

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.

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 666 668

VETERAN

SANK

SERVICE

CAN No.

14154

WORTH

29

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,

ELIPHALET S. SEARS,  
BELLINGHAM, MASS.  
666668 ACT MAY.

*G. M. Sargent*  
Commissioner.  
PENSION  
U. S. OFFICE  
MAR 23 1915

No. 1. Date and place of birth? Answer. *Aug. 12<sup>th</sup> 1841 Hubbardston Mass.*  
The name of organizations in which you served? Answer. *1<sup>st</sup> Mass. Infantry*

No. 2. What was your post office at enlistment? Answer. *Acton Mass.*

No. 3. State your wife's full name and her maiden name. Answer. *Dead.*

No. 4. When, where, and by whom were you married? Answer. *1874 Maynard Mass.*  
*Rev. Mr. Evans.*

No. 5. Is there any official or church record of your marriage? Answer. *Yes.*  
If so, where? Answer. *Maynard Mass.*

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. *No.*

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. *Dead.*

No. 8. Are you now living with your wife, or has there been a separation? Answer. *Died Feb. 5-1915*

No. 9. State the names and dates of birth of all your children, living or dead. Answer. *No children*

Date *March 21-15*

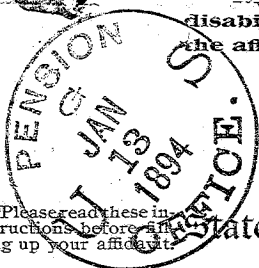
(Signature) *Eliphalet S. Sears*



In making this affidavit, the testifying parties must state plainly the name and nature of the disability, and the disability mentioned must be the same as the claimant asks pension for, otherwise the affidavit will have no weight in the case. Pay strict attention to this; it is important,

## NEIGHBORS' AFFIDAVIT.

Please read these instructions before affixing up your affidavit.



State of Massachusetts County of Worcester ss:

In the matter of the Claim of Eliphalet S. Sear late a

Soldier in Company A of the 1st Regiment of Mass. Infantry Vols.,  
Solomon Poole aged 53 years, a resident of Clinton

aged \_\_\_\_\_ years, a resident of Clinton whose Post-Office address is Clinton Mass. 220 Sterling St.

who being duly sworn, declare in relation to aforesaid case as follows:

NEIGHBORS: Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him, and what his physical condition was. To what extent,  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , did his disability then prevent him doing manual labor, or interfere with his usual occupation; what was his occupation when you first knew him, and what is it now. In what respect has his disability increased with his age, since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity,  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , has he now for following his usual occupation. If his disease has been aggravated by intemperance or other bad habits, so state.

I have known the applicant for nine years he is of good moral character and habits he has worked for me and I have seen him often ever since I knew him about three years ago he has taken with rheumatism in his feet & ankles since that time it has bothered him more or less all the time in the last year it has become worse so as to confine him to the house a good part of the time he is not able to do hard work or work where he has to be on his feet much of the time

I know from positive personal knowledge of the man and his habits that his condition is in nowise due to vicious habits

this affidavit was written by on this third day of Nov. 1893 and I was not aided or prompted by any written or printed statement or recital prepared or dictated know these facts from

by any other person and not attached as an exhibit to my testimony have no interest whatever in this claim.

Solomon Poole.

Two witnesses when signed by mark.

Signed in presence of  
J. F. Larkin

Sworn to and subscribed before me this 3<sup>d</sup> day of November 1893

and I certify that I am disinterested, that the affiant is to me well known, and is respectable and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

Thomas F. Larkin  
Justice of the Peace.

DEEDS' TESTIMONY.

CLAIM OF

*Clippaleh P. Seave.*  
*A. 1st Mass Vol.*

FOR

*redemption*

No. *666, 668-*

FILED BY

CHAS. J. DONNELLY & CO.,

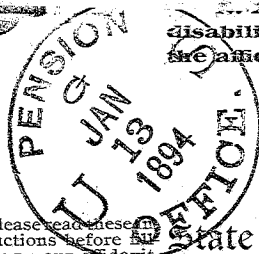
ATTORNEYS,

WASHINGTON, D. C.

3.-In making this affidavit, the testifying parties must state plainly the name and nature of the disability, and the disability mentioned must be the same as the claimant asks pension for, otherwise the affidavit will have no weight in the case. Pay strict attention to this; it is important,

## NEIGHBORS' AFFIDAVIT.

Please read these instructions before signing up your affidavit.



State of Massachusetts County of Worcester ss:

In the matter of the Claim of Eliphaz S. Sears late a

Private in Company A of the 1st Regiment of Mass Vois.,

Jerby Stuart aged 54 years, a resident of Clinton

aged        years, a resident of       

whose Post-Office address is Clinton Mass 239 High St

who being duly sworn, declare in relation to aforesaid case as follows:

NEIGHBORS: Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him, and what his physical condition was. To what extent,  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , did his disability then prevent him doing manual labor, or interfere with his usual occupation; what was his occupation when you first knew him, and what is it now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity,  $\frac{1}{2}$ ,  $\frac{3}{4}$ ,  $\frac{1}{4}$ , has he now for following his usual occupation. If his disease has been aggravated by intemperance or other bad habits, so state.

I first became acquainted with Eliphaz S. Sears in the year of 1868, and in the spring or early part of the summer of 61 he enlisted into C.B. 2nd Batt, of Rifles, A State M.C. of Mass and remained in said Co until it was disbanded, and at that time he was an able body and sound man. Before his enlistment his occupation was a farmer on farm hand my regard to his habits I have never known of doing anything to injure himself in any way.

State your source of information concerning claimant.

know these facts from personal observation

have no interest whatever in this claim.

Two witnesses when signed by mark.

Thomas F. Larkin Jerby Stuart

Sworn to and subscribed before me this 9th day of November 1893.

and I certify that I am disinterested, that the affiant is to me well known, and is respectable and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

Thomas F. Larkin

# NEIGHBORS' TESTIMONY.

CLAIM OF

*Jimmie Street*

*A. 1" Mass Vols*

FOR

*Alphalett S. Sears*

No. *666. 668*

FILED BY

CHAS. J. DONNELLY & CO.,

ATTORNEYS,

WASHINGTON, D. C.

Stormont & Jackson, Prs. 522 12th St. N. W., Washington, D. C.

Claimant's  
GENERAL AFFIDAVIT.

State of Mass. County of Worcester, ss:

In the matter of *Original Pension No. 889844 of*  
*Phalet G. Sears of Co "A" 1<sup>st</sup> Regt. Mass. Vols.*

ON THIS Twenty fifth day of April, A. D. 1891, personally appeared before me, a

Chas. 2<sup>nd</sup> Dist. Ct. S. Worcester in and for the aforesaid County, duly authorized to administer oaths,

Eliphalet I. Sears aged 50 years, a resident of Clinton  
in the County of Worcester and State of Massachusetts

whose post-office address is #220. Sterling St., and

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

in the County of \_\_\_\_\_ and State of \_\_\_\_\_

whose post-office address is \_\_\_\_\_

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares ~~such~~ for himself, in relation to aforesaid case, as follows :

~~NOTE: Affiants should state how they gained a knowledge of the facts to which they testify.~~

I Elizabeth S Sears the claimant in the  
above cited claim hereby state that I  
have not been in the Military or  
Naval Service of the United States  
since May 25<sup>th</sup> 1864

I further state that I received a final  
honorable discharge May 25<sup>th</sup> 1864

He further declare that he has no interest in said case, and is concerned in its prosecution.

~~was~~ concerned in its prosecution.

William A. Robinson

Mary. Johnston

~~A sign by mark~~ two persons who can write sign here.]

Leppala, J. J.

[Signature of Agents.]

Claimant



STATE OF Massachusetts COUNTY OF Worcester

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that she is a creditable person.

[L. S.]

Frank E. Howard  
[Official Signature.]  
Clerk of the Dist. Ct. of E. Wor.  
[Official Character.]



*Claimant's*  
**GENERAL AFFIDAVIT.**

CLAIM OF

Elizabeth D. Davis

Late 1st Regt. Mass Co. "A" Vols.

FOR  
Original Pension  
No. 889844

FILED BY

**CHARLES J. DONNELLY & CO.,**  
**WASHINGTON, D. C.**

Frank B. Clarkson, Printer, 1012 Pa. Ave., Washington, D. C.

INVALID.

Cert. No. 666668

Name, Elizabeth S. Sears

Rank, Priv; Service, 100-A 1<sup>st</sup> Mass

Inf EF

Agency or Group No. { Original Roll: Group 3  
Transf'd \_\_\_\_\_, 1, to \_\_\_\_\_  
" \_\_\_\_\_, 1, to \_\_\_\_\_

Issued Oct 17 1916

Rate, \$ 27 from Aug 12 1916

3-11 Issue. Class Inf

Deductions: 501 Quota  
**ACT OF MAY 11, 1912**

Issued \_\_\_\_\_

Rate, \$ \_\_\_\_\_, from \_\_\_\_\_

Issue. Class \_\_\_\_\_

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

Voucher No. \_\_\_\_\_

D. O. Symbol No. \_\_\_\_\_

APPROPRIATION: \_\_\_\_\_

BUDGET ALLOTMENT NUMBERS: \_\_\_\_\_

## U. S. VETERANS BUREAU

WASHINGTON

## CLAIMS DIVISION

VOUCHER FOR PAYMENT OF EXPENSES OF BURIAL, FUNERAL, AND TRANSPORTATION OF  
BODY OF DECEASED VETERAN

NAME AND ADDRESS OF PAYEE (1)	NAME OF DECEASED, HOME ADDRESS, AND STATUS AT TIME OF DEATH (2)	DATE AND PLACE OF DEATH (3)	AMOUNT ALLOWED (4)
Catherine Demare, 118 A Street, South Boston, Mass.	Eliphaz Demare, South Boston, Mass.  Civil War Veteran  Died without sufficient assets.	April 14, 1918 South Boston, Mass.	\$100.00

I HEREBY CERTIFY that the claim of the person named as payee in column (1) above has been examined; that the status of the deceased was as stated in column (2); that death occurred on date and at place stated in column (3); that the amount stated in column (4) has been found due in accordance with attached bills, and under the authority contained in Title II, Section 201—Subsection (1) of the World War Veterans' Act, 1924, as amended by Act of March 4, 1925, and the regulations of the U. S. Veterans Bureau;\* ~~that, in the judgment of the Director, sufficient assets were not left by the deceased to meet the expenses of burial and funeral and transportation of the body.~~

and that this voucher is approved for \$ 100.00, of which no amount represents a payment in excess of that allowed by law.

For the Director, U. S. VETERANS BUREAU,

Date \_\_\_\_\_

100 / 100

9/9/25

Chief, Claims Reimbursement Section.

## ACCOUNTING DIVISION—FINANCE SERVICE

Examined and approved for payment in the amount and from the appropriation above stated.

(Title) \_\_\_\_\_

Bell Submitted  
9-15-25 (R&B)

Paid by Disbursing Clerk, United States Veterans Bureau, by check on the Treasurer of the United States in favor of the payee named above.

No. \_\_\_\_\_, dated \_\_\_\_\_

\* Where claim is based on the insufficiency of assets of the deceased to meet the expenses of burial and funeral and the transportation of the body, and the fact of such insufficiency is established in the judgment of the Director, add the following to the certificate: "that, in the judgment of the Director, sufficient assets were not left by the deceased to meet the expenses of burial and funeral and transportation of the body."



UNITED STATES VETERANS BUREAU

WASHINGTON

July 10, 1925.

Mrs Catherine Connors,  
119 L St.,  
South Boston, Mass.

IN REPLY REFER TO:

FILE/WRE/mob  
Sears, Eliphaz Stone  
Civil War Veteran

Dear Madam:

Receipt is acknowledged of your letter of affidavits together with death certificate and receipted funeral bill in support of the named burial claim. ~~Regarding the above captioned claim for compensation and insurance.~~

The records of this Bureau disclose that the file in this case is in process of adjudication and every effort will be made to expedite action thereon.

You will be fully advised as soon as the facts can be determined as to the exact status of this claim.

For the Director,

CHARLES E. MULHEARN,  
Assistant Director.

## AFFIDAVIT SUPPORTING BURIAL CLAIM

(To be executed by next of kin, other near relative, or friend of deceased)

1. Full name, rank, organization, and dates of service of deceased Cliphalt Stone Sears,  
Private Co. A, First Regiment, Massachusetts Infantry.  
enlisted Aug 12, 1862 - discharged - May 25, 1864
2. Your relationship to the deceased Stepdaughter
3. (a) All cash money and other personal property owned by deceased none
- (b) All cash money or property due from solvent debtors at date of death none
4. (a) All real property owned by deceased at date of death none
- (b) Assessed value thereof
- (c) Total encumbrances thereon
5. (a) Was the deceased entitled to insurance or death benefits or any allowance by reason of membership in any society or association or other beneficial organization? Yes  
Metropolitan Life Insurance Company
- (b) If so, what was the amount? \$ 361.00
- (c) Are above amounts payable to a designated beneficiary or to deceased claimant's estate? Payable to a designated beneficiary
- (d) If payable to a designated beneficiary, state name and relationship Mrs Catharine Connors  
Stepdaughter
- (e) Did he have Government insurance? no
- (f) If so, state name and relationship of beneficiary
6. (a) Was any amount received from the Pension Office to defray burial expenses? no
- (b) Was any amount due from Pension Office? From April 4 to April 13, 1925
- (c) Has application for allowance been made to Pension Office? yes
- (d) Will application be made to Pension Office?
- (e) Was any amount received from the War Department to defray burial expenses? no
- (f) Was any amount due from War Department? Pension from April 4, to April 13, 1925
- (g) Has application for allowance been made to War Department or will such application be made? ~~yes~~ No
- (h) Was any amount received from State or political subdivision to defray burial expenses? No
- (i) Was any amount due from State or political subdivision? no
- (j) Has application for allowance been made to State or political subdivision or will such application be made? No, except this application



When the deceased veteran was not receiving benefits from the United States Veterans Bureau, the following additional information and proof must be furnished:

1. Age of deceased 85 Place of residence 119 L. Street  
Date and place of death 119 L. St So. Boston Mass
2. Name and address of physician during last illness Dr. James W. Richmond  
512 East Broadway So. Boston Mass
3. Name and address of undertaker James F. O'Donnell  
160 Broadway So. Boston Mass
4. Date and place of burial April 16, 1925  
New Calvary Cemetery.

