

HEADQUARTERS

ISAAC DAVIS POST, No. 138

DEPARTMENT OF MASSACHUSETTS  
GRAND ARMY OF THE REPUBLIC

West Acton, Mass., Sept 16 1920

Commissioner of Pensions  
Washington D.C.

Dear Comrade.

I am writing you on behalf of Comrade Samuel A. Guilford of our Post. His Application for Pension for total blindness. was sent you on June 11<sup>th</sup> and your Card of Receipt was received dated June 14<sup>th</sup>. Affidavits from Physician and attendants were duly sent as requested.

He didn't receive the ~~Extra~~ Pension Sept 4<sup>th</sup> as Expected and desires to know the status and when he may expect it. His Pension Certificate is number 1087611. Will you kindly advise

Yours F C & L

D H Hall @ Commander



Receipt acknowledged by  
Mail & Supplies Division.

HALL STAPLES M. D.  
WEST ACTON, MASS.

W. J.  
Adm. Div.

The Hon. Commissioner of Pensions  
Washington D. C.

My dear sir:-

Samuel A. Guilford

of Co I 8th Mass. Inf., born Jan 5 1842  
inducted Aug 25 1862 and discharged  
Aug 7 1863 is now pensioned under  
the act of May 1912 at nineteen dollars  
per month. Mr. Guilford is now suf-  
fering from an advanced Locomotor  
Ataxia and it is with great difficulty  
that he can walk. He is nearly blind  
and the blindness is advancing rapidly.  
He needs more or less attendance  
in getting around and will soon need  
constant attendance. Is there any way  
that he can get pension commensurate  
with his disability? If so will you kindly  
indicate steps which he should take to  
bring this about? Yours Truly  
June 12 1915 Hall Staples



HEADQUARTERS

ISAAC DAVIS POST, No. 138

DEPARTMENT OF MASSACHUSETTS  
GRAND ARMY OF THE REPUBLICFINANCE DIV.  
JUN 16 1921  
BUREAU OF PENSIONS

West Acton, Mass., June 11, 1921

Washington Gardner  
Commission Washington D.C.

Dear Comrade

As regards the claim of Samuel A. Guilford No. 1087611 who died May 11<sup>th</sup> 1921 and could not get Dr. McCarthy of Marlboro to examine and fill out his final papers for an increase of pension from 50 to 72 per month which was the Government's fault, according to a report in the National Tribune of May 5<sup>th</sup> 1921, Can the Widow draw this increase up to his death or any portion of it. If so please send me the proper blanks to be filled out and sworn to by proper witnesses for which the family would kindly appreciate your kindness.

Respectfully yours  
George L. Towne.

1870.

May 7, 1921

Mr. George L. Towne  
Commander, Isaad Davis Post No. 138, G.A.R.  
West Acton, Massachusetts

Dear Comrade:

I have your letter of May 2, 1921, regarding the claim for pension, Inv. Ctf. No. 1087,611, of Samuel A. Guilford, who served in Co. I, 8 Mass. Inf.

X  
This soldier is in receipt of pension at the rate of \$50 per month, and has filed a claim for the increased rate of \$72 per month under the Act of May 1, 1920. As it appears from evidence on file that he is, and was at the date of filing his claim for increase, totally blind, I have directed immediate consideration of his case.

You also refer to the claim, Inv. Ctf. No. 207061, of Calvin N. Holbrook. This soldier is in receipt of \$50 per month, and has filed a claim for the increased rate of \$72 per month under the Act of May 1, 1920.

In this case an order for the claimant's examination at his home was directed to the secretary of the board of United States examining surgeons at Marlboro, Mass., on January 26, 1921. The certificate of the examining surgeon has not as yet reached this Bureau. This case also will receive immediate consideration, and steps will be taken to secure the medical examination of this claimant at an early date.

Very truly yours,

*Washington Gardner*

Commissioner.

