

Dear Patron:

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197

Cert 251034

Phulena B

Widow of

Henry L Bray

Bundle 31

WIDOW'S PENSION.

251034
Augusta

Claimant Philena B. Bray Soldier Henry L. Bray
 P. O. Skowhegan Rank Private, Co. "M"
 County Somerset, State me Regiment 1st me. Colo. Cav.
 Rate, \$ 12⁰⁰ per month, commencing Sept 27, 1887, and
 and two dollars a month additional for each child, as follows:

By former marriage.	None	Born,, 18 ..	Commencing, 18 ..
		Sixteen,, 18 ..	
		Born,, 18 ..	", 18 ..
		Sixteen,, 18 ..	
		Born,, 18 ..	", 18 ..
		Sixteen,, 18 ..	
By last marriage.	<u>Eolia S.</u>	Born, <u>Apr 6</u> , 187 <u>2</u>	<u>Sept. 27</u> , 1887.
		Sixteen, <u>" 5</u> , 188 <u>8</u>	
		Born,, 18 ..	Entitled to \$20 per month, Commencing Sept. 8, 1918, Under act of Sept. 8, 1918. Age of Seventy years., 18 ..
		Sixteen,, 18 ..	
		Born,, 18 ..	<u>72</u> <u>5/17/18</u>
		Sixteen,, 18 ..	
		Born,, 18 ..	
		Sixteen,, 18 ..	

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate, 18 .., date of

RECOGNIZED ATTORNEY:

Name Souli Re Fee \$ 25.00 Agent, to pay.
 P. O. City Articles filed June, 1888

APPROVALS:

Submitted for Ad. Jan 8, 1889, P. J. Reigart, Examiner.
 Approved for admⁿ, origin of dis. of bowels, stomach & heart accepted, Approved for Adminⁿ; death resulted from dis. of stomach, bowels & heart due to same which has been legally accepted,
Jan. 18. 89 Kinsley, Legal Reviewer. Staples, Medical Reviewer.
 Board of Re-Review. Norton, Re-Reviewer. Jan 23rd 1889, Medical Referee.
January 22, 1889.

IMPORTANT DATES:

Enlisted Feb. 11, 1864 Invalid application filed Aug. 29, 1887.
 Mustered, 18 .. Invalid last paid to, 18 ..
 Discharged Aug. 1st, 1865 Former marriage of soldier none, 18 ..
 Died Sept. 26, 1887. Death of former wife, 18 ..
 Declaration filed Nov. 12, 1888 Claimant's marriage to soldier Oct. 27, 1886

me

HISTORY OF ATTORNEYSHIPS:

1st appointment <i>March 7th</i> , 18 <i>88</i>	Name and P. O. <i>Souli Res. City</i>
By <i>Clark</i>	Recognized, or why not _____
2d appointment _____, 18 _____	Name and P. O. _____
By _____	Recognized, or why not _____
3d appointment _____, 18 _____	Name and P. O. _____
By _____	Recognized, or why not _____

ALLEGATIONS OF CLAIMANT.

Other children of soldier by former wife, _____

Other children of soldier by claimant, _____

Loyalty of claimant, *alleged* _____

SUMMARY OF PROOF.

FORMER MARRIAGE OF SOLDIER.

Widow's Declaration for Pension or Increase of Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Maine, County of Somerset, ss:

ON THIS 7th day of March A. D. one thousand eight hundred and eighty eight

personally appeared before me Clara of the S. J. Houghton a Court of Record within and for the County and State aforesaid Philena B. Bray

aged 44 years, who, being duly sworn according to law, makes the following declaration in order to obtain the

Pension provided by Acts of Congress granting pension to widows: That she is the widow of Henry L. Bray

who enlisted under the name of Henry L. Bray

at Skowhegan, Me. on the 11th day of Feb A. D. 1864

in Co. M 1st Me. Cav.

(Company and Regiment of service, if in the army; or vessel and rank if in the navy.)

in the war of the rebellion who died of heart disease and

dyspepsia caused by chronic diarrhoea (State nature of wounds and all circumstances attending them, or the disease and manner in which it was incurred, in either case showing soldier's death to have been the sequence.)

caused by exposure and over work while in service

Died on the 26th day of Sept. A. D. 1887

who bore at the time of his death the rank of _____ in _____

("In the service aforesaid," or otherwise.)

that she was married under the name of Philena B. Snow to said Henry L. Bray

on the 22^d day of Oct. A. D. 1866 by

Rev. Temple Butler at Skowhegan Me there being no legal

barrier to such marriage; that neither she nor her husband had been previously married

(If either have been previously married, so state,

and give date of death or divorce of former spouse.

that she has to present date remained his widow; that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at father's death, viz:

<u>Colin Snow Bray</u>	of soldier by <u>Philena B. Bray</u>	born <u>Apr 18 1872</u>
_____	of soldier by _____	born _____
_____	of soldier by _____	born _____
_____	of soldier by _____	born _____
_____	of soldier by _____	born _____
_____	of soldier by _____	born _____
_____	of soldier by _____	born _____

That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance.

(For such children as are not under her care claimant should account.)

that she has not in any manner engaged in, or aided or abetted, the rebellion in the United States; that a

prior application has been filed by the soldier No 620-861

(If prior application has been filed, either by soldier or widow, so state, giving number assigned to it.)

that she hereby appoints with full power of substitution and revocation, Louie & Co of Washington D.C.

her attorneys to prosecute the above claim; that her residence is No. _____ street

and her Post Office address is Skowhegan,

Somerset Co. Me.

George A. Pierce,

Philena B. Bray

George M. Gould

(Signature of Claimant.)

(Two witnesses who can write must sign here.)

appeared George D. Pierce, residing at Shoshogan
Summit Co. Me., and George M. Gould
residing at Said Shoshogan, 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
Philine A. May, the claimant sign her name (make her mark) to the foregoing
declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with her that
she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

(If Affiants sign by mark, two persons who can write sign here.)

