

ACT OF MAY 11, 1912

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Worcester ss.

On this 23rd day of May, A. D. one thousand nine hundred and twelve,
personally appeared before me, a Notary Public, Samuel R Burroughs, within and for the county
and State aforesaid, Samuel R Burroughs, who, being duly sworn according to law,
declares that he is 69 years of age, and a resident of Acton
county of Worcester, State of Mass.; and that he is the

identical person who was ENROLLED at Roxbury, Mass. under the name of
Samuel R Burroughs, on the 24th day of Sept, 1861,
as a private, in Am H. Chapman Co "E" 76th Reg. of Infantry
Mass Volunteers
(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
(State name of war, Civil or Mexican.)
at Savannah, Ga., on the 26th day of August, 1865.
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 1/2 inches;
complexion, Fair; color of eyes, Black; color of hair, Dark Brown; that his occu-
pation was Farmer; that he was born July 25, 1843.

That his several places of residence since leaving the service have been as follows:
Acton to 1872, Hitchburg Mass to 1876, Reading Mass to 1878,
Worcester Mass to 1890, Acton to date.
(State date of each change as nearly as possible.)

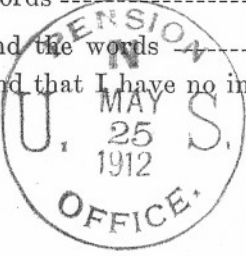
That he is a pensioner under certificate No. 828632
as to extension,
that he has _____ applied for pension under original No. _____
That he makes this declaration for the purpose of being placed on the pension roll of the United
States under the provisions of the act of May 11, 1912.

That his post-office address is West Acton, county of Worcester,
State of Mass.

Attest: (1) James E. Richardson
(2) Emangeline A. Hall
Samuel R Burroughs
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 23rd day of May, A. D., 1912,
and I hereby certify that the contents of the above declaration, etc., were fully
made known and explained to the applicant 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.]



Corban E. Hall
(Signature.)
Notary Public
(Official character.)

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

Concerning the Date of Birth of SAMUEL R. BURROUGHS
of Acton, Mass.

State of Massachusetts)
Middlesex County)ss

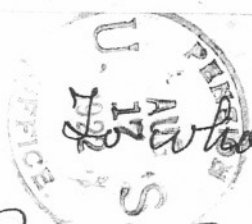
Then personally appeared Samuel R. Burroughs to me known, and made oath that he was born on March 25th, 1843 and he further exhibited a volume of the Bible containing his family record and, upon examination of said record, I find the date of his birth recorded as March 25th, 1843, and I further affirm that said record bears no alterations or erasures, except that the "43" in the "1843" has been traced over to make it more pronounced, the original entry being in very pale ink and also dimmed by apparent age. The Bible containing said record being old and much worn and the front pages having been lost, the date of its publication could not be ascertained, but it is the opinion of the affirmant that this volume was published more than a hundred years ago.

IN WITNESS WHEREOF, I have hereunto affixed my hand and notarial seal this 20th day of June 1913.

Durham E. Ball

Notary Public.

My commission expires July 8th, 1915.



THE TURNPIKE
HARVARD, MASS.

Aug. 8th 1922.

Dear home it may concern:

Samuel

Roger Burroughes, of West Acton, Mass. who served four years in the Civil War. Enlisted from Acton in 1861. and was honorably discharged in the fall of 1865. He was of the 26 Mass. Regiment. He is now 79 years of age, and has been in feeble health for the last five years. He is suffering from Arterio Sclerosis, and mitral insufficiency. He also has a large inguinal hernia that gives him a great deal of trouble, as it is almost impossible to get a truss that will retain it in place. He is practically helpless, requiring the constant attendance of his daughter, or a nurse. He sits up some, and walks about a little, but is very weak, and suffers from pain in his arms and legs. He receives a pension, but feels that in his present state

My Commission Expires Aug. 27, 1926

Justice of the Peace
Arthur J. McNamee

before me

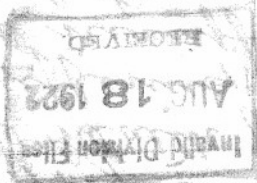
Statement Subscribed to by him in full.

and made oath that the foregoing
Document appeared to him to be true.

Aug. 9, 1922

Blomfield S.S.

Edward. Mason.



Edward J. Mason

of health that it is inadequate to
care for him properly in his declining
years. I have known him for
several years, and I am sure he
is not asking for much, when he
seeks to get compensation for total
disability. My only

MONTGOMERY

From _____ to _____ and return, _____ miles.

Conveyance used _____

Total distance traveled _____ miles.

Mileage from my office at _____ to _____

applicant's home at _____ and return by _____

the most direct route, _____ miles at 10 cents per mile.

TOTAL FEE AND MILEAGE \$ _____

I do certify and solemnly swear * that I made the examination charged for above at the home of the applicant,
that this voucher is true and correct and that payment has not been received.