LJS/jml



60 M  
AR 17 1922

ACT OF MAY 1, 1920



# DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the Application

STATE OF Massachusetts, COUNTY OF Middlesex ss:  
 On this 11<sup>th</sup> day of June A. D. 1920, personally appeared Samuel A. Guilford, who, being duly sworn according to law, declares that he is 78 years of age, and a resident of West Acton, county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Lynn Massachusetts, under the name of Samuel A. Guilford, on the 25<sup>th</sup> day of August, 1862, as a Private, in Co. I. 8th Regt Mass Militia Vols (Here state rank, and company and regiment in the Army, or vessels if in the Navy.) in the service of the United States, in the Civil War (State name of war, Civil or Mexican.) war, and was HONORABLY DISCHARGED at Wenham Mass, on the 7<sup>th</sup> day of August, 1863. That he also served None (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 5 feet 9 1/2 inches; complexion Light; color of eyes Blue; color of hair Brown; that his occupation was Blacksmith; that he was born January 5<sup>th</sup> 1842 at Spurwich Mass

(State in this space the nature of the disability by reason of which the regular personal aid and attendance of another person is required)  
Total Blindness. Loco. Moto ataxia. requiring. Attendant.

That his several places of residence since leaving the service have been as follows: (State date of each change, as nearly as possible.)  
East Saugus Mass. - removing to West Acton. April 15 - 1867

That he is a pensioner under Certificate No. 1087611. That he has Not applied for pension under original No. \_\_\_\_\_

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 May 1, 1920.

(Two attesting and identifying witnesses.)	(1) <u>Delette H. Hall</u> (Signature of first witness.) <u>West Acton Mass</u> (Address of first witness.)	<u>his mark</u> <u>Samuel A. Guilford</u> (Claimant's signature in full.) <u>West Acton</u> (Claimant's address in full.) <u>Massachusetts</u>
	(2) <u>George L. Bowne</u> (Signature of second witness.) <u>West Acton Mass</u> (Address of second witness.)	

SUBSCRIBED and sworn to before me this 11<sup>th</sup> day of June 1920 and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_, added, and that I have no interest, direct or indirect, in the prosecution of this claim.

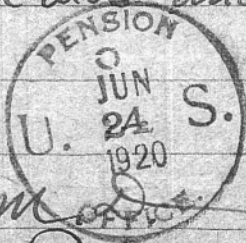
[L. s.]



Arthur M. Whitcomb  
(Signature.)  
Justice of the Peace  
(Official character.)

West Acton Mass June 19<sup>th</sup> 1920

This is to Certify that  
 Mr Samuel A. Guilford of West Acton  
 Mass. Had Locomotor Ataxia for 16  
 years, and he has been blind for 5 years  
 has been confined to the House for 5  
 years he is able to sit up every day  
 for a few hours he is helpless and  
 he requires the regular personal aid and  
 attendance of his wife



Frank E. Tasher M.D.  
 Then personally appeared Dr. Frank  
 E. Tasher, known to me, and made  
 oath that the statements by him  
 subscribed are true.

Arthur M. Whitcomb  
 Justice of the Peace

My Commission Expires April 21, 1927

In compliance with the record  
 article in your request in  
 regard to Samuel A. Guilford's  
 Pension - I certify that I  
 have seen my husband's  
 attendant for several years -  
 I have to dress and undress  
 him prepare all his food in  
 fact do everything for him as  
 he is totally blind and very  
 nearly helpless - unable to  
 walk alone at all. is  
 confined to the house all the  
 time.

Ellen A. Guilford

West Acton Co. Weston Mass. June 19<sup>th</sup> 1920  
 Then personally appeared the above  
 named Ellen M. Guilford, known  
 to me, and made oath that the  
 statements by her subscribed are  
 true. Arthur M. Whitcomb  
 Justice of the Peace.



ACT OF FEBRUARY 6, 1907.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass }  
County of Suffolk } ss.