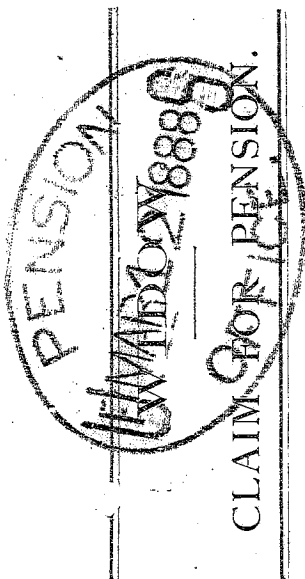
George D. Pierce
George M. Gould
(Signature of Affiants.)

Sworn to and subscribed before me this 7th day of March A. D. 1888

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, including the words
erased, and the words
added; and that I have no interest, direct or indirect in the
prosecution of this claim.

J. H. Soule
(Official Signature.)
Chas. S. Johnson
(Official Character.)

[L. S.]



Philine A. May, Applicant.

Widow of Henry L. Bray
Co. Me. 1st Reg't.

One Vol.

Filed by

Soul & Co

Wash

D.C.

Record of Births

I certify that in a Bible belonging to the family of the late Henry L. Bray, now in the possession of his widow Philena B. Bray there are recorded the following 'births'

" Alice Mabel Bray Feb'y 28 " 1869
 Lena Eolia Bray January 25 " 1871
 Eolia Snow Bray April 6 " 1872

— and following death —

— Lena Eolia Bray August 3 " 1871 —

State of Maine Somerset ss; Sept. 5 " 1888

The above is a true copy therefrom and I have every reason to believe from the appearance of the original & my acquaintance with the late Henry L. Bray & his said widow & the 2 children Alice Mabel and Eolia & that it is a true statement of facts.

I am disinterested in her pension claim.

✓

Chas. St. Jones N.C.

(Over)

I Philena B. Bray an applicant for widows pension do on oath say the record of births on the opposite side of this sheet is a true copy

The physician Dr. Jordan who attended me at the birth of Alice Mabel at Wakefield Mass is deceased also Mary A Snow then present is dead and a Mrs Potter (a professional) I can not find consequently so far as relates to the birth of Alice Mabel I can only furnish proof from my Bible record.

Philena B Bray

State of Maine Somerset Co; Personally appeared said Philena B Bray a reliable & perfectly credible person & made oath to the foregoing statements by her subscribed before me Sept. 5 " 1888. I am disinterested,

Chas. S. Jones J.C.

Ex. authentic on file.

DATES OF DEATH OF CHILDREN.

I M. G. Parker of Lowell Mass
a practicing physician do hereby
out say that on Apr. 6
I delivered Mrs H. L. Bray of
a daughter, the family then
residing here. I have no
interest in the said Mrs H. L.
Bray's claim for pension.

Moses G. Parker M.D.

State of Massachusetts, ^{My} ~~do~~ ^{do} ss;
Sworn to and subscribed by said M. G.
Parker a physician in good standing
before me September 3, 1888, and am
disinterested.

James F. Sawyer

Rent
of a daughter
Apr 6. 72

WE Wm A & Sarah E Pitts
residents of St. Rondeau in Somerset
Co. do certify further in the case
for pension of Philena B. Bray
widow of Henry L. Bray —

That Lena Eolia Bray their
daughter born Jan 25/71 or
thereabouts died about August
3rd 1871 as we very well know
being both present at the funeral
We are disinterested.

Sarah E Pitts

Wm A Pitts

Sworn to & subscribed before me
Jul 23rd 1888. Chas. H. Jones J. C.
Somerset Me.

North + July 25/71

North +

Lena E.

Aug. 2, 71

Commonwealth of Massachusetts.

City of Lowell, July 24, 1888

I, Wm P McCarthy, depose and say, that I hold the
asst.
office of City Clerk, of the City of Lowell, in the County of Middlesex, and Com-
monwealth of Massachusetts; that the Records of Births, Marriages and Deaths,
in said City, are in my custody; that I have carefully examined the records
of Births and find no record of the birth
of Eolia Snow Bray
said to have been born in the year one
eighteen hundred and seventy-two.

WITNESS my hand and the seal of the said City of Lowell,
on the day and year first above written.

Wm P McCarthy asst. City Clerk.

NOTE. By a decision of the Commissioner of Pensions, Dec. 6, 1864, these certificates need not be sworn to. The seal of a city is sufficient, without further attestation.

East Dw.

Philena B. Bray
Widow of Henry L. Bray

M 1 Melw
H D C Cav

Widows Pension

No 368,921

~~Paul~~ ~~Widow~~
of Henry
L. Bray

Filed by -

SOULE & CO;
ATTORNEYS,
WASHINGTON, D. C.

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Dec 23, 1887

620,861.

Respectfully returned to the Commissioner of Pensions.

Henry L. Bray, a Private of Company "H",
1st Regiment 20th Col. Cal. Volunteers, was enrolled on the
11 day of Feb., 1864, at Augusta Me. for 3 years
and is reported: on muster roll for March and April
1864. present. same to Aug. 31/64.

Return for July 1864. shows him on extra or
daily duty in Regt's Band. Co. Morning Reports
and Regt's Hos'p'l records not on file.

Roll of Co. M. 1st Me. Cav. Vols. (to which trans-
ferred) for Sept. and Oct., 1864. shows him present
and so reported to June 30. 1865.

Co. muster out roll dated Aug. 1/65, near
Petersburg Va. shows him mustered out that
date. The records of this office fur-
nish no evidence of disability.

R. C. DRUM,

Adjutant General.

By

[Signature]

c 3-019.

(2.)

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18

R137.

ce
PO 3

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War Department,
Surgeon General's Office,

RECORD AND PENSION DIVISION.

Washington, D. C., Dec. 9, 1887

Sir:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 620861, with such information as is furnished by the records filed in this Office, viz: that Harry L. Bray Private Co. H. 1 D.C. Co. was admitted to Base Hospital 10 Army Corps Point of Rocks, Va. Aug. 12. 1864 with Remittent Fever, and returned to duty Aug. 17. 1864.

No record found of Soldiers treatment for any disability other than above indicated.

By order of the Surgeon General:

To the
Commissioner of Pensions.

F. C. Amosworth
Asst. Surgeon, U. S. Army.
(125)

per W. B.

