMPANY L  
6TH MICHIGAN

8. IF SERVICE WAS ARMY, ARM IN WHICH HE SERVED

☐ Infantry

☒ Cavalry

☐ Artillery

If other, specify:

9. KIND OF SERVICE

☐ Volunteers

☐ Regulars

10. PENSION/BOUNTY-LAND FILE NO.

11. IF VETERAN LIVED IN A HOME FOR SOLDIERS, GIVE LOCATION (City & State)

12. PLACE(S) VETERAN LIVED AFTER SERVICE

GENESEE COUNTY, MICHIGAN  
MUNDY TOWNSHIP &  
CITY OF FLINT

13. DATE OF BIRTH

DEC. 1840

14. PLACE OF BIRTH (City, County, State, etc.)

SEWARD, NY SCHORHARIE CO.

15. DATE OF DEATH

1925

16. PLACE OF DEATH (City, County, State, etc.)

FLINT, MI GENESEE CO.

17. NAME OF WIDOW OR OTHER CLAIMANT

SARAH C.

Do NOT write below — Space is for our reply to you

☐ YES We have located the file you requested above. The cost is \$5.00 for the file.

We have copied all or part of the file for you. Make your check or money order for \$5.00, payable to **NATIONAL ARCHIVES TRUST FUND (NNMS)**. Do NOT send cash. **Return your payment AND this invoice in the enclosed envelope. If the return envelope is missing, send your payment AND this invoice to: Cashier (NJC), National Archives Trust Fund, 8th and Pennsylvania Avenue, NW, Washington, DC 20408.** We must have this invoice to match your payment with your copies. WE WILL HOLD THESE COPIES AWAITING RECEIPT OF PAYMENT FOR 30 DAYS ONLY, FROM DATE STAMPED BELOW.

☐ NO We were unable to locate the file you requested above.

☐ **REQUIRED MINIMUM IDENTIFICATION OF VETERAN WAS NOT PROVIDED.** Please complete items 2 (give full name), 3, 4, 5, and 6, and resubmit your order.

☐ **A SEARCH WAS MADE BUT THE FILE YOU REQUESTED ABOVE WAS NOT FOUND.** When we do not find a record for a veteran, this does not mean that he did not serve. You may be able to obtain information about him from the archives of the State from which he served.

☐ See attached forms, leaflets, or information sheets.

NNMS USE ONLY	SEARCHER	DATE
	FILE DESIGNATION	

Sheldon John H  
WC 963,983

262330

-4 DEC 1905

THIS IS YOUR MAILING LABEL. Print your name (Last, First MI) and address within the block below. PRESS FIRMLY - the information MUST appear on all copies.

NAME (Last, first, middle)	
WARD, ROBERT S.	
STREET	
4906 PASTURE GATE	
CITY STATE	
FORT WAYNE, IN	46804

(Zip Code)