ne

Finance Division

DEPARTMENT OF THE INTERIOR Bureau of Pensions

WASHINGTON

JAN 10 1920

Edith Mary Maynard Mass

Your communication of Dec 31/19 informs this Bureau of the death of Shual Ran, a pensioner by Cert. No/0/7872 at Maynard Mass, Dec 24,1919, without giving the date.

You will confer a favor by stating the date of the pensioner's death if known to or ascertainable by you, on the bottom fold of this letter and returning same under cover of the inclosed penalty envelope which requires no postage.

Very respectfully,

E. C. Treman

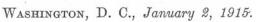
Acting Commissioner.

(Inclosure)

Died at residence in Maynard Massachusetts, Dec. 24, 1919.

Gdith M. Carr,

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS



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,

JOSHUA W.CARR, MAYNARD, MASS. ACT MAY. 1017872 ELM CT.



No.	The name of organizations in which you ser	Stow Mo	of He 167	6 At 160	45 Ros
No.	To. 2. What was your post office at enlistment? To. 3. State your wife's full name and her maiden To. 4. When, where, and by whom were you marriage. The Hamilton To. 5. Is there any official or church record of your	name. Answer. Mied? Answer. Mied. Answer. Mied. Answer. Mied. Answer. Mied. Mi	an Mor on Strono Journ	Mife mars Nec 4 67 by Rev. Um cords	-1889 1. Hamlin
No.	If so, where? Answer				place of her
FOLD HERE.	death or divorce. If there was more than I wife Lucy of first in 1887 in mention mount harlboro mass	of to arm	I Smith a	867. She cl Dec 4-1889.	at
	To. 7. If your present wife was married before he and the date and place of his death or degive name of the organization in which answer include all former husbands.	liverce, and state whet he served. If she was answer.	her he ever rendered and sometimes married more than once	y miltary or naval service before her marriage to	ee, and, if so, you, let your
	To. 8. Are you now living with your wife, or has the	•		Manisar	Mad
ON HERE	To. 9. State the names and dates of birth of all you	35 3 car	*		
ن . د ک ک	Alice laur Elstre laur Edetts Cass	2/			
Da	ate ang 23 7915		(Signature) A. C. D.	hera IN	0.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

	411
	State of Wardelinelle
	W/ 1.16 pm
	County of -Lffallset-
•	On this 20 4 day of May
	personally appeared before me, a fusice of the Ceale within and for the county
	and State aforesaid, - Joshula W. Carr, who, being duly sworn according to law,
	declares that he is years of age, and a resident of Maynard Wass
	county of Middlese, State of Massachusetts; and that he is the
	identical person who was enrolled atunder the name of
	Josqual Care, on the day of March, 18.64,
	private in Company H 64th Regt Man Infants, which later
. :	(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)
ER	consolidated mily the 67th Regt
NUMBER	in the service of the United States, in the Circle war, and was Honorably Discharged
	at Delaney House & C., (State name of war, Civil or Mexican.) at Delaney House & C., on the 20 day of July , 1865.
TE	A shilling one
CA	That he also served (Here give a complete statement of all other services, if any.)
CERTIFICATE	dust, name a title open of such that a condition so such a total conditions by the Secretary of the Interest com- morates to the color of the period of the color
RT	one testade describit collectual set statues for state is confirmed being the testage and exist account to deal and testage of the state of the stat
CE	That he was not employed in the military or naval service of the United States otherwise than as stated
GIVE	above. That his personal description at enlistment was as follows: Height, 54- feet 7-5 inches;
E (E	complexion, dork ; color of eyes, flue ; color of hair, brown ; that his occu-
$_{ m IC}$	pation was farmer : that he was born at Story Mrn May 26 to . 1845.
H	a national twenty seven dollar per unarth; two years or aver, frints doints had madde. That and national was sevent inclines military or a vertex of the United States Curtur the cost war and received as manually attended, and
F	been a three design has an enterest of between your strategies, and it is not been stops to only in the service services and in the services of the services o
OT	, That his several places of residence since leaving the service have been as follows:
N O	Marlford May about 15 pre Stoddard & # about 7 per Stow May about 7 pre and
, DO	bolonce of the time in Maynord Mon
ER	I when the second to a second change as nearly as possible.) as the horsest tables when robust noisened in
O	That he is a pensioner under certificate No. 1017872
NS.	That he has applied for pension under original No.
A PENSIONER,	That he makes this declaration for the nurness of being placed on the parsion roll of the United
	States under the provisions of the act of May II, 1912. The provisions of the act of May II, 1912. States under the provisions of the act of May II, 1912.
IF	hundred and color of the color of the hundred bundred by the color of
	and ninety-neven.
	Sec. 5. That it shall be the duty of the commemor of rensions as reading of the control of the c
	a ship of the state of bearing to the state of bearing to the state of
	Attest: (1) The Control of the Contr
	(2) Irank & Tanderson
	20 Mars
	Subscribed and sworn to before me this day of day of A. D., 1912-, and I hereby certify that the contents of the above declaration, etc., were fully
F. E j	made known and explained to the applicant before swearing, including the
;	words - Validity accepted , erased,
	and the words execution added;
63	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—Validity accepted and the words—execution————————————————————————————————————
44	and the words execution and that I have no interest, direct or indirect, in the prosecution of this claim. Chief, Law Division. Chief, Law Division. Chief the Leave Maynard Man.
	ner (Signature.)
	An In 1829 Justice of the Space Mayner of Mars.
/	Cristicole & (Official character.)
	C.F.F.