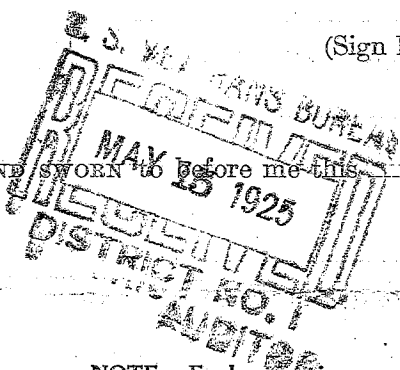
STATE OF Massachusetts } ss:  
COUNTY OF Suffolk

I, Catherine Connors, of Boston,  
on oath depose and say that the above facts are true to the best of my knowledge and belief.

(Sign here) Mrs Catherine Connors

SUBSCRIBED AND SWORN to before me this

13th day of May, 1925



James F. O'Donnell  
Notary Public.

NOTE.—Each question on this form must be fully answered

INCOMING  
JUL 8 1925  
CLAIMS DIVISION

JUL - 3 1925

Form 531-Rev. Aug., 1924. UNITED STATES VETERANS' BUREAU

File No. \_\_\_\_\_  
(Burial expense)

WASHINGTON

## CLAIMANT'S AFFIDAVIT IN SUPPORT OF BURIAL EXPENSES

I Mrs. Catherine Lannan, of 119 L. Street.  
(Name) (No.) (Street)South Boston Massachusetts, hereby make claim for  
(City or town) (State)\$ 100.00, the ~~amount of my charges~~, or amount expended by me for  
the preparation, transportation or burial expenses in connection with the death of  
Eliphalet Stone Sears - Company A. First Regiment.  
(Name) (Rank)Massachusetts Infantry who died at (or in) 119 L. Street.  
(Organization) (Place of Death)So. Boston, on the 13 day of April, 1925, before or  
after discharge or resignation from service. I submit the following affidavit in  
support of my claim.Mrs. Catherine Lannan  
(Signature of claimant)STATE OF Massachusetts,  
COUNTY OF Suffolk, ss:I Mrs. Catherine Lannan, of 119 L. Street,  
on oath depose and say that I am the stepdaughter  
(Relationship to deceased)  
of Eliphalet S. Sears, who died on the 13 of  
April, 1925; that I ~~charged~~ paid in all \$ 241.50 for the re-  
turn home and burial of the body of said deceased as shown by the itemized ac-  
count (or the receipted itemized bills hereto annexed, if claim is made by person  
other than undertaker), which are made a part of this affidavit, and for which  
reimbursement has not been made.Mrs. Catherine Lannan  
(Signature of affiant)Subscribed and sworn to before me this 6<sup>th</sup> day of May, 1925James F. [Signature]  
Notary Public.

5-MH-4-R-1-TP-16

R1- 34

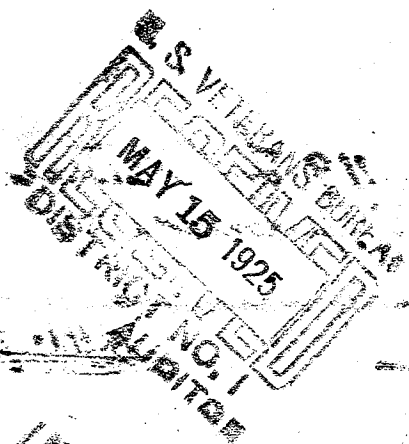
(Over)

\_\_\_\_\_, 192

You are requested to execute and return to this bureau the affidavit on the reverse side of this letter, together with an itemized account of the expenses incurred if claim is made by undertaker, or the itemized receipted bills covering such expenses if claim is made by person who has paid the expenses, and this feature of the case will be given our prompt attention.

All future correspondence in this case should bear the deceased's full name, rank, and organization.

Respectfully,



INCOMING  
JUL 8 1925  
CLAIMS DIVISION.



BUREAU

Revised Sept., 1921

# REQUEST FOR ARMY INFORMATION FARE/WRB/LEB/mlb.

FOR USE OF—

August 26, 1925.

DIVISION CLAIMS SUBDIVISION \_\_\_\_\_ SECTION REIMB. UNIT Em. #931.

It is requested that information be given on the subject checked and this sheet returned to the **United States Veterans Bureau.**

Name SEARS Eliphalet Stone  
(Last.) (First.) (Middle.)

Rank and organization Pvt. Co. A, First Regt. Mass.  
Date \_\_\_\_\_ Camp Inf.

Date of enlistment Aug. 12, 1862.

Date of discharge May 25, 1864.

Home address Civil War Veteran.

Status of allotment through Z. F. O. \_\_\_\_\_

Has final settlement been made? \_\_\_\_\_

Certified copies of Forms 1-B \_\_\_\_\_

Alleged disability \_\_\_\_\_ incurred at \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_ from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

By CHARLES E. MULHEARN, Ass't. Director.

1. Name Sears Eliphalet S.  
(Last.) (First.) (Middle.)  
Not found as Eliphalet Stone Sears.
2. Army Serial No. \_\_\_\_\_
3. Rank and organization at discharge Co. A, 1st  
Massachusetts Infantry. private
4. Date of enlistment August 12, 1862
5. Physical defects at enlistment \_\_\_\_\_
6. Was he medically examined and accepted at camp? \_\_\_\_\_
7. Date and hour of induction by draft board \_\_\_\_\_
8. General or limited service \_\_\_\_\_
9. Date of discharge May 25, 1864
10. Character of discharge honorable.
11. Date of indefinite furlough \_\_\_\_\_
12. Physical defects at discharge \_\_\_\_\_
13. Complete medical history \_\_\_\_\_
14. Future address \_\_\_\_\_
15. Date of reenlistment (new army) \_\_\_\_\_

16. Present rank, organization, and location \_\_\_\_\_
17. Date and cause of death \_\_\_\_\_
18. Death in line of duty? \_\_\_\_\_ Death due to own misconduct? \_\_\_\_\_
19. Emergency address \_\_\_\_\_
20. Date of birth \_\_\_\_\_
21. Date and rank of retirement \_\_\_\_\_
22. Dates and history of desertion or absences with court-martial findings \_\_\_\_\_

Report below on National Guardsmen only.

23. Date of President's call (World War) \_\_\_\_\_
24. Date mustered into Federal Service \_\_\_\_\_
25. Date of physical examination for Federal Service (World War) \_\_\_\_\_
26. Was guardsman accepted on physical examination for Federal Service? \_\_\_\_\_

27. Effective date, amount of insurance and premiums \_\_\_\_\_  
 28. Insurance increased to \$ \_\_\_\_\_ on \_\_\_\_\_  
 19 \_\_\_\_\_, from \$ \_\_\_\_\_  
 31. \_\_\_\_\_ Statement of service from \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_

29. Insurance canceled \_\_\_\_\_  
 Reinstated \_\_\_\_\_  
 30. Insurance reduced to \$ \_\_\_\_\_ on \_\_\_\_\_  
 19 \_\_\_\_\_, from \$ \_\_\_\_\_  
 \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_

Camp or station.

Organization.

Period served in particular organization.

From \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_

A.G.O., War Department.  
 September 1, 1925

*Lutz Wahl*  
 Brigadier General  
 Acting the Adjutant General.  
 By *Jm*



5-13-

Catherine Connors  
119 L Street  
South Boston, Mass

---

CWU

Eliphalet Sears  
South Boston, Mass.  
~~Without Sup~~

---

April 13 1925-  
South Boston, Mass

---

\$100.00 =

Rep

*JWA* INCREASE  
3-1647.  
Civil War Division  
Act of Feb. 6, 1907.

ACT OF MAY 11, 1912

Cert.

*666668*

Name, *Tiphalet I. Sears*

Application filed *Aug 21*, 191*1*

Service,

*Co 1 Mass-Inf*

*Oct 5/16 Reg. full mil. serv.*

*Other ages and service*

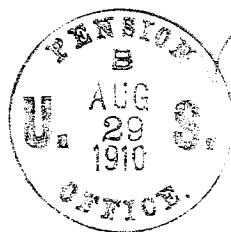
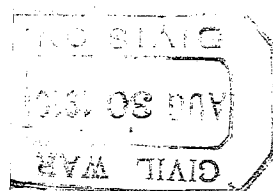
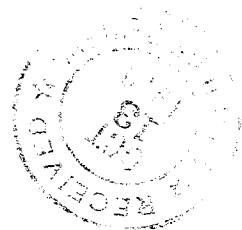
*without leave JWA*

Commonwealth of Massachusetts.  
PENSION DEPARTMENT,  
STATE HOUSE.

Boston, Aug 27 1900

RESPECTFULLY forwarded  
to Hon. Commissioner  
of Pensions for his  
consideration.

F. A. Bicknell  
H



Act of Feb 6 1907.

Cif 666668

Birmingham Aug 25 1910  
 U.S. Pension Agent  
 Berlin Mass

Dear Sir.

A few days ago I sent to you for Mr Eliphah. I  
 sends an application for an increase of Pension under the  
 1907. saying he was 70 yrs old Aug 12 1910

I told him probably they would want a certificate of  
 his birth. We have quite a while before an answer received  
 and the answer is from Aug 12 1841. but date seems  
 to be mixed. but the best the clerk could make out. therefore  
 he is but 69 in place of 70. He has since he lived  
 here claimed he was born 1840. which has been a number of  
 years. I am sorry. He has made work for you. work  
 for me. and a disappointment to him. I thought it better  
 to write you as soon as material found out.

Respectfully

Henry A. Whiting for Mr Seaton

Paper sworn before me.



SN 666 668  
Declaration for Pension  
Elihu S. Sears  
Co A. 1 Mass Inf.

~~Blodgett~~  
Sept 12-10.



J





Act of June 27, 1890.

(3-230.)

INVALID. (Series \_\_\_\_\_) ✓

Cert. No. **666668**

Name, Eliphalet S. Sears.

Rank, Private; S Co., A. 1 Mass. V. Bn.

(Original Roll: Boston)

Agency, { Transf'd \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

" \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

Issued October 8, 1891.

Mailed " 90, 1891.

Rate and Period, \$ 10, from Aug. 9, 1890.

Fee, \$ 10.

**Action completed  
by Board of Revision.**

Deductions: \_\_\_\_\_

Disability: Double hernia (left incomplete)

Entered

Issued July 13, 1897.

Mailed " 16, 1898.

Rate and Period, \$ 12, from Feb 23, 1897.

Fee, \$ \_\_\_\_\_

Deductions: 0 ✓

1 Issue. Class Original.

2 Issue. Class Revis.

Entered	Issued	Issued, _____, 18
		Mailed _____, 18
		Rate and Period, \$ _____, from _____, 18
		Fee, \$ _____
Entered	Issued	Deductions: _____
		Disability: _____
		_____
		_____
Entered	Issued	Issued _____, 18
		Mailed _____, 18
		Rate and Period, \$ _____, from _____, 18
		Fee, \$ _____
Entered	Issued	Deductions: _____
		Disability: _____
		_____
		_____

**INDORSEMENTS.**

6-26-94 opens 30 days to reduce  
 6-26-94 K.L.  
 May 8/94 present, rate to reduce  
 withdrawn present rate cont.  
 4-17-94 Atty Donnelly ex. warrants  
 change of action. M.  
 Oct 15/1910. Chmt adv of  
 again or by J.D.B.

Civil War Div.

Im. Cert. 666668.

Eliphalet S. Sears.

Co. A. 1. Mass. Vol. Inf.

Mr. Eliphalet S. Sears.

Bellingham Mass.

D.O.B.  
Sept. 27-10.

Sir: In your above entitled claim for increase of pension under the act of February 6, 1907, you should state in full the names of your parents, or if you did not live with them then, the names of the persons with whom you did live in 1852 and 1860. and also the names of the town or township, county and state where you resided during ~~that time~~ those years.

The evidence indicated in the accompanying circular, should also be furnished.

Very Resp.

Act. Commr.

JOB,

Oct 15 '10

Civil War Div.

Mr. Cert. 666668.

Eliphalet S. Sears.

Co. A. 1. Mass. Vol. Inf.

}  
}  
}

Mr. Eliphalet S. Sears.  
Bellingham Mass.

increase of

Sir: your above entitled claim for pension under the Act of February 6, 1907, is rejected on the ground that the evidence on file, including your own statement fails to show that you had reached the age of 70 years at the date of the execution of your claim. therefore you are not entitled to a higher rate than you are now receiving twelve dollars.

VR C

BOARD OF REVISION

Department of the Interior,

BUREAU OF PENSIONS,

March 28<sup>th</sup>, 1894

Cert. No. 666.668

Name, Eliphalet S. Sears

The Chief of the Eastern Division  
is respectfully requested to transmit, with the  
return of this slip, all evidence pertaining to  
the above case, which is now awaiting final  
action in this Division.



Acting Chief Board of Revision.

FREELAND.

APR 3 94

NO EVIDENCE

R. L. De Puy.





# INCREASE

3-1647.

Act of Feb. 6, 1907.

Cert. 666,668

Name, Eliphalet S. Sears,  
\_\_\_\_\_  
\_\_\_\_\_

Application filed Aug. 17, 1910.

Service, Co. A 1 Mass. Inf.

Sept. 14 1910 A. G. W. ref. ag.

Sept. 24-10.

J. S. B.

Clut for names of parents

residence in '50 & '60 and rec.  
evidence of birth

J. S. B.

Oct. 15-10. Clut. reg. not

so young age

J. S. B.

1/4

3-1647.

Act of Feb. 6, 1907.

Cert. 666 668

Name, Eliphlet S. Sears

Application filed July 23, 1907  
Service, "A" 1." Mass. Eng

[3-216 a.]

Exr.

No.

Act of June 27, 1890.

Elephelt S. Sears

P. O. 220 Starling St.,  
Clinton, Mass.

Service: A. I. Mass. Inf.

Enlisted: Aug 12, 1862.

Discharged: May 25, 1864.

Application filed: Aug 9, 1890.

Alleges:

Any other Claim filed: No.

Numerical No. 304641

Attorney: Charles J. Donnelly & Co.

P. O. Washington

ME.