Examined by _____

*If fee only is claimed erase the words "and solemnly swear"

that will hold it, the ^{not get out of}
moment he steps on
his feet.

I am confined at home
very closely as he could
not get out of his chair
alone, and we two are
the only ones in the family
young very truly,
(Miss) Elizabeth M. Burroughs

Wheatfield, Aug 15, 1922
State of Massachusetts }
County of Middlesex }

Before me, appearing
Elizabeth M. Burroughs and made oath
that the foregoing are true by
her subscribing, is true.

Notary Public
Boston

Invalid Division

D.C. 828632

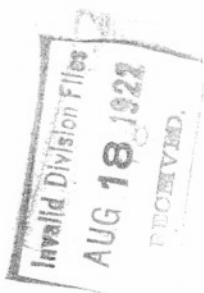
Samuel R. Burroughs West Acton,
Mass.
C.E. 26 Mass. Inf.

Aug. 6, 1922

Department of the Interior
Bureau of Pensions
Washington
Washington
Commissioner



Sir: I am enclosing the
return statement of
Dr. Herbert B. Royal, the
physician who has
attended my father.
Dr. Royal has decided
father's condition at the



Examining Surgeon.

Subscribed and sworn to before me this _____ day of _____, 192

Approved for payment

Surgeon should make no entry below this line.

(signature and official title.)

I certify that the medical certificate numbered above, which accompanied this voucher, has been examined, that the services have been performed and the fee earned as stated, and that the above charge for mileage has been examined and found correct, except as otherwise indicated in the column of "Differences."

This voucher is approved for \$ _____

Commissioner of Pensions.

Paid by check No. _____, dated _____, 192 , on the Treasurer U. S., in favor of _____

payee named a

REPRODUCED AT THE NATIONAL ARCHIVES

3.

he gets from the house
to the pierage for a portion
of the day, but could
not walk alone. He
can feed himself, but
that is about all he
can do alone.

His mind is fairly
clear, although he
is confused easily.
He needs a little. He
could not go away
from the house, except
in a wheel-chair.
His hernia is in a very
bad condition and it is
very hard to find anything

2.

time the claim was filed.
At the present time he
is in a much worse
condition, having had
a bad fall about two months
ago. He was tripped up by
a cat and thrown onto
the kitchen floor.

Before this he could partially
dress, but now he is
unable to dress or undress
and cannot attend
the calls of nature
unaided.
He is not able to get
upstairs to bed. With
my help and his own

3-026

DECLARATION FOR PENSION.

Act of May 1, 1920.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

STATE OF Massachusetts COUNTY OF Middlesex, ss:
 On this 1st day of April, A. D. 1922, personally appeared before me, a Notary Public, within and for the county and State aforesaid, Samuel R. Burroughs who, being duly sworn according to law, declares that he is 79 years of age, and a resident of Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Camp Shaw, Lowell, Mass., under the name of Samuel R. Burroughs on the 24th day of September, 1861, as a private in William K. Chapman Co. E. 6th Regt. Infantry for 3 yrs.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
and again enrolled as corporal in Capt. S. B. Denny's Co. E. 76th Battalion of Infantry, Mass. Veteran Volunteers on Jan. 1, 1865
 in the service of the United States, in the Civil War, and was HONORABLY DISCHARGED at Savannah, Ga., on the 26th day of August, 1865. That he also served in the War with Mexico
(Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height, 5 feet 6 1/2 inches; complexion, Fair color of eyes, Black; color of hair, Light Brown; that his occupation was Farmer; that he was born March 25, 1843, at Acton, Mass.

That he requires the regular personal aid and attendance of another person on account of the following disabilities:

He has had a bad rupture for many years which has become more troublesome lately. Also has had three bad rheumatic attacks which have rendered him unable to perform his duties. His left side is partially affected.
(State in this space the nature of any and all disabilities.)

That since leaving the service he has resided at Acton, Mass. Reading, Mass. Waltham, Mass. and at Acton since 1886

and his occupation has been gunsmith, finisher and in Barber business from 1875 to 1914. No regular employment since

That he has never applied for pension under Original No. 828632 That he is now a pensioner under Certificate No. 828632 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 witnesses.)

(1) George I. Towne
(Signature of first witness.)
West Acton, Mass.
(Address of first witness.)
 (2) R. Byron Moore
(Signature of second witness.)
West Acton, Mass.
(Address of second witness.)

Samuel R. Burroughs
(Claimant's signature in full.)
West Acton, Mass.
(Claimant's address in full.)

SUBSCRIBED and sworn to before me this 1st day of April, A. D. 1922, and I hereby

certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words _____

[L. S.]

erased, and the words _____, added;

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



Arthur E. Hall
(Signature.)
Notary Public
(Official character.)
West Acton, Mass.
(Post-office address of officer.)