OFFICE OF THE

TOWN CLERK

MAYNARD, MASS.

Feb 25/08

L. M. Kelley. Esq.

Acting Commissioner,

Bureau of Pensions,

Washington, D. C.

Dear sir :-

In matter of claim of Joshua W. Carr, Cert. #1017872, I declare as follows. Joshua W. Carr of Maynard whom I have known for a good many years, has this day presented for my inspection a "New Testement", so called, published in 1806, in which appear the records of the Carr family from 1809 to 1844. Among the records I find the following, "Joshua Warren Carr was born May 26, 1845." An erasure was made apparently to correct the spelling of the name, but there was no erasure in the date, and I have reason to believe and do believe from the appearance of the volume and the writing therein, that the said record is genuine and was made many years ago , probably about the date given.

Frank F. Landerson

Assistant Town Clerk.

Maynard, Mass.

Maynard, Feb 25, 1908.

Sworn to and subscribed before me this day, and I certify that the said affiant is personally known to me;

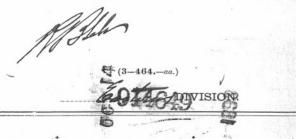
that he is a credible person, and so reputed in the community in which he resides.

Entificate on file MAR 1 3 1908 MAR Charles H Gersons Justice of the

	JON CO.
	3 2 3 m
	Castern Dio A CHAIFORN CA, Ex'r.
M	Claim No. 918, 884. Department of the Interior,
PAR	Silve M. Carry
021	Washington, D. C., October 10, 1899
2	Ste
0	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,
	Our Loshua W. Care, Alloupou
Attoring System	Magnard, Commissioner.
	Middle sex low Mass.
	No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.
	Answer: Ansl & fan Ame & Smith
	No. 2. When, where, and by whom were you married? Answer:
	marild in Mailbown 1890
	1
	Mas Ud 432 Masl boso 1890 No. 3. What record of marriage exists? Answer:
	No. 3. What record of marriage exists? Answer: No. 4. Were you previously married? If so, please state the name of your former wife and the
	Mas Ud 432 Masl boso 1890 No. 3. What record of marriage exists? Answer:
	No. 3. What record of marriage exists? Answer: 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. 5. Have you any children living? If so, please state their names and the dates of their
	No. 3. What record of marriage exists? Answer: 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. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: 4 Alldun 19 years 5 years 5
	No. 3. What record of marriage exists? Answer: 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: Answer: No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Halden 19 years 7 years 5 years 3
	No. 3. What record of marriage exists? Answer: 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. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Have you any children living? If so, please state their names and the dates of their birth. Answer: Have you any children living? If so, please state their names and the dates of their birth. Answer: Have you any children living? If years I y
	No. 3. What record of marriage exists? Answer: 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: Mo. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: How to be the date of the date of their birth. Answer: How to be the date of the date of their birth. Answer: How to be the date of the date of their birth. Answer: How to be the date of the date of the date of their birth. Answer: How to be the date of the date of the date of their birth. Answer: How to be the date of the date of the date of their birth. Answer: How to be the date of th
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DECLARAT N FOR ORIGINAL INVALL PENSION. To be Executed before a Court of Record or some Officer thereof having custody of s Seal.