*April 1891*

*Subscribed*

N. H.

*Fitchburgh.*

*#122/91*

Vt.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

Act of Feb. 6, 1907

INVALID

Cert. No. 666668

Name, Cliffhalet, J. Sears

Rank, Put; Service, See "A" 1<sup>st</sup> Mass

See Inf

Agency: { Original Roll: Boston  
Transf'd \_\_\_\_\_, 1, to \_\_\_\_\_  
" \_\_\_\_\_, 1, to \_\_\_\_\_

Issued Sept 2, 1911

Mailed SEP 5 1911

Rate and period, \$ 15, from Aug 21, 1911

Fee, \$ \_\_\_\_\_

Deductions: 0

Disability: ✓

Entered \_\_\_\_\_

Issue. Class. 3

Issued Feb 1, 1913

Mailed FEB 3 - 1913

Rate and Period, \$ 21<sup>50</sup>, from May 29, 1912

Fee, \$ \_\_\_\_\_

Deductions: 0

Issue. Class. Reis

*Increase*  
**ACT OF MAY 11, 1912.**

Cert. No. *466668*

*and* **ACT OF MARCH 4, 1913.**

Claimant, *Eliphalet S. Sears*  
P. O., *119 R Street South Boston*  
County, *Suffolk*  
State, *Massachusetts*

Rank, *Private*  
Service, *A. 1. Massachusetts Inf.*

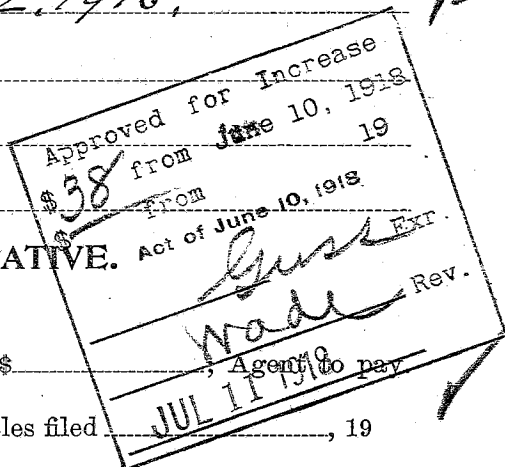
Rate, \$ *27* - per month, commencing *August 12, 1916.*

**ATTORNEY OR STATE REPRESENTATIVE.**

(Order April 25, 1907.)

Name, *R. R. Flynn*  
P. O., *State House Boston Mass*

Fee, \$  
Articles filed *19*



**APPROVAL.**

Submitted for *Adm*, *Oct 11*, 191*6*, *J. B. Algate*, Examiner.

Approved for *Increase* Rate \$ *27* - per month; age *75* years.

Length of pensionable service: *1* years, *9* months, *14* days.

Deductions in service from any cause: *None* years, months, days.

on account of

*Oct 13, 1916*, *7.04* *Oct 14, 1916*, *J. R. S. O. H.*

Enlisted *August 12*, 18*62*; honorably discharged *May 25*, 18*64*

Enlisted *May 25*, 18*64*; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18; honorably discharged \_\_\_\_\_, 18

Length of pensionable service: *1* years, *9* months, *14* days.

Pensioned at \$ *21.50* per month, under **ACT OF MAY 11, 1912.**

**PRESENT CLAIM, ACT OF MAY 11, 1912.**

Declaration filed *August 15*, 191*6*

Age shown by evidence *75* years; date of birth alleged *August 12*, 18*41*

Claimant does *not* write.

3-364

ACT OF MAY 11, 1912.

Cert. No.

666668

Claimant, Eliphalet S. Sears  
P. O., Bellingham Rank, Private  
County, Norfolk Service, Co A, 1 Mass. Inf.  
State, Massachusetts  
Rate, \$ 21.50 per month, commencing May 29 1912

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, F. A. Bicknell Fee, \$ \_\_\_\_\_; Agent to pay.  
P. O., State House, Boston, Mass Articles filed \_\_\_\_\_, 19

APPROVAL.

Submitted for Ad. Jan 4, 1913 J. Harvey Examiner.  
Approved for Admission Rate \$ 21.50 per month; age 70 years.

Reissue from Order of Discharge 1907

Length of pensionable service: 1 years, 9 months, 14 days.

Deductions in service from any cause: None years, \_\_\_\_\_ months, \_\_\_\_\_ days.

on account of \_\_\_\_\_

Jan 27, 1913 J. W. Grinnick Legal Reviewer. Jan 30, 1913 W. McK. Coates Re-Reviewer.

Enlisted Aug 12, 1862; honorably discharged May 25, 1864

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Length of pensionable service: 1 years, 9 months, 14 days.

Pensioned at \$ 15 per month, under Act of Feb. 6, 1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 29, 1912

Age shown by evidence 70 years; date of birth alleged Aug 12, 1841

Claimant does \_\_\_\_\_ write.



ACT OF MAY 11, 1912.

3-014.

## DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts, County of Norfolk, ss:On this 22<sup>d</sup> day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid,Eliphalet S. Sears who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Bellingham, county of Norfolk, State of Massachusetts; and that he is the identical person who was ENROLLED at Acton on the 12<sup>th</sup> day of August, 1862, as a Private, in Company A 1<sup>st</sup> Reg. Mass Volunteer Inf'y (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 war, and was HONORABLY DISCHARGED at Boston Mass, on the 25<sup>th</sup> day of May, 1864. (State name of war, Civil or Mexican.)

That he also served \_\_\_\_\_ (Here give a complete statement of all other services, if any.)

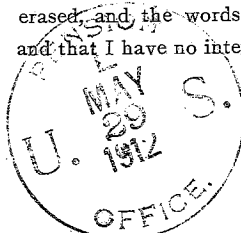
That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 6 inches; complexion, light; color of eyes, blue; color of hair, light; that his occupation was Farmer; that he was born Hubbardston Aug 12, 1841, at Hubbardston Mass.That his several places of residence since leaving the service have been as follows: Keene N H. Melcham Mass. Stone Mass. Rock Clinton Mass Bellingham Mass (State date of each change, as nearly as possible.)He hereby appoints **F. A. BICKNELL**, Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (without fee);That he is a pensioner under certificate No. 666,668. That he has \_\_\_\_\_ 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 11, 1912.

That his post-office address is Bellingham, county of Norfolk, State of Massachusetts.Attest: (1) Edward A. Schmitt (2) Mildred V. Jones Eliphalet S. Sears (Claimant's signature in full.)SUBSCRIBED and sworn to before me this \_\_\_\_\_ day of May, A. D. 1912, 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 \_\_\_\_\_ and that I have no interest, direct or indirect, in the prosecution of this claim.



Henry A. Whitney  
(Signature.)  
Justice of the Peace  
(Official character.)

Validity  
as to execution  
added  
S. A. Cuddy,  
Chief Law Division

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3-014.

ACT OF MAY 11, 1912.

## CLAIM FOR PENSION.

Certificate No. 666668

Name, *Richard J. Sears*Service, *Co. A 1st Mass. Inf.*

## INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Dedication 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, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

FILED BY

STATE PENSION AGENCY OF MASS.,

STATE HOUSE,

BOSTON, MASS.

## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, 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 and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications 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.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. 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, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

3-364.

Original No.

Certificate No.

ACT OF FEBRUARY 6, 1907.

Claimant

P. O.,

County,

State,

Rate, \$

*Eliphalet J. Sears*

*Bellingham*

*Dorset*

*Massachusetts*

*15.00* per month, commencing

Rank,

Company,

Regiment,

*Private*

*A.*

*1. Mass Vol. Inf.*

*August 21, 1911.*

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

*Edw. Bicknell*  
*Depy Commr of State*  
*Boston Mass*

APPROVAL.

Submitted for

*ad Aug 29, 1911.*

*L. O. Rogers*

Examiner.

Approved for

*Increase*

*Age over 70.*

*Rate \$15 per month.*

*August 30, 1911*

*W. H. Thompson*

*Aug 31, 1911*

*W. H. Thompson*

Legal Reviewer.

Re-Reviewer.

Enlisted

*Aug 12, 1867*

honorably discharged

*May 25, 1867*

Enlisted

, 18

; honorably discharged

, 18

Enlisted

, 18

; honorably discharged

, 18

Pensioned at \$

*12*

per month, under

*act Feb 6-07*

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed

Date of birth alleged,

Age shown by evidence

Claimant does write.

*Aug 21, 1911*  
*Aug 12, 1840*

*Aug 12, 1841*

*Rec'd*

*70*

years.

M. C.

CIVIL WAR

*can 668*  
*666*  
*Boston*

*4*

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts }  
County of Norfolk } ss.

On this 18 day of August, A. D. one thousand nine hundred and Eleven, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Eliphabet S Sears, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Billingham county of Norfolk, State of Massachusetts; and that he is the identical person who was ENROLLED at Acton Mass under the name of Eliphabet S Sears, on the 12 day of August, 1862 as a Private, in Company A, 1st Regt Mass Infy (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 Boston, on the 25 day of May, 1864. That he also 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, feet inches; complexion, light; color of eyes, blue; color of hair, light; that his occupation was farmer; that he was born at Haverhill Mass

That his several places of residence since leaving the service have been as follows: Stone until about 1867. Keene N H about 1877. to England about two years to Clinton about 19 years Billingham about Eleven years (State date of each change, as nearly as possible.)

That he is a pensioner. That he has heretofore applied for pension No 24812 (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 Billingham, county of Norfolk, State of Massachusetts

Eliphabet S Sears  
(Claimant's signature in full.)

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

Also personally appeared Lewis E Whitney, residing in Billingham and Geo D Monroe, residing in Billingham, 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 Eliphabet S Sears, 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 5 years and 11 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.

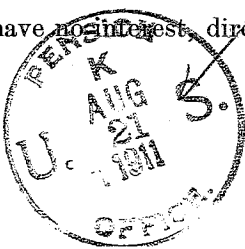
S. A. Cuddy,  
Chief, Law Division.

Lewis E. Whitney  
George D. Monroe  
(Signatures of witnesses.)

Certificate cover date.  
S. A. Cuddy,  
Chief, Law Division.

[L. S.]

SUBSCRIBED and sworn to before me this 18 day of August, A. D. 1911, 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.



Henry A Whitney  
(Signature.)  
Justice of the Peace  
(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.

Sect. 2. That rank in the service shall not be considered in applications filed hereunder.

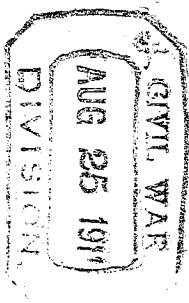
Sect. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

6-803

889 844

Eliphabet S.



3-014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

100 666 6689

Certificate No. 100 666 6689

Name, Eliphabet S. Sears

Service, Co A

1 Mass Infy

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, county or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

FILED BY 22 1911  
STATE PENSION AGENCY OF MASS.

STATE HOUSE,  
BOSTON, - - MASS.

201

3-364.

Original No.

Certificate No. 666468

# Increase ACT OF FEBRUARY 6, 1907.

Claimant, Eliphalet S. Sears.  
P. O., Bellingham, Rank, Private,  
County, Norfolk Company, A  
State, Massachusetts. Regiment, 1. Mass. Vol. Inf.  
Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

## STATE REPRESENTATIVE.

(Order April 25, 1907.)

REJECTED

Oct. 15, 1910

J. B.

Name, F. A. Bicknell  
P. O., State House Boston Mass.

## APPROVAL.

Submitted for Reju. Act. 8, 1910, J. D. Woodgood, Examiner.

Approved for Rejection on the ground that from the evidence in the case, including claimant's own final statement he had not reached the age of 70 years at date of execution of his pending declaration for Increase under Act of Feb. 6-1907 and he is not therefore entitled to a higher rate under said Act than that which he is now receiving.  
Oct. 10, 1910, E. H. Rogers Oct. 12, 1910, J. H. Bell  
Legal Reviewer. Re-Reviewer.

Enlisted August-12, 1862; honorably discharged May 25, 1864.

Enlisted \_\_\_\_\_, 18; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18; honorably discharged \_\_\_\_\_, 18

Pensioned at \$ 12 per month, under Act February 6, 1907.

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed August 17, 1910.

Date of birth alleged, August-12, 1840. Also Aug. 12, 1841.

Age shown by evidence sixty-nine years.

(Reject. Under 70 years of age)

Claimant does \_\_\_\_\_ write.

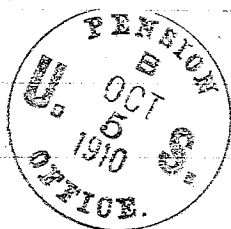
Bellingham Oct 1 1910  
Mr Commissioner

Dear Sir

Your letter of the 27 Sep. received. and I enclose the same back to you. with this explanation. After I made my application for Pension increase I received a letter from Hattuslin place of my birth. saying they had found a record of my birth. Which was Aug 12 1841. I have always late years supposed it was Aug 12 1840. I at once wrote the Boston agency to call it off. and I would make another receipt for you. and supposed it was the last of it until then. until your letter arrived. I have a life insurance. and by being one year younger cost less. I am looking for that now. If you think best now I can get a certificate of birth and forward. or if you do it myself -

Respectfully Yours

Elihu S. Sears



AP  
Boston

Original No. \_\_\_\_\_

Certificate No. 666668 ✓

*Reissue*  
**ACT OF FEBRUARY 6, 1907.**

✓ Claimant, *Elephat S. Sears* ✓  
 ✓ P. O., *Bellingham* ✓ Rank, *Private*  
 ✓ County, *Norfolk* ✓ Company, *A* ✓  
 ✓ State, *Massachusetts* ✓ Regiment, *1 Mass. Vol. Inf*  
 ✓ Rate, \$ *12* per month, commencing *February 23, 1907*

**RECOGNIZED ATTORNEY.**

Name, \_\_\_\_\_  
 P. O., \_\_\_\_\_

**APPROVAL.**

Submitted for *Ad July 9*, 1907, *J. F. Monahan*, Examiner.  
 Approved for *Admission*  
*Agree 62* ✓

*Reissue to all men under Act February 6, 1907, till date of payment to and drop name from rolls under Act of June 27, 1890* ✓

*July 11*, 1907, *A. Sprague* JUL 12 1907 *L. F. Dennis*  
 Legal Reviewer. Re-Reviewer.

✓ Enlisted *Aug 12*, 1862, honorably discharged *May 25*, 1864 ✓  
 Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18  
 Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18  
 ✓ Pensioned at \$ *10* per month, under *Act of June 27, 1890*

**PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.**

✓ Declaration filed *Feb. 23*, 1907.  
 ✓ Date of birth alleged, *Aug 12 1839*  
 ✓ Age shown by evidence *68-65* years.

Claimant does \_\_\_\_\_ write.

*W. W. Weeks*  
 \_\_\_\_\_, M. C.



# DECLARATION FOR INCREASE OF AN INVALID PENSION.

February 6 1907  
Acts of June 27, 1890, and May 9, 1900.

