Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

COWDREY, ARTHUR H.
C-2, 513653

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ne Commissioner of F	Pensions.
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### DECLARATION FOR PENSION.

1

	THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.
	State of Massachusetts)
,	County of Middlesex \\ ss.
	On this 2 day of # ll tay, A. D. one thousand nine hundred and Ollym,
	personally appeared before me, a third lack within and for the county
	and State aforesaid, 10000000 who, being duly sworn according to law,
	declares that he is
	county of Muddlese , State of Mass achusetts; and that he is the
	identical person who was ENROLLED at
	Unthur H. Worvarley, on the day of lugust 1867
	as an answer and, in the Army, or vessels if in the Navy.)
	in the service of the United States, in the War, and was Honorably Discharged (State name of war, Civil or Mexican.)
	at Wilmington J. O., on the 22 day of July 1865
	That he also served as Sun alena 3 1 18 or . Was Knowles in the served
	(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,feetinches;
	complexion, ; color of eyes, ; color of hair, ; that his occu-
	pation was a My Ricean; that he was born 1836
	at action (Mass.
	That his several places of residence since leaving the service have been as follows:
	Starte date of each change, as nearly as possible.)
	(State date of each change, as nearly as possible.)
	That, he is MMM a pensioner. That he has heretofore applied for pension
	(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)
	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 February 6, 1907.
	He hereby appoints F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State
	House, Beston, his true and lawful attorney to prosecute his claim (Without fee);
	That his post-office address is will am, county of Madleyell
	when to owner
	Attest: (1) Wilson & Sartlett (Claimant's signature in full.)
	(2) Idrubert
	Also personally appeared William a Bartlett, residing in Stone Man
	and when I , residing in Stouthaw Mass , 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 Lindbury State of the claimant, sign his name (or make his mark)
	to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant
	and their acquaintance with him of 30 years and 47 years, respectively, that he is the identical
	person he represents himself to be, and that they have no interest in the prosecution of this claim.
	Wilson Wouldt
	O Maria Rent
	Susscribed and sworn to before me this 2 day of 1000000, A.D. 190 /, and I hereby certify that the contents of the above declaration etc. were followed.
'n	Subscribed and sworn to before me this 2 day of TITM (1) A. D. 190
•	and I hereby certify that the contents of the above declaration, etc., were fully
*	and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the word
	meruding the works, erased,
ç	and that I have no interest, direct or indirect, in the prosecution of this claim.
-	10. 20 DI Servie V. XICIN
	(Signature.)
	way VFFICY JUNIOL OF ME I LUCE
	(Official character.)

#### AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

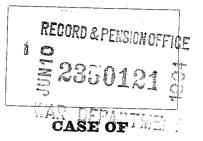
That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: Provided, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: Provided, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: Provided, further, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

- That rank in the service shall not be considered in applications filed hereunder.
- That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

OF FEBRUARY 6, 1907 ificate No.

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	in your name, or on accou	nt of your service, y	you are required to a	nswer fully the	questions enumerat	ea
09	You will please return	n this circular under		d envelope which	ch requires no postag	ge.
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			3	6 10 5 1		<u></u>
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	3. When did you enlist?	Answer.	ight 14	1865	· · · · · · · · · · · · · · · · · · ·	
	4. Where did you enlist?	Answer.	veren_	mies	· 	
	5. Where had you lived l	pefore you enlisted?	Answer. 545	we m	ALC MA	
	6. What was your post-or	fice address at enlis	tment? Answer	nouve	· Mary	
•	7. What was your occupa	ation at enlistment?	Answer.	sicin T	augun	~
	8. When were you disch	· · · · · · · · · · · · · · · · · · ·	June 22	-1865	no D	
	9. Where were you disch		S S	un	uffe. E	
	10. Where have you lived	since discharge?	tive dates, as nearly a	as possible, of an	y changes of residen	ce.
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(Pension Bureau Number.)

The Military Secretary's Office,

WAR DEPARTMENT.

