

I, Wellington Chickering in answer to attached letter of March 9, 1881, state as follows: I lived in Boston, Mass. four years before enlisting and my occupation "Boiler maker", and since discharge lived in Chelsea, had to give up former occupation on account of malaria & results, and seek such light labor as could get & physically able to perform, no regular employment.

Became disabled while on board U. S. S. "Niagara" by reason of exposure incident to the service, and in or about April, 1864, taken down with chills and fever, treated by Surgeon of the Niagara, but becoming unfit for duty, was sent in a few weeks to U. S. Naval Hospital, Brooklyn, N. Y., where remained until discharged as incurable, Aug. 10, 1864.

While there treated for malarial disease & resulting diarrhea, rheumatism & general debility. Had Dr. Cowdry for about a year immediately following discharge until he died. Occasionally consulted a physician at times since, but no attendance. No acute disease of any kind except results of malarial poison, such as diarrhea, rheumatism, enlargement of spleen, shortness of breath & general debility. Have performed light manual labor for about half the time, but never earned anything like half wages of an able bodied man, never been able to work a single hour at ~~any~~ occupation of a Boiler maker.

Wellington Chickering

WIDOW'S PENSION.

4061
4 Boston
✓
NARY
Claimant Sylvia S. Bickering

P. O. 15 Ellsworth St. Chelsea

County Suffolk, State Mass

Rate, \$ 12 per month, commencing May 14, 1888, and

and two dollars a month additional for each child, as follows:

Sailor Wellington Bickering

Soldier
Rank 1st Fireman, Co. W-S-S

Regiment Niagara U.S.A.

By former marriage.	Born,, 18 ..	Commencing, 18 ..
	Sixteen,, 18 ..	
	Born,, 18 ..	", 18 ..
	Sixteen,, 18 ..	
	Born,, 18 ..	", 18 ..
	Sixteen,, 18 ..	
	Born,, 18 ..	", 18 ..
	Sixteen,, 18 ..	
	Born,, 18 ..	", 18 ..
	Sixteen,, 18 ..	
	Born,, 18 ..	", 18 ..
	Sixteen,, 18 ..	
	Born,, 18 ..	", 18 ..
	Sixteen,, 18 ..	
	Born,, 18 ..	", 18 ..
	Sixteen,, 18 ..	

DROPPED

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

All pension to terminate, 18 .., date of

RECOGNIZED ATTORNEY:

Name George B. Moore

Fee \$ 25 Agent, to pay.

P. O. No 4 State St Boston, Mass.

Articles filed May 18, 1889

APPROVALS:

Re Submitted for Al. June 7, 1889, Lewis C. White, Examiner.

Approved for admission, origin of chills & fever and resulting in enlargement of spleen & disease of heart & lungs & rheumatoid accepted,

Approved for Admission, death resulted from Exhaustion due to

J. W. Borden

leaves which has been legally accepted,

June 12, 1889, Legal Reviewer.

June 17, 1889, Medical Reviewer.

June 17/89, Re-Reviewer.

June 17/89, Medical Referee.

IMPORTANT DATES:

Enlisted Sept-18, 1863

Invalid application filed June 19, 1880

Mustered, 18 ..

Invalid last paid to widow May 13, 1888

Discharged Aug 10, 1864

Former marriage of soldier none, 18 ..

Died May 13, 1888

Death of former wife, 18 ..

Declaration filed August 27, 1888

Claimant's marriage to soldier June 3, 1840

Received 7/89
2569

notes to M.C.

Case 5723

GENERAL AFFIDAVIT.

For neighbors, employers, or fellow workmen of soldier, (other than relatives,) who knew him before his enlistment, or since his return from the army.

State of Mass, County of Puffolk, ss.

