NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless.*

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless.

4. If the papers are returned for correction and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.

5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

1890.

No. 2380

APPLICATION FOR ALLOWANCE

FOR

Applicant,

County,

Amount,

Date of Warrant,

Entered on record

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDED TO

W. J. Campbell, State Printer, Constitution Job Office, Atlanta.

NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless.
4. If the papers are returned for correction and amendments are *added* to any of the affidavits, the amendments must be made *under oath* before an officer, and the proofs must show that the amendments have been duly sworn to.
5. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

1890.

No. 2380

APPLICATION FOR ALLOWANCE

FOR

Wounded Knee.

Applicant, D. M. Wheeler

County, Oglethorpe

Amount, $25 00

Date of Warrant, Mch 8.

Entered on record Mch 8. 1890

SECRETARY EXECUTIVE DEPARTMENT.

WARRANT MAILED TO

W. J. Campbell, State Printer, Commissioner Job Office, Atlanta.

For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,
Oglethorpe — County.

PERSONALLY, appears D. M. Wheeler — of said — county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been continuously since the 22 — day of January — 1830; that he enlisted in the military service of the Confederate States (or of the State of ———) during the war between the States, and served as a Private — in Company C, of 15 — th Regiment of Ga — Volunteers Toombs Brigade; that whilst engaged in such military service at the battle of Malvern Hill — in the State of Virginia, on the 1st — day of July — 1862 he was wounded as follows: Shot by minnie ball in right hand — Ball tearing said hand in such manner as to cause all the joints of said hand and fingers to become stiff — rendering said hand substantially and essentially useless —

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year thereunder, ending October 26, 1890.

Sworn to and subscribed before me this the 24 — day of Feb — 1890

Jas. M. Carter Clerk

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability. If claim is based on disease give full and *connected history* of disease, tracing it directly to the service.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,
Elbert County.

PERSONALLY came before me R. M. Heard of the county of Elbert State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company C of 15th Regiment of Ga Volunteers, and that deponent knows D. M. Wheeler, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said D. M. Wheeler is stated by him in said affidavit. Deponent further states that said D. M. Wheeler is a *bona fide* citizen of this State and resides in Oglethorpe county.

Sworn to and subscribed before me this 27 day of Feb. 1890.

R. M. Heard Co. Ga

Ordinary O.C.

The foregoing affidavit, changed to suit the facts, should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished.

STATE OF GEORGIA, }
County. }

Personally came

citizens of county, in said State, who being duly sworn, say that they are well acquainted with and *know, from having been with him in the army*, that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disabled applicant, as stated by him; the said applicant is a *bona fide* citizen of this State, and resides in county, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this day of 1890.

Note.—Above affidavit *must* be made by three citizens who *personally* know of the service of applicant and can state of their own knowledge precisely how he is *disabled*, and what disables him.
Note 2.—The attesting officer must see that each witness reads, or has *read to him the affidavit he signs*.

STATE OF GEORGIA, }
Oglethorpe County. }

Personally comes before me J. J. Bacon Ordinary of said county, W. R. Faust and W. H. Reynolds, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined D. M. Wheless and after such examination say that the applicant has been injured as follows: Shot through the metacarpal end of first phalanx of middle finger of right hand fracturing the metacarpal bone corresponding to said finger & inducing complete ankylosis of the joints with permanent flexion of the middle and index fingers. Any use of the hand of a practical character invariably produces neuralgic pains of a severe type & so renders the hand permanently [illegible] and substantially useless.

Sworn to and subscribed before me, this 24 day of Feb 1890 }
J. J. Bacon
Ordinary.

W. R. Faust M.D.
W. H. Reynolds M.D.

Note.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.
Note 2.—If claim is for disability resulting from disease, state *how* the disease is *known* to result from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA, }
Oglethorpe County. }

I, J. J. Bacon Ordinary of said county, do certify that I am well acquainted with D. M. Wheless the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and he is disabled, as he claims*, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that Geo. H. Lester & Geo. L. Almond before whom the foregoing affidavits were made and power of attorney was signed, is a clerk of the superior court + ordinary of Elbert county of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 3d day of March 1890.

J. J. Bacon
Ordinary Oglethorpe County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Oglethorpe County. }

Know all Men by these Presents, That I, D. M. Wheless of said county, in said State, do hereby appoint Gen. W. A. Wright of Atlanta Ga my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3d day of March 1890.

D M Wheless [L. S.]

Executed in the presence of us:

J. J. Bacon
Geo. H. Lester Clerk Super Court

DIRECTION.

If allowed, send amount by Express (Care ordinary) to me at Lexington Ga, and oblige,

D M Wheless

STATE OF GEORGIA,

Oglethorpe — County.