On this 5 day of January, A. D. one thousand nine hundred and twelve, personally appeared before me, a Special Commissioner within and for the county and State aforesaid, Samuel A. Guilford, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of West Acton county of Middlesex, State of Mass.; and that he is the identical person who was ENROLLED at Saugus under the name of Samuel A. Guilford, on the 25 day of August, 1862 as a private, in Co I 5th Mass Inf  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Okenham, on the 7 day of August 1863  
(State name of war, Civil or Mexican.)  
That he also served  
(Here give a complete statement of all other services, if any.)

no other service  
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, 5 feet 9 1/2 inches; complexion, light; color of eyes, blue; color of hair, brown; that his occupation was blacksmith; that he was born January 5th 1842 at Spewich

That his several places of residence since leaving the service have been as follows:  
East Saugus until 1867 and since then in West Acton, Mass.  
(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has heretofore applied for pension Ref # 108-611 - Act Feb 6, 1907 - \$12  
(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, Boston, his true and lawful attorney to prosecute his claim (**Without fee**);

That his post-office address is West Acton (Box 170), county of Middlesex  
State of Mass  
Samuel A. Guilford  
(Claimant's signature in full.)

Attest: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Also personally appeared James P. Clare, residing in Boston and Linus E. Clark, residing in Charlestown, 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 Samuel A. Guilford, 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 45 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.

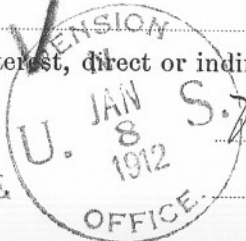
James P. Clare  
Linus E. Clark  
(Signatures of witnesses.)

Validity accepted  
as to execution

S. A. CUDDY, SUBSCRIBED and sworn to before me this 5th day of January, A. D. 1912, Chief, Law Division, 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 words \_\_\_\_\_, erased, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

per W F

[L. S.]  
Certificate filed  
cover date.  
S. A. CUDDY, **F**  
Chief, Law Division  
CERTIFICATE ON FILE



Bellevue McKeon  
(Signature)  
PENSION COMMISSIONER,  
PENSION DEPARTMENT  
STATE HOUSE,  
BOSTON



## Commonwealth of Massachusetts.

## PENSION DEPARTMENT,

BOSTON.

## AFFIDAVIT.

State of Massachusetts,

County of

Middler

ss.

In the matter of the claim for

of

pension  
Samuel A. Guilford

of Company

I

8<sup>th</sup>

Regiment

Mass

Vols.:

Personally came before me, a

Notary Public

in and for

aforesaid County and State,

Charles H. Meace

and

James E. Richardson

both

residents of

Acton

in the County of

Middler

State of

Massachusetts

, who being

duly sworn, declare in relation to aforesaid claim, as follows:—

That they have known said Claimant for over twenty five years having both lived near him as neighbors that length of time. On or about March A.D. 1896 knew of his having a fall from a ladder and badly injuring his right knee. the knee was swollen about the knee cap and looked like a water cushion. have noticed that he went lame ever since. whether from the injury or Rheumatism would not be sure but should say from both, as have frequently seen him run up with rheumatism. Also knew of his falling on the ice and breaking his ribs on or about February A.D. 1894 neither injury was caused by vicious habits. From our knowledge of his condition, should say that he is incapacitated from labor July two years. That the above testimony was written down at our dictation by Charles B. Stone Notary Public and is so done, no were not prompted by any verbal, written, or printed statement relating thereto.

We further declare that we have no interest in said claim, and am not concerned in its prosecution.

Affiant's Signature,

James E. Richardson

P. O. Address,

West Acton Mass.

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature,

Charles H. Meace

P. O. Address,

West Acton, Mass.



DECLARATION FOR WIDOW'S PENSION.

Act of April 19, 1908,  
Amended by Act of September 8, 1916, and Act of May 1, 1920.

STATE OF Massachusetts COUNTY OF Middlesex ss:  
On this 24<sup>th</sup> day of May, 1921, personally appeared before me, a Justice of the Peace  
within and for the County and State aforesaid, Ellen M. Guilford, who, being duly  
sworn by me according to law, declares that she is 76 years of age and that she was born Aug 27,, 1844  
at Acton, Mass.  
That she is the widow of Samuel A. Guilford, who enlisted Aug. 25,, 1862  
at Saugus, Mass., under the name of Samuel A. Guilford  
as a Private, in Co. I. 8th Regiment N. V. M.  
(Rank.)

