| | State of Mass, County of Suffell, ss. |
|-----------|--|
| | of Olbust & Mc Donald, alias George Sole |
| | late of Co. A, 47 = Reg't M. J. Volunteers On this 16 = day of Sept., A. D. 1905, personally appeared before me, a |
| <i>C.</i> | Justice of the Ceace in and for the aforesaid County, duly authorized to administer |
| | oaths, Alburt S. M. Donald aged years, a resident of Lexization in the Country of Middlesex and State of Mass. whose post office |
| ment. | well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the |
| s state | aforesaid case as follows: Afflant should state how he gains a knowledge of the facts to which he testifies. |
| d of hi | testimony of only one counado, Thomas |
| the end | I Lally alias William Tambert, on identity, I do not know the whereabouts of |
| close to | who could testing to my identity. |
| tten ci | I respectfully request that the evidence of this commade be accepted as |
| be wri | Euggreent to establish my identity. |
| should | |
| Signature | Albure & Mc Donald (1800) |
| | U. igos |
| Affiant's | I further declare that I have no interest in said case and am not concerned in its prosecution. |
| | If Affiant signs by mark, two witnesses who can write sign here. Signature of Affiant. |

| State of Man | , County of Maddlesen, 59 |
|--|--|
| | |
| | Pension, No. |
| | Smald plin large Sol |
| ate of Co. | Reg't Volunteers. , A. D. 1907, personally appeared before me |
| Notan Ville | in and for the aforesaid County, duly authorized to adminis |
| noths George M& Sonal | aged 7.8 years, a resident of |
| in the County of Middles | and State of Mass. whose post off |
| | Mass. |
| | al . |
| aforesaid case as follows: | tled to credit, and who, being duly sworn, declares in relation to |
| Affiant should state b | now he gains a knowledge of the facts to which he testifies. |
| | etted case. |
| | ch 11,1826 and wel |
| | i he was born, I |
| being their o | r boy of meanly |
| // / | I know from |
| personal R | nowledge Hut |
| ne var vou | n Teb. 029. 1840. In |
| the fact The | t it came in |
| last dear a | ud his birthday |
| has been o | ouridered on event |
| A important | e Lecause it came |
| but once . | is Jour years. |
| | 0 0 210 |
| | A A A A |
| | 100° |
| | OFF 13. |
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| | |
| I further declare that I have no inter | rest in said case and am not concerned in its prosecution. |
| | for Machille |

| .' ' | 3–389. |
|---|---|
| Cast Div. | www., Ex'r. |
| Truong No. 1. 320. 577 | Department of the Interior, |
| West S. McDonald | BUREAU OF PENSIONS, |
| Co. 16, 45 Regitance bol ref | Cashington, D. C., August 2, 1904 |
| Sir: | ashington, D. C., |
| Will you kindly answer, at your ear The information is requested for future us | eliest convenience, the questions enumerated below? se, and it may be of great value to your family. |
| Albert I McDonal | Commissioner. |
| Lex ing ton | |
| Que | 27 |
| Demo Anomon Charling M | so, please state your wife's full name, and her maiden Donald Maiden Name (Tumn) Mile buly 14 1967 Tharlestown were you married? Answer: Charlestown |
| | ets? Answer! Marriage |
| | d? If so, please state the name of your former wife, |
| than one previous marriage, let your answ | ver include all former consorts. Answer: 10 |
| | |
| No. 5. Have you any children living their birth. Answer: | g? If so, please state their names and the dates of Donald |
| are of ornor from | corghe 1000 |
| | AUG SI |
| | V. 55. |
| | · CARROYA |
| Date of reply, a Kurgust 2 | 7, 19024 |
| | Alber (The Donald |
| 6—272 | (Signature.) |

DECLARATION FOR PENSION.

| | THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION |
|----------|--|
| | State of Massachusetts , County of Suffolk , ss: |
| | On this 22nd day of May A. D. one thousand nine hundred and twelve, |
| | personally appeared before me, a Special Commissioner within and for the county |
| | and State aforesaid, Albert S. McDonald who, being duly sworn according to law, de- |
| | clares that he is 72 years of age, and a resident of lexington county of |
| ĸ | |
| 3 五 | Middlesex, State of Massachusetts; and that he is the identical |
| A H | person who was enrolled at |
| 5 | of Alburt S. McDonald , on the 7th day of Oct. , 1862 as a |
| Z | Private, in Co. K. 45th Regt. Mass. Inf. Vols. (Here state rank, and company and regiment in the Army, or vessels if in the Navy) |
| 田 | in the service of the United States, in the Civil war, and was Honorably Discharged (State name of war, Civil or Mexican) |
| 77 | at Raleigh, N. C. , on the 7th day of Oct. 18 62 |
| Ö | That he also served Co. A, N. Y. State Inf. Vols. Dis. July 1, 1860, served |
| H | (Here give a complete statement of all other services, if any) |
| L | under name of George Let |
| K | suite mane of the organ |
| 闰 | |
| 0 | That he was not employed in the military or naval service of the United States otherwise than as stated above That his |
| 田 | personal description at enlistment was as follows: Height 5 feet 6 inches; complexion, sand ; color of |
| 1 | eyes, gray ; color of hair, brown ; that his occupation was sallor ; that he |
| Ü | was born February 29, , 18 40. at Plymouth, Mass, |
| 0 | |
| H | · |
| L | That his several places of residence since leaving the service have been as follows: |
| A | |
| H | Charlestown, Mass., West Acton, Mass., Concord, Mass., and (State date of each change, as nearly as possible) |
| H | Lexington, Mass. |
| 0 | That he is a pensioner under certificate No. 1114066 That he has applied for pension under original |
| Z | |
| 00 | No. |
| Д | That he makes this declaration for the purpose of being placed on the pension roll of the United States under the pro- |
| 民 | visions of the act of May 11, 1912. |
| 田 | That his post-office address is Masse chuse tts. Ave, Lex ington, county of Middlesex |
| Z | Ctata of |
| SIO | State of Massachusetts |
| | Attest: (1) Attest: (1) |
| 4 | Attest: (1) Alburt O Moderator |
| N 田 | Attest: (1) Alburt O Moderator |
| PEN | Attest: (1) (2) (Claimant's signature in full.) Subscribed and sworn to before me this 2.2 day of two A. D., 191 and F. |
| A PEN | Attest: (1) (2) (Claimant's signature in full.) Subscribed and sworn to before me this 2.2 day of two A. D., 191 and F. |
| A PEN | Attest: (1) (2) (Claimant's signature in full.) Subscribed and sworn to before me this 2.2 day of two A. D., 191 and F. |
| IF A PEN | Subscribed and worn to before me this 22 day of A. D., 191 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; |
| IF A PEN | Subscribed and worn to before me this 22 day of A. D., 191 and F. bereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words |
| IF A PEN | Attest: (1) (2) SUBSCRIBED and worn to before me this 22 day of, A. D., 191 and I 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; [L. s.] Attest: (1) (Claimant's signature in full.) A. D., 191 and I and I are applicant before swearing, including the words, added; |
| IF A PEN | Attest: (1) (2) Subscribed and sworn to before me this 2.2 day of |
| IF A PEN | Attest: (1) (2) SUBSCRIBED and worn to before me this 22 day of, A. D., 191 and I 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; [L. s.] Attest: (1) (Claimant's signature in full.) A. D., 191 and I and I are applicant before swearing, including the words, added; |
| IF A PEN | Attest: (1) (2) Subscribed and worn to before me this 2.2 day of |