I, J. J. Bacon — Ordinary of said County, do certify that I am well acquainted with L. M. Mealer — the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled, to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that Geo. H. Carter — before whom the foregoing affidavits were made and power of attorney was signed, is Clerk of the Superior Court — of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 14th day of February 1891.

J. J. Bacon

Ordinary Oglethorpe — County.

1891

No. 11

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

For

Applicant, L. M. Mealer

County, Oglethorpe

Amount, $12.00

Date of Warrant, Feb 27

Entered on record Feb 27 1891

Secretary Executive Department.

Warrant Handed to

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

Oglethorpe — County.

I, J. J. Bacon — Ordinary of said county, do certify that I am well acquainted with L. M. Mealer — the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled, to the extent he claims*, and I know he is the individual he repesents himself to be, and that he resides in this county.

Given under my official signature and seal, this 14th day of February 1891.

J. J. Bacon

Ordinary Oglethorpe County.

Oglethorpe Co. Ga.

No. 862

Application, P. M.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name L M Mealer

County Oglethorpe

Disability Gun Shot Wound

Amount $ 12

Entered on record

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

Geo. W. Harrison, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Oglethorpe — County.

PERSONALLY appears D. M. Wheeler — of Oglethorpe County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 22 — day of Jany. — 1830; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private — in Company C of 15 th Regiment of Georgia Volunteers Toomb's — Brigade; that whilst engaged in such military service at the battle of Malvern Hill — in the State of Virginia, on the 1st — day of July 1862, he was wounded as follows: Shot by minie ball in right hand cutting bone of said finger to such an extent as to cause the fingers of said hand to be drawn to gether, thereby rendering said right hand permanently useless, as will appear by my proofs of file in this Executive office —

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of — Twenty Five — dollars, for one year past for disability

Sworn to and subscribed before me, this the 14th day of February 1891.

D. M. Wheeler
W. H. Fisher, Clerk
Sup. Court

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Oglethorpe — County.

Know all Men by these Presents, That I, D. M. Wheeler of Oglethorpe — County, State of Georgia, do hereby appoint Wm. M. Wright — of Atlanta Geo — my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 — day of February 1891.

D. M. Wheeler [L. S.]

Executed in the presence of us:

J. A. Bacon
W. H. Fisher, Clerk
Sup. Court

DIRECTION.

Send money to me as follows, by Express, (Care ordinary)
to Springlea P. O.
Oglethorpe — County, Georgia.

D. M. Wheeler

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
Oglethorpe — County.

PERSONALLY appears D. M. Wheeler — — — of Oglethorpe — — County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously since the 22nd — day of Jany — — 1830; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C of 15 th Regiment of Georgia Volunteers Toomb's 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Virginia, on the 1st — day of July 1862, he was wounded as follows: Shot by minie Ball in right hand cutting Bone to such an extent as to cause the fingers of said hand to be drawn together and thereby rendering said hand substantially, essentially and permanently useless, as will appear by my proofs already of file with the Department —

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of Twenty Five — Dollars for One year past for disability

Sworn to and subscribed before me this the 1st day of March 1892.

D. M. Wheeler
W. H. Fisher, Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Oglethorpe — County.

Know all Men by these Presents, That I, D. M. Wheeler — — of Oglethorpe — — County, in said State, do hereby appoint Wm. M. Wright — of Atlanta Geo — my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of March 1892.

D. M. Wheeler [L. S.]

Executed in the presence of us:

J. A. Bacon
W. H. Fisher, Ordinary

DIRECTION.

Send money to me as follows, by Express Care ordinary
to Springlea P. O.
Oglethorpe — County, Georgia.

D. M. Wheeler

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Oglethorpe County. }

Know all Men by these Presents, That I D. M. Nichols
of Oglethorpe County, State of Georgia, do hereby appoint
Hon. Wm. A. Wright
of Athens Ga. my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
20 day of March 1893.

D. M. Nichols [L. S.]

Executed in the presence of us:
J. P. Bacon
J. Carlisle

DIRECTION.

Send money to me as follows, by Express or Ordinary Express P. O.
to Lexington
Oglethorpe County, Georgia.

D. M. Nichols

Oglethorpe Co.
Nichols D. M.
1893.

No. 2316

Application for Allowance

For the Year Ending October 26, 1893.