In the matter of the application for pension of Sylvina S. Chickerling
widow of Wellington Chickerling, late of U. S. Navy,
claim No. 52474

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

Clerk of Polio Court, ches in and for the aforesaid County, duly authorized to administer oaths,

B. R. Joyce aged 67 years, a resident of Concord

in the County of Middlesex and State of Massachusetts

whose Post-Office address is Waverille Mass and

Abigail P. Joyce aged 61 years, a resident of Concord

in the County of Middlesex and State of Massachusetts,

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 afore-

said case as follows: That they were have been well and personally acquainted with said Chickerling

for _____ years, and _____ years respectively, and that they have very

reason to believe that said Wellington

Chickerling died from the effects of Chronic

Diarrhoea and chills. We know that he

was so weak from the diarrhoea that

when he had the last severe chill, he

took to his bed and never even sat up

again, and lived but eleven days. We

know this to be true for we helped to

take care of him, and knew him intimately,

and there is no question in our minds

as to the cause of his death.

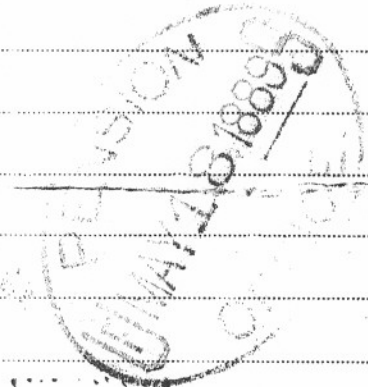
Read these instructions carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the claimant, 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 he joined the army or navy what his physical condition was at that time, and that he was then 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 discharge 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 $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, $\frac{1}{2}$, 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.



5

H.C.

H.C.

W.B.M.

August 27th

a

J. A. Bentley,

Wellington Chuckering ^{12th ultimo} 1st Class FiremanSeptember 18th 1863Three (3) "Ohio" ^{1st class Fireman}

that date, to
 October 13th 1863; on the "Niagara" from
 October 14th 1863, to April 12th 1864, and
 on the "North Carolina" from April
 14th, to August 10th 1864, when he
 was discharged, "By Order."

H.W.K.

685-8. N. Invalied.

Jas Bentley

DECLARATION FOR WIDOW'S PENSION.

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

State of Massachusetts }
 County of Suffolk } ss.

On this 16th day of August, A. D. one thousand eight hundred and Eighty Eight
 personally appeared before me, Clark P. Ten of the Police Ct. City of Chelsea, a court
 of record within and for the County and State aforesaid, Sylvina S. Chickering
 aged 66 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

Wellington Chickering who, under the name of Wellington Chickering
 was enrolled in Company — of the — Regiment of —

on or about the — day of — 1862 who was discharged on or about the —
 day of — 18—, who died on the 13th day of May 1888, at

Chelsea in the State of Massachusetts his death resulting from disability
said Wellington's Chickering's Discharge from the Army & also
 contracted in the service aforesaid; (that he was a pensioner of the United States under certificate No. —,
his Pension Certificate, & other papers, were forwarded to the A. D. Department
 or, he was an applicant for invalid pension No. —); that she was married under the name of

Sylvina S. Macdonnell to said Wellington Chickering on the
3rd day of June A. D. 1864 at Plymouth, Mass. by

Rev. Geo. W. Briggs 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 the father's death, viz:

..... of soldier by	born	18	, at
..... of soldier by	born	18	, at
..... of soldier by	born	18	, at
..... of soldier by	born	18	, at
..... of soldier by	born	18	, at
..... of soldier by	born	18	, at
..... of soldier by	born	18	, at

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 no prior application has been filed by herself or said deceased, except as above stated; that she has not in any
 manner engaged in, or aided or abetted, the rebellion in the United States.

That she hereby appoints, with full power of substitution and revocation, George R. Finch
 of 14 Elmwood St., Chelsea, Mass., her true and lawful attorney
 to prosecute the above claim.

That her residence is No. 15 Elmwood Street, in Chelsea
 and that her Post-Office address is same as above.

ATTEST:

Sylvina S. Chickering
 Claimant's Signature.