State of Massachusetts }  
County of Norfolk } ss:

On this 16th day of February, A. D. one thousand nine hundred and seven, personally appeared before me, Henry A. Whitney  
a Justice of the Peace within and for the County and State aforesaid  
Eliphalet S. Sears, aged 67 years, a resident of  
Bellingham, County of Norfolk, State of  
Massachusetts, who being duly sworn according to law, declares that he is a  
pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number  
666668, and duly enrolled at the Boston Pension  
Agency, at the rate of ten dollars per month, having served in  
the military service of the United States  
(State whether military or naval)

Co A 1st Mass Reg vol

(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion;  
that his present physical condition is such that he believes himself entitled to receive an increased rate  
under the provisions of the Act of ~~June 27, 1890~~ <sup>Feb 6 1907</sup>, and under Act of May 9, 1900; he having attained the  
age of 67 years ~~and now suffers from~~ August 12 1906

(Here state the name or nature of each disability with which you are afflicted.)

~~all of which are permanent in character, and not due to vicious habits.~~

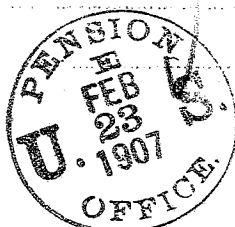
He hereby appoints with full power of substitution and revocation,

**Taber & Whitman Co.,**

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

That his Postoffice address is Bellingham, County of Norfolk  
State of Massachusetts

Eliphalet S. Sears  
Signature of claimant.



ATTY. FILED

Also personally appeared Nathan W. Sanborn residing at Bellingham, and George L. Palmer residing at Bellingham, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Eliphahet I. Sears the claimant sign his name  
(Name of 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.

Nathan W. Sanborn

George L. Palmer

(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark

(1) \_\_\_\_\_

(2) \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this 16th day of February

A. D., 1907, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words \_\_\_\_\_  
(If any words have been erased in the application, enter them here.)

\_\_\_\_\_ erased, and the words \_\_\_\_\_  
(If any words have been added in place of any erased, enter them here.)

added, and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Henry A. Whitney  
(Signature of magistrate)

Justice of the Peace  
(Official character.)

[L.]

The officer to whom this declaration is executed must be sworn and note in his certificate all measures and interlineations as indicated above.

Declaration and  
power of attorney valid.  
S. A. Cuddy,  
Chief, Law Division.  
per ICS 3 12 07

Certificate No. 666668

File.

INVALID.

Claim for Additional Pension.

Act of February 6th, 1907.

ACTS OF

~~June 27, 1890, and May 9, 1900~~

Eliphahet I. Sears  
Applicant

Co. A 1st Reg't

Mass Inf Vols.

Enlisted \_\_\_\_\_, 18\_\_\_\_

Discharged \_\_\_\_\_, 18\_\_\_\_

FILED BY

TABER & WHITMAN CO.,

ATTORNEYS  
RECORDED  
MAR 1907  
DIVISION  
WASHINGTON, D. C.

Lock Box 2425.

(3-145 b.)

Act of June 27, 1890.

# Increase INVALID PENSION.

Off. No. 666,668

Claimant, Eliphahet J. Sears

P. O., 220 Sterling St., Clinton Rank, Post.

County, Worcester Company, A.

State, Mass. Regiment, 1<sup>st</sup> Mass. Vol. Inf.

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Disabled by \_\_\_\_\_

## RECOGNIZED ATTORNEY:

Name, E. J. Donnelly and Co.  
P. O., City

Fee \$ 2.

Agent to pay \_\_\_\_\_

Articles filed \_\_\_\_\_

## APPROVALS:

Submitted for admission Jan. 19<sup>th</sup> 1894

Approved for Double hernias  
(left incomplete) and  
rheumatism and impaired  
vision left eye. (new) alleged  
March 2. 1893

Shattuck A. D. J., Examiner.

Approved for reduction for double  
complete inguinal hernia  
#6. (Both now completely  
no other notable disability  
shown.

Jan 26, 1894, Super, Legal Reviewer.

Klemm. Ambr.  
Jan. 31, 1894, Wm. H. Hetherington, Medical Referee.

Enlisted August 12<sup>th</sup> 1862 Honorably discharged May 25<sup>th</sup> 1864 Last paid  
to \_\_\_\_\_, at \$ 10., for "Double hernia (left incomplete)"

No Pension under other laws at \$ \_\_\_\_\_, for

ended \_\_\_\_\_

Original declaration, act June 27, 1890, filed August 9, 1890; alleged rupture

## PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed March 2<sup>nd</sup> 1893, alleges Inc., also lameness  
of right foot result of rheumatism, affection of eyesight  
incipient cataract on the left eye.  
Writes No M.C.

(3-145 a.)

ACT OF JUNE 27, 1890.

# INVALID PENSION.

666.668  
Boston,

Claimant, Eliphahel S Sears  
P. O., 220-Portland St Clinton Rank, Private  
County, Worcester Company, A-  
State, Mass. Regiment, 1-Mass. Vol. Inf.  
Rate, \$ 10, per month, commencing August 9-1888.

Disabled by Double hernia (left incomplete)

## RECOGNIZED ATTORNEY.

Name, Charles J Donnelly Esq. Fee, \$ 10, Agent to pay.  
P. O., City Articles filed, \_\_\_\_\_, 189\_\_

## APPROVALS.

Submitted for Adm., Sept 1, 1891, Wm T. Bond, Examiner.  
Approved for \_\_\_\_\_

Approved for Double inguinal hernia  
(left incomplete) \$ 10.00

Admission

Curtis  
Legal Reviewer.

No other notable disability shown.  
Sam'l A. M. E., Thos. J. Houston  
Sept. 28, 1891, Medical Referee.

Not now pensioned under other laws. Last paid to \_\_\_\_\_, 18\_\_\_\_, at \$\_\_\_\_\_  
Pensioned from \_\_\_\_\_, 18\_\_\_\_, at \$\_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted Aug 12, 1862, honorably discharged May 25, 1864  
Re-enlisted \_\_\_\_\_, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_  
Declaration filed Aug 9, 1890, alleges permanent disability, not due to vicious habits,  
from rupture

W. M. C.

Writer

AA.

(3-010a.)

AA.

[Act of June 27, 1890.]

# DECLARATION FOR INVALID PENSIONS.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Massachusetts, County of Worcester ss:  
 ON THIS fifth day of August A. D. one thousand eight hundred and ninety.....  
 personally appeared before me Clerk of the Second District Court of Eastern Worcester  
E. S. Seare  
 within and for the County and State aforesaid.....

aged 49 years, a resident of the Town of # 220, Starling St.  
Clinton State of Massachusetts, who, being duly sworn  
E. S. Seare  
 according to law, declares that he is the identical..... who was enrolled  
 on the 12th day of August 1862 in Co. A 1st Regt.  
Mass. Col.  
 [Here state rank, company, and regiment in military  
 service, or vessel, if in the Navy.]

in the war of the Rebellion, and served at least ninety days, and was honorably discharged at Boston  
Mass. on the 25th day of May 1864

That he is..... unable to earn a support by reason of Rupture  
 [Here name the diseases or injuries]  
He also suffers from—  
 from which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.

That he has not applied for pension under application No..... That he is a pensioner under certificate  
 No..... at the rate of \$..... per month.  
 [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. He hereby appoints

**CHARLES J. DONNELLY & CO., Washington, D. C.,**

his true and lawful attorneys to prosecute his claim, and he hereby promises and agrees to pay his said attorneys the  
 sum of ten (\$10) dollars for their services herein, which sum he authorizes and requests the Commissioner of Pen-  
 sions to pay out of the pension which may be granted him under this application. That his post-office address

is # 220, Starling St.  
Clinton State of Massachu-  
sette

E. S. Seare  
 Claimant's Signature

Attest:  
William H. Johnson  
Baruf H. Green

Fill in all permanent disabilities, not due to vicious habits, even those that may have been contracted before enlistment and since discharge.

Also personally appeared William A. Johnson residing at Clinton  
Barney Glynn and Clinton residing at  
Clinton 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 Eliphalet S. Sears  
 the claimant, sign his name ~~(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 for 5 years and 5 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.

William A. Johnson  
Barney Glynn  
 (Signature of Witnesses.)

Sworn to and subscribed before me this fifth day of August A. D. 1890  
 and I hereby certify that the contents of the above declaration, &c., were fully made known and ex-  
 plained 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.

Frank C. Richard  
 (Signature.)  
Clerk of Court  
 (Official Character.)

The act of June 27, 1890, requires, in the case of a soldier:  
 (1) An honorable discharge (but the certificate need not be filed unless called for).  
 (2) A minimum service of ninety days.  
 (3) A permanent physical disability not due to vicious habits. (It need not have originated in the service.)  
 (4) The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are  
 not affected by rank held.  
 (5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws,  
 but he can not draw more than one pension for the same period.

304841

AA.

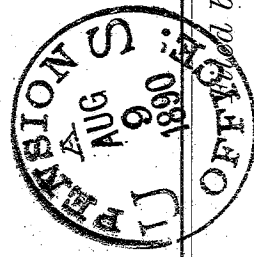
(9-010a.)

# SOLDIER'S APPLICATION.

Name E. S. Sears  
 Service Co A  
 Address Clinton  
Mass.

Attorney.

Address



CHARLES J. DONNELLY & CO.,  
 WASHINGTON, D. C.

Executed by W. B. O'HANLON, Paymaster, 1012 Penna. Ave. Washington, D. C.

No other claim. H

# Declaration for the Increase of Pension and for New Disability

UNDER ACT OF JUNE 27, 1890.

State of Massachusetts County of Worcester ss:

On this 25<sup>th</sup> day of February, A. D. one thousand eight hundred and ninety three personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Eliphazet S. Sears, aged 52 years, a resident of the Town of Hinton county of

State of Mass., who being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Boston Mass Pension Agency, at the rate of 10 dollars per month, Certificate No. 666 668, by reason of disability from

"Double hernia (left incomplete)" Here name the disability for which pension was granted. incurred

That he was a Private in Co. "A" 1<sup>st</sup> Regt. Mass Vols. Here state rank, company, and regiment if in Army—vessel, if in Navy.

That he believes himself to be entitled to an increase of pension on account of "disabilities" Here state the reason for

for which pensioned." applying for increase. If on account of increase in the disability for which already pensioned, that should be described.

And he also believes himself to be entitled to a further increase of pension on account of the following disabilities for which he has not heretofore been pensioned: Blame right foot, im-

If either of these new disabilities are result of an injury or

peding motion. Brought on by rheumatism, and attended accident, state where, when, and how they were incurred. with frequent pains - Poor eyesight - a blow over on the left eye, in the nature of a cataract.

That said disabilities are not the results of his vicious habits and are to the best of his knowledge permanent in character; that he appoints **CHAS. J. DONNELLY & CO.**, of Washington, D. C., his true and lawful attorneys to prosecute his claim. That his P. O. Address is 1220 Sterling St. county of Hinton State of Mass.

Eliphazet S. Sears  
Signature of Claimant.

Attest: John F. Connor  
John W. Forrester

FOR THE EXCLUSIVE USE OF CHAS. J. DONNELLY & CO.

Also personally appeared John F. Connor, residing at Criton  
 and John W. Forrester, residing at Criton, persons  
 whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say they were  
 present and saw Eliphabet S. Sears, the claimant, sign his name (or make his  
 mark) to the foregoing declaration; that from the appearance of said claimant and their acquaintance  
 with him, they have every reason to believe, and do believe, that he is the identical person he represents  
 himself to be; and that they have no interest in the prosecution of this claim.

John F. Connor  
John W. Forrester  
 Signatures of Witnesses.

Sworn to and subscribed before me this 25<sup>th</sup> day of February A. D. 1893, 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.

[L. S.]

Thomas F. Larkin  
 Official Signature.  
Filed Feb. 29-88  
to " " - 95  
A.R.S.  
 Justice of the Peace,  
 Official Character.

# DISABILITY.

Claim for Increase and New Disability

Under Act of June 27, 1890.

Eliphabet S. Sears Applicant.

Co. A Reg't.

mass Vols.

Pension Certificate No. 666,668.



FILED BY

Chas. J. Donnelly & Co.

ATTORNEYS.

WASHINGTON, D. C.



(3-060 a.)

# MILITARY SERVICE.

NAME OF SOLDIER:

*Eliphlet S. Sears*

*Eastern* Div.

Bureau of Pensions,

No. *889844*

Ex'r.

*April 18*, 189*1*

SIR:

It is alleged that the above-named man enlisted *Aug*  
*12*, 18*62*, and served as a  
in Co. *A*, *1* Reg't *Mass. Vol.*  
also as a \_\_\_\_\_ in Co. \_\_\_\_\_, Reg't  
\_\_\_\_\_, and was discharged at \_\_\_\_\_

on *May 25*, 18*64*,

No. of prior claim \_\_\_\_\_

The War Department will please furnish an official statement  
in this case, showing date of enrollment and date and mode of  
termination of service.

Very respectfully,

*Andrew D. Anderson*

Commissioner.

THE OFFICER IN CHARGE OF THE  
RECORD AND PENSION DIVISION,  
WAR DEPARTMENT.

Write nothing above this line.

APR 30

267301

1891

# War Department,

Record and Pension Division,

~~APR 20 1891~~

Respectfully returned to the

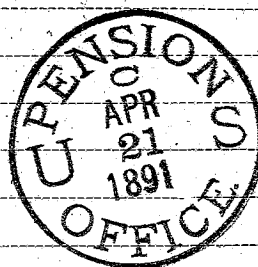
COMMISSIONER OF PENSIONS.

The rolls show that *Elphalet S. Sears*

mentioned in the preceding indorsement, was enrolled *Aug*

*12*, 1862, and *M. C.*

*May 25*, 1864



BY AUTHORITY OF THE SECRETARY OF WAR:

*H. C. Smith*

Captain and Asst Surgeon, U. S. Army.

Per *Major*

17 OCT 17

916152

1003

DIVISION.

A. D. K. S.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., October 16<sup>th</sup> 1893.

Respectfully returned to the officer in charge  
of the Record and Pension Office, War Department,  
requesting a full military and medical  
history \_\_\_\_\_

(Descriptive

\_\_\_\_\_ of the soldier.

(list.)

Please examine all records likely to afford  
any information as to diseases, wounds, or injuries  
incurred by him while in the service.

No medical report on file

Claim No. 666667

Name Eliphalet S. Sears

Co. A, 1 Regt. Mass. Vol. Inf.

