

[3-405.]

(PENSIONER DROPPED.)

Act June 27, 1890,

✓ U. S. Pension Agency,

BOSTON, MASS.

MAY 31 1896

1896

Hon. Wm. L. Lochren.

Commissioner of Pensions.

Sir:

I hereby report that the name of Loring M. Jackson
Priv. E 26" Mass. U. S., who was a pensioner on the rolls
 of this Agency, under Certificate No. 852. 187., and who was last paid
 at \$ 8, to Mar. 4th, 1896, has been dropped
 because of REPORTED DEATH. Died 27th April, 1896.

Very respectfully,

L. B. Lovering

Pension Agent.

Every name dropped to be thus reported at once.

AA.

[Act of June 27, 1890.]

AA.



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of Supple } ss.

On this 24th day of June, A. D. one thousand eight hundred and ninety-two,
personally appeared before me, a NOTARY PUBLIC.

within and for the county and State aforesaid, Loring M. Jackson
aged 62 years, a resident of the City of Cambridge, county
of Middlesex, State of Massachusetts, who, being duly sworn according
to law, declares that he is the identical Loring M. Jackson who was
ENROLLED on the 12th day of August, 1862, in
Co E. 26th Regt Mass Vol Inf [Here state rank, company, and regi-
ment in military service, 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 HONORABLY DISCHARGED at
Lowell Mass., on the seventh day of November,
1864. That he is wholly unable to earn a support by reason of

[Here name the diseases or injuries from which disabled.]
Double Osgood's Hernia. Injury to hip.
& Rheumatism. loss of part of two fingers
of left hand.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief per-
manent. That he has not applied for a pension under application No. —. That he is
a pensioner under certificate No. —.

[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.

That he has not been employed in the military or naval service otherwise than as stated above

[If in the service prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.]

He hereby appoints J. B. PARSONS, State Pension Agent of Massachusetts, 29 Pemberton Square,
Boston, his true and lawful attorney to prosecute his claim (**without fee**); that his post-office address
is 226 Broadway Cambridgeport, county of Middlesex
State of Mass.

ATTEST:

Loring M. Jackson
[Claimant's signature.]



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of *Suffolk*

ss.

Act of June 27th. 1890.

In the matter of the claim for *Soldier's pension # 1119007*
of *Loring M. Jackson*of Company *E*, *26* Regiment *Mass.* Vols.:Personally came before me, a *Notary Public* in and for
aforesaid County and State, *Loring M. Jackson* and, resident of *Cambridge*,
in the County of *Middlesex*, State of *Mass.*, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

I contracted the injury to my hip at the battle of Cedar Creek Va. Oct 19, 1864 while in the line of duty.

I lost two fingers on my left hand while at work at a circular saw in a pencil shop in South Acton Mass. in March 1865.

Both disabilities are to the best of my knowledge and belief, permanent, and neither were due to vicious habits.

I further declare that *I have* ~~no~~ interest in said claim, and ~~am not~~ concerned in its prosecution.

Thomas J. Emery,
Arlo H. Jackson.

Attest—when any affiant signs BY MARK 2 persons sign here.

Affiant's Signature, *Loring M. Jackson*
P. O. Address, *226 Broadway Cambridge Mass.*

Affiant's Signature,
P. O. Address,



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of *Middlesex*

ss.

Act June 27 1890.

In the matter of the claim for *Loring M Jackson* # *1119007*
 of *Cambridge Mass a Private*

of Company *E*: *26th* Regiment *Massachusetts* Vols.:

Personally came before me, a *Justice of the Peace* in and for
 aforesaid County and State, *Edwin Tarbell* and
Charles A Brooks, residents of *Acton*,
 in the County of *Middlesex*, State of *Massachusetts*, who being
 duly sworn, declare in relation to aforesaid claim, as follows:—

*That said claimant received an injury to his hip
 while in line of duty at the Battle of Cedar Creek
 in the State of Virginia on the 19th day of October
 A.D. 1864. Which at times troubles him about walking
 and incapacitates him from doing manual labor.
 and that said claimant met with the loss of
 two fingers of his left hand while at work at a
 Circular Saw in a Pencil Shop in South Acton in
 March 1865, and that such disabilities are not
 due to vicious habits, and are to our best knowledge
 and belief of a permanent character.*

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

*Frank W. Hoyt**Jona. R. M. Wettenhall*

Attest—when any affiant signs BY MARK 2 persons sign here.

Affiant's Signature,

P. O. Address,

Edwin Tarbell
Br. Acton

Affiant's Signature,

P. O. Address,

Charles A Brooks
South Acton