

Declaration for Original Invalid Pension.

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Massachusetts, County of Middlesex, ss:

ON THIS 5th day of May A. D. one thousand eight hundred and eighty seven personally appeared before me Joseph Barber of the First District Court of North a court of record within and for the County and State aforesaid Joseph Barber aged 56 years, a resident of the town of West Acton - Boston County of Middlesex State of Mass -

who, being duly sworn according to law, declares that he is the identical Joseph Barber who was ENROLLED on the 28th day of December 1863 in Company 2 of the 16th Regiment of Cal. Art. - 9th commanded by Capt. Beals and was honorably DISCHARGED at

Washington D.C. on the 21 day of August 1865; that his personal description is as follows: Age 56 years; height 5 feet 8 inches; complexion

Dark; hair Dark; eyes Dark. That while a member of the organization, aforesaid, in the service and in the line of his duty at Williamsburg in the State of

Virginia on or about the 28th day of August 1865 he contracted Rheumatism - caused by hardships -

exposure &c. and from the effects of which he has the precise manner in which received.

never recovered - He also incurred a Rupture - while at Fort McPherson in the State of Virginia on or about this day of 1864

He claims Pension for Rheumatism and Rupture -

That he was treated in hospitals as follows: was never treated in a Hospital

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has never been employed in the military or naval service otherwise than as stated above.

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the Fort Clinton in State of New York and in Littleton - Acton and Boston in the State of Massachusetts, and his occupation has been that of a Farmer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer. That he is now much disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, A. B. WEBB of Washington, D. C., his true and lawful attorney to prosecute his claim. That he has never received nor applied for a Pension. That his Post-Office ADDRESS is West Acton - County of Middlesex State of Mass -

Joseph Barber
Claimant's signature.

ATTEST:

CC.

CC.

[Act of June 27, 1890.]

Commonwealth of Massachusetts.



PENSION DEPARTMENT,

No. 30 PEMBERTON SQUARE, BOSTON.

DECLARATION FOR WIDOW'S PENSION.

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

State of Massachusetts,

County of Middlesex } ss.

On this 8th day of April, A.D. one thousand eight hundred and ninety-six personally appeared before me, a Notary Public within and for the county and State aforesaid, Angelina S. Barber aged 64 years, a resident of the town of Littleton of Middlesex, State of Massachusetts, who, being duly sworn according to law, declares that she is the widow of Joseph Barber, who enlisted under the name of Joseph Barber, at on the 28 day of December, A.D. 1863, in Company I. 16th Regiment New York Volunteer Heavy Artillery.
[Here state rank, company and regiment, if in military service, or vessel, if in navy.]

and served at least ninety days in the late war of the rebellion, who was honorably discharged August 21st 1865 and died March 7th A.D. 1896. [The cause of death need not be stated.]

That the soldier had not been employed in the military or naval service otherwise than as stated above.

That she was married under the name of Angelina S. Patten to said Joseph Barber on the 4th day of October A.D. 1857 by Rev. Mr. Earle, at Fort Ann New York there being no legal barrier to said marriage; that neither she nor her husband had been previously married.

That she has not remarried since the death of the said Joseph Barber.
[Name of soldier or sailor.]

That she is without other means of support than her daily labor; that names and dates of birth of all the children now living under sixteen years of age of the soldier are as follows:

born	18	born	18
born	18	born	18
born	18	born	18

That she has not heretofore applied for pension and the number of her application is
[Be careful to fill this part of the blank correctly.]

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of June 27, 1890.

She hereby appoints J. B. PARSONS, State Pension Agent of Massachusetts, 30 Pemberton Square, Boston, her true and lawful attorney to prosecute her claim (**without fee**); that her post-office address is Littleton, county of Middlesex, State of Mass.

Angelina S. Barber
[Claimant's signature.]

Attest:

{ Evidence of marriage and death filed with claim for accrued pension, etc. # 571696.

FORM C.

Commonwealth of Massachusetts.

No. 6

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Name, Joseph Barber Sex, Male Color, W
 Date of Death, March 6 1896; Age, 64 Years, 5 Months, 2 Days.
 Maiden Name, { If married, widowed }
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Married Occupation, Labourer
 *Residence, { If out of town, } Leiterton
 also state fully. _____
 Place of Birth, Canada
 *Place of Death, Leiterton
 Name of Father, Paschall Barber
 Birthplace of Father, Canada
 Maiden name of Mother, Rosella Bulette
 Birthplace of Mother, Canada
 Place of Interment, (Give name of Cemetery), Leiterton
 Dated at Leiterton Signature and place of business of Undertaker, { Allen P. Whitcomb
 on March 9 1896 { Undertaken

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Joseph Barber Age, 64 Y. 5 M. 2 D.
 Place and Date of Death, died at Leiterton March 6 1896
 Disease or Cause of Death, † Apoplexy.
Primary Cause Atheromatous Arteries
 Duration of sickness, about 3 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

Joseph W. Godfrey
Leiterton, Mass.

Date of Certificate, March 9 1896.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Causes.

I hereby certify that the above
is a true copy of record.
Attest: Walter E. Corbitt
Leiterton Mass. Feb 10. 1900.
Town Clerk.

