

Officer's Certificate of Disability.

Full Name ~~John~~ *Mass.* June 1st 1878

NAME & RANK OF OFFICER.

I, *Charles Smith*, of *late 26th Mass. Inf.*, of the
 26th Regiment of *Mass. Vol.*,
 that *Robert Wm. H. Chapman* was a *Private* in
 Company, and is, as I am informed, an applicant for an Invalid Pension; that *he* ~~was~~ *is*
changed by order of war in 1863

Give date and reason of discharge; or, if not known, so state.

And I further Certify, That the said *Chapman* ~~in the~~ *in*
line of duty ~~was~~ *was* at *Whichest. Mass. Sept.*
19th 1864 ~~received~~ *received* a *gun* ~~shot~~ *shot* ~~around~~ *around* in
 the *scabb* - that I ~~was~~ *was* ~~wounded~~ *wounded* in the *foot*
wound ~~in the~~ *in the* ~~head~~ *head* ~~in~~ *in* ~~some~~ *some* *Mass.*
at Sandy Hook Pa. Jan 24 1865 - *fractured*,
and came to Mass. together from said Mass.
and that I showed him wound on my hand
and at Chelsea Mass. - said Chapman's wound
at that time - I am of opinion said wound will remain
And that the said Chapman is suffering

Here state fully the time, place and manner in which the wound or other injury was received, or disease contracted, and whether in the service and LINE OF DUTY, or otherwise.

Here state soldier's condition at the time of enlistment, and if unsound, from what suffering.

~~when he entered the service~~

Signature of Officer.

Charles Smith Jr. M.A., M.D.
late 26th Mass. Inf. 26th Mass. Vol.

1864.
State of Massachusetts }
County of Suffolk } ss.

This must be sworn to before the Clerk of a Court,
by applicant and two witnesses.

On this First day of October A. D., 1868
personally appeared before me, Clerk of Superior Court
which is a Court of Record within and for said County and State,
William A. Chapman a resident of Charlestown
in the County of Middlesex and State of Massachusetts
aged 39 years, who, being first duly sworn according to law, doth, on
oath, make the following declaration, in order to obtain the benefits of the provisions made by
the Act of Congress, approved July 14, 1862, ~~and acts subsequent~~; That he is the identical

William A. Chapman

who was a Lieutenant Colonel in Company commanded by
in the 26th Regiment of Mass. Vols.

in the war of 1861, that he was mustered into said service on the 31st
day of August 1861, for 3 years, and was honorably discharged on the
26th day of August 1865, after the close of the war.

He further declares that while in said service, & in the line of his duty
in action at on or about Winchester Va on or about September 17th, 1864, he received the
following wound, viz: a gunshot in the head, by musket ball injuring the skull, causing
pain and numbness of the head, & affecting the powers of the brain & memory;
that he is still affected by said wound, which causes a feeling of dull
pain & dizziness when he is much occupied and that he believes himself entitled
to a pension of three quarters disability from manual labor.

He also declares that he has not in any manner been engaged in, or aided or
abetted the late rebellion in the United States; that he has lived in Concord Mass and
Charlestown ~~from~~ since his discharge; that before entering said service
he was a farmer; that since discharge he has been occupied as a stable keeper
that he was treated for said wound at Sandy Hook Hospital Harper's Ferry, Va
that he was furloughed for about 30 days on sick leave, and was treated by
Dr. Cowdry at Acton Mass.
that he has been examined by Dr. Wm H. Page Boston, about October 1st 1868
and that his report has probably been duly forwarded to the proper Office

And he the said William A. Chapman hereby constitutes
and appoints JAMES SCHOULER, Esq., of Boston, Massachusetts, as his lawful and sufficient
ATTORNEY, to obtain for him the pension to which he is entitled, and to prosecute this
claim. The said Applicant's Post-Office Address is as follows: N^o 95 Main St Charlestown
Mass.

William A. Chapman

WITNESS:

First name must be written in full.

Ellis Mott
Attorney



DEPOSITION CCase of Abby Chapman, No. 5-11311

On this 2nd day of November, 1892, at
Everett, County of Middlebury
 State of Vt., before me, C. R. Boorum, a
 Special Examiner of the Pension Office, personally appeared William H.
Chapman, who, being by me first duly sworn to answer
 truly all interrogatories propounded to him during this Special Examination of aforesaid
 pension claim, deposes and says: his age is 23, occupation undertaker
P.O. Undertaker Everett. Vt.

I am the son of the late William H.
Chapman, deceased.

My mother was the Administratrix & I acted as
 her agent in settling my father's estate.

At the time my father died he owned
 no real estate. He conducted a Living Stable
 & had undertaking rooms, but kept
 nothing in stock in his undertaking rooms.
 There was no appraisal of the living stable stock,
 any thing he had in the stable was more
 than covered by mortgages & leases.

The principal creditor was Chas. Randall a
 broker of Roxbury his claim was for \$2,325.00
 Twenty three hundred & twenty five dollars secured by
 a mortgage on horses & carriages of the living stable
 and a mortgage note for collateral security for
\$600. given by my sister Abby L. & Amey R. Chap-
man. Their mortgage note was secured by
 mortgage upon real estate earned & bought by
 them from their earnings as teachers in the
 public schools.

The next creditor was Wm J. Henderson of
Roxbury Vt. his claim was \$1,100 Eleven
 hundred dollars secured by leases on the
 Carriages. He Henderson settled his account
 for \$750. Seven hundred & fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Name, *William Henry Chapman*
 (Maiden Name),*
 2. Date of Death, *April 24, 1891*
 3. Sex, and whether Single, Married, or Widowed, *Male - Married*
 4. Color,† *White*
 5. Age, *62* Years, Months, *24* Days.
 6. Disease or First or Primary Cause of Death, {
 Cause of { Secondary (if any) *Diabetes Mellitus*
 Death, { By whom certified *Dr Wm E. Hansen*
 7. Residence, *25 Oakes St. Everett*
 8. Place of Death, *do*
 9. Occupation, *Undertaker & Staller*
 10. Place of Birth, *New York N.Y.*
 11. Name of Father, *George Thomas Chapman*
 12. Name of Mother, *Damaris R. Chapman*
 13. Birthplace of Father, *England*
 14. Birthplace of Mother, *Boston Mass*
 15. Place of Interment, *Acton Main*
 Signature of Undertaker or other person making the Return, } *H. H. Carter*

DATED at *Everett*, on *April 25* 1891.

* If a Married Woman or Widow.
 † W. White. (A.) African. (M.) Mixed White and African. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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Commonwealth of Massachusetts.

**Secretary's Department,**Boston, *May 4* 1891.

I hereby certify That the **MARRIAGE** of *Henry Chapman*
 of *Acton* aged *23* years, and *Fobby Temple*
 of *West force* aged *22* years, solemnized at *Acton*
 on the *9th* day of *Nov.* in the year *1892*, by *Horace Richardson*
 appears of Record in this Department by duly attested Returns of the *clerk*
 of the *Town* of *Acton* for that year.
First marriage of both parties

WITNESS THE SEAL OF THE COMMONWEALTH hereunto affixed
 at the date first above written.

Wm M. Olin
 Secretary of the Commonwealth.