

D

NAME OF SOLDIER:

Goodier William

NAME OF DEPENDENT:

Widow,  
Minor,

Goodier Sarah  
Williams S. Gdn

SERVICE:

K 117 N.Y. Inf -

DATE OF FILING.

CLASS.

APPLICATION NO.

CERTIFICATE NO.

STATE FROM WHICH FILED.

1865 July 29  
1868 May 25

Invalid,  
Widow,  
Minor,

103143  
161251

66184  
120,355

ATTORNEY:

REMARKS:

*[Handwritten signature]*