The statement hereto attached is respectfully furnished to the

Commissioner of Pensions,

in response to the request contained in the com-

The Military Secretary

Per C

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VOLUNTEER SERVICE. (Civil War or War with Spain.)
Certher A Condrey
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and the rolls on file for that period show him present except as follows:
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m. 019 - No 13/6798
October 100 / Department of the Interior,
BUREAU OF PENSIONS,
assi-Deng-7" mass. V-8- Washington, D. C., June 8, 190
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 great the convenience.
Very respecticity,
authur of Cowdrey & Stiller
Commissioner.
No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.
Answer: Museum
No. 2. When, where, and by whom were you married? Answer: Thursday 164
1839 at Bother was ly Rev neheman aduns
No. 3. What record of marriage exists? Answer: MWNLIGH Contifuences
No. 4. Were you previously married? If so, please 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 consorts. Answer: 20
No. 5. Have you any children living? If so, please state their names and the dates of their
birth. Answer: Maule A. Cowling born
January 144 1869 hove me 7. 9 Bruckett
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Date of reply, June 13 , 190 7 Control of Control of Fich
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### Act of June 27, 1890, as amended by Act of May 9, 1900.

### DECLARATION FOR INVALID PENSION.

STATE OF MUSACLUSETTS
County of YMALLIS Ses:
On this day of, A.D. one thousand nine hundred and
personally appeared before me, a track of the lace within and for the county and
State aforesaid,, who, being duly sworn
according to law, declares that he is
county of Middlesex, State of Massachusetts, and that he is the identical
person who was encolled at
of Urthur & Corvarey on the 14 day of august
18 bl., as an Os Ar Suragrain Y Reg Maria Diel
[Here state rank, and company and regiment in the Army, or vessel, if in the Navy.]
in the service of the United States, in the war of the rebellion, and served at least ninety days and was honor-
ABLY DISCHARGED at MANA Stating Ja, on the 26 day of OM
1863. That he also served M. 37 Regement W.S. Co. M. A.
discharged by resignation at Wilming time It.
June 22 1865
V
That he was not employed in the military or naval service prior to
That he has not been employed in the military or naval service since
That he was born on the day of day of many, in the year 1836, at Octob
; and that his personal description at enlistment was as follows: Height, feet
inches; complexion, light; hair, Arman; eyes, garage. That he is suffering
from disability of a permanent character, not the result of his own vicious habits, which incapacitates him for
the performance of manual labor in such a degree as to render himunable to earn a
support, to-wit: Ugl mac Cindance unth ruling of
[Herp state cause of disability, as age, or name of disease, or nature of injury.]  [MANN DOWN DOWN TO THE LIGHT WAY 130 1904
That he is MAX heretofore applied for pension.
[If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.]
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 June 27, 1890, as amended by the Act of May 9, 1900.
That his POST-OFFICE ADDRESS is.
county of Middlesex , State of Massachusetts
That he hereby appoints
[If he desires to employ an attorney.]
prosecute his claim.
Attact. (1) Sul M. Jalin (Claimant's signature.)
Attest: (1) Silver Jillian Jil
(2) WINDS SEE SEE SEE SEE SEE SEE SEE SEE SEE S
J 1904

2 Line of Line of Contract of Standards
Also personally appeared with the persons whom I and the persons whom I and the persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  (m)
declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance
with him ofyears andyears respectively, that he is the identical person he
represents himself to be; and that they have no interest in the prosecution of this claim.
Sue W Green
Signatures of witnesses.)
Sworn to and subscribed before me this 20 day of May, A. D. 190
and I hereby certify that the contents of the above declaration, etc., were fully made
known and explained to the applicant and witnesses before swearing, including the
[L. s.] werds erased, and the
words and that
I have no interest, direct or indirect, in the prosecution of this claim.  (Signature)
Justice of the leace
(Official character.)

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

Act of June 27, 1890, as amended by Act of May 9, 1900.

CLAIM FOR PENSION.

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Service CLAIM FOR PENSION.