D. J. Murphy

Acting

Commissioner.

Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Eliphalet S. Sears

Co. A, 1 Regt Mass Inf

was enrolled Aug 12, 1862

and M.O. with Co May 25, 1864,

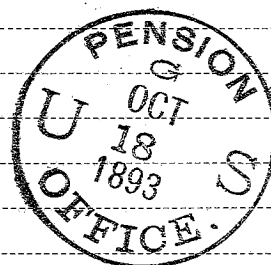
From Co, 186, to M.O., 186,

he held the rank of Pvt

and during that period the rolls show him present

except as follows

The medical records show him treated as follows:  
As - Deans, Prov. Co. A,  
1 Mass., Dec. 16 to 28,  
66, diarrhoea.  
Nothing additional found.



BY AUTHORITY OF THE SECRETARY OF WAR:

*Deansworth*

Colonel, U. S. Army, Chief of Office

Per *m.*

OCT 17 1893

Washington, D. C.,

(COMMISSIONER OF PENSIONS.)

3-050.

134

Civil War Div. J. L. B. Ex'r.

ADJUTANT GENERAL'S OFFICE

2067937

WAR DEPARTMENT

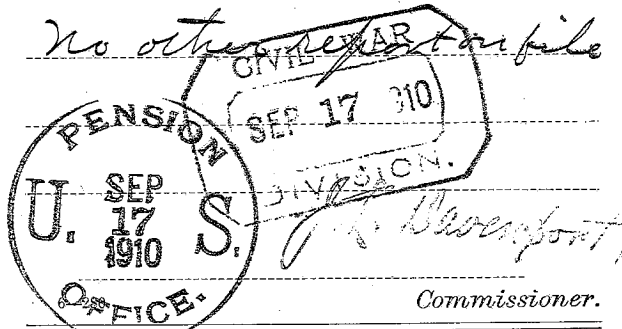
DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,

Washington, D. C. Sept. 14, 1910.

Respectfully referred to the  
Adjutant General  
War Department for  
a further report, show-  
ing the soldier's age  
at enlistment.

Inv. Cert. 666.668  
Eliphalet S. Sears,  
Co. A. 1, Mass. Vol. Inf.

Two enclosures  
No other report on file



**WAR DEPARTMENT,**

**THE ADJUTANT GENERAL'S OFFICE,**

**WASHINGTON, SEP 16 1910**

*respectfully returned to the*

**Commissioner of Pensions,**

*the information that in the case of*

*Eliphalet S. Sears*

*A, 1 Reg't Mass. I.*

records show personal description as follows:

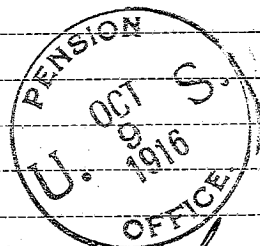
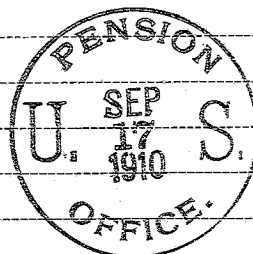
*21*, height \_\_\_\_\_ feet, \_\_\_\_\_ inches,

plexion \_\_\_\_\_,

hair \_\_\_\_\_,

date of birth \_\_\_\_\_,

occupation \_\_\_\_\_



*F. C. Ainsworth*

*The Adjutant General.*

# EXAMINATION.

State of Mass County of Worcester 33.

name and address of Perley P. Lowrey M. D., whose P. O. address

is Clinton County of Worcester State of Mass

being first duly sworn, says that his age is now 41 years, and that he is a regular practicing physician of 14

years standing, and that he has this day examined carefully one Eliphalet S. Sears

who, he is informed was late a Private in Company A Reg't 1st Mass

Vols., and finds him afflicted as follows: He has a double hernia

that is both right & left inguinal.

The left eye is affected with an abnormal

growth in the ball of the left eye radiating from the inner canthus to

corner. He also suffers with chronic rheumatism of

the lower limbs.

and he further says that the said Eliphalet S. Sears is incapacitated for the performance

of manual labor by reason of aforesaid disabilities in about the following degree: 1/4 time

and the affiant further says that he is in nowise interested in the prosecution of this claim for pension.

Perley P. Lowrey M. D.  
Affiant's Signature.

Subscribed and sworn before me this seventh day of May 1895

The affiant is a credible witness, and the person he represents in the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written.

James S. Edwards [L. S.]  
[Official Signature.]

*Eastern Division*

EXAMINATION

-BY-

CIVIL SURGEON.

OLA

Co. *A/1<sup>st</sup>* Reg't. *Mess* Vols.

FOR

*Increase of* Pension.

FILED BY

CHARLES J. DONNELLY & CO.,

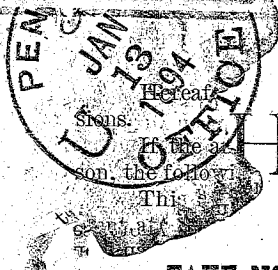
ATTORNEYS,

WASHINGTON, D. C.

F. B. CLARKSON, PRINTER, 1012 Penn. Ave., Washington, D. C.







# PHYSICIAN'S AFFIDAVIT.

**TAKE NOTICE.**—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specially given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Mass County of Worcester, ss:

In the pension claim No. \_\_\_\_\_  
of Eliphalet D. Seave  
late of Co. A. 1<sup>st</sup> Mass Inf. (Private)  
(Company and regiment of service, if in the army; or vessel and rank, if in the navy.)

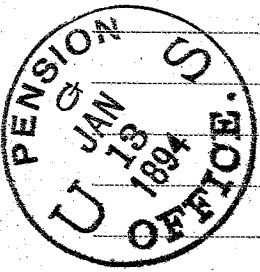
Personally came before me a Clerk of Court in and for the aforesaid county and State, Perley P. Conroy a citizen of Clinton whose post-office address is Clinton, Mass well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a practicing physician, and that he has been acquainted with said soldier for about 8 years years and that in the case of Eliphalet D. Seave. In addition to my affidavit of March 6th/93.  
[Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.]  
He has been able to do light work, about one-half to two thirds of the time.

## NOTES.

The Physician's Affidavit must show the following facts:  
1. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and how intimately and how intimately he has had of observing his physical condition, whether as his family physician or as a neighbor, and how near he has lived to him; whether he knew that the soldier was a sound man at enlistment; should so state, adding, if true, that he had been unduly and he would have known it.  
2. If he treated the claimant while in the service either as his regimental surgeon or while the claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.  
3. If he has treated a soldier since discharge, he should so state, giving the date of his first treatment, what his physical condition was at the time with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.  
4. The extent or degree to which the claimant has been unable to perform manual labor during each year from discharge to the present time.  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or  $\frac{1}{4}$  of his time or entirely, as the case may be.

This affidavit was written by me, Perley P. Conroy on 3<sup>rd</sup> day of Nov 1893. at Clinton Mass and I was not aided or prompted by any written or printed statement or record prepared or dictated by any other person. I not attached as an exhibit to my testimony.

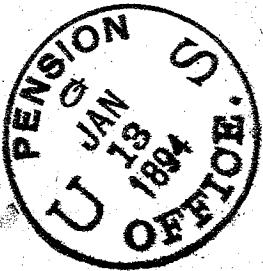


He further declares that he has been a practitioner of medicine for fifteen years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Perley P. Conroy M.D.  
[Affiant's signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this fifth day of November A. D. 1893 and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him 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.

Wm. E. Howard



MEDICAL EVIDENCE.

AFFIDAVIT OF

M. D.

CLAIM OF

LATE OF

FOR

FILED BY

CHARLES J. DONNELLY & CO.,

ATTORNEYS,

WASHINGTON, D. C.

F. B. CLARKSON, PRINTER, 1012 Penn. Ave., Washington, D. C.

## EXAMINATION.

State of Massachusetts County of Worcester ss.

Doctor's name and  
office address.

Chas L. Farnuch M. D., whose P. O. address

is Clinton County of Worcester State of Mass.

being first duly sworn, says that his age is now 45 years, and that he is a regular practicing physician of 21

years standing, and that he has this day examined carefully one Elihab S. Sears

who, he is informed was late a Private in Company A Reg't 1st Mass. Inf.

Vols., and finds him afflicted as follows: double inguinal

hernia. The right is large and

with difficulty retained by a

truss, which is worn constantly.

The probable cause was lifting

.....

.....

.....

.....

.....

.....

and he further says that the said Elihab S. Sears is incapacitated for the performance

of manual labor by reason of aforesaid disabilities in about the following degree: One fourth

.....

.....

.....

.....

and the affiant further says that he is in nowise interested in the prosecution of this claim for pension.

Chas L. Farnuch M. D.

Affiant's Signature.

Subscribed and sworn before me this twenty second day of November 1890

The affiant is a credible witness, and the person he represents in the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written.

Frank B. E. Howard Clerk [L. S.]  
[Official Signature.]

DOCTOR: Here give a full and clear diagnosis of the disability upon which pension is claimed as you find it now upon examination, and state what was the probable cause, giving all rational and physical signs of each disease.

Here state in about what degree claimant is disabled, IN YOUR JUDGMENT. That is, state about how much of the time he is not able to work.

# EXAMINATION

—BY—

## CIVIL SURGEON.

No. *889, 844*

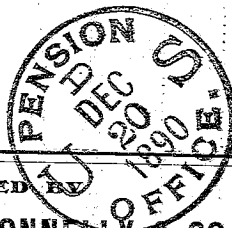
CLAIM OF

*E. J. Sears*

Co. *A 1st Reg't Mass* Vols.

FOR

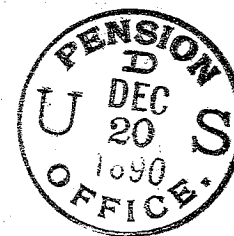
*Original* Pension.



FILED BY

CHARLES J. DONNELLY & CO.,  
ATTORNEYS,  
WASHINGTON, D. C.

F. B. CLARKSON, PRINTER, 1012 Penn. Ave., Washington, D. C.



# GENERAL AFFIDAVIT.

State of \_\_\_\_\_ County of \_\_\_\_\_, ss.

In the matter of \_\_\_\_\_

ON THIS twenty second day of November, A. D. 1880, personally appeared before me, a

Clerk of Court in and for the aforesaid County, duly authorized to administer oaths,

Albert S. Stuart aged 41 years, a resident of Clinton

in the County of Worcester and State of Mass.

whose post-office address is Clinton, and

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

in the County of \_\_\_\_\_ and State of \_\_\_\_\_

whose post-office address is \_\_\_\_\_,

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

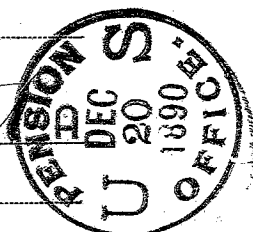
*I have known Mr Eliphalet S. Sears for thirty five years and previous to his enlistment we were near neighbors at which time Mr Sears was called a man of good health for we have ne have worked together in the woods. I have also been intimate with him since his return from the war and know that for the last few years he has lost a great deal of time, has been laid off from his work from two to three months every year on account of his rupture*

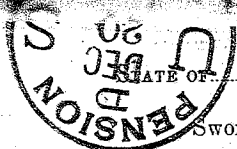
\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case and \_\_\_\_\_ not concerned in its prosecution.

Albert S Stuart

[If Affiants sign by mark, two persons who can write sign here.]

[Signature of Affiants.]





STATE OF Massachusetts COUNTY OF Worcester

Sworn to and subscribed before me this day by the above named affiant , and I certify that I read said affidavit to said affiant , including the words we have crased, and the words \_\_\_\_\_ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution ; and that said affiant is personally known to me and that he is a credible person .

[L. s.]

Frank E. Howard  
[Official Signature.]

Clerk of Court  
[Official Character.]

I \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_ who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn ; and that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188\_\_\_\_\_

[L. s.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a ~~CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE.~~ If before a ~~CLERK OF COURT,~~ must add his certificate of character hereon, and set on a separate slip of paper.



GENERAL AFFIDAVIT

CASE OF

E. S. Liaro

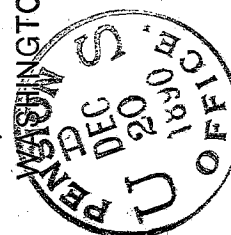
Leo A. 1<sup>st</sup>

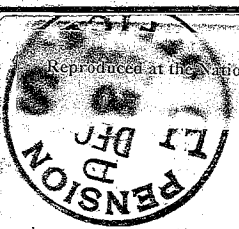
Mass. Tele

No. 889. 844

FILED BY  
Charles J. Connelly & Co.  
THOMAS J. McHENRY,

WASHINGTON, D. C.





# GENERAL AFFIDAVIT.

State of Mass. County of Worcester, ss.

In the matter of \_\_\_\_\_

ON THIS twenty first day of November, A. D. 1890, personally appeared before me, a  
Clerk of Court in and for the aforesaid County, duly authorized to administer oaths,  
William A. Johnson aged 43 years, a resident of Clinton  
in the County of Worcester and State of Mass.  
whose post-office address is Clinton, and  
aged \_\_\_\_\_ years, a resident of \_\_\_\_\_  
in the County of \_\_\_\_\_ and State of \_\_\_\_\_  
whose post-office address is \_\_\_\_\_,  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation  
to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

I have known Eliphaz S. Sears for  
the past seven years during which  
time he has had to give up  
several good jobs because the lifting  
was too much for him, and he  
has averaged loafing two months  
each year on account of his reputation.

I further declare that I have no interest in said case and am  
not concerned in its prosecution.

Wm A Johnson

[If Affiants sign by mark, two persons who can write sign here.]

[Signature of Affiants.]



STATE OF Massachusetts COUNTY OF Worcester

Sworn to and subscribed before me this day by the above named affiant , and I certify that I read said affidavit to said affiant , including the words \_\_\_\_\_ crased, and the words \_\_\_\_\_ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person .

[L. s.]

Frank E. Howard  
[Official Signature.]  
Clerk of Court  
[Official Character.]

I \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_ who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; and that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188 \_\_\_\_\_

[L. s.]

Clerk of the \_\_\_\_\_

~~NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.~~

GENERAL AFFIDAVIT

CASE OF

E. J. Davis

Leo A. 1<sup>st</sup>

Mass Solo

No. 889, 87404

FILED BY  
Thomas J. McElhenny  
WASHINGTON, D. C.