112 4

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 specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Massachusetts, County of Middlesex, ss:

In the Pension Claim No. _____

of Henry S. Bray, Private, late of
Co M. and 1st Regiment Maine Cavalry Vols.
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Justice of the Peace in and for the aforesaid
County and State Horace Stevens a citizen of Cambridge

whose Post Office address is 18 Orchard St. North Cambridge 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:

he has been until the failure of his own health
That ~~he is~~ a Practicing Physician, and that he has been acquainted with said soldier for about 30 or more years, and that

he was well acquainted with the Soldier previous to his enlistment
(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.)
had lived near him, saw him often, & had opportunity of

knowing him to be a sound able bodied man when he enlisted
into the service of the U States. His first enlistment was in the
1st Dist Columbia Cav. styled in the Army, the 1st D. C. Cavalry
This Regt. was for several months without horses & obliged to
do duty on foot, during that time he was obliged to undergo many
hardships & exposure to wet bringing on a Diarrhea, & trouble of
the heart. Some few months subsequent to this, this soldiers Reg-
iment the D.C.s. were consolidated with the 1st Me Cavalry and
this soldier came under my treatment with the same diseases,
I treated him for the same difficulties as long as he remained
in the Regiment. The said soldier was not so sick as to be obliged
to be off duty all of the time, as his duties were not so arduous as
the soldiers were generally, as he had been detailed into the
Regimental Band. This difficulty continued to follow him
after his discharge from the service for which I treated him
after our return home, & always troubled him as long as
I had any knowledge of the soldier.

I have a distinct recollection of this soldier, for the reason
of my acquaintance with him before enlistment into the service,
& also of having to treat him after our return from the same.

NOTES.

The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities 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. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.

2d. If he treated claimant while in the service either as his regimental surgeon or while 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.

3d. If he has treated 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.

4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time

He further declares that he has been a practitioner of medicine for 40 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Sworn to and subscribed before me this 24th day of February, A. D. 1888
Horace Stevens, M.D.
(Affiant's Signature. Give rank and service, if in the army.)
Late Surg, 1st Maine Cavalry Vols.

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 he is erased, and the words has been until the failure of my own health added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Milton L. Walton
(Official Signature.)
Justice of the Peace
(Official Character.)

[L. S.]

I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has 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; 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.

MEDICAL EVIDENCE.

AFFIDAVIT OF

Horace Stevens M.D.
Late Surgeon 1st Me. Cav Vols

CLAIM OF

Philena B. Gray
wid of
Henry L. Gray
Co M 1st Me. Cav. 1862-64
No. 368, 971

for

McLaws Pension
& Completing Ints.
Claim No. 630, 861

Filed by

SOULÉ & CO.

Attorneys & Solicitors of Patents & Claims,

WASHINGTON, D. C.

Printed and for sale by J. H. SOULÉ, Washington, D. C.

PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of Maine, County of Somerset, ss:

ON THIS 7 day of July A. D. 1888, personally appeared before me a

A Notary Public in and for the aforesaid County, duly authorized to administer oaths

Levi E Bigelow aged 65 years, a resident of S Kowhegan

in the County of Somerset and State of Maine and

aged _____ years, a resident of _____

in the county of _____ and State of _____ who being

duly sworn according to law, state that he was acquainted with Henry L. Bray

applicant for Invalid Pension, and know the said Henry L Bray to be the identical

person of that name who enlisted or volunteered as a Private in Company M - 1st

Regiment of Me. Cav vols., and who was discharged
[Died or was discharged.]

at Augusta on or about the _____ day of Aug, 1865

by reason of Ex Term - close of War
[Here insert the reason of the soldier's discharge, if known; if not known so state; or, if he died, so state.]

That the said Henry L. Bray while in the line of his duty, at or near

2 1/2 miles from Point of Rocks in the State of Var did, on or

about the _____ day of July or Aug, 1864 become disabled in the following manner, viz:

I can not remember just the trouble he
[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body

had. I was 2 or 3 days in hospital
wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the
at said Point of Rocks for bilious colic & I
sickness, and how it affected him.]

remember said Bray was in same hospital.
The day I was returned to the Regimental band
Bray wanted to go too & we returned to camp
of regt some 2 1/2 miles from the hospital, together.
I remember we both had all we could do to get
back on foot being weak.

That the facts stated are personally known to the affiant by reason of facts stated above.
[Here state whether affiant was with the command at the time the

Chronic Diarrhea was the trouble most of
claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical

all of the boys had & I feel satisfied
treatment for his disability while in the service should be stated, giving time and place, if possible.]

that must have been his trouble.

deponent further state that he was well acquainted with the claimant, having known him for at least 20 yrs - since boyhood and further, that his knowledge of the facts above stated are derived from said acquaintance, and from having served as Band Leader of Company 1 of the 1st Regiment of Me Cav, volunteers from the day of Feb 1864 to the day of Aug 1865. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that He is totally disinterested in this claim.

Post office address of affiant is Showhegan, Maine.

Levi E. Bigelow

(If Affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

STATE OF Maine, COUNTY OF Somerset, ss:

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 credible person.

Chas. Jones

(Official Signature.)

[L. S.]

(Official Character.)

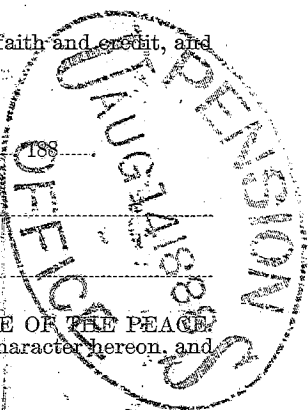
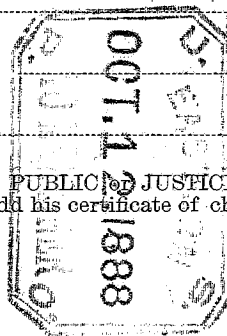
I, Ev. authority on file Clerk of the County Court in and for aforesaid County and State, do certify that he, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts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

Witness my hand and seal of office, this 1888 day of Oct

[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.



ADDITIONAL EVIDENCE.

PROOF OF DISABILITY.

CLAIM OF

Phileas B Bray
Widow of
Henry L Bray
M^{rs} 1st Me Garry

No. 368921

Affidavit of

Levi E. Bigelow
For
Widow Pension

Printed by

SOULE & CO.,

Attorneys and Solicitors.

719 PENN'A AVENUE,

WASHINGTON, D. C.

Printed and for sale by J. H. SOULE, Washington, D. C.