Declaration for Pension

Under the Act of February 6, 1907

| State of Country of Co |
|--|
| On this |
| Deven, personally appeared before me Louise lo, Drentzen |
| a Special Commission within and for the County and State aforesaid |
| Aburt S. No Donald a resident of the lown |
| of Lexington County of Middlese |
| State of |
| |
| day of July 1865, in Co A HT - Ry New Ywl State (Here state rank in company and regiment in Military service, or vessel, if in Navy.) |
| Vols service of the |
| United States in the |
| ABLY DISCHARGED at Paleigh. N.C., on the 30th day of august, 1865 |
| That he has been employed in the military or naval service otherwise than as stated |
| above |
| |
| That he is 66 years of age, having been born on the 29 day of Februs 1840, |
| and asks for a pension of \$ per month [62 years of age, \$12; 70 years, \$15; 75 years or over, \$20] |
| That he has |
| is a pensioner under Certificate No |
| That he makes this declaration for the purpose of being placed on the pension roll of the United States under the pro- |
| visions of the act of February 6, 1907. |
| He hereby appoints, with full power of substitution and revocation, |
| A Boston Masa. Mans ans |
| Ohis true and lawful attorney to prosecute this claim. That his POST-OFFICE ADDRESS is |
| Alburt AM Danale |
| Claimant's signature—FULL name) |
| 2(Two witnesses who write, sign here) |

| 3-447. | |
|--|---|
| Ext Division. | |
| Albert S. Inchange Department of the Interior, | |
| Och Hornes tol. Inf BUREAU OF PENSIONS, | |
| Washington, D. C., Quant 2, 1904 | |
| Sir: To aid this Bureau in preventing anyone falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below. | |
| You will please return this circular under cover of the inclosed envelope, which requires no | 4 |
| postage. Very respectfully, | |
| Albert S. nichonald Lexington Mass Commissioner. | |
| 10/29 | |
| 1. When were you born? Answer. | V |
| 2. Where were you born? Answer. | 1 |
| 3. When did you enlist? Answer. Mit Swendle of Colobba 1862 | |
| 4. Where did you enlist? Answer was in pamped ne Framinham think out | |
| 5. Where had you lived before you enlisted? Answer. Boston Mrass | |
| 6. What was your post-office address at enlistment? Answer. Boston | |
| 7. What was your occupation at enlistment? Answer. Mas a fromand | |
| 8. When were you discharged? Answer. The Swenth of October 1862 | _ |
| 9. Where were you discharged? Answer. m Bostone | |
| 10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence. West Action and Lostmylos and Lostmylos | _ |
| 11. What is your present occupation? Answer. Delorist | |
| 12. What is your height? Answer. 5 feet 6 inches. Your weight? 150 | |
| The color of your eyes? The color of your hair? Trey Your com- | |
| plexion? Logical Are there any permanent marks or scars on your person? If so, describe them. | |
| 13. What is your full name? Please write it on the line below, in ink, in the manner in which you | |
| are accustomed to sign it, in the presence of two witnesses who can write. | |
| AUG 30 S Jeorge Maidatista George Hole WITNESSES: 2 Magnet 25, 1904 | |
| (Witnesses who can write sign here.) | |

