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THE NATIONAL ARCHIVES

CERT. NO. V-567 117

PENSIONER

William B. Brown

OF

VETERAN

William B. Brown

DATE

10-1-40

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass
County of Suffolk } ss.

On this 23 day of March, A. D. one thousand nine hundred and eight, personally appeared before me, a Special Commissioner within and for the county and State aforesaid, James P. Clare who, being duly sworn according to law, declares that he is 67 years of age, and a resident of Norwood county of Middlesex State of Massachusetts; and that he is the identical person who was ENROLLED at Boston Mass under the name of James P. Clare, on the 25th day of July 1861, as a Musician, in Co E 19th Regt Mass Vols Dis 2 1863 (Here state rank, and company and regiment in the Army, or vessels if in the Navy.) re-enlisted in 19th Regt Mass Vols as Principal Musician in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Readville Mass (State name of war, Civil or Mexican.) on the 30 day of June, 1865.

That he also served in Spanish War as Captain Co M 5th Regt U S Vols (Here give a complete statement of all other services, if any.) Philippine War as 1st Lieut in Co B 26th Regt Infantry U S Vols

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 8 1/2 inches; complexion, light; color of eyes, blue; color of hair, dark brown; that his occupation was bootmaker; that he was born March 23rd 1846 at Chelsea Mass

That his several places of residence since leaving the service have been as follows:
1865 to 1868 in Roxbury Mass 1868 to 1870 in Lomington Mass
1870 to 1908 in Norwood Mass (State date of each change, as nearly as possible.)

That he is not a pensioner. That he has not heretofore applied for pension Certificate # 775669

(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.

He hereby appoints F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (Without fee);

That his post-office address is 61 Temple St Boston, county of Suffolk, State of Mass

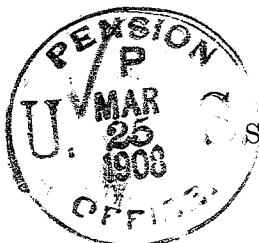
James P. Clare
(Claimant's signature in full.)

Attest: (1) _____
(2) _____

Also personally appeared Henry G. Weston, residing in Boston and Benjamin H. Jellison, residing in Boston, 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 James P. Clare, 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 47 years and 47 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.

Henry G. Weston
Benjamin H. Jellison
(Signatures of witnesses.)



SUBSCRIBED and sworn to before me this 23 day of March, A. D. 1908, 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 _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Certificate filed to
ever date.

CERTIFICATE ON FILE. A. CUDDY,
Chief, Law Division.

E. B. Hollbrook
SPECIAL COMMISSIONER
(Signature)
PENSION DEPARTMENT,
STATE HOUSE,
BOSTON, - - - MASS.

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled :

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sect. 2. That rank in the service shall not be considered in applications filed hereunder.

Sect. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

6-303

3-014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No. 775669

Name

James O. Clare

Service

Regt. E. 19 Mass. Vols.

Wales

W. S. Maine Co. (S)

INSTRUCTIONS.

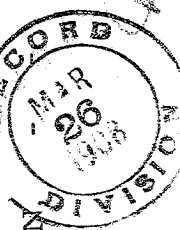
This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State authority, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference. 1908

FILED BY

STATE PENSION AGENCY OF MASS.

STATE HOUSE,

BOSTON, MASS.



Widow Division
W.O. 1,567,117
Eldora V. Clare
James P. Clare
E. 19 Mass. Inf.

February 15, 1927.

The Commissioner of
State Pensions,
State House,
Boston, Mass.

Sir:

In the above entitled pension claim, there should be furnished the sworn statements of two credible witnesses having the requisite personal knowledge, showing whether the soldier and claimant were ever divorced and whether they lived together as husband and wife from about 1886 to the date of the soldier's death.

No affidavit can be considered satisfactory that fails to show the age and post office address of the witness and how he knows the facts stated.

Name and service of soldier and number of claim should be inscribed upon all papers filed.

Respectfully,
Respectfully,

E. W. Morgan,
Acting Commissioner.

GG/EJA.

3-1865

Widow Division
W.O. 1,567,117
Eldora V. Clare
James P. Clare
E, 19 Mass. Inf.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON February 15, 1927.

The Commissioner of
State Pensions,
State House,
Boston, Mass.

Sir:

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Name and service of soldier and number of claim should be inscribed upon all papers filed.

Respectfully,

E. W. Morgan
E. W. Morgan,
Acting Commissioner.

GG/EJA.

Please return



Bonorden. 3-1647.
May 11-12
Act of Feb. 6, 1907.

6/26.

4/1.
4/26.

6/390, Cert. 775 669

Name, James P. Blare
61 Temple St.
Boston mass

Application filed Mar. 25, 1908

Service, Band + C 19 Mass Inf

4/1 M 5 Mass Inf (S)
9/1 Recd. Division

108 6 & 10 26 U.S. Vol. Inf.

(S) April 26, '16, to A.G. for
further data. 10/16. A. & A. Div.

(3-230)
Act June 27, 1890.

INVALID. (Series _____)

Cert. No. **775669**

Name, *James P. Clare*

Rank, *Muse*, Service, *Co E 8th Regt Mass Vol Inf*

Original Roll: *Boston*

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

" _____, 18____, to _____

Issued *June 2*, 18*92*

Mailed *6* " *9* " _____, 18*92*

Rate and Period, \$ *6* from *Dec 4*, 18*91*

Action complete
Board of Revision
Entered
Fec, \$ *10*
6/94

Disability: *Right hernia (incomplete)*

Issued *Sept 12*, 18*99*

Mailed *21* " _____, 18*99*

Rate and Period, \$ *6* from *Apr 1*, 18*99*

Act of June 27, 1890.

Deductions:

partial inability to earn

Disability manual labor

Class *Original*
Issue *1*
Class *Renewal*
Issue *2*
Class *Atty. Gen.*

Issued, 2 Nov. 24, 1902
Mailed 11 29, 1902
Rate and Period, \$ 6, from May 14, 1901

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Issued _____, 18____
Mailed _____, 18____
Rate and Period, \$ _____, *from* _____, 18____

Deductions: _____

Disability: _____

INDORSEMENTS.

April 19. 99. Report of President
sent to the Secy. of the
April 26. 99. P.A. to make final
payment to include June 23. 98 &
DROP because of excitement as Capt
Co M 5 Mass Inf. June 24. 98. Was
with Opim. Auditor advised Wm

DROPPED

May 31, 1899
re-enlistment G.J.

July 27, 1901 P.A. for organization
in which from re-enlistment
Aug 1, 99.

Oct. 25, 1901 Adj. Gen. for date of second
re-enlistment *G.O.*

Feb. 18, 1902. C.H. dated Sept. 12, 1899
to P.A. to make payment to include
July 28, 1899 & drop because of re-enlist-
ment on July 29. & And. adv. G.O.

[3-216 a.]

~~Sweden~~ Ex'r.

(S)

No.

3/390

64B/26

Act of June 27, 1890.

4/1 4/26.

James O. Clare,
 P. O. Hudson,
Middlesex Co., Mass.
 Service San. Musc. & Co. 19 Mass Inf.
M. 5 Mass. Inf. (S)
64B 26 U.S. Vol. Inf. (S)
 Enlisted: July 25, 1861.
 Discharged: June 30, 1865.
 Application filed: July 18, 1891.
 Alleges: _____

Any other Claim filed:

No.Numerical No. 684,3922/15-2

Attorney:

G. E. Lemon,
City,

P. O.

Recognized

Contract.

Cert. of Dis. Searched for

, 18

(2015-60,000.)

AR

8-5-91 LS
MR.

Jan 9/92 AG.

N. H.

Boston
Mass

Vt.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

acc- 3-871.

RECORD DIVISION.

Department of the Interior,
BUREAU OF PENSIONS.

