

ORIGINAL INVALID CLAIM.

284393 Boston

Soldier, Martin L. Clark
 P. O., Maynard Rank, Private
 County, Middlesex Company, E
 State, Massachusetts Regiment, 3^d Mass. Heavy Art.
 Rates, \$ 8 per month, commencing Jan'y 20 1866

And \$12 from November 28, 1883

Pensioned for Left Varicocele & Rheumatism

RECOGNIZED ATTORNEY:

Name, Mr Geo. C. Carter Fee \$ 20⁰⁰, Agent to pay.
 P. O., Utica N.Y. Articles filed July 29th, 1871

APPROVALS:

Submitted for Admission Dec. 15th, 1884, Ferd. McDonough, Examiner.

Disabled by Hernia, and Rheumatism and results

Approved for Left varicocele, & Chronic Rheumatism.

Approved for left varicocele and Chronic Rheumatism
Total to Nov. 28, 1883
12/8 thereafter

Jan'y 10th, 1885, Dalton Legal Reviewer. Jan'y 16, 1885, W. B. Fox Medical Reviewer

IMPORTANT DATES:

Enlisted July 10th, 1863 service from

Mustered 18, 1864, to 18, 1865, in

Discharged Jan 19th, 1865

Declaration filed April 10th, 1866 Not in service since Jan. 19th, 1865

Left-malarial epidemic filed May 12th 1884

BASIS OF CLAIM.

Filed April 10th 1866, that in May or June 1864 while assisting in removing a building to the Hospital of the 3^d Brigade 22^d Army Corps near Fort Baker, under the orders of Surgeon Semple, that while so engaged he incurred a break or hernia, which still remains, that the strain he then received caused also a chronic rheumatism and lameness, from which he still continues to suffer

Varicocele

65-621

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Feb: 21, 1864.

Respectfully returned to the Commissioner of Pensions.

Martin L. Clark, a Private of Company E, 3^d Regiment Mass Hvy Artz Volunteers, was enrolled on the 10th day of July, 1863, at Pittsfield, for 3 yrs and is reported: On rolls of les to Oct 31, 1863, Present. Nov and Dec 1863, absent guarding Vols to the Army. Jan and Feb 1864, Present, on daily duty in L. M. Dept. Mar and April 1864, Present. May and June 1864, Present. Detailed as Ward Master at Post Hospital. (Regtl Return for May 1864, not on file.) July and Aug 1864, Present. Sept and Oct 1864, absent on detached service in Hospital 3^d Brig. Hardin's Div. Nov and Dec 1864, Present. Hospital attendant 3^d Brig Hospital. Jan and Feb 1865, Discharged Jan ~~18~~ 1865, for disability. - same report on Muster Out Roll of les.

Certificate of Disability reports him discharged at Fort Baker, D.C., Jan. 19, 1865.

C. Morning Reports show Private Clark Sept 10/63, from duty to sick; Sept. 11/63, from sick to duty; June 15/64, from duty to sick; Oct. 12/64, from sick to duty; Nov. 20/64, from absent sick to present sick in hospital; Co. Descriptive Book shows two privates named Clark and it cannot be determined to which one the Remarks on Morning Reports refer.

No evidence of alleged injuries. Nature of sickness, not stated. Regtl. Hospl. records, not on file.

M. J. Parker

Assistant Adjutant General.
(2.)

ARMY OF THE UNITED STATES.

CERTIFICATE

OF DISABILITY FOR DISCHARGE.



Private Martin L. Clark, of Captain Leonard Gordon Company, ("E") of the Third Regiment of United States Mass. H. A. was enlisted by Lieut. Gordon of the 9th Co. Regiment of Mass. H. A. at Pittsfield Mass. on the twelfth day of July, 1863, to serve three years; he was born in Hemdsage in the State of Massachusetts, is thirty three years of age, five feet eight inches high, Dark complexion, Dark eyes Dark hair, and by occupation when enlisted a Labourer. During the last two months said soldier has been unfit for duty 40 days. He has been at the Hospital on duty the last eight months and I had no knowledge of his disability until informed of it by Surgeon

STATION: Fort Baker D.C.
DATE: January 7th 1865

Leonard Gordon
Capt. E. Co. 3^d Regt Mass H. A.
Commanding Company.