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

Cambridge, Mass., Dec. 9, 1922

The Commissioner of Pensions,

Sir:

Subject

Cert. 828632
Samuel R. Burroughs,
E 36th Mass. Inf.

This pensioner died at his late home
at West Acton, Mass. on the 13th ultimo as shown
by copy of Death Return herewith.

He left no widow or minor child or other
succession of title.

For the information and action Chief of
the Finance Division.

Respectfully submitted,

Chas. G. Townsend
Special Examiner

Civil War Division.
Inv. Ctf. 828,632,
Samuel R. Burroughs,
Co. E, 26th Massachusetts Inf.

MW IMF

June 7, 1913.

Mr. Samuel R. Burroughs,
West Acton,
Massachusetts.

Sir:

Relative to your above-entitled claim for pension under the Act of May 11, 1912, you are advised that your nephew's testimony is not sufficient proof of the date of your birth. You should furnish a verified copy of the family Bible record of your birth prepared as follows:

The Bible should be taken before some officer authorized to administer oaths for general purposes, who should make a copy of so much of the record as refers to the date of your birth, and certify under his seal to the correctness of the copy. He should also state when the Bible was published; whether the record bears any marks of erasure or alteration, and whether the entry appears to be an old one.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

Samuel Roger Burroughs
Born March 25th, 1843
A copy from the old
Family Bible



G. W. Burroughs

West-Point Mass May 26th
1913

J. L. Davenport -
Commissioner of Pensions
Washington
D.C.

Dear Sir

In reply to your letter of
May 15th. I have had my
brother G. W. Burroughs look
up the date of my birth in the
Old Family Bible of years ago.
I send the copy just as he
took it. I hope this will be
all satisfactory.

I sent to you some time ago
my age, and I thought I got
the date 1843; you had 1842
if you have my letter now
think you will find it as above.

Very truly
Samuel Roger Burroughs
West-Point Mass





HEADQUARTERS
ISAAC DAVIS POST, No. 138

DEPARTMENT OF MASSACHUSETTS
GRAND ARMY OF THE REPUBLIC



West Acton, Mass., 1922

Mr. Washington Gardner,
Comdr of Pensions,
Washington D.C.

Dear sir I wrote you last month asking if Elizabeth M. Burroughs, Daughter of Samuel R. Burroughs who Died Nov 13th 1922 was not entitled to his Fathers increase in pension from the time of application (I think in May 1922) up to the time of his Death. His Certificate No 828 632 Comrade Burroughs was examined by a Doctor appointed by the Government from Marlboro Mass and his report was favorable as I understand

Please let me hear from you at your convenience and oblige your
Most humble servant

George L. Towne



HEADQUARTERS

ISAAC DAVIS POST, No. 138

DEPARTMENT OF MASSACHUSETTS
GRAND ARMY OF THE REPUBLIC

West Acton, Mass., Dec 14 1922

Mr Washington Gardner

Dear Sir

I do not know as you can help me but perhaps you can give me some advise. Comrade Samuel R. Burroughs applied for an increase in pension in April later he was examined by a Doctor from Melborough Mass & I understand his report was favorable, he was under the constant care of a nurse untill his death Nov 12. He leaves one Daughter Miss Elizabeth M. Burroughs which is greatly in need of all that is due her from her Father's back pay. Comrade Samuel Rogers Burroughs Pension Certificate No 828,632. Now if Miss Burroughs is entitled to her Father's back pay from the time that he applied untill his Death, and if there is any further papers or blanks to be filled out, will you please forward the same or give me instructions how to proceed by so doing you will greatly assist a poor worthy Comrade's Daughter. As I am Commander of the Post they look to me for instructions.

Please let me hear from you at your earliest convenience and oblige your most
humble servant

George F. Towne



Write nothing above this line.

(3-030.)

East, Div.
C. E. B., Ex'r.
 No. *868,772*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.,

March 18, 1891

SIR:

It is alleged that *Samuel R. Burroughs* enlisted *Sept. 24th, 1861*
 and served as a *Private* in Co. *E,*, *26th* Reg't *Mass. Vol. Inf.*
 also as a _____ in Co. _____, Reg't _____

and was discharged at *Savannah, Ga.*, *August 26th, 1865*,

It is also alleged that while on duty at *New Orleans, La.*
 on or about *March*, 18*62*, he was disabled by *rheumatism and*
pleurisy

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

Marine Hospital, New Orleans, La.

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Amos Randall
 Acting Commissioner.

The Officer in Charge of the
 Record and Pension Division,
 War Department.

ACT OF JUNE 27, 1890.

BOSTON,

3-402.

Certificate No. 828632 Department of the Interior,
 Name, Samuel R. Burroughs 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. Yes. Ella A. Burroughs, Ella Augusta Hayward.

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

Answer. Feb 14, 1867. West Acton. By Rev. Walter Rice.

Third. What record of marriage exists?

