Form of Application for an Artificial Limb, or for Commutation for the same; to be forwarded to the Surgeon General,
Washington, D. C.
John J. Priest, solemnly declare that
I am the identical John J. Priest who was a Private
in Co. B 36 the Regit Mass. Vol. In faintry and that I lost my left leg by reason of a gun shot wound received at Cold Harbor. Va. otherwise Betherda,
and that I lost my left leg by reason of a gun - shot wound
received at "Cold Harbor. Va. otherwine Betherda,
on or about the third day of June 1864,
and that I receive a pension of \$ 18 per month, on certificate No. 74303
which is paid to me by the Pension Agent at Baston. Mass.
The state of the s
And I now apply for commetation on account of my leg lost as aforsaid money in lieu ofthe lines, and I desire to have the same Sent to my address as below
John J. Priest Claimant's Signature.
Post Office Address, Town, County, State,
Boston. (City Hall) Massachurette
This application is in live of me made about the first day of July last which Dam informed by the Commissioner of Pensions has never been received by him
first day of July last which saw informed by
the Commissioner of Pensions has never bun
received by him
F.J. Puest



Advertising Department

Myrick Building, Springfield, Mass.

October 5, 1936

U. S. Pension Bureau, Department of Interior, Washington, D.C.

Mrs. Harriet E. Priest, legal residence 15 Sachem Street Springfield, Mass., has been receiving Civil War Veteran's pension Number 746,616.

Mrs. Priest was a patient in Rangeview Sanitarium, Amherst, Mass., 34 North Prospect Street, and for several years her pension check has been mailed to that address. On Sept. 21st Mrs. Priest, who was my mother, passed away.

I do not happen to know at this writing whether her pension check due October 1st is being held at the Sanitarium, or if it was delivered there by the Amherst post-office. I assume that you will wish to recall the check through the post-office and re-issue a proportionate check through September 21st, such check payable to her Estate.

I am the only son, sole legatee, and executor of her will which has been filed for probate in Springfield, Hampden County, Mass.

Please advise how you handle these cases so that I may cooperate with you to our mutual advantage.

Very truly yours,

Warren A. Priest, Executor 15 Sachem Street, Springfield,

WAP/B



PUBLISHERS STANDARD LAW BLANKS
BOSTON - MASS.
FORM 431

REPRODUCED AT THE NATIONAL ARCHIVES

The Commonwealth of Massachusetts

COPY OF RECORD OF DEATH

I, the undersigned, hereby certify that I am Clerk of the town of Amherst
that as such I have custody of the records of deaths required by law to be kept in my office
hat among such records is one relating to the death of
Harriet Beddoe Priest
and that the following is a true copy of so much of said record as relates to said death, namely:
Date of Death September 21, 1936
Place of Death Amherst, Mass.
Name Harriet Beddoe Priest
Sex Female Color or Race White
Single, Married, Widowed or Divorced Widowed
Age 85-3-30
Residence at Time of Death Springfield, Mass.
Occupation None
Place of Birth Somerville, Mass.
FATHER MOTHER
Name Thomas Beddoe Maiden Name Harriet E. Jameson
Place of Birth Salem, Mass. Place of Birth Salem, Mass.
Cause of Death Chronic rheumatoid arthritis-Dorsal decubitus toxaemia
Place of Burial Forest Hills-Boston, Mass.
Date of Record Sept. 21, 1936.
And I do hereby certify that the foregoing is a true copy from said records.
Witness my hand and seal of said town of Amherst
on this 20th day of October 19 36
on this day of
SEAL ON this day of the Saleth W. No ok