Briefed by *Col. G.*

Claim No. _____

Certificate No. *775-669.*

Claimant *James P. Clare*

Soldier *B and E 19 Mass. Inf.*

Service *Capt. M-5 Mass. Inf. (S)*

Additional Service *C & B 26 U. S. Inf.*

Inf. (S)

No ^S other claim, State records *Apr. 13, 1908.*

" " " (R) Mass. *Ph. R.*

No claim, combination records _____, 190-

REMARKS:

Records corrected.

G. C. Knapp

Under Act of June 27, 1890.

WILKINSON

(3-217a.)

INCREASE.

U. W. & N. DIV.

Claim to

No. 775669

James P. Clare

P. O., 114 Main St.

County, Hudson

State, Mass

Application filed, May 22, 1899

State Service,

Musc. & E. 19 Mass. Inf (A)

5 Mass. Inf (B)

June 2/99 - PA & R.H. reports.

" " Ex. and Marlboro Mass.

A.D.N. 249.

V.L.H.

Disability,

Attorney, Claimant

P. O.,

County,

State

NAME TO A. & N. S. DIVISION.

3-438

Cert. 775, 669

Act May 1, 1920

ACCRUED PENSION

Class

Invalid

Pensioner

James P. Clare

Date of death

Dec. 13

, 1926 Certificate

not

filed.

Claimant

Eldora V. Clare, widow

1118 East Wayne St.

South Bend

Ind.

Attorney

None

Address

The fee of \$_____ allowed on issue of

to

of _____ to be paid when

payment is made on accrued.

Submitted for Adm.

May 9, 1927,

Gertrude Grosvenor

, Examiner.

Approved for

Admission

Reviewer,

May 11

, 1927

Rereviewer,

, 19

Claimant

writes.

No, M. C.

3-364

INCREASE.

ACT OF MAY 11, 1912.

As amended by act of March 4, 1913.

Cert. No. 775669

Claimant, James P. Clare

P. O., 99 Rock Island Road, Quincy

County, Norfolk

State, Massachusetts

Rank, Musician Co. E, 19 Mass Inf.

Service, Principal Musician 19 Mass.

Inf

Rate, \$ 25 per month, commencing March 23, 1916.

\$ 30 from March 23, 1921.

ATTORNEY OR STATE REPRESENTATIVE

(Order April 25, 1907.)

Name, none R. R. Flynn

P. a. State House Boston Mass.

Fee, \$

Articles filed

Approved for Increase	
\$ 40	from June 10, 1918
\$	from 19
Set of June 10, 1918	
STANLEY	
Exr.	
Fee, \$	
to pay	
Rev.	
JUL 16 1918	

APPROVAL.

Submitted for Ad., April 29, 1916, 191, How McBlain, Examiner.

Approved for increase Rate \$ 25 per month; age 70 years.

Date of birth March 23, 1846.

Length of pensionable service: 3 years, 11 months, 6 days.

Deductions in service from any cause none years, months, days.

on account of

May 13, 1916, F. Yates Legal Reviewer.

May 13, 1916, J. R. S. O. A. Re-Reviewer.

Enlisted July 25, 1861, 18 ; honorably discharged June 30, 1865, 18

Enlisted June 24, 1898, 18 ; honorably discharged March 31, 1899, 18

Enlisted July 29, 1899, 18 ; honorably discharged May 13, 1901, 18

Length of pensionable service: 3 years, 11 months, 6 days.

Pensioned at \$ 19 per month, under act of May 11, 1912

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed March 24, 1916, 191

Age shown by evidence 70 years; date of birth alleged March 23, 1846, 18

Claimant does ----- write.

Reissue
ACT OF MAY 11, 1912.

Cert. No. 775669
Army.

Claimant, James P. Clare,
P. O., 12 Avenue Street, Boston, Rank, Musician } Principal
County, Suffolk, Service, Co. "E" } Musician
State, Massachusetts, 19 Mass. Inf. } 19 Mass. Inf.
Rate, \$19. - per month, commencing May 23, 1912.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, F. A. Bicknell, Fee, \$; Agent to pay.
P. O., State House, Boston, Mass. Articles filed , 19

APPROVAL.

Submitted for Adm. October 29, 1912, Kate A. Wilcox, Examiner. S
Approved for Admission Rate \$19. per month; age 66 years. V

Reissue from act February 6, 1907.

Length of pensionable service: 3 years, 11 months, 6 days. V

Deductions in service from any cause: 0 years, months, days,

on account of

Nov. 13, 1912, J. P. Hensley, Legal Reviewer, Nov. 13, 1912, J. P. Hensley, Re-Reviewer.

Enlisted July 25, 1861; honorably discharged June 30, 1865. V

Enlisted June 24, 1898; honorably discharged March 31, 1899

Enlisted July 29, 1899; honorably discharged May 13, 1901

Length of pensionable service: 3 years, 11 months, 6 days. V

Pensioned at \$12 - per month, under Act of February 6, 1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 23, 1912

Age shown by evidence 66 years; date of birth alleged March 23, 1846

Claimant does write.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass } ss.
County of Suffolk }

On this 16 day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, James P. Clare, who, being duly sworn according to law, declares that he is 66 years of age, and a resident of Boston county of Suffolk, State of Mass; and that he is the identical person who was ENROLLED at Medford under the name of James P. Clare, on the 25 day of July, 1861 as a private, in Co E 19th Mass. Inf re-enlisted same regt and company (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 Revil war, and was HONORABLY DISCHARGED at Readville (State name of war, Civil or Mexican.) on the 30 day of June 1865. That he also served No other service (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 8 inches; complexion, light; color of eyes, blue; color of hair, brown; that his occupation was boot maker; that he was born Mar 23 1846 at Chelsea, Mass.

That his several places of residence since leaving the service have been as follows:

Medford - Hudson, Acton & Boston
(State date of each change, as nearly as possible.)

That he is a pensioner. That he has heretofore applied for pension

(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. May 11-1912

He hereby appoints F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (**Without fee**);

That his post-office address is 15 Dene St Boston, county of Suffolk, State of Mass.

Attest: (1)

(2)

Also personally appeared Thomas P. Frost, residing in Lawrence and John O. Bush, residing in Wakefield, 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 James P. Clare, 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 10 years and 10 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.

Thomas P. Frost
John O. Bush
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 17 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 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.

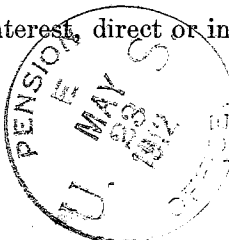
Lena E. Bayley
(Signature.)

(Official character)

Reproduced at the National Archives

Certificate on file to cover date.
S. A. CUDDY,
Chief, Law Division.

Accepted
per A. Cuddy, Law Division



3-014.

ACT OF FEBRUARY 6, 1907.

May 11-1912

CLAIM FOR PENSION.

Certificate No. *775669*

Name, *James P. Clau*

Service, *Co. "E" 19th Mass.*

Inf.

INSTRUCTIONS.

This form may be used for original pension or increase of pension.

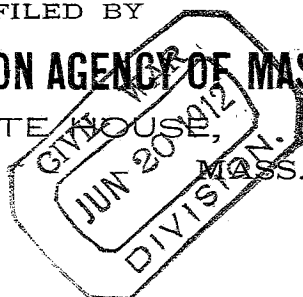
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

FILED BY

STATE PENSION AGENCY OF MASS.,

STATE HOUSE,

BOSTON,



3-364.

Original No.

Certificate No.

ACT OF FEBRUARY 6, 1907.

Claimant

P. O.

County

State

Rate, \$

per month, commencing

Rank

Company

Regiment

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name

P. O.

APPROVAL.

Submitted for

Admission

APR 17, 1908

Examiner

Approved for

Admission

Age over 62.

Rate \$12 per month

Reissue to allow under Act Feb. 6, 1907. Deduct sub payments
and drop from rolls under Act June 27, 1890.