AUG 3 1904 Z To Bureau of Pensions

| no orig | 1-No. 1 3 20 F | |
|--------------------|--|---|
| albert S. | ne Donaed Department of the Interior, Bureau of Pensions, | |
| To year | Just the Interior | |
| JC 45 th 94 | BUREAU OF PENSIONS, | |
| SIR: | BUREAU OF PENSIONS, Washington | |
| | description, D. C. Que | |
| To for us | se in the above-entitled claim for pane. | |
| with a full milit | itary and medical history and personal description, including | |
| of the In | tary and medical history and personal description, including birthplace and occupation, who, it is alleged, enlisted , as a figure of the second occupation, as a figure occupation of the second occupation, as a figure occupation occupation, and the second occupation occupation occupation occupation, as a figure occupation occupation occupation, and the second occupation occupa | |
| at | who, it is alleged, enlisted Oct | |
| news a | al 21, as a Serguent, 1865 | |
| 0.4 | and was discharged | |
| als. | As a surguent in Coll 45 Reg't, and was discharged, 1865. If a 47 Mars asl. Inf at full 1865 ang 30 1865 at Releigh. | |
| 4: 1 | II. a 47 Oures 11.00 | 1 |
| Mischa 1 | at fur 15 | |
| | 1865 Aug. 30 1865 at Read | |
| | all of the | |
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| | | |
| It is also alleged | d that on or about, 18, he was dis | |
| by | , 18 he was 1: | |
| | , ne was (ns | |
| | | |
| | and | |
| | and was treated in hospitals as follows. | , |
| | | |
| | | |
| . Ver | ry respectfully, | |
| e Chief of the | becah | |
| RECORD AND PEN | VSION OFFICE | |
| | WAR DEPARTMENT. | |
| | | |

| his oning No. 1. 3 20. 5. 7 Department of the Interior, Albert of Mic Donald BUREAU OF PENSIONS, Washington, D. C., August 2,190 of Sing Sing Sing Sing Sing Sing Sing Sing |
|---|
| of light & niconaldias, who, it is alleged, enlisted Oct. 7, 1865 |
| at as a Serguant in Cost 4 5th Reg't, |
| newse val. hef, and was discharged, 18. |
| COLUNTEER SERVICE. (Civil War or War with Spain.) Allant McDonald Co. M., 45 Reg. Moss. Mil. Ed., uge 22, height feet, inches, complexion was enrolled Oct. 7, 1862. and the charge of desertion of let 1, 1862. As removed and he is disclarged to date Oct. 7 1862. Turber the provision from June 1, 1862. From June 1, 1862. The act of Congress apparent was present except as follows: From June 1, 1862. No file for that period show him present except as follows: Roll to Mor. 1, 1862. No fort. Provided the rolls on file for that period show him present except as follows: The Mill the rolls on file for that period show him present except as follows: The Mor. 1, 1862. No fort. The Mor. 1, 1862. No fort. The Mill to Mor. 1, 1863. The fort. The Mill to Mor. 1, 1863. |
| |
| Very respectfully, The Chief of the RECORD AND PENSION OFFICE, WAR DEPARTMENT. Commissioner |

The Chief of the

RECORD AND PENSION OFFICE,

WAR DEPARTMENT.

(... 7<u>)</u> Castern Dir.

Claim No. 1244 5-86 Department of the Interior,

Collinge Soule Department of Pensions,

Bureau of Pensions,

1 1 99.19 Washington, D. C., March 29, 1850. Formse in the above-entitled claim for pension you are requested to furnish this Bureau with a full military and medical history of as a private in Co. A. 47 Reg't,

N. Y. Vol. Lif., and was discharged August 30, 1865.

Raleigh N. Co. Personal description of The soldier, It age I enlistment It is also alleged that on or about and was treated in hospitals as follows: Very respectfully,

0-2

| and to 21. 4.8 repaired at- le. P. 211d apr 14. 63 sent to 21. 2. 212 18.63. Not found as George Smill M. J. as a 2 LI - July 11 65 to date fully 1. 65 | EAST. DIV. |
|--|---|
| The medical records show him treated as | |
| follows: As George Sole Pri- lev a, 47 My, Inst., James 3 to 6/64, Branchitas, rettle to duty. Volting in il tamax Amer. | |
| | By authority of the Secretary of War: |
| | Per many Chie of Colonel U. S. Army Date |
| | (COMMISSIONER OF PENSIONS.) |