A. Declaration tor Anvalid Pension.

	State of Massachusetts ss.
	Country of Suffell
900 3	On this the day of186 , personally appeared before me,
· ce	Priest- aged 22 years, a resident of Churlestown
	County of Mccilelleses in the State of Massachusetts who,
a Science of Land Constituting of the sec	being duly sworn, declares that he is the identical fully of the state
	who enlisted in the service of the United States at Charlestown in the State of Massachusetts on the 5 day of Cuyust 1862,
	as a Private in Company B. commanded by Capturin
•	Hodyskins in the 36 Regiment of Muss Vals
	in the war of 1861, and was honorably discharged on theday ofday
	1865. That while in the service aforesaid, and in the line of his duty, on or about the
	3a day of frome in the year of our Lord 1864, he received
	a annahot wound of left leg that
	resulted in amputation at missele
	third. This in action at Colce them-
	for Dra. He has resident in Charles-
	town since his discharge and been
	unrenkied by reason of said wound
	until within a few days he has been on trial as a clerk. He makes this application for a pension, provided by the act of Congress approved July
	14, 1862, and hereby appoints Darius Fordes, General Claim Agent of the United States
	Sanitary Commission, or his successor in office, of Washington, D. C., his lawful attorney, and
	authorizes him to present and prosecute this claim, and to receive and receipt for any orders
	or certificates that may be issued in satisfaction thereof. My Post Office address is as
	follows: 106 Devenshire St Bustin , Muss
	be the same
	John J. Fille
	(Signature of Claimant.)
`	Also personally appeared before me, halender and
	County of
	as credible persons, who, being duly sworn, declare that they were present and saw said
	Lohn J Oriest sign his name to the foregoing declaration, and
	that they believe, from the appearance of the applicant and their acquaintance with him, that
	he is the identical person he represents himself to be, and that his character and babits are
	good, and that his occupation is that of aand they
Seed	further state that they have no interest in the prosecution of this claim.
	Mades & Wilder
	PIR.
	Aggratures of Witnessos.)
	27/
	Sworn to and subscribed before me, this and day of 1860,
	and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim.
	to execution Whitesa my hand the seal
*	The Count of the Comical Signature. & aster the de
	I COLLY / VIII

VOLUNTEER SERVICE.

(Civil War or War with Spain.)

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE.

Respectfully returned to the

Commissioner of Pensions.

\mathbb{R}^{2}
Co. (1),06 Reg't Mass Sy,
age / 7 height 5 feet, & inches,
Co. B. 36 Reg't Mass Sy, age 19 height 5 feet, 8 inches, complexion legal
eyes grey, hair light, blace of birth Actor Mas,
place of birth feton Mass,
occupation elech ;
was enrolled Aug 51862
und Ce mor daled June 8.1865. M. Alexandria Va reposts lun absent sich in Vists
Mr Alexandria Va report
lum absent sich in Old &
Hoops Nounded June 3/4+
From M/M , 18 to Light, 18, the held the rank of DV
ne held the rank of
+ also shown 21
and the rolls on file for that period do not show him
absent except as follows:
Rall dated apl 11/63 on Red
Dergres Since Mar 22/63,
406 25/64 Det Dervice
since Jany 15/64
June 30/C4 Normaled at Beth
The state of the s

Sept 10 to nov. 1.64 ampurecd in action at Gold Harbor, Va

(Commissioner of Pensions.)

(A.G.O.119-1)

UNITED STATES. ARMYOF THE 1 CERTIFICATE OF DISABILITY FOR DISCHARGE. Company, (S) of the Thirty . sixth Regiment of United States ols. was enlisted by P. M. Holm Es Regiment of day of August 1862 to serve three years; he was born in the State of Massachusetts is Twenty-one feet light inches high, light complexion, grey by occupation when enlisted a there During the le hair, and by occupation when enlisted a months said soldier has been unfit for duty / days. (Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.) STATION: Soldier's Rest Gent. Hospital
DATE. May 29. 1865. Bosho mass. I CERTIFY that I have carefully examined the said Purale John J. Priest Company, and find him incapable of performing the duties of a soldier Captain Haskells because of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.) Amputation of left leg bilow Knee, in consequence of Gene ehot wound received in action at bold Harbor Va. June 3 and 1864. of fit for Veleran Reservo borks. otally Disabled. DISCHARGED, this Seventeenth day of 1860, at / Nore 1.—When a probable case for pension, special care must be taken to state the degree of disability. Note 2.—The place where the soldier desires to be addressed may be here added. County-State-

Gov. PRINT. OFF., Mar. 28, 1862.

(DUPLICATES.)

	Officer's Certificate of Pisability.
	Eye, 1 Distan Oct 311 -1866
Name and rank of	I Mmst Stode in of Company 10, of the
	that John Of Trust was a Trivate
6	in my Company, and is, as I am informed, an applicant for an Invalid
Give date and rea- son of discharge; or, if not known, se	Dension; that he was discharged from The U. Dervice
sinte.	Disability amoutation of left leg-
Here state fully	And I further certify that the said I olive I. Treest,
manner in which the wound or other injury was rereived, or disease contract- ed, and whether in the service and lin- of daty, or other-	da Church (Cold Hartor Va) on the morning of
wise.	June 3d. 1864, while in the line of his duty
, etc.	tion - and was discharged by reason of dis-
	ability caused by the above mentioned
	wound,
Here state soldier's condition at the time	And that the said John J. Triest - was in my
of enlistment, and, if unsound, from what suffering.	when he entered the service - and that ar the time he received
X	The wound above mintioned was in good health
	My Hodgiins, late Captain
Signature of officer.	Co. 10, 06 " Bregt. 06 11 Mars l'ols
	[OVER.]