FOR

Applicant, D. M. Nichols
County, Oglethorpe
Amount, $25
Date of Warrant, Apr 1893
Entered on record, 1893.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO
W. A. WRIGHT

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Oglethorpe — County. }

PERSONALLY appears D. M. Wheeler — of Oglethorpe — County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 22d — day of January — 1832; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 15th Regiment of Georgia — Volunteers: Toombs 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill — — in the State of Virginia, on the 1st — day of July 1862 he was wounded as follows: Shot by minnie Ball in right Hand causing such destruction of Bone and muscles as to amputate the fingers of said hand to gether and in a knot and rendering said hand substantially and essentially useless —

Deponent desires to praticipate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. I have heretofore been allowed a pension of — Twenty Dollars — dollars, for Disabled Hand —

Sworn to and subscribed before me, this the 20 — day of March 1893. } D M Wheeler

J. J. Bacon Ordinary

NOTE—State fully nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }
Oglethorpe County. }

I, J. J. Bacon — — Ordinary of said County, do certify that I am well acquainted with D. M. Wheeler — — the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, *and that he is disabled, to the extent he claims*, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that J. J. Bacon — — — before whom the foregoing affidavits were made and power of attorney was signed, is a Ordinary — — of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 20 — day of March 1893.

J. J. Bacon

Ordinary Oglethorpe — County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
Oglethorpe COUNTY.

Know all Men by these Presents, That I, D. M. Wheeler of Oglethorpe County, State of Georgia, do hereby appoint Hon. Wm. A. Wright of Atlanta Ga, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2d day of March 1894.

D. M. his X mark Wheeler [L. S.]

Executed in the presence of us

J. J. Bacon
[illegible] Clerk Sup. Court

DIRECTIONS.

Send money to me as follows, by Chk. or Express c/ ordinary to Lexington P. O. Oglethorpe County, Georgia.

D. M. his X mark Wheeler

Wheeler, D. M.
Oglethorpe Co.

(For Those Already Enrolled.)

No. 3341

Soldier's Pension.
1894.

Name D. M. Wheeler
County Oglethorpe
Disability Dead Arm
Amount, $ 25
1894.

W. H. HARRISON,
Secretary Executive Department.

WARRANT HANDED TO W.A.W.

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
Oglethorpe County. }

PERSONALLY appears D. M. Whelchel of Oglethorpe County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 22d day of January — 1830; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company C, of 15th Regiment of Georgia Volunteers Toombs 's Brigade; that whilst engaged in such military service at the battle of Malvern Hill in the State of Virginia, on the 1st day of July 1862, he was wounded as follows: Shot by minnie Ball in right hand, contracting the muscles and drawing the fingers in such manner as to render said hand entirely useless.

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1894. I have heretofore been allowed a pension of Twenty Four dollars, for the year 1893 and previously

Sworn to and subscribed before me, this, the 2d day of March 1894. }

his
D. M. X Whelchel
mark

J. J. Bacon

NOTE—State fully the nature of wound or character of disease which causes the disability, and *explain particularly* the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }
Oglethorpe County. }

I, J. J. Bacon — — — Ordinary of said County, do certify that I am well acquainted with D. M. Whelchel — — the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 2d — day of March 1894.

Affix your seal here.

J. J. Bacon
Ordinary Oglethorpe County.

Audited Mch. 12 1890

Wm. A. Wright

COMPTROLLER-GENERAL

Maimed Soldiers.

Voucher No. 2380

Amount $ 25.

Paid to D. M. Wheeless

For Maid Disabled

Mar 8 1890

Included in warrant No.

issued to Treasurer.

Mch 18

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

W. A. Wright

Audited 1891.

Wm. A. Wright

COMPTROLLER-GENERAL.

1891.

Maimed Soldiers.

Voucher No. 1906

Amount $ 25

Paid to D. M. Wheeless

For Disabled Soldier

Feby 27 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

No. 2980

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Mch 8 1890.

Mr. D. M. Wheeler of the County of Oglethorpe having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act, approved, Dec. 24, 1888, and the same having been examined and allowed for Hand disabled

He is entitled to receive the sum of Twenty five Dollars for such disability, the same being the allowance due for the year ending October 24, 1890

The Treasurer will pay the same and hold his receipt on this voucher, and return same to Executive Department for warrant.

[illegible] GOVERNOR.

By the Governor,
W. N. Harrison
CLERK EXECUTIVE DEPARTMENT.

$25 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Twenty five Dollars,
per above voucher, this 8 of Mar. 1890.
D M Wheeler
W N N

1891.

No. 1900

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. } Atlanta, Ga. Feby 2 1891.

Mr. D M Wheeler of the County of Oglethorpe having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Acts approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for Hand disabled

He is entitled to receive the sum of Twenty five Dollars for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to Executive Department for warrant.

W. J. Northen GOVERNOR.

By the Governor,
W. N. Harrison
SEC'Y EXECUTIVE DEPARTMENT.

$ 25

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.
Twenty five 00/100 Dollars,
per above voucher, this 24 of Feby 1891.
D M Wheeler
W N N