Apr 18, 1908

Legal Reviewer

Apr 20, 1908

Re-Reviewer

Enlisted

July 25, 1861

honorably discharged

June 30, 1865

Enlisted

June 24, 1898

honorably discharged

March 31, 1899

Enlisted

July 29, 1899

honorably discharged

May 13, 1901

Pensioned at \$

6.00

per month, under

Act of June 27th, 1890.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed

March 25, 1908

Date of birth alleged,

March 23, 1846

Age shown by evidence

62

years.

Claimant does write.

M. C.

3-357.
(Old L. 3-145 b.)

Cert. No. 775,669

ACT JUNE 27, 1890.

INVALID PENSION.

Claimant, James P. Clare

P. O. Hudson

County Middlesex

State Massachusetts

Rank Musician

Company E

Regiment 19th Mass. Vol. Inf.

Rate, \$ 6 per month, commencing May, 14, 1901.

Pensioned for Partial inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name J. B. Parsons

Fee, \$ 0

P. O. State Pension Agt., Boston, Mass.

Agent to pay.

APPROVALS.

Submitted for admission, Nov. 1, 1902,

C. K. Dewey, Examiner.

Approved for renewal under Act of June 27, 1890, for right inguinal hernia, (old) from May 14, 1901.

Approved for right inguinal hernia

No increase pending.

Aggregate of disabilities shown, permanent in character: \$ 6

Nov. 11, 1902,

Legal Reviewer.

Wm. H. Brown

Medical Examiner.

" 19, 1902,

Re-Reviewer.

Wm. H. Brown

Medical Referee.

Enlisted July 25, 1861; honorably discharged June 30, 1865

Enlisted July 24, 1868; honorably discharged March 31, 1899

Enlisted July 29, 1899; honorably discharged May 13, 1901

Pensioned at \$ 6 per month. Last paid to July 29, 1899. Dropped by reason of re-enlistment.

For right inguinal hernia.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 19, 1901, alleges renewal for right inguinal hernia.

Claimant does not write.

Certificate not filed.

No M. C.

War with Spain.

RECORD & PENSION OFFICE

MAR 5 2140416 1902
WAR DEPARTMENT



Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. Mar 4, 1902

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full ~~military~~ and medical his-
tory of the soldier named within,
while serving as 1st Lieut.
Co. "B" 26th U. S. Vol. Inf.,
from July 24, 1894, to May 13, 1901;
also the preliminary examination at
muster out, and a full report of
any physical defects noted at
enlistment. 2 enclosures.

No other report on file.

Inv. Ref. No. 775669

Name, James P. Clare

Co. E 8th Min. 19th Mass. Vol. Inf.

A. Clay Evans

Commissioner.

Philippine Insurrection.

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

James P. Lore

was enlisted _____, 189 _____;

was assigned to Co. *C.*, _____ 26 Reg't,

U.S. Vol. Inf. _____;

and was *M.O. with Co. B May 13, 1901*

~~Transferred to Co. B Aug 7, 1899~~
~~Final report of medical examination~~
~~preliminary to muster out located hereafter~~

Previous service: 19 Mass. Inf.

(Civil War; 5 Mass. Inf. (2d War))

From _____, 189 _____, to *M.O.*, 1901.

he held the rank of *1 Lieut.*

and the rolls on file for that period show him present
except as follows: *Co. M.O.: App'd Q.M. &*

Comd. Pass. & Parol. Dec 7 94 to Jan

30, 1900, App'd Judge Inferior Prison

Comd. Oct 22 1900, App'd D.C. Officer

Jan 14 1901, Sick in qtr. Apr 20

to 22 1900 in L. of A. Sick in qtr.

May 9 to 13, 1900 Not in L. of A.

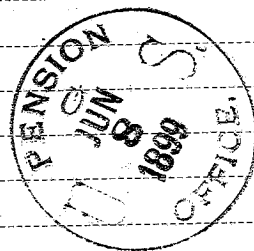
Sick in Hosp. May 20 to 29, 1900

The medical records show him treated as follows

James P. Clare, Capt, co M. 5
Mass Inf. treated in Reptl
Hosp'l Oct 12 to Nov 1, 98 for
Synovitis traumatic left
knee, "not in line of duty",
diagnosis also shown as
Synovitis left knee joint,
"in line of duty", ret'd to
duty, Nov 1, 98.
No additional evidence found
on records of the regiment
July 98 to Mch 99

F

2



BY AUTHORITY OF THE SECRETARY OF WAR:

H. C. Quinn

Colonel, U. S. Army, Chief of Office.

per

Washington, D. C., JUN 7 1899

(COMMISSIONER OF PENSIONS.)

GG/EJA.

3-2002

Widow Division

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Wid. Orig. No. 1,567,117

WASHINGTON

Feb. 16, 1927.

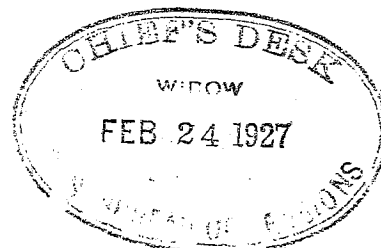
James P. Clare

E, 19 Mass. Inf.

Mrs. Eldora V. Clare,

1118 East Wayne Street,

South Bend, Indiana.



Madam:

You are requested to answer each of the questions enumerated below. It is desirable to have on file in every claim for pension a full and complete statement of all military or naval services rendered, especially in the World War, not only by the applicant for pension himself but also by any member of the applicant's immediate family. Use the inclosed envelope which requires no stamp.

E. W. Morgan,
Acting Commissioner.

1. Did you or any member of your family serve in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and July 2, 1921? If so, state the name under, the designation of the organization in (or the names of the vessels on) which such service was rendered, with dates or approximate dates of enlistment and discharge.

Answer:

2. If a member of your family rendered such service, is such member living or dead? Answer:

3. If you rendered such service, are you in receipt of, or have you ever applied for compensation or training pay thru the Veterans' Bureau? If so, give the number of the claim used by the Veterans' Bureau.

Answer:

4. If a member of your family rendered such service and is deceased, are you in receipt of or have you ever applied for compensation thru the Veterans' Bureau on account of such service and death? If so, give the number of the claim used by the Veterans' Bureau.

Answer: no

Mrs. Eldora V. Clare
(Signature)

1118 East Wayne St.
South Bend (Address) Indiana

(3-145 b.)

Act of June 27, 1890.

775669
 Boston
 Renewal
 Claimant, James P. Clare, 775,669
 P. O., 114 Main Street, Hudson
 County, Middlesex
 State, Massachusetts
 Rank, Musc. 2nd Priv. Musc
 Company, E
 Regiment, 19th Mass. Vol. Inf.

Date, \$ 6. per month, commencing April 1, 1899.

Disabled by Right inguinal hernia.

RECOGNIZED ATTORNEY:

Name, _____ Fee \$ _____, Agent to pay.
 P. O., _____ Articles filed _____, 189____

APPROVALS:

Submitted for Adm. July 19, 1899
 Approved for right inguinal hernia (incomplete)
Renewal from April 1st 1899.
Adm. Wilson Examiner.
 Approved for right inguinal hernia
incomplete
other disability affecting service
left inguinal hernia

July 27, 1899, instead Legal Reviewer. Truman Aug 26-1899, Medical Referee.

Enlisted July 25, 1861; June 24, 1898. Honorably discharged June 30, 1865; Mar. 31, 1899. Last paid to include June 23, 1898, at \$ 6, for right hernia (incomplete). Pensioned at 6 from Dec. 4, 1891. Dropped because of Trunk Disturbance June 24, 1898, as Capt, Co M 5th Mass Vol. Inf. Pension under other laws at \$ _____, for from which discharged March 31, 1899.

Original declaration, act June 27, 1890, filed _____, 189____; alleged _____

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 22, 1899, alleges right inguinal hernia
and claims Renewal.

Claim written
No M.C.

(3-145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION.

775669
Boston

Claimant, James P. Chase
P. O., Andover
County, Middlesex
State, Mass
Rank, Musician
Company, E & Principal Musician
Regiment, 19 Mass Vol Infy
~~Transferred to 7th S. Infy~~
Rate, \$ 6, per month, commencing July 18 1891

December 4/1891

DROPPED

Disabled by H. hernia (incomplete)

RECOGNIZED ATTORNEY.