(Here state company and regiment, if in the Army; or vessels, if in the Navy.)  
and was honorably discharged Aug 7,, 1863 having served ninety days or more during the CIVIL WAR.  
That he also served \_\_\_\_\_  
(Here give a complete statement of all other military, naval, or coast guard service, if any, at whatever time rendered.)

That otherwise than as herein stated said soldier (or sailor) was not employed in the United States service.  
That she was married to said soldier (or sailor) July 17,, 1870, under the name  
of Ellen M. Hayes at West Acton, Mass.  
by Rev. Wm K. Shaw; that she had not been previously married; that he had  
been previously married to Lois A. Shaw  
(Here state all prior marriages of either, and give the names and dates and places of death or divorce of all former consorts.)  
who died May 15, 1866 at Saugus Mass

and that neither she nor said soldier (or sailor) was ever married otherwise than as stated above.  
(If any former husband rendered military or naval service, here describe same and give number of any pension claim based thereon.)

That said soldier (or sailor) died May 11,, 1921, at Concord, Mass.  
that she was not divorced from him; and that she has not remarried since his death.  
That the following are the ONLY children of the soldier (or sailor) who are NOW living and under sixteen years of age, namely:  
(If he left no children under sixteen years of age, the claimant should so state.) (none)

\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_, at \_\_\_\_\_

That the above-named child \_\_\_\_\_ of the soldier (or sailor) { is } \_\_\_\_\_ now receiving a pension, and that such child  
{ are } member \_\_\_\_\_ of her family and \_\_\_\_\_ cared for by her.

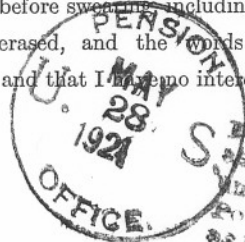
That she has not heretofore applied for pension, the number of her former claim being \_\_\_\_\_; that said soldier  
(or sailor) was \_\_\_\_\_ a pensioner, the number of his pension certificate being 4087611

She hereby appoints **R. R. FLYNN, Commissioner of State Aid and Pensions, State House, Boston,**  
her true and lawful attorney to prosecute her claim (without fee);

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of  
the ACT OF APRIL 19, 1908, as amended by the ACT OF SEPTEMBER 8, 1916, and Act of May 1, 1920.

(Two attesting and identifying witnesses.)  
(1) Geo. M. Guilford Ellen M. Guilford  
(Signature of first witness.) (Claimant's signature in full.)  
Belmont, Mass. West Acton, Mass.  
(Address of first witness.) (Claimant's address in full.)  
(2) Addie L. Holt  
(Signature of second witness.)  
West Acton, Mass.  
(Address of second witness.)

SUBSCRIBED and sworn to before me this 24<sup>th</sup> day of May, 1921, and I hereby  
certify that the contents of the above declaration were fully made known and explained to the applicant  
before swearing, including the words \_\_\_\_\_  
[L. S.] erased, and the words none added,  
and that I have no interest, direct or indirect, in the prosecution of this claim.



Declaration accepted  
as a widow's claim  
under Act of May 1, 1920.  
Power of attorney valid  
as to execution.  
Per J. J. Chief, Law Div.

Arthur M. Whitcomb  
(Signature)

**Certificate on file to cover**  
Justice of the Peace  
May 9-20  
6-27  
**Chief, Law Division**

To be recognized without fee.  
Filed as Officer of State.  
Law Division.