tate of Massagnusetti.	
County, ss:	0
On this Sight day of August, A. D. one thousand eight hundred and eight mut	yh
rsonally appeared before me,	l _s
within and for the County and State aforesaid, Joshua W. Loan age	ed
years, a resident of the cuty of Moulborough county of Mole	elle
, State of Coast, who, being duly sworn according to law, declare	es
at he is the identical to have the interest of	nel
day of Moarch, 1860, in Company of the 3 Regimen	nt
Morass, Infantry commended by	
was honorably DISCHARGED at Delawy Mouse D. Con the da	ay
, 18 65; that his personal description is as follows: Age, 40 years; heigh	ıt,
feet 8 inches; complexion, light; hair, www ; eyes, olice .	
at while a member of the organization aforesaid, in the service and in the line of his duty at	ung
, in the State of Virginia composition de)
Here state name or nature of disease, or the location of wound or injury. If disabled	by
ase, state fully its causes; if by wound or injury, the precise manner in which received.	
ase, state fully its causes, A by would or injury, the process maintain management	
nat he was treated in hospitals as follows: Was sent to the hospitals rate the names or numbers, and the localities of all hospitals in which treated, and the day treatment. The state the names or numbers, and the localities of all hospitals in which treated, and the day treatment. Sept. 30, 1864 The base of the property of the property of the page stated above.	tes
at he has been employed in the military or naval service otherwise than as stated above. Here state where the state with the state with the state of the state o	hat
service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.	 W.
at since leaving the service this applicant has resided in the www. of	
the State of Moos., and his occupation has been that of a John Corp.	ente
at prior to his entry into the service above named he was a man of good, sound physical health, being whe	
olled a armer. That he is now Withdisabled from obtaining his subsistence k	by
nual labor by reason of his injuries, above described, received in the service of the United States; and he ther	'e-
e makes this declaration for the purpose of being placed on the invalid pension roll of the United States.	
0.00	
He hereby appoints, with full power of substitution and revocation, True and lawful attorned to the his true and lawful attorned to the his true and lawful attorned to the his true and lawful attorned to the history to the history of the history	
He hereby appoints, with full power of substitution and revocation, with full power of substitution and revocation	i.
He hereby appoints, with full power of substitution and revocation, with full power of substitution and revocation, his true and lawful attorned prosecute his claim. That he has not received not applied for a Pension. That he has not received not applied for a Pension.	i.
prosecute his claim. That he has Not received Not applied for a Pension. That he ost-Office address is Marlborough county of Modelley sate of Modelley	i.
He hereby appoints, with full power of substitution and revocation, He hereby appoints, with full power of substitution and revocation, He hereby appoints, with full power of substitution and revocation, his true and lawful attorned his true and lawful attorned	i.
He hereby appoints, with full power of substitution and revocation, Continuous Continuous His true and lawful attorned	i.



DUREAU OF PENSIONS,

Washington. D. C., Otoler, 13, 1893.

of the soldier.

lis

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

Name Foshua H. Com

Co. H 5 / Regt. Mars fol Luft

Gru Lochron

Commissioner.

2088-	-100,000.	

