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(3-11-9)

**NAME OF SOLDIER:** *Farley, Morris*

**NAME OF DEPENDENT:** *Widow, Farley, Sarah*  
*Minor,*

**SERVICE:** *G, 149 Pa. Inf.*  
*D, 14 V. R. C.*

DATE OF FILING.	CLASS.	APPLICATION NO.	CERTIFICATE NO.	STATE FROM WHICH FILED.
<i>1877, Jan. 25</i>	<i>Invalid,</i>	<i>230224</i>	<i>153858</i>	
<i>1918, June 22</i>	<i>Widow,</i> <i>Minor,</i>	<i>1122386</i>	<i>915955</i>	<i>Minn.</i>

**ATTORNEY:**  
*[Signature]*

**REMARKS:**  
*[Signature]*

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