Commonwealth of Massachuseth

PENSION DEPARTMENT BOSTON

DECLARATION FOR WIDOW'S PENSION

STATE OF MACO.	[Act of April 19, 1908.]	
8 00 00	····· }ss:	** The manager of the second
COUNTY OF ONJOY)	, , , , , , belie
On this 24 M. day of	1: al bles (Panas	and nine hundred and fuelve
personally appeared before me, a	7	within , aged 6
and for the county and State aforesaid		
years, a resident of Coltra	, who, being duly sworn according to law, makes the	
obtain pension under the provisions of the	ACT OF CONGRESS APPROVED APRIL 19, 1	1908.
That she is the widow of	1 1 1 - 1 - 1 - 1	, who was
(Enrølled or commissioned)	ander the name of Jalua	aust 1862
1. 2 - 2 - 101	- B. 36 Repit Chases	by Only and
//	(Here state rank, and company and regiment in the Army, 18.63, having served ninety days	or more during the late civil war.
That he also served	(Here give a complete statement of all other service	es, if any.)
	val service of the United States otherwise than as s	
// //	e of Happin & Beddoe	, , , , ,
to said soldier at Charlest		10 81
of October	iage; that she had MNEV been previously marri	
9		
been previously married, (If there was a prior n	narriage of either, the date and place of death or divorce of for	mer consort or consorts should be stated.)
and that neither she nor said soldier marrie	d otherwise than as stated above.	. 0
That the said soldier died Up	il 3, 1912, at Colbu	mass;
that she was not divorced from him, and the	at she has not remarried since his death.	
That the said soldier left the following	ng-named children who are now living and under si ddier left no children, the claimant should so state.)	xteen years of age, to wit:
	, born, 1, at	
	, born, 1, at	
	, born, 1, at	*
	, born, 1, at	
She hereby appoints F. A. I	BICKNELL, Deputy Commissioner of St	ate Aid and Pensions, State
	l attorney to prosecute her claim (With	
That she has Ment heretofore a	applied for pension	
	applied for pension(If prior application has been made	
it was based and the name of the soldier should be	stated V	
it was based, and the name of the soldier should be That her post-office address is	states of anyestead St. a	
That her post-office address is county of	State of Mass	e, the number thereof, the service on which
it was based, and the name of the soldier should be That her post-office address is	state of Mass	e, the number thereof, the service on which
That her post-office address is county of	State of Mass	
it was based, and the name of the soldier should be That her post-office address is county of Attest: (1) (2)	State of Lucis State of Lucis & Claiman	e, the number thereof, the service on which
it was based, and the name of the soldier should be That her post-office address is county of Attest: (1) (2) Also personally appeared	State of Mass State of Mass Harrit E (Claiman	c, the number thereof, the service on which Cried ts signature in full.)
it was based, and the name of the soldier should be That her post-office address is county of Market (1) (2) Also personally appeared Agrance Mass	state of Mass State of Mass Harrit E (Claiman anc of Derby and Sarahd E. C.	the number thereof, the service on which the service on the service of the service on the service of the servic
it was based, and the name of the soldier should be That her post-office address is county of Attest: (1) Also personally appeared Anguster Mas	State of Sta	c, the number thereof, the service on which the service of which the service of the service of which the service of the service of which the service of the servic
it was based, and the name of the soldier should be That her post-office address is county of Attest: (1) Also personally appeared Also personally appeared Districted for the soldier should be t	State of Sta	residing in and entitled to credit, and who, being
That her post-office address is county of Attest: (1) Also personally appeared by me duly sworn, say they were present claimant, sign her name (or make her mappearance of said claimant and their acq	State of Sta	residing in the dentitled to credit, and who, being the every reason to believe, from the years, respectively, that she is
Also personally appeared by me duly sworn, say they were present claimant, sign her name (or make her mappearance of said claimant and their acquired the identical person she represents herself	State of Harrie Claiman And Derly (Claiman Claiman And Sarale Companies and saw And Companies and saw And Companies ark) to the foregoing declaration; that they have quaintance with her of Saray years and Saray to be, and that they have no interest in the prosecu	residing in the dentitled to credit, and who, being the every reason to believe, from the years, respectively, that she is
Also personally appeared by me duly sworn, say they were present claimant, sign her name (or make her mappearance of said claimant and their acq the identical person she represents herself	State of Claiman Cla	residing in the dentitled to credit, and who, being the every reason to believe, from the years, respectively, that she is
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Attest: (1) Also personally appeared by me duly sworn, say they were present claimant, sign her name (or make her mappearance of said claimant and their acquire identical person she represents herself Declaration S. A. Cudey, Subscribed and sworn to be one and I hereby ce perplained to the CE. [L. S.] Certificate of date.	State of State of Accomplese and State of Chaiman Charter Charter	the number thereof, the service on which the signature in full.) , residing in the number thereof, the service on which the signature in full.) , residing in the number thereof, the service on which the signature in full.) , residing in the number thereof, the service on which the signature in full.) , the number thereof, the service on which the signature in full.) , residing in the number thereof, the service on which the signature in full.) , the number thereof, the service on which the service on which the service on which the signature in full.) , residing in the number thereof, the service on which the signature in full.) , the number thereof, the service on which the service on which the service on which the signature in full.) , residing in the number thereof, the service on which the service on the service of which the
Also personally appeared Also personally appeared by me duly sworn, say they were present claimant, sign her name (or make her mappearance of said claimant and their acquire identical person she represents herself Declaration Subscribed and sworn to be one as to execut as to execut S. A. Cuddy, Subscribed and sworn to be one and I hereby ce perplained to the CE. [L. S.] Certificate of date.	State of Claiman Cla	the number thereof, the service on which the signature in full.) Tried Tried Tried Tried Tried Tresiding in residing in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim. Tresiding in the every reason to believe, from the years, respectively, that she is tion of this claim.