Name, Ben E. Leman Fee, \$ 10 — Agent to pay.
P. O., Washington D. C. Articles filed, Dec 11, 1891

APPROVALS.

Submitted for Ad April 29, 1892, Charles Matthews, Examiner.

Approved for Sanuison Approved for right injured
hernia (incomplete)

\$6 from Dec 4, 1891

No other disability
Sanuison Thos. Druggan
May 27, 1892 Medical Referee.

W. K. Hanna
May 20, 1892 Legal Reviewer.

Not now pensioned under other laws: Last paid to _____, 18____, at \$_____

Pensioned from _____, 18____, at \$_____, for _____

SERVICE SHOWN BY RECORD

Enlisted July 25, 1861, honorably discharged June 30, 1865

Re-enlisted _____, 18____, honorably discharged _____, 18____

Declaration filed July 18, 1891, alleges permanent disability, not due to vicious habits,

from Rupture of right testis

C.S. 3-416 See E
W.F.W. C.W. Division

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Washington, D. C., *April 20* 1916

No. Claim, _____

Cert. No. *775669*

Claimant, _____

Soldier, *James P. Clare*

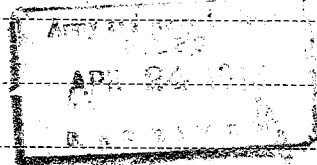
Co. *B. 19* Reg't *Mass Inf*

Co. 6 26 U. S. Inf

Respectfully, *Refuse*

The Chief of the
Army and Navy Dep,
for consideration
of attached
Declaration.

(Spanish and Philippine
War.)



John T. Keenan
Chief of *Division.*

3-416

C. H.

Division

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

Washington, D. C., Oct 25, 1912

No. Claim, _____

Cert. No. 775 669

Claimant, _____

Soldier, James P. Clare

Co. E, 19th Reg't Main Inf.

Respectfully, referred to Chief
Army & Navy Dir. for
adjudication.

H. H. H. H.

Chief of Civil War Division.

Sub E *65*
64 *3-416*
Division
Mr. Bell Apr 24
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
Washington, D. C., *April 20*, 191*6*

No. Claim, _____
Cert. No. *775-669*
Claimant
Soldier *James P. Clare*
Co. *E*, *19* Reg't *Mass*

Respectfully,
Max. Cr.

Trans to
Mr. Bell
April 20
RECEIVED
APR 22 1916
Army and Navy Division
FILED

Chief of *let* Division.

3-873.

Department of the Interior,
BUREAU OF PENSIONS,
RECORD DIVISION,

Mar 28, 190*8*

When complete service is established, refer
this case to RECORD DIVISION under order
No. 51 of the Commissioner.

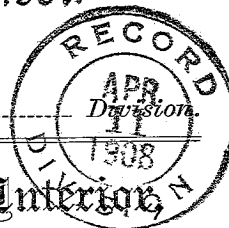
now alleges
1326 us vol by
Spanish

G. C. Kniffing
Chief, Record Division.

Act of February 6, 1907.

3-416.

Eastern.



Department of the Interior

BUREAU OF PENSIONS.

Washington, D. C., APR 9 - 1908

No. Claim, _____

Cert. No. _____

Claimant, _____

^{and}
Soldier, _____

Co. _____

775-669.
James P. Clare
Co. "E" 19th Reg't Mass Vol Inf

Respectfully referred to the Chief of

the Record Division under

Order #51. to make record

of service in U. S. A.

Vol. 45 in Co. B. 26th Inf U.S.

Vol. Spanish American

War.
See Adj't Genl Reports -

J. A. DeLoach

Chief of Eastern Division.

Renewal *war with Spain*

6 *QVTH* Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., C. *June 13, 1899*

No. Claim, _____

Cert. No. *775669*

Claimant, *James P. Clark*

Soldier, _____

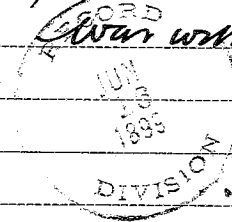
Co. *E*, *19* Reg't *Mass. Vol. Inf*

Respectfully *referred to the*

Actg Chief, Record Division,

This claimant served as follows
Mus. Co. E, 19th Mass. Vol. Inf
Priv. Mus., 4th S. 19th Mass. Vol. Inf

Also
Capt. Co. M, 5th Mass. Vol. Inf
War with Spain



S. H. Dalton

Under Act of June 27, 1890.

(3-1639.)
(Old No. 3-21732)

O. W. & N. DIV.

Claim to

No.

775.669

P. O.,

Hydson

County,

Middlesex

State,

Mass.

Application filed

July 19, 1907

State Service,

C. 19" Mass.

Inf. 5" Mass.

Inf. 1 (S. W.)

1902 Mar. 4 Med. Ex. Waltham, Mass., & also
to R. & P. for Med. History, Preliminary Ex.
at M. O. & for report of physical condition
enlistment for ~~Spain~~ ^{S. W.}

1902 Mar. 25. Inf. info that as he has
been re. at Marlboro, he should appear
before Waltham Bd. as ordered. Cup.

Disability,

(over)

Attorney,

Rev. Agt. of Mass.

P. O.,

Boston

County,

State, Mass.

(186-1000.)

M. S. M.

1902, Oct. 18. Aud. for Int. Dept
for date rate of all payments.
Atty Parsons for. Sub. and
inter. Service. C.D.
Colt also advised "

(3-2021.)

L Declaration of Pensioner for restoration to the rolls under section 26, Act of March 3, 1873. **L**
(Sec. 4719, Rev. Stat.)

STATE OF Massachusetts, COUNTY OF Middlesex, ss:
On this 19 day of May, A. D. one thousand eight hundred and eighty-ninth
personally appeared before me a Justice of the Peace
the same being a court of record within and for the county and State aforesaid,
aged Fifty three years, who, being duly sworn according to law, makes the following declaration, asking to be restored to the
pension rolls. That I am the identical James P. Blane who was pensioned on the rolls
of the agency at Boston Mass and whose pension-certificate, No. 775669, is herewith returned;
that I was last paid at said agency to the Twentyfourth day of June, 1898; that I have
since resided as follows: 1

State of Pennsylvania & South Carolina
Newtown Mass

that I have not claimed pension since the date above given for the following reasons: 2 Commissioned
in Fifth Mass U.S. June 24th 1898
mustered out March 30th 1899

and that I 3 have Right Inguinal Hernia

that I hereby appoint myself of Newtown attorney to prosecute the above claim;
that my residence is at No. 114, in Main street, in the Town
of Newtown, county of Middlesex, State of Massachusetts
and that my post office address is 114 Main St Newtown Mass

(Attest.)
Chas. H. Hill

James P. Blane
(Claimant's signature.)

Also personally appeared William Arnold, residing at No.
in Fifth street, in Newtown Mass, and Lowell J. Southland
residing at No. 11, in Lucifer street, in Newtown 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
James P. Blane, the claimant, sign his name (make 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
represents him self to be; and that they have no interest in the prosecution of this claim.

William Arnold
Lowell J. Southland
(Signatures of witnesses.)

SWORN to and subscribed before me this Twentieth day of May, A. D. 1899
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

[L. S.]

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

Certificate on file to cover date
of execution.

Record Division

Charles H. Hill
(Signature.)

Justice of the Peace
(Official character.)

1. Here name the place or places at which the applicant has resided.
2. Here state specifically the reasons why pension has not been claimed.
3. Here describe the disability for which restoration is claimed, and state (if an invalid) whether or not applicant has re-enlisted since last pension payment, and, if so, give date, company, and regiment, and date of final discharge. If a widow or mother, state whether remarried, or, if remarried, give date.

RESTORATION.

after reinstatement
UNCLAIMED PENSION

Under sec. 26, Act of March 3, 1873.
(Sec. 4719, Rev. Stat.)