I CERTIFY, that I have carefully examined the said Martin L. Clark Priv. of Captain Leonard Gordon's Company, and find him incapable of performing the duties of a soldier because of Chronic Rheumatism with deposits in the joints and Oblique Inguinal Hernia of long standing. The disease was contracted since enlistment. The degree of disability in my opinion is (23) Two thirds. Is not a fit subject for the U. S. A.

L. P. Dencker
Act. Brig. Surgeon.

DISCHARGED, this thirtieth day of January, 1865, at Fort Baker D.C.

George S. Worcester
Major 3^d Mass. Art.
Commanding the Reg't Brigade

The Soldier desires to be addressed at
Town Pittsfield County Berkshire State Mass.

* See Note 1 on the back of this. † See Note 2 on the back of this.

Approved
George S. Worcester.
Surgeon in chief
J. H. Brown
Surgeon in chief
J. H. Brown

Major 3^d Mass. Art.
Commanding Brigade

BOSTON,

3-402.

Certificate No.

284593

Name,

Martin L. Clark

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,



Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer.

Hannah Clark, formerly Hannah Giler, Deceased

Second. When, where, and by whom were you married?

Answer.

Dec 26-1857- New Hartford A.Y. Certificate Lost M.E. Pastor

Third. What record of marriage exists?

Answer.

Bible Family Record

Fourth. 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.

Hannah Clark Oct 11-1897 Maynard Mass I have been married only once

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer.

Yes Lorenzo W. Clark. May 28-1856

Lillian M. Clark. Aug 26-1858

Henry W. Clark. Aug 14-1860 Martin E. Clark Nov 17-1865

Martin L. Clark

Date of reply,

June 4

1898

0-8

(Signature.)

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Sp 1

Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

Certificate of Death

FROM THE RECORDS OF DEATHS IN THE TOWN OF Maynard
MASSACHUSETTS, U. S. A.

1. Date of Death, - - -	<u>June 27-1899</u>
2. Name, - - - - -	<u>Martin Lyman Clark</u>
(Maiden Name, - - -	
3. Sex, and whether Single,	<u>Male</u>
Married, or Widowed, -	<u>Married</u>
4. Color, - - - - -	<u>White</u>
5. Age, - - - - -	<u>68</u> Years <u>3</u> Months <u>—</u> Days
6. Disease or Cause of Death	<u>Heart Disease</u>
7. Residence, - - - -	<u>Maynard, Mass</u>
8. Occupation, - - - -	
9. Place of Death, - - -	<u>Maynard, Mass</u>
10. Place of Birth, - - -	<u>Watson, Mass</u>
11. Name of Father, - - -	<u>Watson Clark</u>
12. Name of Mother, - - -	<u>Sabrina Lyman</u>
(Maiden Name)	
13. Birthplace of Father, -	<u>Brattleboro, Vt.</u>
14. Birthplace of Mother, -	<u>Hockinson, Mass.</u>
15. Place of Interment, - -	<u>Glennwood Cemetery, Maynard</u>

I, Frank F. Sanderson depose and say,
that I hold the office of Town Clerk of the Town of Maynard
County of Middlesex and Commonwealth of Massachusetts; that the
records of Births, Marriages and Deaths in said Town are in my custody, and that the above is a
a true extract from the Records of Deaths in said Town, as certified by me.

WITNESS my hand and the Seal of said Town, on the 11th



day of July 1913
Frank F. Sanderson
Town Clerk.

3-044.

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

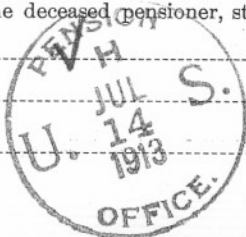
STATE OF Massachusetts } ss.
COUNTY OF Middlesex

On this 11th day of July, A. D. one thousand nine hundred and thirteen, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Lillian M. Clark, aged 54 years, a resident of Maynard, County of Middlesex, State of Massachusetts, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) by claimant for the last sickness and for the burial of Martin L. Clark, who was a pensioner of the United States by certificate No. 284593, on account of the service of Martin L. Clark in Co E 3rd Reg Mass H.A. (Name of soldier or sailor.)
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That pension was last paid to June 4th, 1899, by the U. S. Pension Agent at Boston Mass