NO FEE

REGISTRY DEPART	MENT.—CITY OF BOSTON			
	7.7°			
12 BOSTORIA	Commonwealth of Massachusetts,			
CMINE DO	OO SUM MER STREET.			
EDWARD W. McGLENEN, CITY DEGISTRAR. Baston,	May 24" 1912.			
1, Cell M. Glencu h	ereby 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	u J. Priest			
died april 3, 912				
age: 69 years 21	days			
Chuse of death, Bright	to disease of kidneys of Chronic			
form	5 to 6 years			
Cerebra	l Degeneration about 2 mos			
ENI	McGlenen City Registrar.			
	City Registrar.			
PENBy Chap. 314 of Acts of 1892, "the certificates or attes	tations 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	s and towns are in custody of the City Registrar of Boston:—			
1972 O INCORPORATED. ANNEXED.	INCORPORATED. ANNEXED.			
Roxbury September 28, 1630. January 6, 1868.	Brighton, February 24, 1807. January 5, 1874.			
Dorchester, September 7, 1630. January 3, 1870.	West Roxbury, May 24, 1851. January 5, 1874.			
Charlestown, June 24, 1629. March 6, 1804. January 5, 1874.	Hyde Park, April 22, 1868. January 1, 1912.			



REGISTRY DEPARTMENT.—CITY OF BOSTON

County of Suffolk, Commonwealth of Massachusetts, 5 OLD COURT HOUSE.

W. McGLENEN,

lesses 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

ENSIO

By Chap, 314 of Acts of 1892, "the certificates or attestations of either Assistant City Registrar shall have the same tion, the Records of the following-named cities and towns are in custody of the City Registrar of Boston:

September 28, 1630. Roxbury, Dorchester, September 7, 1630. South Boston (Part of Dorchester),

ANNEXED. January 6, 1868. January 3, 1870. March 6, 1804.

INCORPORATED. Charlestown, June 24, 1629.

ANNEXED. June 24, 1629. January 5, 1874. February 24, 1807. January 5, 1874.

Brighton, West Roxbury, May 24, 1851.

January 5, 1874.

3-402.

Certificate No. 74303 Department of the Interior,
Name, ThuC Unist 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.
Melaybrand,
lity Hau 13 Film Commissioner of Pensions.
mass
First. Are you married? If so please state your wife's full name and her maiden name. Answer. Harrit E. Must Knii Belloe
Second. When, where, and by whom were you married? Answer. Oct 14. 1875 at (Churchstown, district) British by Riv. Mmg. Stowe
Answer. Registras & Marriages in City Registras Misis
Fourth. Were you previously married? It so, please state the name of your former wife and the
date and place of her death or divorce.
Answer. No.
Fifth. Have you any children living? If so, please state their names and the dates of their birth.
Answer bue Son. Warren Albert Pricet byrn
July 4 1876.
Mhn J. Unest
Date of reply 4 (Signature.) 5301b750m1-98