James P. Blaine, Applicant
No. of Pension-Certificate *775669*

Company - O & Mmca

Regiment - 19th Mass Inf

Spanish War

5th Mass.

June 98 to Mar. 99

FILED BY

James P. Blaine

Hudson

Ward

All the blanks in this form should be carefully filled and the requirements of the notes strictly observed.

An honorable discharge from the service in all cases is necessary.

Declarations of claimants, either for original pension or for increase of pension already granted, must be made before a court of record, or before some officer thereof having custody of its seal; said officer being fully authorized and empowered to administer and certify any oath or affirmation relating to any pension or application therefor.

The claimant's identity and loyalty must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity and loyalty under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The post office address (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, and all evidence in each claim; and each change of residence of said parties, while communicating with the Pension Office or the pension agent, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioner, and no lien upon them can be recognized.

All facts, testimony of which is required to establish a claim, must be proven by the affidavits of two or more credible witnesses, unless other evidence is specified.

The statements of claimants, unless duly corroborated, are not accepted as evidence.

Testimony, in support of allegations made in a declaration, may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

Persons desiring to complete claims pending at the decease of the claimants must furnish a duly verified certificate of their authority as heirs or legal representatives.

With all claims for arrears, increase, or restoration to the rolls, the original pension-certificate must be returned, or explanation of its absence must be given under oath.

To facilitate the adjudication of claims, all the requisite evidence that is available should be forwarded with the application.

COMPANY M, FIFTH REGIMENT OF INFANTRY,

SECOND BRIGADE, MASSACHUSETTS VOLUNTEER MILITIA.

HUDSON, MASS., Feb 26 1902

Wm Gray Evans

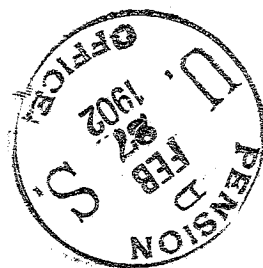
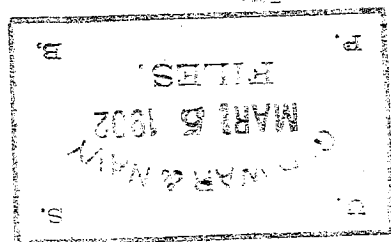
Pension Commission
Washington
D.C.

Sir

I have the honor to inform you
that I was mustered out of the Service
the 13th of May last. and about June
1st made application through Col Pearson
at Boston Mass. for removal of my pension
but I have heard nothing from it yet.
consequently it must have been overlooked
Will you kindly have it attended to
and Observe

Very respectfully,
Your obedient servant
James P. Clare
Capt Co M 5th Regt M & V

[First Endorsement.]



COMPANY M, FIFTH REGIMENT OF INFANTRY,

SECOND BRIGADE, MASSACHUSETTS VOLUNTEER MILITIA.

HUDSON, MASS. Sept 13 1902

E. F. Wade

Commissioner of Pension
Washington

D.C.

Sir

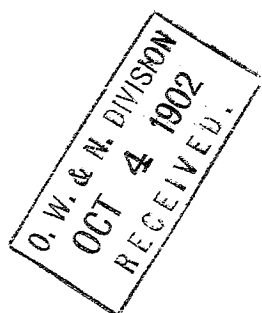
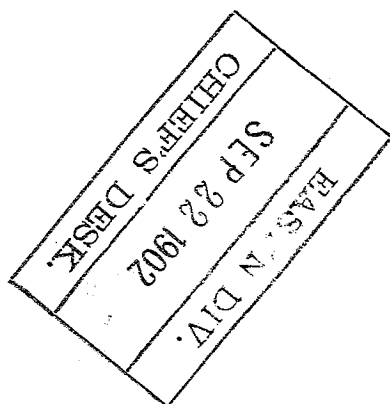
I have the honor to inform you of the following in regard to Pension Certificate # 775669 previous to June 24/98 (I was commissioned in the volunteer on that date) I was drawing a Pension of \$6 per month. Was discharged March 1899. had Pension removed from March 31st 99 Commissioned in 26th Regt U.S.V. Aug^{2nd} 1899 when Pension was discontinued Was Discharged May 13 1901 applied for removal but was not ordered before the Examining board until Nov^{1st} 1902 Was Examined in June 1902 and have heard nothing since and most respectfully ask that the matter be attended to at your earliest convenience.

Respectfully
James P. Clare

Company M, Fifth Regiment of Infantry,
Second Brigade, M. V. M.

HUDSON, _____ 190

[First Endorsement.]



Desk

3-1867.

FINANCE DIVISION.

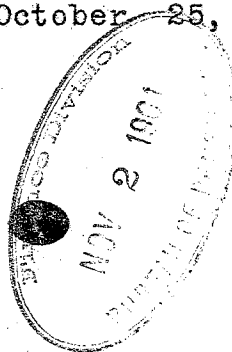
DEPARTMENT OF THE INTERIOR,

MRW

BUREAU OF PENSIONS,

WASHINGTON, D. C., October 25, 1901.

RECORD & PENSION OFFICE
21013750
82130
WAR DEPARTMENT



The Adjutant-General, U. S. A.

War Department, City.

Sir:

This Bureau is in receipt of a communication alleging that James P. Clare late musician, Company "E", and principal musician, 19th Massachusetts Volunteer Infantry, re-enlisted August 1, 1899, in the 26th United States Volunteers, and with the return of this letter I will thank you for a report showing the correctness of this information in order that his pension (certificate No. 775,669) may be properly terminated.

It may be proper to add that under date of June 24, 1898, he entered the service as captain in Company "F", 5th Massachusetts Volunteer Infantry, from which service he was discharged March 31, 1899.

Very respectfully,

W. B. Gandy

Commissioner.

See over

Record and Pension Office,

WAR DEPARTMENT,

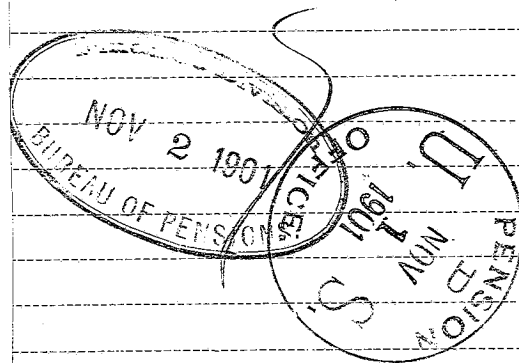
Washington OCT 31 1901

Respectfully returned to the

Commissioner of Pensions,

with the information that

James S. Clare
accepted commission as
1st Lieut. July 29, 1899,
was assigned to Co.
B, 26th S. V. Inf. and
served with that Reg.
May 13, 1901.



AUTHORITY OF THE SECRETARY OF WAR:

T. C. Mearns

Chief, Record and Pension Office.

Per

m.

RECORD & PENSION OFFICE
668
1733262
WAR DEPARTMENT
PENSION.

Z.P.

Wnc.
DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., April 19, 1899.

Desk

Adjutant General. U. S. Army,

War Department, City.

Sir:

This Bureau is informed that one James P. Clare, formerly Musician. Co. E., and Principal Musician, 19th. Mass. Vol. Inf., and who is now a pensioner by Inv. Ctf. 775,669, re-enlisted for service in the war with Spain, and served therein as Captain of Co. M., 5th. Mass. Vol Inf.

I will thank you for a report, with the return of this letter, showing the date of pensioner's re-enlistment in order that his pension may be properly terminated.

Chas. J.
Very respectfully,

Adelbert C. Evans
Commissioner.

Record and Pension Office,

WAR DEPARTMENT,

Washington, APR 24 1899

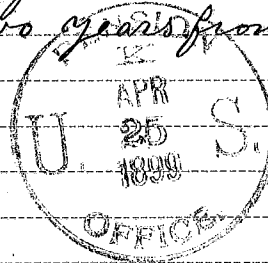
O. W. & N. DIVISION
JUN 8 1899
RECEIVED.