Answer. In the Town Report of the Town of Acton, 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.

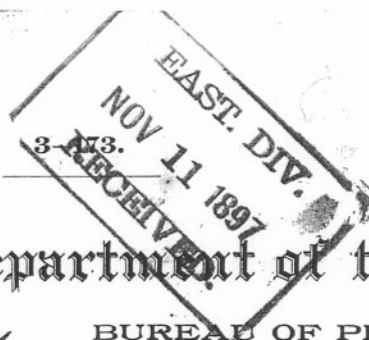
Answer. Two. Mabel E. Burroughs. Born July 20, 1874.
Lizzie M. Burroughs. " May 18, 1887.

Date of reply, June 4th, 1898.

Samuel R. Burroughs
 (Signature.)

0-8

5301b750ml-98



Eastern Div. *E. E. L.* Ex'r.
 No. *28632*
Samuel R. Burroughs
 Co. *E 26* Regt *Mass. Inf.*
 Department of the Interior,
 BUREAU OF PENSIONS.

Sir:

Will you kindly 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 family.

Very respectfully,

Mr Samuel R. Burroughs,
West Acton,
Mass.

J. L. Davenport
 Acting Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer:

yes. Ella Augusta Burroughs. Ella Augusta

No. 2. When, where, and by whom were you married? Answer:

February 14th 1867
West Acton Massachusetts. By Rev Walter Rice.

No. 3. What record of marriage exists? Answer:

Recorded in Acton Mass
in the Town Records

No. 4. 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

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer:

yes. Two. Mabel Ella Burroughs
July 20th 1874. and Lizzie May Burroughs.
Born May 18th 1887

Date of reply, *Nov 4th*, 1897.

Samuel R. Burroughs
 (Signature)

FORM R-303

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Middlesex State Mass. Registered No. Acton
City or Town Acton No. St. Ward War

2 FULL NAME

Samuel R Burroughs death occurred in a hospital or institution, give its NAME instead of street and number
Claim of (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. St. Ward Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Ella A. Hayward (or) WIFE of

6 DATE OF BIRTH March 29 1843
(Month) (Day) (Year)

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
79 8 23

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) Name of employer

9 BIRTHPLACE (City) Acton
(State or country) Mass.

10 NAME OF FATHER Jabine Burroughs

11 BIRTHPLACE OF FATHER (City) New Hampshire
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Richardson

13 BIRTHPLACE OF MOTHER (City) Acton
(State or country) Mass.

14 Informant Elizabeth Burroughs
(Address)

15 Filed Dec 11 1922 Horace F. Tuttle
(Month) (Day) (Year) REGISTRAR

21 Burial permit issued by E A Durkee

Official position Agent
of Health

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 13, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes
Probably valvular disease
of the heart
Found dead in bed

(See reverse side for description for unknown person)

18 Where was injury sustained if not at place of death?

(Signed) Henry J. Walcott, M.D.

(Address) 92 Main St Concord

Medical Examiner for 6th Middlesex
Date Nov. 15, 1922
(Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, or REMOVAL Mt Hope W. Acton
(Cemetery) (City or town)

DATE OF BURIAL Nov. 16, 1922
(Month) (Day) (Year)

20 UNDERTAKER O. S. Fowler
Maynard

ADDRESS

22 Date of issue Nov 14

Permit No. 27

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Dep A
3

a true copy attested
Horace F. Tuttle Town Clerk

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

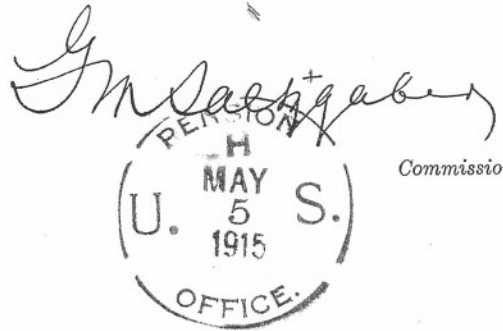
WASHINGTON, D. C., January 2, 1915.

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,

SAMUEL R BURROUGHS
WESTACTON MASS
828632

ACT MAY



Commissioner.

- No. 1. Date and place of birth? Answer. *West-Acton, Mass. March 29th 1843*
- The name of organizations in which you served? Answer. *26th Mass Infantry volunteers Enlisted Sept 1861 and served until Sept 1865*
- No. 2. What was your post office at enlistment? Answer. *West-Acton, Mass.*
- No. 3. State your wife's full name and her maiden name. Answer. *Ella Augusta Burroughs (Haysworth)*
- No. 4. When, where, and by whom were you married? Answer. *Feb 14th 1867 West-Acton, Mass. By Rev Walter Rice*
- No. 5. Is there any official or church record of your marriage? *Yes.*
If so, where? Answer. *At Town Church, Florence Yittle, Acton Center, Mass. Feb. 1867*
- 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 never, was only married once.*
- 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. *No she was never married before*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *yes we have always lived together*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
- | | |
|--------------------------------|------------------------------|
| <i>Frank Raymond Burroughs</i> | <i>Born August 27, 1877.</i> |
| <i>Nobel Ella Burroughs</i> | <i>Born July 20th 1874.</i> |
| <i>Lizzie May Burroughs</i> | <i>Born May 18th 1887</i> |
| <i>Nobel Ella Burroughs</i> | <i>Died May 14th 1903</i> |
| <i>Frank Raymond</i> | <i>" Day of Birth</i> |

Date *April 29th 1915*

(Signature)

Samuel R Burroughs

3-014.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts }
County of Middlesex } ss.