3. In making this affidavit, the testifying parties must state plainly the name and nature of the disability, and the disability mentioned must be the same as the claimant asks pension for, otherwise the affidavit will have no weight in the case. Pay strict attention to this; it is important,

## NEIGHBORS' AFFIDAVIT.

Please read these instructions before filling up your affidavit.

State of Massachusetts County of Worcester ss:

In the matter of the Claim of Elephant S. Seave late a

in Company Yerbury & Coole of the 27 Regiment of Union Vols.,  
aged 27 years, a resident of Clinton Mass

whose Post-Office address is Clinton Mass

NEIGHBORS: Please state when (the year at least) you first became acquainted with claimant; if before his enlistment, was he sound and free from his present disability. In what year you first saw him, after his discharge; what disability then affected him, and what his physical condition was. To what extent,  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{3}{4}$ , did his disability then prevent him doing manual labor, or interfere with his usual occupation; what was his occupation when you first knew him, and what is it now. In what respect has his disability increased with his age since his discharge; if it has been continuous, and what is now his physical and mental condition, and what capacity,  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{3}{4}$ , has he now for following his usual occupation. If his disease has been aggravated by intemperance or other bad habits, so state.

who being duly sworn, declare in relation to aforesaid case as follows:  
I have known Mr Seave about nine years. He worked for my father S. Coole in Clinton; and then he was unable to do a man's work; he was ruptured and couldn't work well, and had to be favored very much; he worked in a quarry, overexerting his work, as he understood it; I didn't hire him for what he could do but for what he knew his ability to work has very irregular, due to his physical condition - This was eight or nine years since. He has worked for me the past season, but very irregularly, and wholly due to his physical condition; I know that he could not average a fair days work, because of physical inability to do so. I know this from a long acquaintance with him and from personal contact with him. This affidavit was written Thomas Larkin in the presence of myself from my oral statement, a Clerk on the 12<sup>th</sup> day of March 1894, and I was not aided or prompted by any written or printed statement, or dictated or dictated by any other person; and I know these facts from  
not attached as an exhibit to my testimony

State your source of information concerning claimant.

have no interest whatever in this claim.

Herbert E. Poole

Thomas F. M. Lee

Two witnesses when signed by mark.

Sworn to and subscribed before me this 12<sup>th</sup> day of March 1894

and I certify that I am disinterested, that the affiant is to me well known, and is respectable and worthy of full credit as a witness, and that the contents of the above affidavit were made known to him before execution.

Thomas F. Larkin  
Notary Public

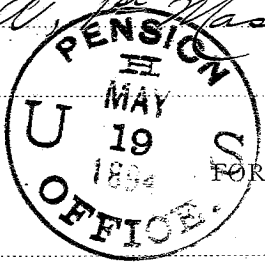
~~RECEIVED~~ S' TESTIMONY.

P

CLAIM OF  
MAY 19 1894

*Eliphalet S. Sears,*

*U. S. Mass Dist*



*Cy.* No. 666,668.

FILED BY

CHAS. J. DONNELLY & CO.,  
ATTORNEYS,  
WASHINGTON, D. C.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

*Original*

Pension Claim No. *889844*

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

*Elephel S. Sears*, Rank, *Priv*

Company *A 1st* Reg't *Mass* *Fitchburg Mass* State,

Claimant's post-office address.

*Clinton Mass*

[Post-office address of the Board.]

*May 13*, 189*1*.

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: *Rupture of right side.*

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of \_\_\_\_\_ dollars per month.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for *Original*

[Original, increase, restoration, &c.]

*That he has to do light work on account of rupture of left side he has pain in both groins. much worse in the right side. Hurts in groin to enough has to wear a truss constantly. If left-hand hernia pushes out under the truss comes out 2 or 3 times a day.*

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, *92* respiration, *22*; temperature, *98.4*; height, *5* feet *5 1/4* inches; weight, *148* pounds; age, *50* years.

*Good form well developed muscles firm hands hard skin clear.*

*Tongue very slightly coated.*

*Lungs normal*

*Heart normal*

*Liver Kidneys & Spleen normal*

*He has right direct inguinal hernia. ring is relaxed admits one finger easily on coughing a tumor about 2 1/2 in by 1 1/2 inch is formed. (Comes out of ring) he has a left buboncel ring admits end of one finger bowel does not come out of canal. impulse can be felt against end of the finger. He wears a truss. No thing hernia could be retained by a properly fitted truss no other disability found.*

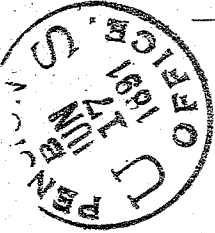
Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by *Right inguinal hernia* + *7/18* for that caused by *Left buboncel*, and \_\_\_\_\_ for that caused by \_\_\_\_\_

*George Jensen*, Pres. *D. V. Woodworth*, Sec'y. *E. P. Miller*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Continue record of examination here.



**SURGEON'S CERTIFICATE**

IN CASE OF

*Elephel S. Sears*

Co. *A* 1 Reg't *Mars*

**Applicant for** *Original*

No. *889,844*

DATE OF EXAMINATION:

*May 13*, 1891

*George Jewett*, Pres.,  
*J. C. Woodworth*, Sec'y,  
*E. P. Miller*, Treas.,  
BOARD.

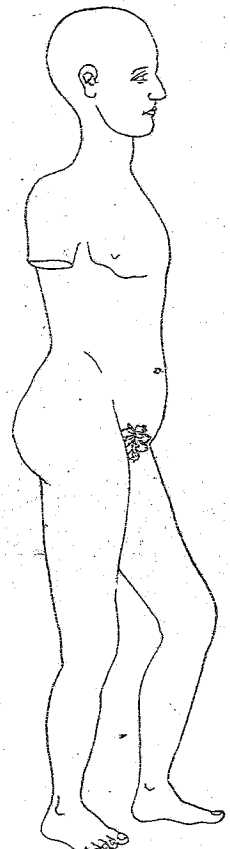
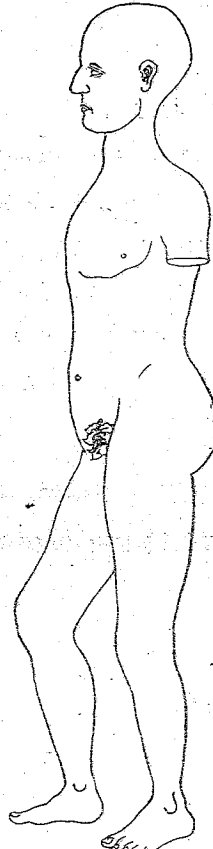
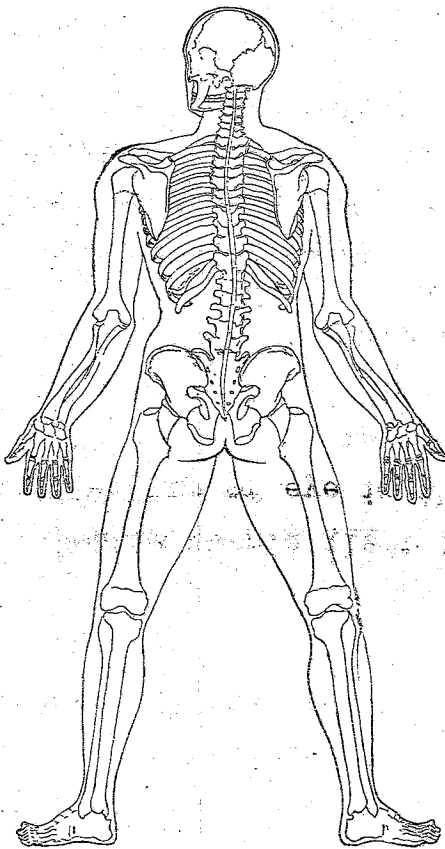
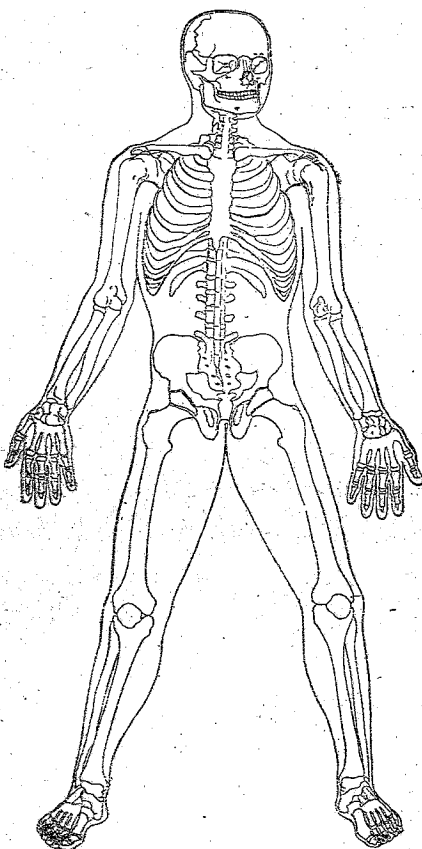
Post office, *Fitchburg*

County, *Worcester*

State, *Mars*

P. S.—Write your Post-office address plainly and in full.

*[Signature]*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase

Ctf.

Pension Claim No. 666668

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Eliphalet S. Sears

Rank, Private

Company A, 1 Reg't Mass. Vols. Inf.

Worcester, Mass.

State,

[Post-office address of the Board.]

Claimant's post-office address.

220 Sterling Street, Clinton, Mass.

Sept. 13

1893.

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Double hernia (left incomplete) lame foot, from Rheumatism; affection of eye in the nature of a cataract,

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of ten dollars per month.

He makes the following statement upon which he bases his claim for Increase

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Has pains and stiffness in R foot; gets worse when storms, and pains shoot up R. leg into back; stiffness makes him lame; can never hurry; has double rupture; rupture troubles him a good deal when works; and cannot lift on account of it; Has pains in L. eye; occasionally a blur comes over sight. Total abstainer; moderate smoker; no history of venereal disease.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 140-160-168; respiration, 24-26; temperature, 99.5; height, 5 feet 5 inches; weight, 150 pounds; age, 53 years. Face flushed. Tongue thickly coated; teeth decayed; muscles well nourished & firm; Pterygium of both eyes; L. eye covering pupil 1/6; R. eye coming to edge of pupil, but not occluding. Heart's apex normal; very rapid, probably from existing fever. No murmurs. Lungs, liver, spleen, normal. Double complete herniae; ring, left side, admits finger easily; pillars flabby; rupture comes down through external ring. ring r. side admits two fingers; pillars flabby; rupture comes down through external ring; rupture both sides can be returned and retained. Toes of R. foot stiff and turned outward; large bunion on tarso-metatarsal joint big toe; tendons somewhat contracted; no other evidences of rheumatism in any of the other muscles, joints or tendons; Nothing internal found in eyes. no cataract; vision normal, corrected by 2 1/4 glass. No other disability found to exist. Disability not the result of vicious habits.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by \_\_\_\_\_, \_\_\_\_\_ for that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_

John T. Duggan, Pres. Michael H. Farrell, Sec'y. M. Wood, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

IN CASE OF

Gilbert L. Sears

Co. A, 1 Regt Mass. Vols.

**Applicant for** Increase

No. 66668

DATE OF EXAMINATION:

Sept 13. 1893.

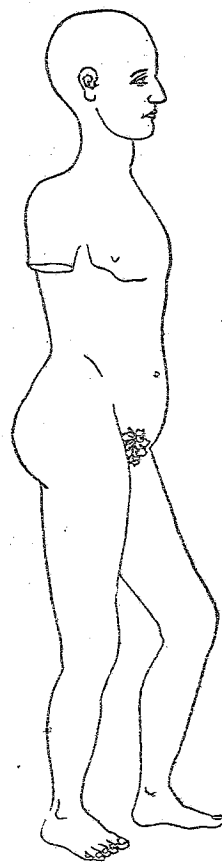
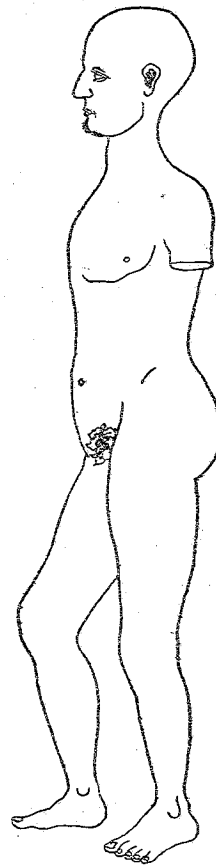
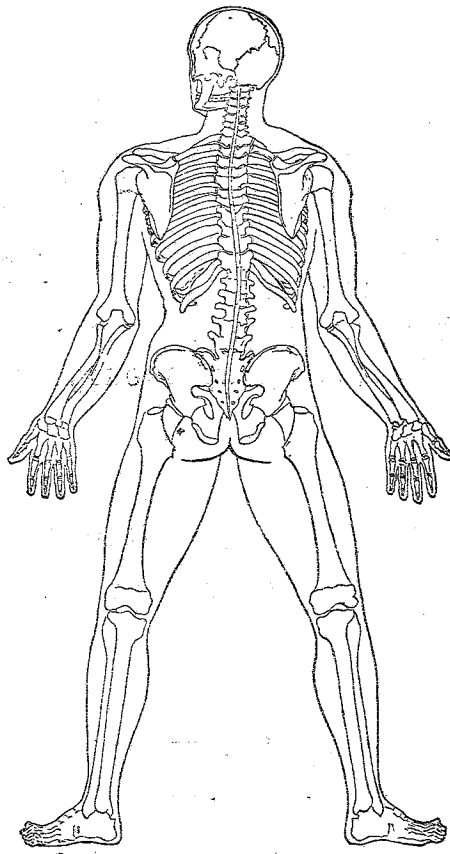
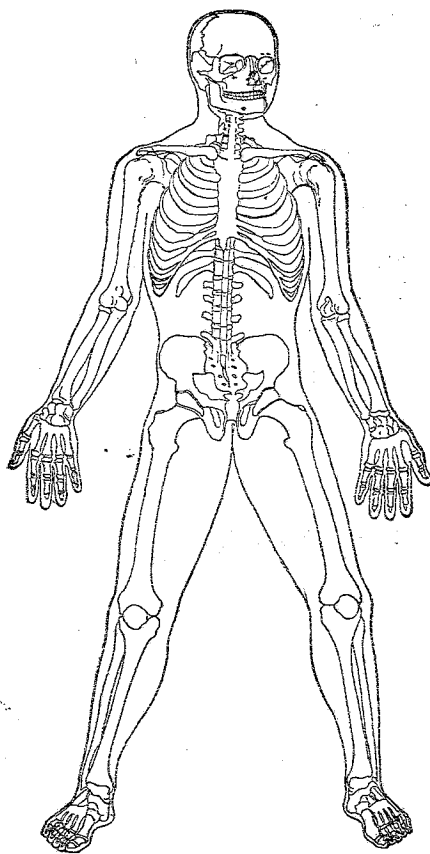
John T. Duggan, Pres.,  
Michael H. Gallen, Sec'y,  
J. W. Carroll Treas.,

Post office, Worcester,

County, Worcester,

State, \_\_\_\_\_  
Mass.