Reproduced at the National Archives

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case
of James P. Clare, Capt.
Co. M. 5th Mass. Inf
Mil. records show that
he was enrolled June 24
1898. at Hudson, Mass.
and mustered in with
Co. July 1. 1898. at Fram-
ingham, Mass. to serve
two years from July 1. 98.



BY AUTHORITY OF THE SECRETARY OF WAR:

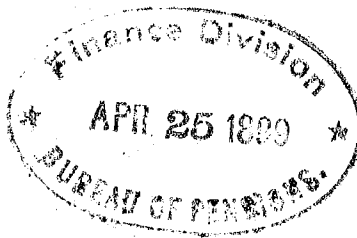
F. C. Ainsworth

Colonel, U. S. Army, Chief of Office.

Per H

(828)

Received A.C.O. M.&R.B. APR 21 1899



6. 775-669

DECLARATION PRELIMINARY TO MUSTER-OUT OF U. S. SERVICE OR DISCHARGE.

IN THE CASE OF

James P. Delane, a *1st Lieut.* in Co. *B*, *76th* Reg't *Infy. U.S.*

Declaration of Person to be Mustered Out of Service or Discharged.

Question. Have you any reason to believe that at the present time you are suffering from the effects of any wound, injury, or disease, or that you have any disability or impairment of health, whether incurred in the military service or otherwise?

Answer. *Yes*

Q. If so, describe the disability, stating the nature and location of the wound, injury or disease. A. *Right inguinal hernia*

Q. When was the disability incurred? A. *1889*

Q. Where was the disability incurred? A. *Hudson Mass.*

Q. State the circumstances, if known, under which the disability was incurred. A. *Lifting heavy weights*

I declare that the foregoing questions and my answers thereto have been read over to me, and that I fully understand the questions, and that my replies to them are true in every respect and are correctly recorded.

Witness:

W. H. [Signature]
2nd Lt. 76th Infy. U.S.

James P. Delane
1st Lieut. 76th Infy. U.S.

Dated at

Presidio San Francisco Cal May 5th 189-1901.

Certificate of Company Commander or other Immediate Commanding Officer.

Question. Do you know, or have you any reason to believe, aside from his own statement, that the person who made and signed the foregoing declaration is disabled or impaired in health, at the present time, by reason of any wound, injury, or disease, whether incurred in the military service of the United States or otherwise? A. *No*

Q. If so, describe the disability, stating the nature and location of the wound, injury, or disease, so far as known. A.

Q. When was the disability incurred? A.

Q. Where was the disability incurred? A.

Q. State the circumstances, if known, under which the disability was incurred. A.

Q. Was the disability incurred in line of duty? A.

I CERTIFY that the foregoing statement is correct to the best of my knowledge and belief.

J. M. [Signature]
Lieut. Col. Commanding Co. 76th Reg't Infy. U.S.
Dated at *Presidio San Francisco Cal May 5th 189-1901.*

Certificate of Examining Surgeon

IN THE CASE OF

James P. Plare, a *1st Lieut* of Co. *B*, *76* Reg't *Inf* *1st*

Question. Have you subjected the person named above to a thorough physical examination? Answer. *yes*

Q. Do you find that at the present time he has any disability, whether incurred in the military service or not? A. *yes*

Q. If any disability is found to exist, describe the character and seat of the wound or injury, or the nature of the disease.

A. *Right inguinal hernia, incomplete, operable.*

Q. State whether, in your opinion, the disability originated in the line of duty in the military service of the United States.

A. *no*

Q. Is the disability permanent? A. *no*

Q. To what extent does the disability disqualify him for the performance of manual labor? A. *none*

I CERTIFY that the foregoing statement is correct to the best of my knowledge and belief.

James P. Plare
MAJOR AND SURGEON, U. S. V.
Capt & Asst Surg. USA.

Dated at *Presidio of S. F., Cal.*

MAY 6 1901, 189

EXAMINATION

PRELIMINARY TO

Muster-out of Service or Discharge

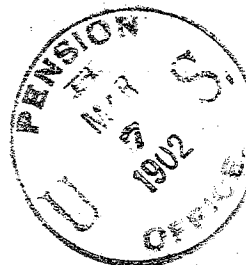
IN THE CASE OF

James P. Plare

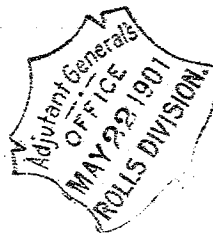
1st Lieut of Co. *B*

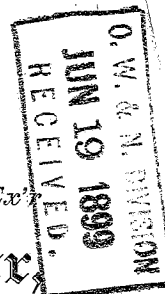
76 Reg't *Inf* *1st*

3-1431



War Dept., R. & P. O. *March 1902*
This paper loaned to The Commissioner of Pensions this day.



NO Revenue
stamps required.Renewal - War with Spain,
3-399.

OWN
 Inv. City No. 775,669
 James P. Clark,
 E - 19. Mass. Vol. Inf.

Department of the Interior,
 BUREAU OF PENSIONS,

Washington, D. C., *June 2*, 1899

SIR:

For use in the above-entitled claim for pension, you are requested to furnish this Bureau with a report showing at what rate and to what date payment was last made in the case of *James P. Clark*

Priv. Nurse. 19 Mass. Vol. Inf.

certificate No. *445-669*, *Boston* Agency,
 who died *June 24*, 1898, *war with Spain*

Very respectfully,

U.S. Pension Agent,
Boston,

A. J. Holt
 Commissioner.

REPORT.

Payment made to include *June 23*, 1898
 at \$ *6* per month. Payment was discontinued on the *24*
 day of *June*, 1898, because of the *enlistment of pensioner*

June 15, 1899

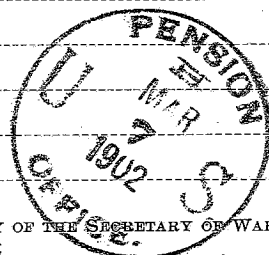
A. J. Holt

1st Lt. Travis to mil Hosp
 P.I. May 30, 1900 in 1st Lt. Travis
 to 1st Res. Hosp Manila P.I.
 July 31, 1900 in 1st Lt. Travis
 to 1st Res. Hosp Manila P.I.
 On P.I. as 1st Lt. Travis P.I.
 Sept 20 to Oct 24, 1900
 Aug 31, 1900: Sick in Hosp from
 May 30 to July 17, 1900, Sick in Manila
 from July 19 to Aug 26, 1900. On
 P.I. as 1st Lt. Travis P.I. since Aug 27, 1900
 Age: 53 $\frac{5}{12}$; height: 5 feet, 8 $\frac{1}{2}$ inches;
 Complexion: fair
 Eyes: blue; hair: brown
 Place of birth: Chelsea Mass
 Occupation: Contractor

The medical records show him treated as follows:
 as James P. Clare, 1st Lt.,
 Co. B, 26 U.S.V. Inf., in Regt.
 Hosp., Apr. 20 to 23, 1900
 Diarrhoea Acute, in line
 of duty: May 9 to 14, 1900,
 Calculus renal, two attacks
 previous to entering the
 service, date not known,
 not in line of duty,
 improved: May 20 to
 30, 1900, Renal Calculi,
 not in line of duty:
 in Military Hosp., Manila,
 P.I., May 30 to July 17, 1900,
 Renal Colic Chronic, in

line of duty: in 1st Reserve
 Hosp., Manila, P.I., July
 19 to 27, 1900, Convalescence
 from renal colic, in line
 of duty: July 30 to Aug.
 16, 1900, Convalescence from
 renal colic, in line of duty
 Right oblique inguinal
 Hernia existed before en-
 listment, not in line of
 duty, ret'd to duty.

Nothing additional
 found on records of
 the regt. Aug. 9 to May
 1901.



BY AUTHORITY OF THE SECRETARY OF WAR:

Heinrich

Chief, Record and Pension Office.