REPRODUCED AT THE NATIONAL ARCHIVES

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 Milanachusetts, Country OF Miland lesex 88: |
|---|
| On this /2 day of February, 1924, personally appeared before me, awidow |
| within and for the County and State aforesaid, Mrs lehastine M. Donald , who, being duly |
| sworn by me according to law, declares that she is |
| at |
| That she is the widow of Albert Solile M. Donald, who enlisted Nov 6, 1862 at Middlebury Vt , under the name of Slonge Sole as a private , in the 47th n. y. volunteur of Infantry Company a |
| (Here state company and regiment, if in the Army; or vessels, if in the Navy.) |
| and was honorably discharged |
| That he also served as a second decutement 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) wasemployed in the United States service. |
| That she was married to said soldier (or sailor) virtle 4 thelasof July . 1. St. inder the name of Lonartine Summer at Columbiation Massachusette |
| by Rev- John He Twows ; that she had never been previously married; that he had never |
| been previously married |
| |
| |
| 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 February 6 , 1921, at Mars General reospetal Boston Mas |
| that she was never 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.) |
| Arthur Harris Mc mald, born June 8, 1868 at West action Massachusette |
| , born, 1, at |
| , born, 1, at |
| , born , 1 , at |
| , born, 1, at |
| That the above-named child of the soldier (or sailor) { is a pension, and that such child is a pension, and that such child is a pension. |
| are member of her family and cared for by her. |
| That she has never heretofore applied for pension, the number of her former claim being ; that said soldier ; |
| Of Sahor) was a pensioner, the number of his bension certificate being |
| 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. |
| (1) Hearret Gestructe M. Donald Mrs. Charline M. D. concell (Signature of first witness.) |
| (Signature of first witness.) (Address of second witness.) (Address of second witness.) (Address of second witness.) (Address of second witness.) |
| Subscribed and sworn to before me this 12th day of Esbruary 1931, 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 added, |
| and that I have no interest, direct or indirect, in the prosecution of this claim. |
| |
| Ralph Hmarshale |
| (Official character.) |
| (Official shareston) |

HOBBS & WARREN
LISHERS STANDA, LAW BLANKS
BOSTON - 1 ASS
Form 481

Commonwealth of Massachusetts

Extract from the Records of Deaths in the

| Town of Lexington Massachusetts U.S.A. |
|---|
| Date of death Feb. 6. 1921 Name albert S. Mc Douald |
| Maiden Name |
| Sex Meale |
| Single, married or widowed married |
| Color |
| Age 80 years // months 8 days |
| 568 mass are Lexinston |
| Occupation Florist |
| Place of death Marca Course als Chart Boston Mars. |
| Place of birth Olymonth |
| Name of father Nicholas |
| Pinthulas of father Plum outle |
| Maiden name of mother Judith Rendall |
| Pinthalass of mother |
| Disease or cause of death Obstructive probable - Contr. Wearmia |
| Place of interment Mr. Hope - W. actor |
| |
| This is to certify that I Halen C. Gallagher |
| hold the office of Clerk of the Town of Leyington |
| County of Muddlesey, Commonwealth of Massachusetts; that the Records |
| of Deaths are in my possession, and that the above is a true extract, as certified by me. |
| |
| WITNESS my hand and the seal of said Town on the / 2 il |
| day of Pebruary 1921 |
| |
| Alen C Hallagier and Town Clerk |
| and Town Clerk |
| |



REGISTRY DEPARTMENT.—CITY OF

County of Suffolk, Commonwealth of Massachusetts CITY HALL ANNEX.

C

Boston APR 25 1921

I, Eum Glenen hereby certify that I hold the office of

City Registrar of the City of Boston, as created by Chap. 314 of Acts of 1892, and have the custody of the Records relating to Births, Marriages and Deaths in said City; and I further certify that it appears by the said Records that albert & mc & onald and

350

Brighton,

By Chap. 314 of Acts 1892, "the certificates or attestations of either Assistant City Registrar shall have the same force and effect as that of the City Registrar."

By annexation, the Records of the following-named cities and towns are in custody of the City Registrar of Boston:—

INCORPORATED. Roxbury, September 28, 1630. Dorchester, September 7, 1630.