On this 18th day of February, A. D. one thousand nine hundred and seven, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Samuel R. Burroughs, who, being duly sworn according to law, declares that he is 64 years of age, and a resident of West Acton county of Middlesex, State of Massachusetts and that he is the identical person who was ENROLLED at Lowell, Mass under the name of

Samuel R Burroughs, on the 24th day of September, 1861, as a Private, in Capt William H Chapman Company & 26th (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

Regiment of Infantry Massachusetts Volunteers in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Franklin, La on the 1st day of January, 1864 (State name of war, Civil or Mexican.)

That he also served as a corporal of Capt Seth Bonney's Company & 28th (Here give a complete statement of all other services, if any.) Battalion of Infantry Mass Volunteer enlisted on the 1st day of January 1864 and discharged August 26 1865 at Savannah Georgia

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, five feet 6 1/2 inches; complexion, fair; color of eyes, black; color of hair, br Brown; that his occupation was a farmer; that he was born March 25th, 1843, at Acton Massachusetts

That his several places of residence since leaving the service have been as follows: from final discharge to 1869 at West Acton, Mass. from 1869 to 1873 at Wicheburg (State date of each change, as nearly as possible.) Mass. from 1873 to 1875 at Reading, Mass. from 1875 to 1886 at Waltham Mass. from 1886 to date at West Acton, Mass.

That he is a pensioner. That he has heretofore applied for pension another number of his certificate is 828632 (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.

That his post-office address is West Acton, county of Middlesex State of Massachusetts

Samuel R. Burroughs
(Claimant's signature in full.)

Attest: (1) _____

(2) _____

Also personally appeared Edwin C. Parker, residing in West Acton Mass and Elizabeth S. Parker, residing in West Acton Mass, 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 Samuel R. Burroughs, 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 30 years and 3 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.

Validity accepted

S. A. Cuddy,

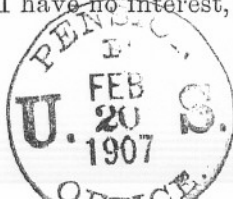
Chief, Law Division,

per M. E. H 2-98-7

[L. S.]

SUBSCRIBED and sworn to before me this 18th day of February, A. D. 1907, 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 from 1886 to date at West Acton Mass, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Edwin C. Parker
Elizabeth S. Parker
(Signatures of witnesses.)

Allen Brooks Parker
Justice of the Peace
(Signature.)
(Official character.)

of execution, Ind. Division. 28.

2nd



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

B DECLARATION FOR INCREASE OF INVALID PENSION. B

STATE OF MASSACHUSETTS.

COUNTY OF Middlesex } ss.

On this _____ day of _____, A. D. one thousand eight hundred and 96
 personally appeared before me, a Justice of the Peace within and for the County and State
 aforesaid, Samuel R. Burroughs, aged 53 years, who, being duly sworn
 according to law, declares that he is a pensioner of the United States, duly enrolled at the Boston
 Pension Agency at the rate of Six (6) dollars per month, by Certificate No. 828632, on
 account of disability from Rheumatism of the Arm
 incurred while serving as a Corporal in Co E 26 Mass Vols
(Here state rank, company and regiment, if in army; rank and vessel, if in navy.)

He further declares that he believes himself to be entitled to an increase of pension for the following reasons, to wit:
 that he has an increasing difficulty of the Arm
(Here state reasons for applying for increase; whether disability has increased or present rate is considered inadequate, or otherwise.)

The Arm is so sore that it is difficult to find a trans that will
hold it up, that a short time since he could
not reduce it and has to apply to a Physician
who found it quite difficult to reduce it
also increasing difficulty of the Arm

that he appoints J. B. PARSONS, PENSION AGENT OF MASSACHUSETTS, No. 29 Pemberton Square, Boston, his true and
 lawful attorney to prosecute his claim WITHOUT FEE; that his residence is No. _____, in West Haven
 Street, in _____, County of Middlesex, and State
 of Massachusetts; that his post-office address is West Haven
Mass

Austin A. Richardson
Sarah A. Hutchins
(If claimant signs by mark, two persons who can write sign here.)

Samuel R. Burroughs
(Claimant's signature.)