ORIGINAL INVALID CLAIM.

Soldier, *Henry L. Bray, deceased, Phileva B. Bray, widow*
 P. O., *Strookhegan*
 County, *Somerset*
 State, *Maine*
 Rank, *Private*
 Company, *"M"*
 Regiment, *1st Me. Vols. Cav.*
 Rates, \$ *50.* per month, commencing *Sept. 29, 1887*

And ending September 26. 1887 dead,

Pensioned for *Disease of bowels, stomach & heart*

Name, *Soulé & Co.* RECOGNIZED ATTORNEY
 P. O., *City* Fee, \$ *25.00*, Agent *to pay.*
 Articles filed *March 27, 1888*

APPROVALS.

Approved for *Chronic diarrhoea & resulting dyspepsia & heart disease*
 Submitted *Jan. 8th, 1889;* *T. J. Riquart*, Examiner

Approved for <i>Disease of bowels and stomach and heart</i>	Approved for <i>disease of bowels, stomach and heart</i>
	<i>\$50.00</i>

Died Sept. 26. 87 Pay widow
relationship established
Jan. 18. 89 Kinsley, Legal Reviewer.
Board of Re-Review. Karlan, Re-Reviewer.
January 22, 1889.

IMPORTANT DATES.

Enlisted, <i>Feb. 11th</i> , 18 <i>64</i>	<i>No other</i> service from
Mustered <i>Aug. 1st</i> , 18 <i>65</i>	18 <i>65</i> , to <i>Aug. 1st</i> , 18 <i>87</i> , in
Discharged <i>Aug. 1st</i> , 18 <i>65</i>	
Declaration filed <i>Aug. 29th</i> , 18 <i>87</i>	Not in service since <i>Aug. 1st</i> , 18 <i>65</i>

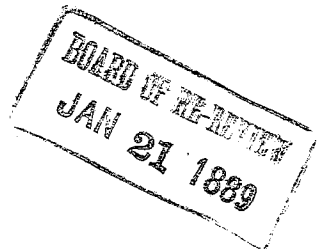
BASIS OF CLAIM.

Chronic diarrhoea resulting in dyspepsia & disease of heart, contracted at Jones Landing Va., in the summer of 1864.

HISTORY OF ATTORNEYSHIPS.

1st appointment	<u>Aug. 22.</u>	18	<u>87</u>	Name and P. O.	<u>Boulivier, City</u>
By	<u>Shuck</u>			Recognized, or why not	
2d appointment		18		Name and P. O.	
By				Recognized, or why not	
3d appointment		18		Name and P. O.	
By				Recognized, or why not	


6-207



I Philena B. Bray an applicant
for widows pension as widow of
Henry L. Bray C.M. 1st Me. Cav.
would respectfully state that I
find the record evidence of our
marriage is Oct. 21st 1866 and
consequently the date of Oct. 22nd
1866 given in my declaration &
claim was in error & I wish
it amended in this respect.

My P.O. is Skowhegan Me.

Philena B Bray

Sworn to & subscribed before me
May 25th 1888. 

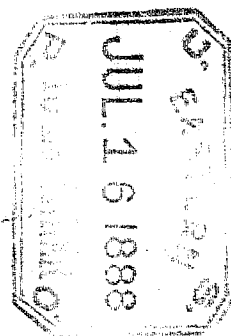
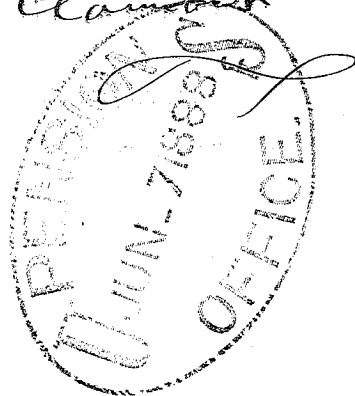
C. E. Jones

Somerset Maine

Witness my hand

Philema B Bray
Widow of
Henry L Bray
M^r /^r Mc Leary
+
1st DC Leary
For
Widows Pension
No 368,921

affidavit of
Claimant



Filed by

SOULE & CO.,
ATTORNEYS

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Massachusetts, County of Suffolk, ss.

In the matter of the application for pension of _____

ON THIS Ninth day of July A. D. 1888; personally appeared before me, a
Notary Public in and for the aforesaid County, duly authorized to administer oaths

Chas. S. F. Emery aged 42 years, a resident of Medford

in the County of Middlebury and State of Massachusetts

whose Post Office address is 146 Oliver St. Boston and

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post Office address is _____

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with Henry L. Bray

for 30 years, and _____ years respectively, and that I have known that he

was a sound man before going into the army.

I was with him in the band of the 1st D. C.

Cavalry and the 1st Maine Cavalry from

July 1864 to Aug 1865. I know that during

the summer of 1864 at Joushmanding Va

he was suffering from Chronic Rheumatism

and was troubled more or less with it while

in the army. I have seen or heard from him

many every year since we were discharged

and know that he has not been able to do

any amount of hard work and for the

last two years ^{of his life} he has not been able

to do any manual labor.

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they know him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

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

(If Affiants sign by mark, two witnesses who can write sign here.)

Charles A. F. Emery
(Signature of Affiants.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Massachusetts, COUNTY OF Suffolk, ss:

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 have erased, and the words of his life (interlined) 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.]

I, J. M. Willard, Clerk of the County Court in and for aforesaid County and State, do certify that Charles F. Light, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing a Notary Public in and for said County and State, duly commissioned and sworn; 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 tenth day of July, 1888.

[L. S.]

Clerk of the Superior Court

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.

East River

ADDITIONAL EVIDENCE.

CLAIM OF

Philema B Bray
widow of
Henry B Bray
M " " Mr. Henry Cole

AFFIDAVIT OF

Charles A. F. Emery

OCT. 12. 1888

Widow Pension

No 368,921

Sworn to by Charles A. F. Emery
in presence of
J. M. Willard, Clerk of the Superior Court

SOULE & CO.,

Attorneys and Solicitors at Law,
719 PENN'A AVENUE,

WASHINGTON, D. C.
Printed and for sale by J. H. SOULE, Washington, D. C.

In the matter of Mrs. Philena B. Bray
(widow of Henry L. Bray) late private of
Co. M. 1st Maine Cavalry) applicant
for U. S. pension.