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Martin L. Clark
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Invalid soldier
3. If decedent was pensioned as an invalid soldier or sailor—
 - (a) Was he ever married? (Answer yes or no.) yes
 - (b) How many times, and to whom? 1 Hannah Giles
 - (c) If married, did his wife survive him? (Answer yes or no.) no
 - (d) If so, is she still living? (Answer yes or no.) no
 - (e) If not living, give full names and dates of death of all wives Oct-7 1892
 - (f) Was he ever divorced? (Answer yes or no.) no
 - (g) If so, is the divorced wife still living? (Answer yes or no.) _____ (If living, a copy of the decree of divorce must be filed.)
 - (h) If not living, give her full name and the date of her death _____
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no
5. Is any such child still living? (Answer yes or no.) _____
6. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) no
7. If so, give the name of each company in which a policy was carried and the amount in which each policy was written _____
8. Who was the beneficiary named in each policy? _____
9. What was the relation of each beneficiary to the pensioner? _____
10. Were the premiums paid by the deceased pensioner? _____
11. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account _____



12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) *No*
13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? *No*
14. Did the deceased pensioner leave any money, real estate, or personal property? *No*
15. If so, state the character and value of all such property _____
16. What was the assessed value (last assessment) of the real estate? _____
17. How was the pensioner's property disposed of? _____
18. Did pensioner leave an undorsed pension check? (Answer yes or no.) *No*
19. What was your relation to the deceased pensioner? *Daughter*
20. Are you married? (Answer yes or no.) *No*
21. What was the cause of pensioner's death? *Heart failure*
22. When did the pensioner's last sickness begin? *Sudden death*
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? _____
24. Give the name and post-office address of each physician who attended the pensioner during last sickness *Certificate of death signed by Dr. F. H. Rich, now deceased. (See No. 2 attached)*
25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance _____
26. Where did the pensioner live during last sickness? *Waynard*
27. Where did the pensioner die? _____
28. When did the pensioner die? *June 23 - 1899*
29. Where was the pensioner buried? *Waynard Cemetery*
30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) *No*
31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<i>Orin S. Fowler</i>	Physician		
	Medicine		
	Nursing and care		
	Undertaker	<i>Paid</i>	<i>78.00</i>
	Livery		
	Cemetery		
	Other expenses and their nature:		
	TOTAL		<i>78.00</i>

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) *Yes*

That my post-office address is No. _____, on *Walcott* street,
town or city of *Waynard*, County of *Middlesex*,
State of *Massachusetts*

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Lillian M. Clark
(Claimant's signature in full.)

STATE OF *New York*
COUNTY OF *Orinda* ss.

On this *26* day of *June* A. D., 1871, before me a *Justice of the Peace* within and for the County and State aforesaid, personally appeared *Martin L. Clark* residing in the *Village of Clayville* in the County of *Orinda* in the State of *New York* who being by me duly sworn according to law, declares that *he is the identical Martin L. Clark who was a Private in Company E. in the 3rd Regiment of Massachusetts Volunteers. and that he is a claimant for a pension. And that the pension application of his claim for said pension is as deponent is informed & believes 65.621. Deponent further declares that he has not been engaged in the Military or Naval Service of the United States since the 1st day of January 1865 when he was discharged from said Company and Regiment. Deponent further declares that he resides in said Clayville since August 1864 before that in Pittsfield Massachusetts.*

And that this deponent does reside as aforesaid, and has no interest in this claim.

Signature of Witness

Martin L. Clark

STATE OF New York }
 COUNTY OF Orinda } ss.