R-302

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Middlesex State Mass.  
City or Town Concord No. Deaconess Hospital  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME Samuel A. Guilford  
(a) Residence. State Mass. City or Town Acton No. 11 Acton St.   
(Usual place of abode)  
Length of residence in city or town where death occurred years months 10 days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen M. Keyes  
6 DATE OF BIRTH (month, day, and year) Jan 5 1842  
7 AGE Years Months Days If LESS than 1 day, .....hrs. or .....min.  
79 4 6  
If STILLBORN, enter that fact here  
8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Blacksmith  
(b) Name of employer Retired  
9 BIRTHPLACE (city or town) Ipswich (State or country) Mass.  
10 NAME OF FATHER Samuel P. Guilford  
11 BIRTHPLACE OF FATHER (city or town) Cannot be learned (State or country)  
12 MAIDEN NAME OF MOTHER Isabelle Seward  
13 BIRTHPLACE OF MOTHER (city or town) Cannot be learned (State or country)  
14 Informant Ellen M. Guilford (Address) West Acton Mass  
15 Filed May 16, 1921 Wm D. Cross Registrar of city or town where death occurred  
Filed May 16, 1921 Horace F. Tuttle Registrar of city or town

MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH (month, day, and year) May 11 1921  
17 I HEREBY CERTIFY, That I attended deceased from April, 1921, to May 11, 1921, that I last saw him alive on May 11, 1921, and that death occurred, on the date stated above, at 5.10 P. m.  
The CAUSE OF DEATH\* was as follows:  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)  
Locomotor Ataxia  
(duration) 7 yrs.  mos.  ds.  
CONTRIBUTORY (SECONDARY) (duration)  yrs.  mos.  ds.  
18 Where was disease contracted if not at place of death?  
Did an operation precede death? Yes Date of May 7, 1921  
Was there an autopsy? No  
What test confirmed diagnosis?  
(Signed) J. H. Shaw, M.D.  
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope West Acton DATE OF BURIAL May 14 1921  
20 UNDERTAKER Joseph Dea Jr. Concord ADDRESS Mass.

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.  
11-13-19. 25,000

A true copy of the original of the Town Clerk of Acton

# The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

BOSTON, May 26, 1921.

I Hereby Certify That the **MARRIAGE** of Samuel A. Guilford,  
of Acton, son of Samuel P. and Isabella (Seward),  
aged 28 years (2nd mar.), and Ellen M. Keyes,  
of Acton, daughter of Ivory and Lucy (Robbins),  
aged 25 years (1st mar.), solemnized at Acton, on the  
17th day of July in the year 1870, by Wm. R. Dewey, Cler-  
gyman, Acton, appears of record in this Office by duly attested Return  
of the Clerk of the Town of Acton for that year.

WITNESS THE GREAT SEAL OF THE COMMONWEALTH hereunto  
affixed at the date first above written.

F. W. Cook

SECRETARY OF THE COMMONWEALTH.



YEAR 1870  
VOL. 227  
PAGE 107  
No. 11



EAST. DIV.

3-173.

OCT 12 1897

RECEIVED.

Eastern

Div.

NHL

Ex'r.

Claim No. 1194535

Samuel A. Guilford

Co. I, 8 Reg't Mass Inf

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., September 28, 1897

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 your family.

Very respectfully,

West Acton

Middlesex Co

Mass

Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes - Ellen Maria Guilford - Ellen Maria Reyes

No. 2. When, where, and by whom were you married? Answer: July 17<sup>th</sup> 1870

at West Acton Mass by Rev William K Darcy

No. 3. What record of marriage exists? Answer: Recorded at the

Clerk's office in the town of Acton Mass

No. 4. 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: Yes - Lois Adelaide Sham

Died at East Taunton Mass May 15<sup>th</sup> 1866

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Yes

Alice Sham Guilford Born Oct 7<sup>th</sup> 1864

Gertrude May " " May 3<sup>rd</sup> 1873

Addie Louise " " Sept 8<sup>th</sup> 1874

George Morton " " June 27<sup>th</sup> 1880

Date of reply,

Oct 4 1897



Samuel A. Guilford.

(Signature)

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

SAMUEL A GUILFORD  
WEST ACTON MASS  
1087611 ACT MAY



No. 1. Date and place of birth? Answer. Jan. 5-1842. Ipswich, Massachusetts.  
The name of organizations in which you served? Answer. Co. I. 8<sup>th</sup> M. V. M.