I, Edward Jordan, late Lieut. of
Co. M. First Maine Cavalry, now resid-
ing at Bangor, Penobscot Co. Maine
do hereby certify that I was well
acquainted with Henry L. Bray late
private of Co. M. 1st Maine Cavalry
who enlisted Feb'y. 16, 1864 in the
First D. C. Cavalry and was trans-
ferred to Co. M. First Maine Cavalry in
Sept. 1864. He joined company in Fall
of '64, from hospital and was then
unfit for duty suffering from chronic
Diarrhoea. Being unfit for duty in
the ranks he was detailed as musician
and joined the Regimental Bands and
remained on duty with it until the
muster out of the regiment Aug. 1, '85.

I have no interest in this claim
for pension.

Edward Jordan
Late Lieut Co. M. 1st Maine Cavalry

A. D. 1888. and I certify that the affiant
is the person he represents himself to be, and
credible, and that I am not interested.

Nathan L. Perkins, Recorder
of the Bangor Municipal Court.

East Div.

Phyllis B. Bray ^{Widow}

of Henry L. Bray

m. 1 Mr. Cav.

& 1 Dr. Cav

Widow. Pension,

No 368,921

[Large stylized flourish or signature]

Filed by

SOULÉ & CO.,

ATTORNEYS,

WASHINGTON, D. C.



GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Maine, County of Somerset, ss.

In the matter of the application for pension of Phillips B. May

of Shorthegan in said County of Somerset

ON THIS fourth day of March A. D. 1886; personally appeared before me, a

Clk of S. J. Court in and for the aforesaid County, duly authorized to administer oaths

George D. Pinci aged 21 years, a resident of Shorthegan

in the County of Somerset and State of Maine

whose Post Office address is Shorthegan, Somerset Co., Maine and

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post Office address is _____

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with Henry L. Bray

for 1 1/2 years, and _____ years respectively, and that I worked for him

from Dec 96 to Mar. 97

for three months, during that time

he was unable to do any work and

was obliged to go out of business

because of ill health arising from

chronic diarrhoea dyspepsy & heart

disease. These diseases were contract-

ed while in the Union service and

were the direct cause of his

death. As I learned from Mr Bray

himself and the Dr. who attended him.

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed, or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, and how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others, physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

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

George D. Pierce

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

[Signature of Affiants.]

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF Maine COUNTY OF Somerset ss.

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 credible person.

L. H. Webb
(Official Signature.)

John S. Bourne
(Official Character.)

[L. S.]

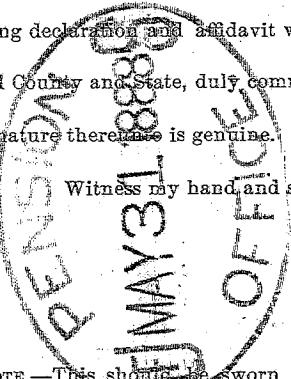
I, Clerk of the County Court in and for aforesaid County and State, do certify that, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith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



Ex. 1864 + 3 m. after
Philipina B. Bray
Widow of L. Bray
Co. M 1st Me. Cav. 1864

AFFIDAVIT OF
George D. Pierce

Widow's No 368, 931
Midway Court, S. M.
No 1000, 1861

Filed by

Filed by

SOULI & CO.,
ATTORNEYS

WASHINGTON, D. C.
Printed and for sale by J. H. South, Washington, D. C.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Massachusetts , County of Middlesex , ss.

In the matter of the application for pension of Henry L. Pray

ON THIS eighteenth day of February A. D. 1888; personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths John L. Fleming aged 34 years, a resident of Tewksbury in the County of Middlesex and State of Massachusetts whose Post Office address is Lowell Mass. Box 535 and

aged _____ years, a resident of _____ in the County of _____ and State of _____ whose Post Office address is _____

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That he has been well and personally acquainted with Henry L. Pray for 7 years, and _____ years respectively, and that he worked for the said

Pray about six months in 1877 and 1878 viz:

from August 1877 to March 1878 in said town

of Tewksbury and after said last date I

lived in the same neighborhood with him

and within sixty rods of his house and saw

him every day or nearly every day for five

years or certainly for four years and a

half, after that I saw him less frequently

yet I saw him quite often till he

moved to the State of Maine. I frequently

talked with him at many of the above

named interviews in regard to his health

I have heard him often complain of indiges-

tion and dyspepsia and diarrhoea and

know that he suffered much from each

and both of said diseases. I know

that the diarrhoea was a frequent trouble

whether continuous and chronic or not I do

not know. I know that he was frequently

unable to work on account of these

diseases. He talked with me most frequ-

ently about his trouble from dyspepsia

I worked for him but did not work with

him so I am unable to state what part of the

time he was disabled. I have known of his

losing time at various times during the

periods named above from sickness by the

diseases named above

John L. Fleming

Instructions—read carefully.

The witnesses must state—

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the disease for which he claims pension.

3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollect when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound able-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

and he further declare that he has no interest in said case and is not concerned in its prosecution.

Amelia L. Boynton

John L. Fleming

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

[Signature of Affiants.]

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

STATE OF *Massachusetts* COUNTY OF *Middlesex* ss.

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* credible person.

John Davis Justice of the Peace
(Official Signature.)

[L. S.]

(Official Character.)

I, *James F. Savage*, *Police of Lowell*
Clerk of the County Court in and for aforesaid County and State, do certify that *John Davis*, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing *a Justice of the Peace* in and for said County and State, duly commissioned and sworn; 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 *23rd* day of *February*, 188*8*.

[L. S.]

Clerk of the *Police Court of Lowell*

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.

ADDITIONAL EVIDENCE.

CLAIM OF

Philena B. Bray

Widow of C. Bray

Com. in per. Mc Car. 1106. 100.

AFFIDAVIT OF

John L. Fleming

Andover No. 368,921

and

Comptly Orging Ins.

Mc Car. 1106. 100.

Filed by

Filed by

SOULIE & CO.,

ATTORNEYS,

WASHINGTON, D. C.

Printed and for sale by J. H. SOULE, Washington, D. C.

GENERAL AFFIDAVIT.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier, (other than relatives) who have known him before his enlistment, or since his discharge and return from the army.