On this 22 day of November A. D., 1871, before me a Notary Public within and for the County and State aforesaid, personally appeared Martin L. Clark residing in the Village of Clayville in the County of Orinda in the State of New York who being by me duly sworn according to law, declares that he is a Claimant for a pension & the number of his Claim for said pension is as deponent is informed and believes 65.621. that deponent further says that at the time he made his original application for said pension, and the time he caused said Claim to be transferred to Gray & Carter as attorney he this deponent made statements in affidavits or under oath entirely from Memory as to dates and if in case there is any discrepancy between the date deponent alleged he was injured or received his disability & as set forth in the original declaration made by deponent and the date deponent has subsequently given of said date of injury that said dates of injury were given entirely from Memory without any record for deponent to refer to, to refresh his memory that deponent knows that he received said injury or disability known as Rupture & ^{and lameness in right} ~~some time~~ in the Year 1864 - while he was at Fort Baker in the State of Virginia - ~~Fort~~ at or near Washington D.C. - That deponent was never in any battle & was gone from home about 18 Months in all at the time he went to the War and that nearly all the time he was engaged in the Military service he was on detached service, and he was in ~~the~~ Boston Harbor about 9 Months and at or near Washington D.C. about 9 Months and said disability was received by deponent when he was at or near said Washington - And that deponent had been at or near the latter place sometime before he was disabled or received his said disability - And that this deponent does reside as aforesaid, and has no interest in this claim. That when he first went to said Fort Baker he was in old wards and the wards were located on a low place and the doctors ordered them moved, and while said moving was going on the patients were put in tents, and when the moving was perfected the said patients were removed back into said wards, which had been renewed. That at first there were two of said buildings and after at the time of said removal they were united into one. L. H. De

STATE OF New York }
 COUNTY OF Orinda } SS.

On this 22 day of August A. D., 1877, before me a Notary Public within and for the County and State aforesaid, personally appeared Martin L. Clark residing in the Village of Clayville in the County of Orinda in the State of New York who being by me duly sworn according to law, declares that he is the identical Martin L. Clark who was a Private in Company E. in the 3 Regiment of Massachusetts Heavy Artillery Volunteers. Deponent further declares that he is a claimant for a pension. the number of his claim being 65,621.

Deponent further declares that when he made his original application for a pension he made the same ~~same~~ ^{not long} after he was discharged from said Company & Regiment, or sometime in the latter part of 1865. That whatever date or time deponent gave in said declaration as the time deponent received his injury for which he claims a pension, the said date or time must be about the time deponent received said injury. That in case deponent stated in any subsequent affidavit that he received said injury in November 1864, that deponent truly believes the same to be wrong and that deponent upon more mature reflection thinks and that he is satisfied in his own mind that deponent was nearer correct ^{as to the date} when he made his statement in said original application than in any statement made in any subsequent affidavit - That deponent is now satisfied in his own mind that he must have received said injury in one of the Months of May or June 1864, instead of November 1864.

And that this deponent does reside as aforesaid, and has no interest in this claim.

Signature of Witness

Martin L. Clark

STATE OF New York
 COUNTY OF Queens ss.
Long Island City

On this 25th day of May A. D., 1877, before me a Recorder of said City within and for the County and State aforesaid, personally appeared Isaiah P. Denler residing in the Long Island City in the County of Queens in the State of New York who being by me duly sworn according to law, declares that he is a Practicing Physician & Surgeon, and that he well knows Martin L. Clark who was a Private in 9th Company in the 3rd Regiment of Massachusetts Heavy Artillery Volunteers. Deponent further declares that said Martin L. Clark contracted ^{receiving} Hernia in the lower part of his abdomen accompanied with lacerations in his back at Fort Baker near Washington D. C. on or about the 15 day of November 1864 while he was moving a dispensary building and straining himself, that at that time he received said injury he was on detached service and obeying his superior officer at said Fort Baker, and moving said building by order of deponent.

That deponent knows the above facts to be true by being present at the time said building was being moved and by treating said Martin L. for said injury at the time he so received the same - That said injury was caused in an accidental way by sliding down an inclined descent while said Martin had hold of a lever lifting on said building -

And that this deponent does reside as aforesaid, and has no interest in this claim.

Signature of Witness

Isaiah P. Denler, M.D.

STATE OF

New York

COUNTY OF

Queens

SS.

On this *13th* day of *November* A. D., 187*2*, before me a *Notary Public* within and for the County and State aforesaid, personally appeared *Zachariah P. Denuer* residing in the *Long Island City*