Also personally appeared Austin A. Richardson residing at West Haven
 and Sarah A. Hutchins residing at West Haven, 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
Samuel R. Burroughs, the 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.

(If either witness signs by mark, two persons who can write sign here.)

Austin A. Richardson
Sarah A. Hutchins
(Signatures of Witnesses.)

Sworn to and subscribed before me this eight day of December
 A. D. 1896, and I hereby certify that the contents of the above decla-
 ration, etc., were fully made known and explained to the claimant and
 witnesses before swearing, including the words _____

[SEAL.]

_____ erased, and
 the words _____

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

Sarah Hutchins
(Magistrate's Signature.)

Justice of the Peace
(Official character.)

*Certificates on file
 date of execution.
 Law Division*

Declaration for Original Invalid Pension. **A**

To be Executed before a Court of Record or some Officer thereof having custody of its Seal (usually County Clerk), and
Returned to HENRY D. PHILLIPS, WASHINGTON, D. C.
P. O. Box 280.

STATE OF Massachusetts
Middlesex COUNTY, ss.

On this October day of October, A. D. one thousand eight hundred and ninety-
personally appeared before me of the a court of
record within and for the county and State aforesaid Samuel R. Burroughs aged
47 years, a resident of the Town of West Acton county of Middle-
sex State of Massachusetts who, being duly sworn according to law, declares
that he is the identical Samuel R. Burroughs who was ENROLLED on
the 24 day of September 1861 in Company E of the 26th Regiment
of Massachusetts commanded by Capt. William H. Chapman
and was honorably DISCHARGED at Savannah Georgia on the 26th day
of August 1865 Height 5 feet 6 1/2 inches fair complexion, color of hair
Brown That while a member of the organization aforesaid, in the service and in the line of
his duty at New Orleans La. in the State of Louisiana on or about
the day of March 1862, he contracted Pleurisy &
Rheumatism there from the exposures
and the hardships of the service and
has suffered from the same and the
effects thereof more or less ever since.

That he was treated in hospitals as follows: at Marine Hospital
New Orleans La. Here state the names or numbers, and the localities of all Hospitals in which
treated, and the dates of entering and leaving each, as now remembered.

That he has not been employed in the military or naval service otherwise than as stated above. If in other
service, here state what it was, with Co., Reg't, rank and date enlisted and discharged.

That since leaving the service this applicant has resided in the county of
Middlesex
in the State of Mass. and his occupation has been that of a barber

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 greatly 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, HENRY D. PHILLIPS,
Lawyer, WASHINGTON, D. C., his true and lawful attorney to prosecute his claim. That he has not
received not applied for a pension. That his POST OFFICE ADDRESS is West Acton
Middlesex county of Massachusetts.
Claimant's Signature, Samuel R. Burroughs

WITNESSES TO (X) MARK:

- 1 Amos F. Weston
- 2 J. Alfred Goring

Get good, reliable Affiants, who can write, if possible, and who know well the facts required.

NOTE.—To be executed before a CLERK OF COURT with Seal, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE. It must NOT be executed before a Commissioner of Deeds.

STATE OF Massachusetts }
COUNTY OF Middlesex } ss.
In the matter of Samuel Burroughs, Riv. E. 26, Mass. For Pension.
Personally came before me, a Notary Public in and for
aforesaid County and State George A. Haywood
(Names of Affiants, two or more.)

well known to me to be reputable and entitled to credit, and who, being duly sworn, declare each in relation to aforesaid case,

as follows: That affiants well know said soldier, and have known him for the past thirty and

years respectively: that soon after his discharge and return home, on or about the month of September 1865

they saw and conversed with him familiarly, and he was then suffering from Pleurisy & Rheu-

matism

and effects thereof, which, he then said, he had incurred in the army, in the line of duty; that his general appearance and

symptoms then were as follows: (Here state same, fully and precisely, how he looked, how affected, what symptoms he manifested, etc.)

I have known Samuel R. Burroughs
for over thirty years since
knew him to be an able bodied man
when he entered the service
Since he came home I have known
of his having Pleurisy & Rheumatism
which has troubled him about
his work & is troubled with a bad
cough.

that he has continued to suffer from same, and the resulting effects thereof, with like symptoms, more or less, ever since

[OVER.]

NOTE.—This affidavit must be executed by a Commissioned Officer or 1st Sergeant, if at all possible. Seek duty to find such Officer or 1st Sergeant, by inquiry, writing, &c. Then, if you fail, have it executed by two comrades, and explain by letter why you cannot get such Officer.

STATE OF Mass
COUNTY OF Middlesex } ss.