State of Massachusetts, County of Suffolk, ss.

In the matter of the application for pension of Henry L. Bray
SKovitzgan Maine

ON THIS 22 day of February A. D. 1888; personally appeared before me, a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths

Nathaniel L. Owen aged 45 years, a resident of Boston

in the County of Suffolk and State of Massachusetts

whose Post Office address is 32 George Street Boston and

aged _____ years, a resident of _____

in the County of _____ and State of _____

whose Post Office address is _____

well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid

case as follows: That I have been well and personally acquainted with Henry L. Bray

for 35 years, and _____ years respectively, and that We played together,

and attended the same school, enlisted

together and he was my tentmate all

the time I was in the service, we have

visited each other as often as twice a

year, and we have corresponded regularly

ever since we left the army, and I can

say that I knew him to be a sound man

when he enlisted.

I knew of his contracting Diarrhea, the,

disease has troubled him every Summer

since his discharge from the army, and

very frequently during other seasons of

the year which forced him to be careful

of his diet so not to relax his bowels.

Which he told me was the cause of his

Dyspepsia.

He has very often been to spend the

night with me, and I have been visiting

him, and we have talked these things over

often, and I can truly say what I have written

here are facts that I know to be true in

every particular, ^{that} I have seen and heard

from him

Instructions—read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier, and in what year or years of the said period they have employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If they knew him before his enlistment what his physical condition was at that time, and that he was then sound and free from disability, and especially free from the diseases for which he claims pension.

3d. If they have employed or worked with him since his return from the army, they should state where it was, and at what business, or if they have known him as neighbors only, they should state about what distance from him they lived; how frequently, on an average, each week, month, or year, they saw him and conversed with him, and how intimate they were with him during this time, and from what disease or disability he has suffered during all the time they employed him, worked with him, or lived near him, and how severely; whether at any time during this period he was obliged to stop work, was confined to his bed or house, or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted, and how severe they were. In this connection, if the witnesses have been his employers, or have worked with or for him, they should state about what proportion of a sound-bodied man's work he was able to do—whether $\frac{1}{2}$, $\frac{3}{4}$, $\frac{1}{4}$, or as the case may have been; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities have been and are now, and they should describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully during each year of their acquaintance with him.

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 specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Massachusetts, County of Middlesex, ss:

In the Pension Claim No.

of Mrs Henry L Bray, widow of Henry L. Bray late of Co. M. 1st Maine Cavalry
(company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid County and State Augustin Thompson a citizen of Lowell Massachusetts whose Post Office address is 16 Varney St. Lowell 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 years, and that

The said Henry L Bray came to his office
(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.)
many times during the last eight years,

for treatment for chronic "diarrhoea"
and "dyspepsia". He has no means
of knowing how often, as he has
no record. He can only say that
he knows the widows late husband
had Chronic Diarrhoea of long stand-
ing, and said it first came upon him
while in the military service during
the war of the rebellion. That he believes
that both the Diarrhoea and Dyspepsia were
incurable. Does not know the direct cause
of his death.

NOTES. The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities 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. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.

2d. If he treated claimant while in the service either as his regimental surgeon or while 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.

3d. If he has treated 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.

4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time

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

Augustin Thompson
(Affiant's Signature. Give rank and service, if in the army.)
Let Capt. Co. 5. 1st Maine Infy.

Sworn to and subscribed before me this 2 day of MAR 1883 A. D. 188

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.

George H. Richardson
(Official Signature)
Notary Public
(Official Character.)

[L. S.]

I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has 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; 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.

MEDICAL EVIDENCE.

AFFIDAVIT OF

Augustin Thompson
M.D.

CLAIM OF

Philina B. Bray
Wife of
Henry L. Bray
Co. 3rd Maine Infy.

No. 268,921

for

Andam's Pension
& Completing Rights
Inv. No. 620, 815

Filed by

SOULE & CO.

Attorneys & Solicitors of Patents & Claims,

WASHINGTON, D. C.

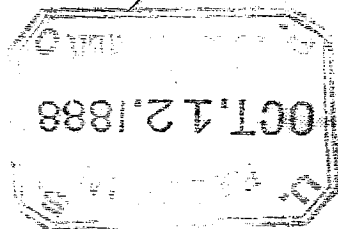
Printed and for sale by J. H. SOULE, Washington, D. C.

I hereby certify
that I had known
and presided for
Henderson & Bray of Co. M
1st Me. Reg. from the Spring of
1886 to the time of his
death Sept 87 - from
time to time - from the
first of my seeing him
to the time of his death
he was suffering from
a greater or less degree
with dyspeptic attacks
of diarrhoea and
disease of heart
During this time he
was unable to perform
manual labor - He was
quite a sufferer from
dyspepsia and heart

~~Admitted under~~
claim of
Philema B Bray
Widow of
Harry L Bray
"U" 1" Me Levy &c
For

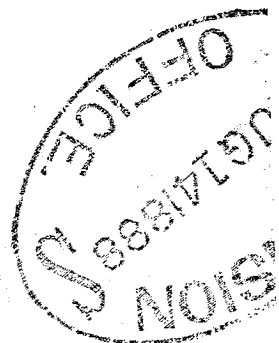
Widows Pension

No 368,921
dis. 1886 to death
letf of
Dr J S Lansing



SOULE & CO.

Attorneys and Solicitors
719 PENN'A. AVENUE
WASHINGTON, D.C.

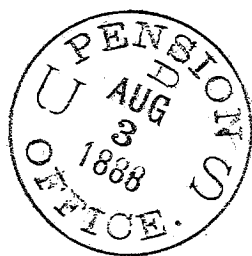


of the organ. This trouble
 seem to improve more than
 anyone trouble he had
 and with these troubles
 found Valvular disease
 of heart - quite loud Belly
 sound. action irregular
 at times, and when he
 was having one of his
 specially sick times
 his respirations were
 labored and wheezy
 slight exercise disturbed
 his heart very much
 Bowels irregular & Tympanitic
 subject to attacks of
 Diarrhoea lasting from
 a few days to a week or
 two - He stated he had
 been subject to these
 attacks since in the
 army. During the time

he was under my
care he had a very
troublesome stomach.
These troubles continued
with greater or less
severity from the time
I saw him to the time
of his death - The special
cause of his death was
disease of heart; the other
troubles having much to
do in aggravating the disease
of heart - as it was always
narrow; the other troubles
being so -

Very Respectfully
J. S. Clushington
Secy of Skowhegan
Reservation

OCT. 12 1888



Record Proof of Marriages, Births, and Deaths.