6-843

Record and Leusion Office,	
WAR DEPARTMENT.	
Respectfully returned to the	
Commissioner of Pensions.	
Joshua W. Earr	
co. H. 59 Regit Mass. Inf	
was enrolled Warch 10, 1864,	1
and U1.0 July 30 , 1865,	
as of Co. K. 57 mass. Inf	
to which transfid.	T
	8
3.4	-
From Meh. 10, 1864, to July 30, 1865,	-
he held the rank of Put & Coupl.	-
	1
	-
and during that period the rolls show him present	
except as follows augt, 31,1864	
Sick in Hospl, since June	
16.64.	
	,
	6
	-

	to duty same date: Sept.
	30 to Och 10 Ex Cus diag.
	mosis), returned to
	dut.
	nothing addition
	al found
	0
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1	
	,
The medical records show him treated as follows, as	
J. al. Cara, priv., Co-74, 59 mars.	1
ed, may 26 Get Dysentery;	(2)
as Joshua Corr, priv. Te.	0 10 00
may 29 to June 4 tol, Slight	NS 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
hand and distribute.	(m) > 0)
wounded at Spottylvania	
Va., may 12 '64, returned	·
to luty; as Joshun W.	
Carr priv. te. July 15 to	By Authority of the Secretary of War:
25 Get Siene: July 30 to	of Carinavallo
Sept. 28 Est, Fever Typhord,	Colonel, U. S. Army, Chief of Office.
deserted Sept 28. En, re-	Per Om .
admitted from decestion	Washington, D. C., OCT 14'1893
Sept 29'64 and returned	(COMMISSIONER OF PENSIONS.)

DECLARATION FOR AN ORIGINAL DISABILITY PENSION

Under Act of Congress approved June 27, 1890.

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

	State of Massachusette)
	Country of Maid losed (ss.
	On this day of August A.D. one thousand eight hundred and ninety-
	personally appeared before me a Inlative
	of the County and State aforesaid
	Jashua W. Carr aged years, who, being duly
	sworn according to law, declares that he is the identical Jushia W. Can
	why was ENROLLED as a Corporal on the
	day of March 18 14 in Company H. of the
	5-9th Regiment of Mass. Vals, afterwards consolidated
	with the 57th Regt, Was. Vols and served at least ninety days in the war of the Rebellion,
	and was honorably DISCHARGED at Delane, Have D.C. on the Unitieth
	day of, 1865; that his personal description is as follows: age
	years; height feet inches; complexion; hair;
	eyes
	character, viz.:
	(Here state fully the name or nature of the disease or injury which disables you from performing manual labor. If an injury, state the exact location.)
	That the said disability or disabilities.) are not the result of any vicious habits of the claimant, and (it or they)
	incapacitate
	earn a support.
-	That he is receiving an invalid pension of \$per month under certificate (rate of pension)
A	No
	(and an analysis and an analysis and polarisms, sopying to not in the year of the same of
NEW CO.	That he makes this declaration for the purpose of being placed on the pension-roll of the United States, under the provisions of the Act of June 27, 1890. That he has been employed in the military or naval
	service otherwise than stated above
and the second	The state of the s
	(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
	day of
	has been that of a Capenter That he is now factually
	disabled from obtaining his subsistence by manual labor by reason of the disability
	above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid fension
	under the Act of Congress of June 27, 1890. He hereby appoints with full power of substitution and
	of
	The state of the s
	That he has heretofore applied for a pension, but his claim has not been allowed, the No. (If you have a claim for pension pending under the old law, give number of the claim.) of the claim being No. ; that his residence is lettery de Marleman, and that his post office address is lettery de Marleman,
	Mass
	Locourt Mass
	M. M. O
	William Barnes 18W Carr
	(Signature of Claimant.)
	9 7 7

Maynard. Thirty-first

Bureau of Pensions. Joshua W. Carr Washington, D. C.

Gentlemen:

You are hereby notified of the death of Mr. J. W. Carr of Maynard, Massachusetts, who was a Civil War Veteran, and was pensioned by the Government as such.

Very truly yours.

Mail & Supplies Division 9, 1915 Dept of Unterior, rean of Pensions, seventy years old the twenty-sized of last May, which as I hear I am intitled to more