ANNEXED. January 6, 1868. January 3, 1870. South Boston (Part of Dorchester), March 6, 1804.

INCORPORATED. Charlestown, June 24, 1629.

February 24, 1807. January 5, 1874. West Roxbury, May 24, 1851. Hyde Park, April 22, 1868.

January 5, 1874. January 5, 1874. January 1, 1912.

ANNEXED.

| | State of Maso, County of Suffoll, ss. |
|-----------|---|
| | IN THE MATTER OF THE CLAIM FOR PENSION, No. 1241 586 |
| | of albert & Mª Donald, clias George Sole. |
| | late of Co. Q, 47 Reg't N. Y. Volunteers |
| | On this day of Sept., A. D. 1905, personally appeared before me, a |
| (| Justice of the Seace in and for the aforesaid County, duly authorized to administer |
| | oaths, Komas & Zally aged 39 years, a resident of Boston |
| | in the County of Suffer and State of Miss, whose post office address is 460 East 7 St, So Boston, Mass, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows: I was a furate and Orderly Seigt, |
| lent | well known to me to be reputable and entitled to gradit, and who being duly sworn, declares in relation to the |
| tem | aforesaid case as follows: |
| s ste | I was a Suivate and Orderly Seigt, Affiant should state how he gains a knowledge of the facts to which he testitles. |
| of Bis | in -60, a, 47 h, y Jul. Rnew The |
| end o | above named albut S. M. Donald from |
| the e | to our culistment, I know his true name |
| to t | him in The service as George Sole. |
| close | I have known him pine the pervie |
| | as albut & M& Donald. |
| ritten | I am positive that the man who |
|)e W | has signed his name in my presence |
| | this day on the margin of this affidavit is the same person whom I knew on |
| Should | is the pame person whom I knew to Received |
| ure | Sole, and Legore and since The Sions |
| Signature | service by the name of alburt 100 |
| 's S | m=Donald, I served under The name of |
| 311 | I further declare that I have no interest in said case and am not concerned in its prosecution. |
| AAII | Minas & Lally |
| | If A fflant signs by mark two witnesses who gan write sign berg |

| State of Mass | , County of Suffer 1, 5 |
|--|---|
| IN THE MATTER OF THE CLAIM | FOR PENSION, No. 1320 57 |
| or Clount & II | 12 Donald Jana Borge |
| late of Co. A , 47 | Reg't Y Y Volunteers. |
| ON THIS SALE day of | A. D. 190 J, personally appeared before me |
| milio githe Places | in and for the aforesaid County, duly authorized to adminis |
| | male aged years, a resident of fix fing ton |
| | and State of Mies whose post off |
| 449 | Rusett (tre Legrington, Till |
| • | |
| well known to me to be reputable and a foresaid case as follows: | entitled to credit, and who, being duly sworn, declares in relation to |
| I am the claima | nt in this case. There is no public |
| | tate how he gains a knowledge of the facts to which he testifies. There was a record in the family |
| | the Bible is lost and none of the members |
| of the family knows wher | |
| | ce address is Massachusetts Ave., |
| | correct spelling of my given name is AIRUR |
| ot AIBERT. | |
| | |
| | <u>v</u> |
| F. 150 | ales No. |
| | My Mo Vonald |
| | , 7, 9.0.0 |
| | • |
| NAME OF THE PROPERTY OF THE PR | |
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| I KANAMATAN I | 9.0N |
| | SARO S |
| See | 2 |
| | 10. 1900 |
| | OFS |
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| | |
| I further declare that I have no i | interest in said case and am not concerned in its prosecution. |
| | |
| | |

Declaration for Pension

Under the Act of February 6, 1907

The Pension Certificate should not be forwarded with the application.