State of Maine, County of Somerset, ss:

ON THIS 16 day of March A. D. one thousand eight hundred and eighty 8

personally appeared before me, a Notary Public within and for the County and State

aforesaid, Geo S Webb, who, being duly sworn according to law, declares

that he resides in SKowhegan County of Somerset State of Maine; and that he is

Town Clerk of the town of SKowhegan
(Pastor, Rector, or Clerk, as the case may be.) (Church, Parish, or Board of Health.)

located in State of Maine in the last-named County, and custodian of the records

thereof; that the following is a true copy of an extract from the record of Marriages viz:
(Marriages, Births or Deaths.)

Oct. 21st 1866 Henry L. Bray and Philena
B. Snow both of SKowhegan married by
Temple Cutler Minister of the Gospel

Affiant further declares that he has no interest in the prosecution of any claim in behalf of Philena

B. Bray for * Pension

Geo S Webb Town Clerk
(Signature of Affiant.)

subscribed before me this 16 day of March, 1888, I have
no interest in the prosecution of this claim for* Pension

Chas. Jones
(Official Signature)

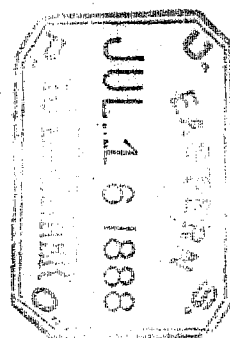
I, _____ Clerk of the County Court in and for aforesaid County
and State, do certify that _____, Esq., who has signed his name to the
foregoing declaration and affidavit was at the time of so doing _____ in and
for said County and State, duly commissioned and sworn; that all his official acts are entitled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

Witness my hand and seal of office, this _____ day of _____, 1888.

[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.



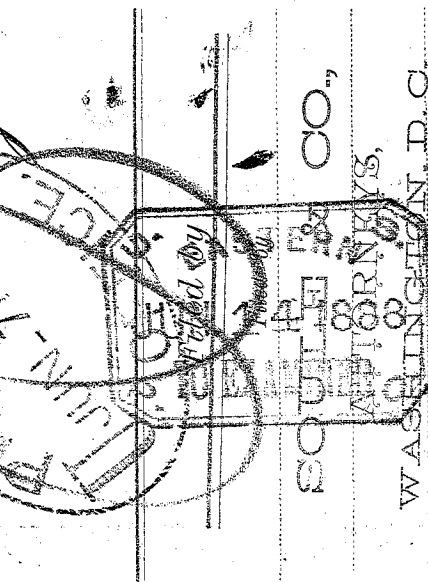
East Div
Record Marriage

RECORD PROOF
OF
MARRIAGES, BIRTHS AND DEATHS.

CLAIM OF
Phileas B Bray

FOR
Widows Pension
No 368, 921 as
widow of
Henry L Bray

Mrs. Mary Mary
x 1st D. L. Bray



she must take to procure it.

Yours very truly

Wm. William S. Holmes

for Philena B. Bray.



Examined in

Record Div.

OCT 2 - 1909

Bonorden.

[3-218.]

No.

Acts of July 14, 1862, and March 3, 1873.

Philena B. Bray
Skowhegan Somerset Co.
Widow Me.

Henry S. Bray
Pot-Mt 1 " Me. Car
H. 1. D. C. Car
Died at

Sep 26-87. Heart dis. dysphasia
No other claim. ch dign. man

BOARD OF REVIEW
6-20-88
Mch 22, 1888
M. Roberts,
Clerk.

Application filed: Mar 12, 1888.

Attorney: Soule & Co.

P. BOARD

JAN

Wash.
D.C.

ME. *april 19, 1888.*
 May 14. 88. To Soule Co.
orig. - Continuation -
 N. H. Date & cause marriage - *Prior marriage*

Birth
 June 9. 88 To Soule Co. *date*
cause & date marriage - birth
Prior marriage - Mr. Dolan

Vt. July 20. 88. To Dr. Kershing
 St. Surg. Howbegan Me.
 Soldiers disability while
 MASS. *under his care & date*
& cause of death.

R. I. Oct. 16. 88. To Soule Co.
Birth Prior marriage
 Conn.

N. Y.

N. J.

Del.

No.

PHILENA B. BRAY;
NORTHEAST HARBOR MAINE
251034 MAY WID

3-1081

DROP REPORT—PENSIONER

_____ Cert. No. _____

Pensioner _____

Soldier _____

Service _____

Class _____ SEC. W _____

RECORD DIVISION

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

_____, 19____

Chief, Record Division.

FINANCE DIVISION

APR 9 1927 _____, 192

The name of the above-described pensioner who
was last paid at the rate of \$ 30 per month
to MAR 4 1927, 19____, has this day
been dropped from the roll because of death

March 14, 1927

Chief, Finance Division.

(3-230.)

INVALID. (Series.....)

Cert. No. **420014**

Name, *Henry L. Bray Decd*

Rank, *Priv. 1st*; Service, *Co. M. 1st Me. Inf. Cal.*

Original Roll: *Augusta*

Agency. Transf'd....., 18....., to

"....., 18....., to

Issued *L Jan'y 25*....., 188*9*

Mailed *" 29 "*....., 188*9*

Rate and Period, \$ *5.00* from *Aug 29, 1887*

and ending *Sept 26, 1887* date
of death.

Henry L. Bray *Philma B. Bray* widow

Deductions:

Disability: *Disease of bowels,
stomach, and heart*

Issued....., 18.....

Mailed....., 18.....

Rate and Period, \$....., from....., 18.....

.....

.....

.....

.....

Deductions:

.....

.....

Disability:

" Issue. Class. *Aug*
1st
 Entered *See*

[3-216.]
Johnson Ex'r. INVALID.
No. *620561*

Acts of July 14, 1862, and March 3, 1873.

Henry L. Bray
P. O. *Skowhegan*
Somerset Co. Me.