On this 22^d day of April A.D. 1891, personally appeared before me, a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths,
George A. Reed aged 48 years, a resident of Frammingham
(Give P. O. address—street and number, if in city.)
in the County of Middlesex and State of Mass, and
aged _____ years, a resident of _____
(Give P. O. Address—street and number, if in city.)

in the County of _____ and State of _____, who
being duly sworn according to law, state that Samuel Burroughs late Private
in Co. "E" 26th Regiment of Mass. Vols., War of 1861, while in the line of his duty, at or
near New Orleans in the State of Louisiana did on or about the
day of March 1863, become disabled in the following manner, viz.: contracted
Pleurisy & Rheumatism there, from
the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending
it. If sickness, state time and place when contracted, what caused it, the name of the sickness, how it affected him, the symptoms then observed, &c.)
the exposure & hardships of the
service. & the symptoms observed were
as follows.

I was a Sergeant in Co. E 26th Regt Mass Vols
and remember well when Samuel Burroughs was
sick and in Marine Hospital in New Orleans
Some fine weeks that he has suffered at
times with Pleurisy and Rheumatism and
is not able to do hard work
I have been personally acquainted with
said Samuel Burroughs since the war and
know him to be temperate man
and must sufferings from disease contracted
while in the Army of the U. S.
then stationed in New Orleans La

That the facts stated are personally known to the affiant by reason of being present then and there, and that such
personal knowledge was derived in the following way: by exposure while

[OVER.]

in the line of duty;

The treatment received in the service was as follows: *at Marine Hospital in New Orleans La March 1863 -*
(State all known about the soldier having received medical treatment for his disability while in service, giving time and place, if possible.)

Affiant served as *Sergeant* of Co. "*E*" of the *6th* Regiment of *Massachusetts* Volunteers, from the *18th* day of *October* 1861, to the *25th* day of *September* 1865. And affiant *is* totally disinterested in this claim.*

Two witnesses here to affiant's signature, if by *Henry Ingraham* Affiant sign here. *George A. Reed*
(Sign here.)
(Sign here.)

Sworn to and subscribed before me this day by the above named affiant ; and I certify that I read said affidavit to said affiant, and acquainted.....with its contents before.....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.....personally known to me, and that.....*he is a* credible person.

Witness my hand and official seal this *22nd* day of *April* 1891
 Sign here.....*Francis C. Stearns*
(Signature.)
 [If any.] P. O. Address *Saxonsville* *Justice of the Peace*
(Official Character.)

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE, with Seal. If such Magistrate has no Seal, then CLERK OF COUNTY COURT must add his Certificate of Official Character.
 *Relatives may be witnesses, if no others possible. But this fact, and their relationship, must be stated in the Affidavit.

D

CASE OF

Sam'l Burroughs

"E" Co, 26 " Mass.

No. 868772

FOR

PENSION.

ORIGIN OF DISABILITY.

FILED BY

H. D. PHILLIPS

LAW OFFICES:

WASHINGTON, D. C.

Each case prosecuted on a law basis, thereby securing its early proof and allowance. Prompt, efficient, successful. Life experience in Pension and Bounty Claims, &c., &c. Cases here from all over U. S. and Europe. Supported by members G. A. R. Posts everywhere. Home reputation good.

Attorney for all States and all Soldiers. Pension Papers handled by H. D. PHILLIPS have aggregated millions of dollars.

Origin of disability

Planning to be a million.

STATE OF Massachusetts
COUNTY OF Middlesex ss.

On this eleventh day of May A.D. 1891, personally appeared before me, a

Notary Public in and for the aforesaid county, duly authorized to administer oaths,
Samuel R. Burroughs aged forty eight years, a resident of
Acton in the County of Middlesex and State
of Mass well known by me to be reputable and entitled to credit, and who

being duly sworn, declares in relation to his claim for pension as follows: My post-office address is
West Acton in said County and State
(Give present address in full)

For five years immediately preceding my enlistment into the service of the United States on the 24
day of Sept. 1861, I resided in the following named places: West Acton
up to time of enlistment
(Give all the places in which you resided during the period above stated prior to your enlistment.)

and my occupation was that of a Farmer Since my discharge from said service, I have resided in
West Acton lived here about four years
(Give the name of each place with date of any change of residence.)

and moved to Fitchburg Mass in 1868 lived there
four years moved to Reading Mass 1873 when moved to
Waltham Mass - moved back to Acton 1882
and my occupation has been that of a Farmer From my said discharge to the

present time, I have received the following medical treatment for disability alleged in my Declaration: was treated by
Dr. J. M. Hall in Fitchburg for Rheumatism in 1876 as near
as I can remember also have been treated by Dr. Moore of Charleston
for same trouble in Waltham I have been to Dr. Hall
at times he has furnished me with Plaster which I have had to use
a good many times for my side, and I have also tried all kinds
of Liniment for Rheumatism and have tried all kinds of medicine

Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases:
I cannot give dates exactly of these troubles but I have had
these troubles of Rheumatism & Rheumatic ever since I came out of the
service caused by taking cold & exposure
for which I was treated by Dr. Hall & Sons April & May of 1880 for acute
Rheumatism in Waltham Mass
(Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.)
(Name and address, and date of treatment.)