**P. S.**—Write your Post-office address plainly and in full.



PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

Parsons

3-1647.

RECEIVED

Act. of May 1, 1920

JUN 29 1927

Cert. 666668

ABANDON

Name,

Eliphalet S. Sears

JUN 29 1927

Application filed Oct 29, 1921

Service, A 1 Mass. Inf

Nov 21/21 R.R. Flynn State  
House Boston Mass. Med evi  
cir for Med evi and attendant  
in Chit claim of May 1, 1920

J P Gov Dir

June 6, 1925 Claimant

May 1 increase call.

wid Dir. H.H.M.

Intelligence Division Files  
NOV 8 1961



3-812

# REIMBURSEMENT.

Certificate No. 66666 1,  
Pensioner Eliphalet S. Sears,  
Class Env.  
Date of Death April 13, 1925  
Claimant Mrs Catherine Connors,  
Post Office 119 "L" St.,  
St Boston, Mass.,  
Received May 15, 1925

3-0 April 28, 1925.  
So. Boston  
Mass.

666668

To the Pension Dept.:-

Dear Sir:-

This letter is to  
notify you that Mr. Eliphaz  
S. Sears passed away April 13  
he has been ailing for some  
time, he was a Grand Army Vet.  
of Post 32 So. Boston.

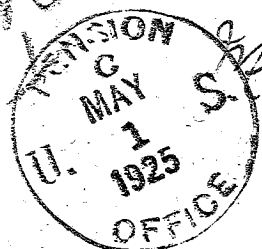
Yours truly

Mrs John Connors.

119 L. St.

So. Boston

Mass.



FINANCE DIVISION  
SEC. 1  
MAY 4 1925  
BUREAU OF PENSIONS


HOURS { 1 TO 3 P. M.  
7 TO 8.30 P. M.

512 E. BROADWAY,  
SOUTH BOSTON.

*April 13, 1925*

*Mr. Eliphalet J. Sears -*  
*119 L. St., So. Boston*  
DR. TO J. W. REDMOND, M. D.

TELEPHONE 177 S. BOSTON

	To Professional Services	<i>rec'd him -</i>	
<i>Mar. 17</i>			
<i>" 20</i>			
<i>" 30</i>			
<i>Apr. 6</i>	House calls @ \$3.00 \$21.00		
<i>" 10</i>			
<i>" 11</i>			
<i>" 12</i>			
			
	Paid April 23, 1925 in full by Mrs. Catherine Cannon J. W. Redmond, M.D.		

March, 17. 1925.

Mr. Eliphalet S. Sears.  
119 L St. So. Boston.  
To. W. J. Costello..

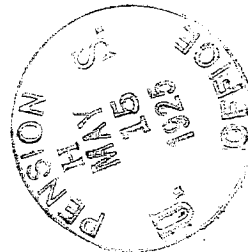
March. 17.	.75
" 20	.85
" 30	1.65
April, 6	2.10
" 10	1.10
" 11	1.90
" 12	.65
	-----
	\$ 9.00

Received Payment in full.

William J. Costello..

J. W. B.

Paid by Mrs. Catherine Connors April. 23  
in full. J. W. B



SOUTH BOSTON, MASS., April 15 1925

Mrs. Catherine Connors

TO JAMES F. O'DONNELL JR., DR.

FUNERAL UNDERTAKER

160 BROADWAY

To Burial of Elphaleet Sears 4/9/25

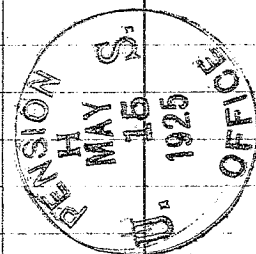
Casket	155 00	
Box	13 00	
Hearse	15 00	
Auto	9 00	
Embalming	15 00	
Shaving & Rinsing Remains	5 00	
7 Flowers	2 00	
Candles	4 00	
Lidostering	4 50	
Funeral Mass	10 00	
Opening Grave	8 00	
Stork	1 00	
		241 50

RECEIVED PAYMENT

April 23<sup>rd</sup> /25

JAMES F. O'DONNELL JR.

*[Signature]*



ACT OF JUNE 27, 1880.

BOSTON,

3-402.

Certificate No. 666668  
Name Eliphalet S. Sears Department of the Interior,  
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.

Very respectfully,



Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Bridget Sears Bridget Brody

Second. When, where, and by whom were you married?

Answer. 14th day Nov 1874 Maynard Mass by M H & Evers

Third. What record of marriage exists?

Answer. Town clerk of Maynard Mass

Fourth. 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. NO

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

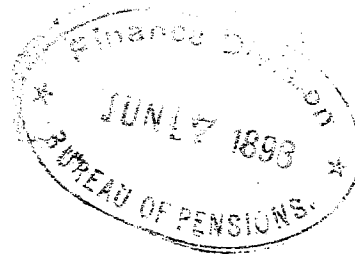
Answer. NO

Date of reply, June 4th, 1898

Eliphalet S. Sears  
(Signature.)

0-8

5301b750ml-98





No. 000,008

ACT OF MAY 11, 1912

Increase

# United States of America



## BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the United States Eliphalet S. Sears, who was a Private, Co. A, 1<sup>st</sup> Regiment Massachusetts Infantry, is entitled to a pension at the rate of Twenty-seven dollars per month, to commence August 12, 1916

Given at the Department of the Interior this seventeenth day of October one thousand nine hundred and sixteen and of the Independence of the United States of America the one hundred and forty-first.

Secretary of the Interior.

Countersigned,

Acting Commissioner of Pensions.

Former payments covering any portion of the same time to be deducted.

ACT OF MAY 1, 1920

# DECLARATION FOR PENSION

The Pension Certificate should not be forwarded with the Application

STATE OF Mass, COUNTY OF Suffolk ss:  
 On this 27 day of Oct A. D. 1921, personally appeared before me, a Special Commissioner  
 within and for the county and State aforesaid, Eliphalet S. Sears, who, being duly  
 sworn according to law, declares that he is 80 years of age, and a resident of South Boston  
 county of Suffolk, State of Mass; and that he is the  
 identical person who was ENROLLED at Acton, Mass, under the name  
 of Eliphalet S. Sears, on the 12 day of Aug 1862  
 as a private, in Co A 1st Mass. 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 Boston, on the 25 day of May 1864  
 That he also served No other service  
(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 6 inches; complexion ruddy color of  
 eyes blue; color of hair brown; that his occupation was farmer;

that he was born Aug 1st 1841  
Left eye almost totally blind - Right eye  
very defective. Requests home examination  
(State in this space the nature of the disability by reason of which the regular personal aid and attendance of another person is required.)

That his several places of residence since leaving the service have been as follows: Belmont  
(State date of each change, as nearly as possible.)

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

That he is a pensioner under Certificate No. 666668 That he has now applies for 72 rate  
 No. 30 applied for pension under original

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>John L. McKeon</u> <small>(Signature of first witness.)</small>	<u>Eliphalet S. Sears</u> <small>(Claimant's signature in full.)</small>
<u>58 Thurston St, Somerville</u> <small>(Address of first witness.)</small>	<u>119 L St,</u> <small>(Claimant's address in full.)</small>
<u>Mass.</u>	<u>South Boston</u>
(2) <u>James F. Farrell</u> <small>(Signature of second witness.)</small>	<u>Mass.</u>
<u>435 Thelott St, Auburndale</u> <small>(Address of second witness.)</small>	
<u>Mass.</u>	

SUBSCRIBED and sworn to before me this 27 day of Oct 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 \_\_\_\_\_

Certificate on file to cover

[L. s.]

erased, and the words \_\_\_\_\_, added

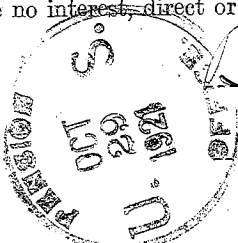
and that I have no interest, direct or indirect, in the prosecution of this claim.

H. F. Willey,  
 Chief, Law Division,

Belle J. McKeon  
(Signature.)

Declaration accepted  
 as a claim under Sec.  
 2, act of May 1, 1920.  
 Chief, Law Div.

Per O. J.



SPECIAL COMMISSIONER  
 PENSION DEPARTMENT  
 STATE HOUSE  
 BOSTON.

ACT OF MAY 1, 1920

## CLAIM FOR PENSION

Certificate No. 666668

Name, Eliphalet S. Sears

Service, Co. A 1<sup>st</sup> Mass. Vols.

### INSTRUCTIONS

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, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

FILED BY

STATE AID AND PENSION DEPARTMENT

STATE HOUSE

BOSTON, MASS.



Act Approved May 1, 1920.

Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom

ACT OF MAY 11, 1912.

3-014.

## DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass, County of Suffolk, ss:  
 On this 12 day of August, A. D. one thousand nine hundred and eighteen, personally  
 appeared before me, a Special Commissioner within and for the county and State aforesaid,  
Elephalest S. Sears who, being duly sworn according to law, declares that he is 75 1841  
 years of age, and a resident of Boston, county of Suffolk  
 State of Mass.; and that he is the identical person who was ENROLLED at Acton Mass  
 on the 12 day of August, 1862 as a private, in O  
Co. A 1st 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 war, and was HONORABLY DISCHARGED  
 at Boston, Mass, on the 25 day of May, 1864  
 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, about 5 feet 5 inches; complexion, fair; color of  
 eyes, blue; color of hair, brown; that his occupation was farmer; that he  
 was born August 12, 1841, at Hubbardston

That his several places of residence since leaving the service have been as follows:

Most of the time in Acton, Mass  
 (State date of each change, as nearly as possible.)

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

That he is a pensioner under certificate No. 666668. That he has \_\_\_\_\_ applied for pension under original  
 No. \$21.50

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 11, 1912.

That his post-office address is 119 L St, South Boston, county of Suffolk  
 State of Mass.

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

Elephalest S. Sears  
 (Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 12 day of August, A. D. 1916, 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.] \_\_\_\_\_, added;  
 and that I have no interest, direct or indirect, in the prosecution of this claim.

Certificate on file is of \_\_\_\_\_  
 to \_\_\_\_\_  
**CERTIFICATE ON FILE**

Belle J. McKeon  
**SPECIAL COMMISSIONER**  
**PENSION DEPARTMENT**  
 (Official character)  
**STATE HOUSE**

Chief, Law Divis.

BOSTON MASS

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3-014.

ACT OF MAY 11, 1912.

## CLAIM FOR PENSION.

Certificate No. 666668

Name, Elizabeth J. Lane

Service, Dec 21<sup>st</sup> 1890

## 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 by the proper State, county, or city officer under his seal, unless such certificate has been filed in the of Pensions for general reference.

FILED BY

STATE PENSION AGENCY OF MASS.

STATE HOUSE

BOSTON, MASS.

AUG 17 1916

AUG 17 1916

## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, 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 and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications 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.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. 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, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

DECLARATION ACCEPTED AS  
STATE UNDER THE ACT  
JULY 11 1912

## Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

## Certificate of Birth

FROM THE RECORDS OF BIRTHS IN THE TOWN OF Needham  
MASSACHUSETTS, U. S. A.

1. Date of Birth, - - -	<u>August 12. 1841</u>
2. Full Name of Child, -	<u>Elephant Stone Sears</u>
3. Sex, Color, and if Twin	<u>m - or - S.</u>
4. Place of Birth, - - -	<u>Needhamston Mass</u>
5. Residence of Parents, -	<u>Needhamston</u>
6. Name of Father, - - -	<u>Abigail Sears</u>
7. Occupation of Father, -	<u>not given</u>
8. Birthplace of Father, -	<u>" "</u>
9. Maiden Name of Mother	<u>(not given supposed to be Hannah Stone)</u>
10. Birthplace of Mother, -	<u>not given</u>

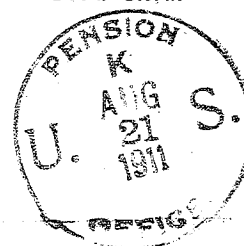
I, William H. Wheeler depose and say,  
that I hold the office of Town Clerk of the Town of Needhamston  
County of Worcester and Commonwealth of Massachusetts; that the  
records of Births, Marriages and Deaths in said Town are in my custody, and that the above is  
a true extract from the Records of Births in said Town, as certified by me.

WITNESS my hand and the Seal of said Town, on the 20<sup>th</sup>

day of August 1910

Wm. H. Wheeler

Town Clerk.



Return please to  
Worcester  
Ag. #24

ACT OF FEBRUARY 6, 1907.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts }  
County of Norfolk } ss.

On this 15 day of August, A. D. one thousand nine hundred and ten, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Eliphalet S. Sears, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Bellingham county of Norfolk, State of Massachusetts; and that he is the identical person who was ENROLLED at South Acton under the name of Eliphalet S. Sears, on the 12 day of August 1862, as a private, in Co. A 1st Mass Vol Infs  
(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 Boston Mass (State name of war, Civil or Mexican.) on the 25 day of May, 1864. That he also 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, \_\_\_\_\_ feet \_\_\_\_\_ inches; complexion, \_\_\_\_\_; color of eyes, \_\_\_\_\_; color of hair, \_\_\_\_\_; that his occupation was \_\_\_\_\_; that he was born August 12 1840 at Dorchester Mass

That his several places of residence since leaving the service have been as follows:  
Stone - in New Hampshire - So Acton - Clinton - Bellingham  
1864 1867 1875 1880 1900  
(State date of each change, as nearly as possible.)

That he is \_\_\_\_\_ a pensioner. That he has \_\_\_\_\_ heretofore applied for pension of \$12 per month  
No 666668 and got an increase under this act Feb 23 1907  
(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 Bellingham, county of Norfolk, State of Massachusetts

Eliphalet S. Sears  
(Claimant's signature in full.)

Attest: (1) John W. Bigley  
(2) Lewis E. Whitney

Also personally appeared John W. Bigley, residing in Bellingham and Lewis E. Whitney, residing in Bellingham, 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 Eliphalet S. Sears, 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 60 years and 4 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.