Navy Department,

BUREAU OF MEDICINE AND SURGERY,

Washington, Sept 29th, 1880.

Sir:

In reply to your communication of 3rd inst, 1880,
relative to the disability of Wellington Chickering 1st Cl. Dir.
U. S. Navy, you are informed that he was
treated on the "Niagara" for "Cataracts" from
Jan 25 to Feb 14, 1864. Origin not stated.
From same April 7 to 9. " " "
was transferred to "New York Hospital"
A copy of the order for Surgery is herewith
furnished. Enclosure returned

Very respectfully, &c.,

Philip Thomas

Surgeon General, U. S. Navy.

Hon. COMMISSIONER OF PENSIONS.

Claim No. 4868 J.R.

[3-560.1]

Wellington Chickering and Sylvia S. Mc. D.
both of Plymouth intend marriage
Plymouth May 9. 1840
Timothy Berry Town Clerk

Between Wellington Chickering of Plymouth
aged years; by occupation a
He was born in and was the son of
This will be his marriage.
And Sylvia S. Mc. Donnell of Plymouth
aged years. She was born in
and was the daughter of
This will be her marriage.



The intentions of marriage by the parties above named were
duly entered by me in the Records of the Town of Plymouth,
relating to Marriages, according to law.

Dated at Plymouth, this
day of A. D. 18.....

Curtis Davis Town Clerk.

The parties above named were joined in marriage at Plymouth
by me, this third day of June A. D. 1840.

Attest :
a true copy of
Town Records
Attest Curtis Davis Town Clerk
Rev. George W. Briggs

The within certificate, or a certified copy thereof, is required by law to be returned by the person officiating, on or before the tenth day of the month next following;—in every case to the Clerk or Registrar of the city or town in which the marriage was solemnized;—and, also, if one or both of the persons married resided in another town, to the Clerk of each town in which one or both were resident; under a penalty of not less than twenty nor more than one hundred dollars for each neglect.

The word "town" above-named refers only to towns within this State.

SEP

State of Massachusetts, County of Suffolk, SS:

On this 28th day of May, 1888, personally appeared Sylvina S. Chickering, who, being duly sworn, declares that she is the lawful widow of Wellington Chickering, deceased; that he died on the 13th day of May, 1888; that he had been granted a pension by Certificate No. 3244 which is herewith returned (or if not, state why not) _____; that he had been paid the pension by the Pension Agent at Boston, Mass. up to the 4th day of March, 1888; after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States, except _____; that she was married to the said Wellington Chickering on the 3^d day of June, 1870, at Plymouth, in the State of Massachusetts; that her name before said marriage was Sylvina S. McDonnell; that she ~~had~~ had not been previously married; that her husband had ~~for~~ had not been previously married; that she hereby makes application for the pension which had accrued on aforesaid certificate to the date of death; and that her residence is No. 15 Ellsworth Street, City of Chelsea, County of Suffolk, State of Massachusetts, and her Post-office address is same as residence.

(Widow's signature.) Sylvina S. Chickering
Also personally appeared George R. French, residing at 14 Ellsworth St., Chelsea, Mass., and Anna L. French, residing at 14 Ellsworth St., Chelsea, Mass., who, being duly sworn, say that they were present and saw Sylvina S. Chickering sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of Wellington Chickering, who died on the 13th day of May, 1888; and that their means of knowledge that said parties were husband and wife, and that the husband died on said date, are as follows:

We have known said parties for 10 years during which time they have lived together as man & wife & have seen their marriage certificate; that we were present at the bed side of Wellington Chickering & saw him die, Sunday May 13th, 1888 at 9:30 P.M.

(Signatures of witnesses.)

George R. French
Anna L. French

Sworn to and subscribed before me on this 28th day of May, 1888, and I certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in the above claim.

(Signature.)

Amos H. Hart
(Official character.) Justice of the Peace

RECEIVED
JUN 6 1888