in the County of *Queens* in the State of *New York* who being by me

duly sworn according to law, declares that

he is a practicing physician & will knows Martin L. Clark who is an applicant for a pension. Deponent further declares that he has heretofore made an affidavit designed to be used in maintaining the application of said Martin L. Clark who was a Private in Company E, in 3^d Regiment of Massachusetts Heavy Artillery Volunteers, for a pension, — Deponent further says that when he made his statement in said application affidavit as to the time said Martin L. received his injury for which he claims a pension, deponent made and fixed the Month of November 1864 as the time said Clark received said injury, from memory only and deponent did not have any records which he could refer to, to refresh his memory, and said statement was made with but little reflection as to the time said Martin L. received his said injury. Deponent further declares that sometime in the Spring of 1872 deponent was informed that there was on file in the pension office at Washington papers which showed a discrepancy as to the time said injury took place, that in the original declaration made by said Martin L. Clark he had stated that said injury took place in one of the Months of May or June 1864, and the proof as offered showed that said Martin L. Clark received said injury sometime in the Month of November 1864. That since deponent's attention was in the said Spring of 1872 called to said discrepancy deponent has from time to time, given thought upon this subject and after more mature reflection deponent has become satisfied in his own mind that said Martin L. Clark received his said injury sometime earlier in said year 1864 than as set forth in his said former affidavit. That deponent is now satisfied in his own mind that said Martin L. Clark received & contracted said Hernia & his injury in one of the Months of May or June 1864. —

And that this deponent does reside as aforesaid, and has no interest in this claim.

Signature of Witness

Z. P. Denuer

FORM OF DECLARATION FOR AN INVALID ARMY PENSION.

State of Massachusetts
County of Berkshire ss.

On this first day of March April one thousand eight hundred and sixty five, personally appeared before me, a Justice of the Police Court in Pittsfield within and for the county and State aforesaid, Martin L. Clark, aged 33 years, a resident of Pittsfield, in the State of Massachusetts, who being duly sworn according to law, declares that he is the identical Martin L. Clark who enlisted in the service of the United States at Pittsfield Mass. on the 12th day of July in the year 1863, as a Private in company E, commanded by Capt. Leonard Gordon, in the Third regiment of Mass. Heavy Artillery Vols., in the war of 1861, and was honorably discharged on the Nineteenth day of January in the year 1865; that while in the service aforesaid, and in the line of his duty, he received the following disability²: In May or June 1864, he was engaged with others, under the orders of Surgeon

L. P. Denner, Surgeon in Charge of the 3rd Brigade Hospital of the 22nd Army Corps, near Fort Baker D. C., in removing a building belonging to the 2d Hospital and used as a safe house. That while so engaged the building started back, and the others dropped their levers and ran, and this defendant held onto his lever and held the said building from slipping until the said Surgeon blocked the rollers and stopped. That the great exertion made by Applicant to stop a whole said building, caused a breach or hernia which still remains and disables the Applicant. That said strain also caused a chronic rheumatism and lameness which now prevents him from stooping and lifting any weight and any exertion causes his back to hang down and swell. That he is compelled to wear a supporter for them constantly. That he continued in said 3rd Brigade Hospital of the 22nd Army Corps near Ft. Baker D. C. in charge of said L. P. Denner, Surgeon, until his discharge as aforesaid, and that ever since discharge he has resided at Pittsfield and has had no regular occupation

and that his post office address is³ Pittsfield, Berkshire County, Massachusetts

and I hereby authorize James M. Barker of Pittsfield, Berkshire County, Mass. to procure for me the Pension which I may be found entitled to under the Act of Congress, approved July 14th, 1862, and to receive and receipt for any certificate which may issue in my favor in connection with the above application.

Martin L. Clark

(To be signed by applicant.)

Also personally appeared Martin L. Clark and E. J. White residents of Pittsfield, persons whom I certify to be respectable, and entitled to credit, and who being by me duly sworn, say that they were present and saw Martin L. Clark sign his name (or make his mark) to the foregoing declaration; and they further swear that they have every reason to believe, from the appearance of the applicant, and their acquaintance with him, that he is the identical person he represents himself to be; and they further state that they have no interest, direct or indirect, in the prosecution of this claim.

E. J. White

J. M. Clark

(Signatures of Witnesses.)

Sworn to and subscribed before me this first day of April A. D. 1865; and I certify that I have no interest, direct or indirect, in the prosecution of this claim. the word "March" being first erased

James H. Dunham

Shewal Justice of the Police Court of Pittsfield

NOTE 1.—This application must be sworn to before some officer using a Seal, and not before a Justice or Notary Public, and a 10 cent Revenue Stamp attached to the certificate of the authenticating officer.
2.—Give a particular and minute account of the wound or other injury, and state how, when, and where it occurred, where the applicant has resided since leaving the service, and what has been his occupation.
3. If in City, give name or number of street, and number of house.

Map