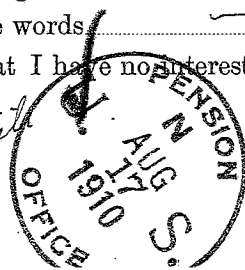
John W. Bigley  
Lewis E. Whitney  
(Signatures of witnesses.)

Certificate cover date.  
S. A. Cuddy,  
Chief, Law Division.

[L. S.]

SUBSCRIBED and sworn to before me this 15 day of August, A. D. 1900, 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.

Henry A. Whitney  
(Signature.)  
Justice of the Peace  
(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 :*

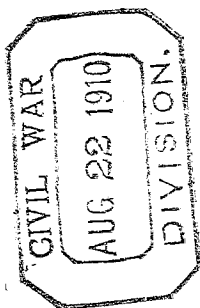
That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such 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.

Sect. 2. That rank in the service shall not be considered in applications filed hereunder.

Sect. 3. 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.

6-803



3-014.

ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

Certificate No. 666668

Name, *Elephant & Sons*

Service, *Co. A*

*Mass Inf*



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, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

FILED BY

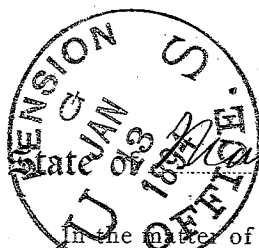
STATE PENSION AGENCY OF MASS.

STATE HOUSE,

BOSTON, MASS.

*MR*





# CLAIMANT'S AFFIDAVIT.

State of Massachusetts County of Worcester ss:  
 In the matter of the claim of Eliphail S. Sears late a  
Private in Company 9 of the 8th Regiment of Mass. Infantry Vols.,  
Eliphail S. Sears aged 53 years, a resident of Clinton, Mass.  
 whose Post-Office address is 220 Sterling Street  
 who being duly sworn, declares in relation to aforesaid case as follows:

I first became afflicted with rheumatism  
 of right foot here in Clinton, Mass. three  
 years ago last September; to wit; in September  
 A. D. 1890.

This affidavit was written by Thomas F. Larkin  
 a Justice of the Peace for Massachusetts in the presence  
 of the affiant from his oral statement at Clinton, Mass.  
 on the 3d day of November A. D. 1893, and the affiant  
 was not aided or prompted by any written or  
 printed statement or recital prepared or dicta-  
 ted by any other person and not attached as  
 an exhibit to his testimony.

Two witnesses  
 when signed  
 by mark.

Signed in presence of  
T. F. Larkin

Eliphail S. Sears

Sworn to and subscribed before me this 3d day of November 1893

and I certify that I am disinterested, that the affiant is to me well known, and is respectable and worthy of  
 full credit, and that the contents of the above affidavit were made known to him before execution.

Thomas F. Larkin

Justice of the Peace

(over)

CLAIMANT'S AFFIDAVIT.

CLAIM OF

*Eliphah P. Sears,*  
*'A' 1st Mass.*

FOR

*Additional*  
*Increase*

No.

*666,668*

FILED BY

CHAS. J. DONNELLY & CO.,  
ATTORNEYS,  
WASHINGTON, D. C.

# GENERAL AFFIDAVIT.

State of Massachusetts County of Worcester, ss:

In the matter of \_\_\_\_\_

ON THIS twenty eighth day of August, A. D. 1890, personally appeared before me, a  
Clerk of Court in and for the aforesaid County, duly authorized to administer oaths,  
Eliphalet S. Sears aged 67 years, a resident of Clinton  
in the County of Worcester and State of Mass.  
whose post-office address is Clinton, and  
aged \_\_\_\_\_ years, a resident of \_\_\_\_\_  
in the County of \_\_\_\_\_ and State of \_\_\_\_\_  
whose post-office address is \_\_\_\_\_  
well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in  
relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

While at work for J. D. Bird in  
South Acton in the County of Middlesex  
and State of Mass., during  
the month of November A. D. 1880  
getting out stone. I received a double  
rupture. I was on Mr Bird's farm  
repairing a stone wall.

\_\_\_\_\_ further declare that \_\_\_\_\_ no interest in said case, and  
not concerned in its prosecution.

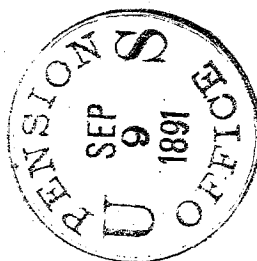
Eliphalet S. Sears

STATE OF Massachusetts COUNTY OF Worcester

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a creditable person .

[L. S.)

Frank E. Howard  
[Official Signature.]  
Clerk of Court  
[Official Character.]



**GENERAL AFFIDAVIT.**

**CLAIM OF**

Eliphalet S. Sears

Late 1<sup>st</sup> Map Co Ch  
Regt. Vols.

FOR  
Original Person

No. 889844

**FILED BY**

**CHARLES J. DONNELLY & CO.,**

**WASHINGTON, D. C.**

Frank B. Clarkson, Printer, 1038 Pa. Ave., Washington, D. C.

Ex-Mo 666.668

JBA/J      Section E.      HWT  
3-094  
6-3364      Civil War Div.

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,

*Washington, D. C., Oct. 6, 1916.*

*Respectfully* returned to

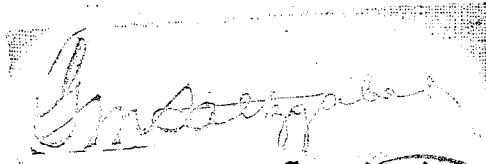
The Adjutant General,

War Department,

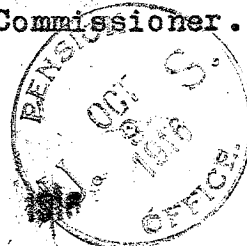
for additional report showing  
the full military history of  
the soldier, any age of record  
other than 21 years, and any  
unauthorized absence, and if  
any, the exact period thereof.

(3 enclosures)

I.C. #666,668  
Eliphalet S. Sears,  
Co. A, 1<sup>st</sup> Mass. Inf.



Commissioner.



Received A.G.O. OCT 7 1916



ELIPHALET S. SEARS,  
SOUTH BOSTON MASS  
666668 ACT MAY.  
119 L ST

3-1081

**DROP REPORT—PENSIONER**

\_\_\_\_\_ Cert. No. \_\_\_\_\_  
Pensioner \_\_\_\_\_  
Soldier \_\_\_\_\_  
Service \_\_\_\_\_  
Class \_\_\_\_\_ **SECTION 1**

**LAW DIVISION**

\_\_\_\_\_, 192\_\_\_\_  
In the above-described case a declaration filed  
in this Division indicates that said pensioner died  
\_\_\_\_\_, 19\_\_\_\_

Per \_\_\_\_\_ Chief, Law Division.

**FINANCE DIVISION**

MAY 9 1925  
\_\_\_\_\_, 192\_\_\_\_

The name of the above-described pensioner who  
was last paid at the rate of \$ **50** per month  
to **APR 4 1925**, 19\_\_\_\_, has this day  
been dropped from the roll because of **Death**

*Apr 13-1925*

*J. Randall*  
Chief, Finance Division.

3-044

## APPLICATION FOR REIMBURSEMENT

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Massachusetts } ss.:  
COUNTY OF Suffolk

On this Twelfth day of May, A. D. one thousand nine hundred and Twenty-five, personally appeared before me, a Notary Public within and for the County and State aforesaid, Mrs Catherine J Connors, aged sixty-five years, a resident of Boston, County of Suffolk, State of Massachusetts, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Eliphalet S. Sears, who was a pensioner of the United States by certificate No. 666,668 on account of the service of Eliphalet S. Sears in Company A, First Regiment, Massachusetts Infantry (Name of soldier or sailor)  
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)  
That pension was last paid to on April 4, 19 25

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Eliphalet Stone Sears

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)  
As Invalid Soldier

3. If decedent was pensioned as an invalid soldier or sailor —

(a) Was he ever married? (Answer yes or no.) yes

(b) How many times, and to whom? Once; to Mrs Bridget O'Loole

(c) If married, did his wife survive him? (Answer yes or no.) No

(d) If so, is she still living? (Answer yes or no.) No

(e) If not living, give full names and dates of death of all wives Mrs Bridget O'Loole Sears, who died February 10, 1915

(f) Was he ever divorced? (Answer yes or no.) No

(g) If so, is the divorced wife still living? (Answer yes or no.) — (If living, a copy of the decree of divorce must be filed.)

(h) If not living, give her full name and the date of her death. —

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No

5. Is any such child still living? (Answer yes or no.) No

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid. Yes  
Metropolitan Life Insurance Company for \$361.00

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) Yes

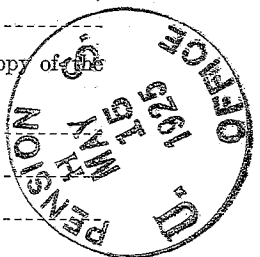
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written  
Metropolitan Life Insurance Company

9. Who was the beneficiary named in each policy? Mrs Catherine Connors

10. What was the relation of each beneficiary to the pensioner? Stepdaughter

11. Were the premiums paid by the deceased pensioner? No

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account 55¢ per week, 28.60 per year, for surely 12 years; amount paid in 12 years \$343.20





- (Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) yes

That my post-office address is No. 119, on L street,  
town or city of So. Boston, County of Suffolk,  
State of Mass.

Mrs. Catherine Cannon  
(Claimant's signature in full.)

Also appeared <sup>3</sup> Mrs. Gertrude J. Duffy and Dr. James W. Redmond, who, being duly sworn, say that they saw Mrs. Catherine Connors, the claimant, sign her name (or make mark) to this application; that they know the claimant herein and that their answers to the following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? no

2. When did the pensioner die? April 13, 1925

3. Did pensioner leave any property? If so, state its character and value. not to our knowledge

4. We knew pensioner 18 years. We believe above statements to be true because we knew Mr. Eliphalet S. Sears well and frequently saw him and talked with him.

Name Gertrude J. Duffy Name J. W. Redmond, M.D.  
P. O. Address 119 N. St. So. Boston Mass. P. O. Address DR. J. W. REDMOND, 512 Broadway, MAYNOUTH BOSTON, MASS.  
Subscribed and sworn to before me, this twelfth day of MAY A. D. 1925; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is Correct

James W. Redmond, M.D.  
(Signature)  
Notary Public  
(Official character.)

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Eliphalet Stone Sears

Give date of commencement of pensioner's last sickness about one year ago

From what date did the pensioner require the regular and daily attendance of another person constantly until death? from March 17, 1925 to April 13, 1925.

During what period did you attend the pensioner? yes

State nature of disease from which pensioner died arterio-sclerosis - myocarditis (chronic). Cerebral hemorrhages

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Mrs. Catherine Connors; Mrs. Gertrude Duffy

Give name of any other physician who attended the pensioner in last sickness none

Does your bill include a charge for all medicine furnished the pensioner during last sickness? no

Has your bill been paid; if so, by whom? Yes, by Mrs. Connors, the decedent's step-daughter (Bill paid by Mrs. Catherine Connors, the decedent's step-daughter).

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement: none

I certify that the foregoing statement is correct.

May 12, 1925

James W. Redmond, M.D.  
Attending Physician.

# *Pro ofel claim* **APPLICATION FOR REIMBURSEMENT**

*9*  
Certificate No. 666,668

*Elizabeth J. Davis*  
Deceased Pensioner.

*Box A, 1" Grace Inf.*  
Columbus.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term not exceeding five years."

Approved July 7, 1898.

6-1572

The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

\* \* \* and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

## **INSTRUCTIONS**

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
  - (a) *Bills of all expenses of last sickness and burial.* If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.
  - Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person.
  - Bills which are forwarded become a part of the records of the Bureau of Pensions and cannot be returned. Claimants should therefore secure duplicates of such bills if needed by them.
  - (b) *The pension certificate which was issued in the name of the pensioner.* If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

## **NOTICE**

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

6-1572



## REGISTRY DEPARTMENT OF THE CITY OF BOSTON.

## DEATHS.

No. 9608

B

Boston, May 13, 1925

I, the undersigned, hereby certify that I hold the office of \_\_\_\_\_ City Registrar of the City of Boston, as provided by Chapter 314 of Acts of 1892, and have the custody of the Records relating to Births, Marriages and Deaths, in said City, and further certify that the following facts appear on the said Records.

Recorded May 12, 1925

No. 3865

DATE OF DEATH.	NAME AND SURNAME OF THE DECEASED. (If wife or widow, maiden name, and name of husband.)	SEX: (and COLOR if other than white.)	CONDITION: (whether single, married, widowed or divorced.)	SUPPOSED AGE. Years. Months. Days.			PLACE OF DEATH, AND RESIDENCE.						
April 13, 1925	Eliphalet S. Sears Bridget	Male	Wid	84	x	x	119 L. St. So. Boston.						
OCCUPATION.	PLACE OF BIRTH.	NAMES AND BIRTHPLACE OF PARENTS. (Maiden name of mother.)											
At Home	M. H.	Names.		Birthplace.									
		— Sears		—									
		—		—									
DISEASE, OR CAUSE OF DEATH. (Primary or secondary.)		PLACE OF BURIAL.											
Arterio Sclerosis Chronic Myocarditis Cerebral Hemorrhage		New Calvary Boston, Mass.											
By annexation, the Records of the following-named cities and towns are in custody of the City Registrar of Boston:—													
Roxbury, annexed January 6, 1868.	Charlestown, annexed	} January 5, 1874.											
Dorchester, " January 3, 1870.	Brighton, "												
South Boston, " March 6, 1804.	West Roxbury, "							} January 1, 1912.					
	Hyde Park, "												

Edward W. McGlenen City Registrar

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

Commonwealth of Massachusetts.

SUFFOLK, ss.

Then personally appeared the above-named Edward W. McGlenen and made oath to the truth of the statements in the above certificate by him subscribed.

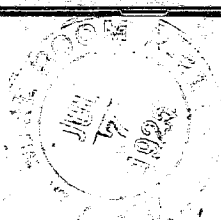
Before me,

Charles H. Mackie

Justice of the Peace

My Commission Expires

April 14, 1927



MAIL ROOM  
OPERATION SECTION  
District No. 1

U. S. DEPARTMENT OF JUSTICE  
RECEIVED  
MAY 15 1925  
LEGATIVE  
DISTRICT NO. 1  
ALBANY

INCOMING  
JUL 8 1925  
CLAIMS DIVISION