INSTRUCTIONS. This form may be used for Original Pension or Increase of Pension. Declaration and testimony in support of same 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, Cour for general referen | | official seal, unless | such certific | ate has been filed in the Bur | eau of Pensions |
|---|--|--|-----------------|--|------------------|
| State of | Massachusetts | , County | of | Suffolk | , 55; |
| On this | 9th day of | Mar ch | A. | D. one thousand nine hund | red and ten |
| personally appeare | ed before me, a Jus | tice of the | Peace | within and for | the County and |
| State aforesaid | Alburt S. McDon | ald | | , who, being duly sworn a | ccording to law, |
| declares that he is | 70years of | age, and a resident | of | Lexington | |
| County of | Mddlesex | , State of | M | assachusetts | ; and that he is |
| the identical perso | on who was ENROLLED a | t New Yo | rk | u | nder the name of |
| George So | le | on the | | day ofOctober | 18.62 |
| as a Pri | ivate in in Set. | Co. A. N. Y. Here state rank, and co July 1,1865 | . State | Inf. Vols. apporment in the Army, or vessels if in the | inted Sergt |
| | | | | , and was HONORABLY D | |
| Raleigh, | N. C. | state name of war, Civil or | Mexican 30th | day of August | , 1865 |
| That he also serv | ved He enlisted as | nd discharge | d Octob | er 7, 1862 in Co. | K, 45th |
| Regt. Mas | ss. Inf. Vols. | | | of all other services If any | |
| That he was not e | employed in the military or | navy services of the | United Stat | es otherwise than as stated | above. That his |
| of eyes, | ; color of hair, | brown ; tha | t his occupat | ion was sailor | ; |
| that he was born. | February 29 | , 1840, | at | Plymouth, Mass. | |
| That his se | everal places of residence s | ince leaving the serv | vice have bee | en as follows: Charlest | OWn, Mass. |
| as nearly as possib | le. | | | ncord, Mass, , abou | t 3 years |
| That he is | a pensioner. The | at he hasbe | eretofore app | olied for pension | |
| C6 | ert.No. 1114066 ensioner, the certificate number onl | y need be given. If not, g | rive the number | of the former application, if one was | s made |
| | of February 6, 1907. | | | | |
| His post-o | ffice address is Lexin | gton wass. | Ave. | County of Middl | esex |
| | ss. | | | ^ | 1) 11 |
| | | Claimant's s | ignature. | Olber OMO | lonald |
| Attest 1 | | | | | |
| 2 | Two witnesses who write also be | aro | | | |

Boston,_______1901

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Bought of A. S. McDONALD, FLORIST.

ROOM 5

46 24 TEMPLE PLACE.

Just to state a few facts in regard to my self of pulifted in the 45 Hackachusets company be the Seventh day of Ceracier 1862 after of supplead from a way and week from the time that from any of that wolunteers company elf of Herved in this resonant mild the war ended and mas shise parged in Roaleigh of the thirtieth day of the gust 1865 where swas muted out of was a second Limiterant of have men such from the 47 by right pare never fallied for a perion as of have been able to do a good days work in to a few means a go him now to own not able to soil a new little

the antifle in your help we and you will remember me and the flags to the sunday school of the behind of the beaucien Sincular

my father in laws full name in Albert Soule Mc & orald

Mu Gertrude No Bounded

Emgresiman & Maseachweth (REMODER MITTER MOTHER MANNE)

Congresiman & M Balling En Man

Leady Sear Sir

Dream English of our are from my

own city, and from my my bury

funch of feel you will help me

My father in the stry

Me was a sint was after his death

S. made out the nucescry paper

such at the state home they said every
thing was made out perfectly all
suchet, we had a firstal saying they
had recured them
I the such a firstal saying they
and their such that to think as
they had her femein in less than
four mouths
I am just before his father died, and
I am the only one able to work and
they them out, until the penein
comes, I know it is a lot to asked on
that if mi any may you could help to
hums it also, I would be so very

REPRODUCED AT THE NATIONAL ARCHI