No. 2. What was your post office at enlistment? Answer. East Langus, Mass.

No. 3. State your wife's full name and her maiden name. Answer. Ellen Maria (Keyes) Guilford

No. 4. When, where, and by whom were you married? Answer. July 17-1870. West Acton, Massachusetts. Rev. William K. Darcy.

No. 5. Is there any official or church record of your marriage? Answer. Yes.

If so, where? Answer. Town of Acton, Massachusetts.

No. 6. Were you previously married? If so, 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 wives. Answer.

Lois Addie Shaw. Aug 2-1863.  
Died East Langus, Mass. May 15-1866

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer.

No. 8. Are you now living with your wife, or has there been a separation? Answer. Am now living with her.

No. 9. State the names and dates of birth of all your children, living or dead. Answer.  
Alice S. (Guilford) Stevens. Oct 7-1864  
Guttrude M. (Guilford) Leighton. May 3-1873  
Addie L. (Guilford) Holt. Sept. 8-1874  
George M. Guilford. June 27-1880

Date April 2-1915

(Signature)

Samuel A Guilford

# The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

## DIVISION OF VITAL STATISTICS

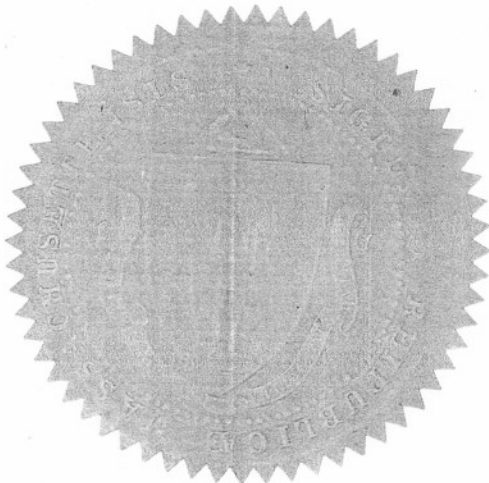
BOSTON, May 26, 1921.

I Hereby Certify That the DEATH of Lois A. Guilford,  
 of Daugus, born at Daugus, { ~~son of~~ } George P.  
 { daughter of }  
 and Lois ( — ) Shaw,  
 aged 22 yrs., — mos., — days, who died at Daugus,  
 on the 15<sup>th</sup> day of May, in the year 1866,  
 of Fever,  
 appears of record in this office by duly attested Return of the Clerk  
 of the Town of Daugus for that year.

WITNESS THE GREAT SEAL OF THE COMMONWEALTH hereunto  
 affixed at the date first above written.

F. W. Cook

SECRETARY OF THE COMMONWEALTH.



YEAR 1866  
 VOL. 192  
 PAGE 221  
 No. 12





# The Commonwealth of Massachusetts

## STATE AID AND PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

### AFFIDAVIT.

Act of Sept. 8, 1916

AMENDED BY ACT OF MAY 1, 1920

State of Massachusetts,

County of Middlesex

SS.

In the matter of the claim for W. O. 1174784.

of Ellen M. Guilford a/c Samuel A. Guilford. late of West Acton Mass.

of Company I, Regiment 8th. Massachusetts Inf. Vols.:

Personally came before me, a Justice of the Peace in and for

aforesaid County and State, Charles H. Mead aged 64 and

Charles J. Holton aged 56, resident of Acton

in the County of Middlesex, State of Massachusetts, who being

duly sworn, declare in relation to aforesaid claim, as follows: — To their personal knowledge Ellen M. Guilford and Samuel A. Guilford lived together as husband and wife, without divorce, from 1880 to the date of Mr. Guilford's death. and that they knew this fact to be true as they had lived a near neighbor to them during the entire period.

we further declare that we have no interest in said claim, and are not concerned in its prosecution.

Attest—when any affiant signs BY MARK two persons sign here

Affiant's Signature, Charles H. Mead

P. O. Address, West Acton, Mass.

Affiant's Signature, Charles J. Holton

P. O. Address, West Acton, Mass.