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RECORD & PENSION OFFICE	
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	3-333. (Old No. 3-060.)
8	Div. $Div.$ $Ex'r.$
8	Unic. pm. No 13/6 798
æ	Department of the Interior,
	DMG_37/WAC.J. BUREAU OF PENSIONS,
	asst Sing 7. mass Inf
	Washington, D. C. Xwe 8 1907
	Sir:
	For use in the above-entitled claim for pension you are requested to furnish this Bureau
	with a full military and medical history and personal description, including birthplace and occupation,
	of Court & Court who, it is alleged, enlisted august 14, 1862,
,	$\frac{1}{2}$ $\frac{1}$
-Vana	at o Don man, as an ast Jung Jin Go. 7 mans Reg't,
	, and was discharged Cloth 26-, 1863,
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	Surgion 37. W. S. C. J. and resigned June
	22, 1865 al= Wilmington n.B.
	22, (839 We // wmmyon 15-65
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•	
	It is also alleged that on or about, he was disabled
,	by
/	
	and was treated in hospitals as follows:
	To
	very respectfully,
	The Chief dithe
	RECORD PENSION OFFICE,  SEWAR DEPARTMENT.
	WAR DETARY 0-2 Commissioner.
	SEWAR DEPARTMENT.  WAR DEPARTMENT.  O-2  Commissioner.
	TVP

(COMMISSIONER OF PENSIONS.)

Mig - hw . (Old No. 3-060.)	ř	
No. 3/3/6798		
WAR DEPARTMENT,  RECORD AND PENSION OFFICE.		
Respectfully returned to the Commissioner		
of Pensions.		
Co, Reg't	,	
was enrolled, 186 and, 186	D. 4.7.1.7	
	Place of birth,;  age,years; occupation,;	
	height,inches; com-	) 
:	color of hair,;	
From, 186, to	The medical records show him treated as	
he held the rank of	follows:	PISION
		(1 11 S.)
and during that period the rolls show him present except as follows:		1904 5.
present encept as journes		OFFIC
		Du authority of the Constant of Man
,	•	By authority of the Secretary of War:
		Chief of Office.
		Per Date

( )



#### Commonwealth of Massachusetts.

#### PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

#### DECLARATION FOR INCREASE OF INVALID PENSION.

Under Act of June 27, 1890. STATE OF MASSACHUSETTS. Middleser COUNTY OF.... day of , A.D. one thousand nine hundred and DUX / Lowithin and for the County and State personally appeared before me. aforesaid, UNUM 70 y aged years, who, being duly sworn Boton according to law, declares that he is a pensioner of the United States, duly enrolled at the ... dollars per month, by Certificate No. 1083263, on Pension Agency at the rate of account of disability from [Here state the disability for which pensioned.] that he served as a He further declares that he believes himself to be entitled to an increase of pension for the following reasons, to wit: that the above-mentioned disabilities , have increased; and that he is also suffering from the following additional NEMG DLUZULY lying for increase; whether disability has inc years for applying for inci 1906 that said additional disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent; that he appoints J. B. Parsons, Deputy Commissioner of Pensions, State House, Boston, Mass., his true and lawful attorney to prosecute his claim without fee; that his (applicants) residence is No. ..... , County of Widdles w , and State ; that his Post-Office address is...... ( Vuass Much residing at Dwellscresiding at certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw , the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim. ward & Juletren [If either witness signs by mark, two persons who can write sign here.] Sworn to and subscribed before me this day of A.D. 190 b, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the claimant and witness the words

| Call | Division added; and that I have no interest, direct or indirect, in the prosecution of the signature. | Call [SEAL.]

Record Division,

# Claim for Pension.

### INCREASE.

Arthur H. Cowdrey Claimant,



STATE HOUSE



3-1647.
Act of Feb. 6, 1907.
6/76
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Name, arthur A. Coudrey
Innlication Glad Office Of the same
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Application filed Fely 25, 1907. Service, Asst Surg 7, Mass. Chy. Asst Surg 37 U.S. C. Chy
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### Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 183, 263  County, Convolvey  P. O., Maple Do.,  County, Italian,  State, Mass.  Application filed Pol-1, 1906  Service, Service, 3778.  County, County, State, Class,  (181 100m.)  M. L. S. Beer	
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Discharged: Oct. 26  Application filed: May 2/  Alleges:	
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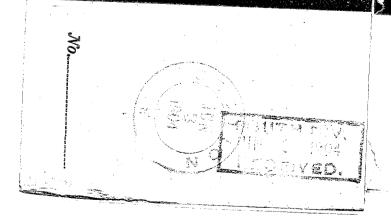
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Order 5/ Observed /

Claimant does write. Certificate not filed.

E. H. Roberts 125

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