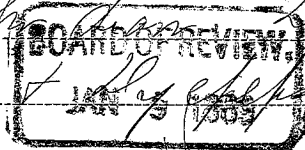
Service: *U. S. 1st Me Cav*
Co. 1 D. C. Cav.

Enlisted: *Feb 11*, 1864.

Discharged: *Aug 1*, 1865.

Application filed: *Aug 29*, 1887.

Alleges: *Chas. H. Davis*
Heart & Lung



Re-enlisted:

Attorney: *Soule & Co.*
P. O. *Washington*

FILED

ME.

Dec. 17-87. *off. Dir. Culm*
ulm & ulm dim of the dyke

N. H.

Ca-62 1751 - E. D. H. 17

Feb. 1, 88. P. D. H. 17

Dir. Cam of duct

Vt.

Prof. M. H. 17

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

[3-231].

No 251034

Phileas B. Bray

WIDOW OF

Henry L. Bray

Bank T. Hart, Co. M.

Regt. 1st Me Vol Cav

Augusta

Agency.

Rate per Month, \$ 12

Commencing 27th Sept 1887Additional sum of \$2 per Month for each
of the following children, until arriving at the
age of 16 years, commencing 27th Sept 1887

Colia

3rd April 1888Certificate dated Jan'y 25th, 1889.Sent " 29th, 1889.

Fee \$25.

Attorney.

Act 11th July, 1862.

Book

No 1

D

Cert No. 420 014

Entitled to \$20 per month,
Commencing Sept. 8, 1916,
Under act of Sept 8, 1916. *270*
Age of Seventy years.

13

5

\$30. per month

Act May 1, 1920

SSM

Am 2

Exp. Rev.

NORTHEAST HARBOR
MAINE

Northeast Harbor, Maine, May 17 1917

Commissioner of Pensions,
Washington, D. C.

Dear Sir.-

I am now drawing pension under number 251034 (widows)

As I am 73 years old I am entitled to an increase.

What steps shall I take to obtain it?

Very respectfully yours,

Philena B Bray

*Anticipated.
Mailed June 14, 1917*

We Wm. A Pitts and Sarah E Pitts
of Somerset Co. Me, do on oath say we are
acquainted with Philena B. Bray of Skowhegan
in said Co. & State & have been for years &
were acquainted with Henry L. Bray her
husband who died Sept. 24, 1887. We
were both at his funeral. Neither the
said Henry L. Bray or his wife Philena B
Bray had been previously married
Our Ages are 50 and 47 respectively &
our P.O. Address Skowhegan Maine.
We are disinterested. Wm A Pitts

Mrs Sarah E. Pitts

State of Maine Somerset Co;
Sworn to & subscribed by said Wm A and
Sarah E Pitts Credible witnesses who were
first made acquainted with its contents
Before me June 22nd 1888 I am not
interested.

Chas. E. Jones J.C.

Examined on file.

East. Div

Philena B. Bray ^{Widow}
of Henry L. Bray -
M - 1 Me Cav
1 D.C. Cav

Widows Pension
No 368,921
Drunk soldier
Sept. 26, 57
No prior history

Filed by

SOULE & CO.,
ATTORNEYS,
WASHINGTON, D. C.

DATES OF DEATH OF CHILDREN.



Declaration for an Original Invalid Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Maine, County of Somerset, ss.

ON THIS 22^d day of August A. D. one thousand eight hundred and eighty dean
personally appeared before me Henry S. Bray of the County of Somerset a Court
of Record within and for the county and State aforesaid Henry S. Bray
aged 46 years, who, being duly sworn according to law, declares that he is the identical

Henry S. Bray who was ENROLLED on the 11th day of Feb
1864, in Company M of the 1st regiment of Me. Cav. Vols.
commanded by Capt's Benson & Baughn and was honorably DISCHARGED at
Near Petersburg, Va. on the 1st day of Aug, 1865; That his

personal description is as follows: Age 46 years; height 5 feet 8 1/2 inches; complexion Fair
hair auburn; eyes gray That while a member of the organization aforesaid, in the

service and in the line of duty at Jones' Landing in the State of Va.
on or about the Summer day of 1864, he from hardship

and exposure contracted Chronic diarrhoea
of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

which resulted in dyspepsia and disease
of the heart, rendering him entirely
unable to perform any manual labor.

That he was treated in hospitals as follows: at Point of Rocks in
Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

Va. near city Point

That he has not 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 he has not been in the military or naval service of the United States since the 1st day of Aug 1865

That since leaving the service this applicant has resided in the town of Skowhegan
in the state of Me, and that his occupation has been that of a Carpenter

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 wholly 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.

SOULE & CO., of Washington, D. C.,

his true and lawful attorney to prosecute his claim. That he has not received or applied for

a pension; that his residence is No. Skowhegan Maine street

and that his post office address is

Skowhegan, Maine

W. H. Dexter Henry S. Bray

Willis H. Deaper [Signature of Claimant.]

[Two witnesses who can write sign here.]

fully appeared

T. H. Lunt

residing at

Shoups

Marion

and

Wilbur H. Draper

residing at

Said Shoups

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

Henry L. Bray

, 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 that

he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

T. H. Lunt
Wilbur H. Draper

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

[Signature of Affiants.]

Sworn to and subscribed before me this

22d

day of

August

A. D. 188

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, including the words

erased, and the words

added; and that I have no interest, direct or indirect in the

prosecution of this claim.

Clerk of the

L. H. Webb
J. J. Coover



Aug 1865

INVALID.
CLAIM FOR PENSION.
ORIGINAL.

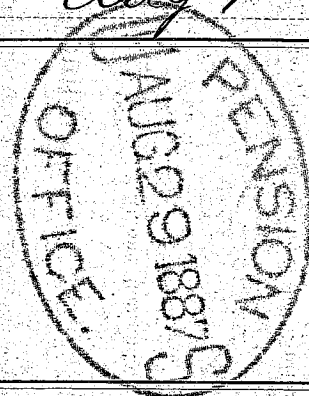
H. L. Bray, Applicant.

Co. *M* *1st* Reg't.

Me Car Vols.

Enlisted *Feb 11* 18 *64*

Discharged *Aug 1* 18 *65*



Filed by

SOULÉ & CO.,

Attorneys & Solicitors of Patents & Claims,

WASHINGTON, D. C.