And during all the said time, my physical condition and ability to perform manual labor have been as follows:
I have worked at Painting a few years after my return home, since
1872 have been in the Booting business. I have had several times
been obliged to give up work on account of the Rheumatism and trouble in leg
that it numbs of left knee
(State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or periods, giving the dates as nearly as possible, you have been prevented from following your usual occupation.)
[OVER.]

I am also familiar with the names of the Borel which give me a great deal of pain & inconvenience about my work I have often been obliged to leave my work and put them back in place this has been one of my greatest troubles since having the Borel sold & put in the drawers which caused the trouble. And concerning first-cause this business is shut. my Regt has been opening more at the time and I feel some times to build & card - the very first work

Dr J. Hatch of this place has treated me in America also Dr's in Britain - Dr. Hatcher of Scotland is - this also treated me for some in 1885 furnished me with guns

Frank H. Williams Samuel R. Burroughs
 Witnesses here when Claimant signs by mark.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in the prosecution.

Wm. H. Stone
 (Magistrate's Signature.)
 (Official Character.)
 Anthony Costello

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, MASTER IN CHANCERY, or JUSTICE OF THE PEACE, with Seal. If such Magistrate has no Seal, then CLERK OF COUNTY COURT must add his Certificate of Official Character.

C
 CASE OF
 Saml Burroughs
 "C," 26 " Mass.
 No. 868,772
 FOR
 PENSION.
 AFFIDAVIT OF CLAIMANT.
 FILED BY
 H. D. PHILLIPS
 LAW OFFICES:
 WASHINGTON, D. C.

Each case prosecuted on a law basis, thereby securing its early proof and allowance. Prompt, efficient, successful. Life experience in Pension and Bounty Claims, &c., &c. Cases here from all over U. S. and Europe. Supported by members G. A. R. Posts everywhere. Home reputation good.

Attorney for all States and all Soldiers. Pension Papers handled by H. D. PHILLIPS have aggregated millions of dollars.

Don't miss #62

Get good, reliable witnesses, who can write, if possible.

NOTE.—The affiants should state how they gained a knowledge of the facts to which they testify—as employers, fellow-laborers, neighbors, old friends and acquaintances, or otherwise—stating how long they have known soldier, &c.

State of Massachusetts }
County of Middlesex } ss.

In the matter of Samuel R. Burroughs for Pension.

Personally came before me, a Notary Public in and for
aforesaid County and State. said man - Samuel R.
(Names of witnesses, two or more.)

Burroughs -

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

In regards to my case of Hernia &c.
I was troubled some while in the Service
at times by pain in lower part of back
which I think was caused by straining
In 1863 while in line of Duty took a severe
cold & cough which brought on the Pleurisy &
Pneumonia which I have had ever since
soon after coming home and going to work
I was obliged to consult Dr J. Hutchins of West-Acton
Mass I was ruptured and applied one of his Trusses
which with others I have been obliged to wear ever
since. Since being examined by the Board in
Lowell I have had to go to Dr Foster of Boston a
Specialist in Hernia and was treated by him
costing me \$65.00. The Hernia has caused me
a good deal of pain many times and I have been
obliged to give up work for a while.
I cannot state any more particulars in regards my case
any further proof of this Hernia can be had by
writing to Dr J. Farwell 48 King St Dor Dist Boston Mass
who has treated me for right-Scrotal Hernia
Yours very truly
Samuel R. Burroughs
West-Acton Mass

[OVER.]





Commonwealth of Massachusetts.

PENSION DEPARTMENT,

No. 30 PEMBERTON SQUARE, BOSTON



AFFIDAVIT.

State of Massachusetts,
County of Middlesex } ss.

In the matter of the claim for Samuel R Burroughs
of West Acton
of Company 9, 2^d Regiment Mass Vols.:
Personally came before me, a Justice of the Peace in and for
aforesaid County and State, Samuel R Burroughs and
resident of West Acton
in the County of Middlesex, State of Mass, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

In regards my disability. I am not able to do any very hard work on account of the Rupture I have (Right-shoulder). I only work a part of the time at my trade as a Barber, and it is very troublesome at times stand-standing. have to wear a truss day & night to hold me. my only income is what I earn from my Business Barbering which is a very small income.

In regards my last examination which was a hurried one there being only two Surgeons present and one of them went away soon after his arrival.

I had a very rigid examination the first time and it seems ~~that~~ they found me disabled. I have been treated by Dr. Faxon of Boston since my first-examination and have been under his care for two years and have paid him over \$20.00 for examinations & Treatments and am not any better.

further declare that no interest in said claim, and not concerned in its prosecution.

Isaac Antons

Affiant's Signature, Samuel R Burroughs
P. O. Address, West-Acton Mass

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature,
P. O. Address,