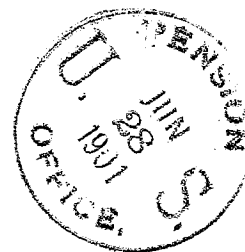
Per *m*

MAR 7 1902

Washington, D. C.,

(COMMISSIONER OF PENSIONS.)

DEPARTMENT OF THE INTERIOR,
UNITED STATES PENSION AGENCY,



Boston, Mass., June 27th, 1901.

Hon. H. Clay Evans,
Commissioner of Pensions,

~~Washington, D. C.~~

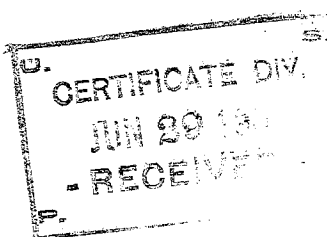
Sir:-

I have the honor to enclose herewith, Renewal pension certificate No. 775,669 in case of James P. Clare, said pensioner having reenlisted August 1st, 1899.

No payment has been made on this issue.

Very respectfully, .

A. J. Smith
U. S. Pension Agent.



U. S. DEPARTMENT OF STATE
JUN 29 1961
RECEIVED

TO THE PRESIDENT OF THE UNITED STATES

WASHINGTON, D. C. 20520

FROM THE SECRETARY OF STATE

SUBJECT: [Illegible]

100-100000

ADMINISTRATIVE OF DEPARTMENT

NO. 100-100000

RECEIVED: [Illegible]

[Illegible]

[Illegible]

REPLY SHOWING PAYMENTS.

Treasury Department,

OFFICE OF THE
AUDITOR FOR THE INTERIOR DEPARTMENT.

Oct. 27", 1902.

The Commissioner of Pensions.

Sir: In reply to your letter of Oct 18" in case of

James P. Clare

Certificate 775-669.

Fortin

Agency,

Inv

Roll,

you are informed that the records of this Office show payment

to have been made at 6- per month from Dec. 4. 1898.

to June 24. 1898, date of re-enlistment

He was granted a renewal and pay-
ments were made at 6- per month fromApril 1. 1899 to July 29. 1899, date of re-
enlistment

Letter herewith returned.

Respectfully,

J. P. Furman Auditor

H. A. N.

By

Deputy Auditor.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original
[State above whether for original, increase, or restoration.]

Pension Claim No. 1040-377

Name and rank of claimant.

James P. Clark

, Rank, Murician

Claimant's post-office address.

Company E, 19 Reg't Mare. Inf.
Hudson Mass.

Boston Mass.

[Post-office address of the Board.]

Feb. 10

[Date of examination.]

State,

, 1892

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Rupture

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of _____ dollars, per month.

He makes the following statement upon which he bases his claim for Original
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Cannot do any lifting or heavy work on account of rupture

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, 66; respiration, 17; temperature, 98.6; height, 5 feet 8 inches; weight, 180 pounds; age, 48 years. Rupture

Incomplete oblique inguinal hernia of the right side. The tumor does not pass through the external ring, but comes down into the canal size of thumb. The external ring will admit of one finger. True impulse is felt on coughing. The tumor can be reduced and kept in place by a truss which the claimant wears. Discharge. Rate. 6/18

This claimant is well nourished healthy looking man. Muscles firm and well developed. Skin good color, tongue clean heart lungs liver and spleen normal. and except as above no other disability found to exist

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by incomplete inguinal hernia of right side for that caused by _____, and _____ for that caused by _____

McLendon, Pres. C. C. Williams, Sec'y. B. B. Smith, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

ord of examina-
tion here.



SURGEON'S CERTIFICATE

IN CASE OF

James P. Clare

Co. 619 Reg't *Mass*

Applicant for Original

No. *1040377*

DATE OF EXAMINATION:

Feb. 10th, 189*2*

W. C. Swann, Pres.,
S. C. Williams, Sec'y,
S. S. Kim, Treas.,
BOARD.

Post office, *BOSTON*,

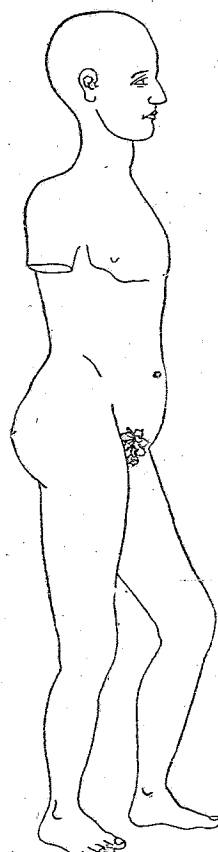
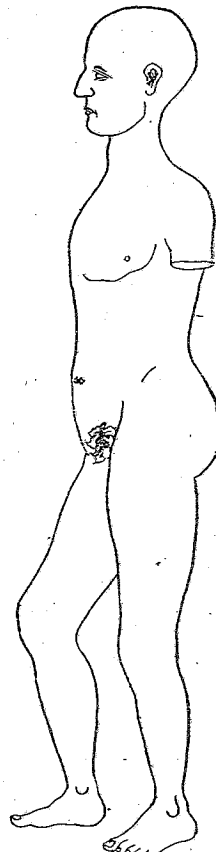
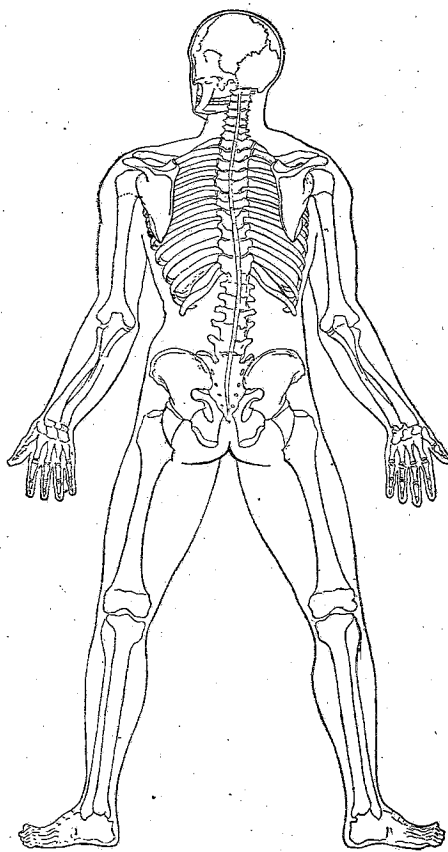
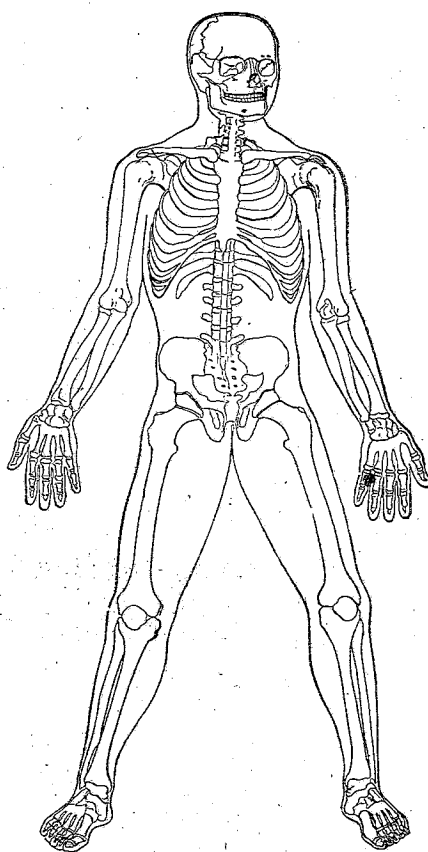
County, *SUFFOLK*,

State, *MASS.*

2d BOARD, HOTEL PELHAM.

P. S.—Write your Post-office address plainly and in full.

Clare



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Renewal Pension Claim No. 775669
James P. Clare
Pon. Muse. Company & 19 Reg't Mass Vol
Hudson, Middlesex Co., Mass
Right inguinal hernia.

He receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Renewal
Says he has constant pain in his right groin and some pain most of the time in his left groin. He injured his left knee last October so it troubles him to stoop on account of the stiffness

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 56 64 108, respiration, 18 16 24, temperature, 98 7/8
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 8 1/2 inches; actual weight, 197 pounds; age, 53 years.

Right Inguinal hernia = Claimant has an oblique inguinal hernia on the right side which passes through the external ring and descends to scrotum. It is reducible and can be retained by a properly fitting truss. Tumor is 1 1/2 by 1 1/4 inches in diameter. External ring is 1/4 inch and internal 1/2 inch in diameter. Hydrocele and Varicocele excluded.

Left inguinal hernia = Claimant also has an oblique inguinal hernia on the left side. Tumor 1 inch by 3/4 inch in the inguinal canal which does not pass through the external ring nor descend into the scrotum, it can be reduced and retained by a proper truss. External ring is 1/4 and internal ring 1/2 inch in diameter. Hydrocele and varicocele are excluded.

Heart = Inspection: apex beat in 5th interspace in left mammary line. Palpitation: apex beat 3/4 inch and felt in same place as seen. Percussion: dullness normal, does not extend any beyond the left mammary line. Auscultation: No murmurs, no ordema, no cyanosis, no dyspnoea, rhythm very good. No hypertrophy is present.

Spleen = Slightly increased dullness and somewhat enlarged.

Left Knee = Motion limited 25% and slight creaking due to rheumatism. No other joints ligaments or muscles affected.

Except as above no other disabilities found to exist.
No evidence of vicious habits.

On right inguinal Hernia we rate 10/18
" left " " " 6/18
" Heart " " " " no rate
" Spleen " " " " " "
" Left Knee " " " " we rate 3/18

James L. Harrison Pres. E. H. Ellis, Sec'y. J. M. Richardson, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

an examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. J. Harriman, Dr. E. H. Ellis, and Dr. Mrs. Richards, were personally present and actually participated in the examination of James P. Clare, the claimant in this case, on 21st day of June, 1899."
(Signature.) E. H. Ellis.

This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 18 ____."
(Signature.) _____

U. S. PENSION DIVISION
JUN 10 1899
RECEIVED

PENSION
U. S.
JUN 29 1899
OFFICE

SURGEON'S CERTIFICATE

IN CASE OF

James P. Clare
Co. E., 19 Reg't Mass. Vol.

APPLICANT FOR Renewal

No. 775669

DATE OF EXAMINATION:

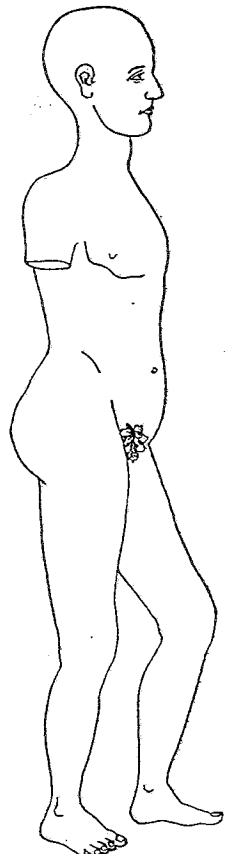
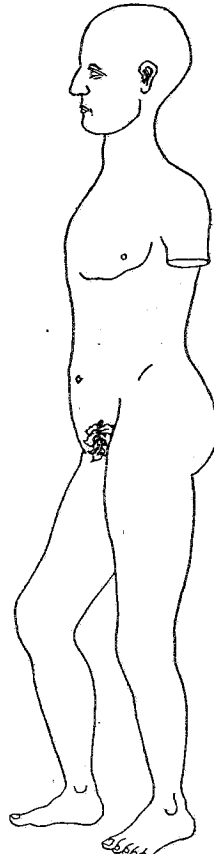
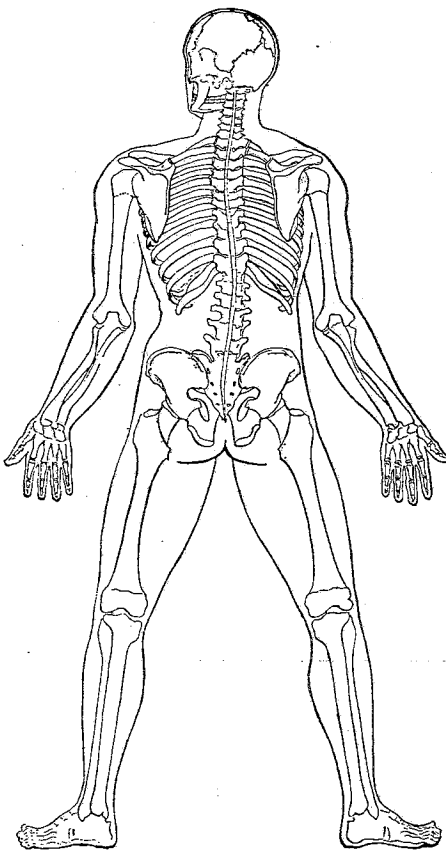
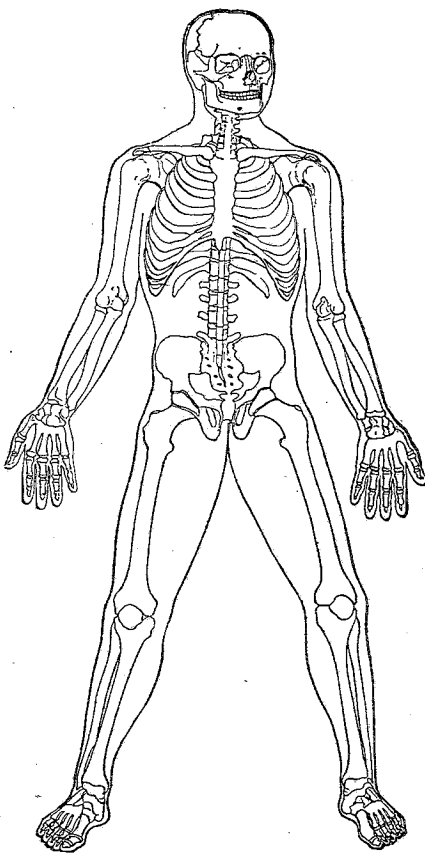
June 21, 1899

James P. Harriman, Pres.,
E. H. Ellis, Sec'y,
Mrs. Richards, Treas.,
BOARD.

Post office, Marlboro
County, Middlesex
State, Mass.

P. S.—Write your Post-office address plainly and in full.

Allen



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No.

Address of Board.

[Date of examination.]

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Restoration
Jennie P. Clare
 Company — *5 Mass. Inf. Spang. War. 19 Reg't Mass. Inf. U. of R.*
Wadsworth, Mass.
Right hernia (incomplete)

He receives a pension of *0* dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *Hernia troubles him when he walks or lifts*

Birthplace, *Chelsea, Mass.*; age, *56* years; height, *5-8*; weight, *196* pounds; complexion, *light*; color of eyes, *blue*; color of hair, *light*; occupation, *Messenger S. W.*; permanent marks and scars other than those described below, *—*

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, *64-64-80*; respiration, *14-20-22*; temperature, *97.2*;

Right Hernia: There is an interstitial hernial tumor that comes into the inguinal canal but does not pass into the scrotum. It is about 1 1/4 inches in diameter and can be reduced. The reduction is accompanied by a gurgling sound. The internal ring is 1 in. in diameter. I wear a truss all the time, which keeps the hernia reduced.

Heart: Apex beat in 5th space. The dullness extends vertically from 2nd space to 5th and laterally from right border of sternum to 1 in. inside nipple line. No hypertrophy; no dilatation; no murmurs; no dyspnea; no edema or cyanosis.

Lungs: Measurements of chest, - at rest 39 in; expiration, 37 in; inspiration, 40 in. Lungs normal by auscultation and percussion.

Kidneys: Exam. of urine shows sp. gr. 1018. Color light straw. Acid reaction; no albumen; no sugar; no sediment. Kidneys normal.

No other disabilities found. No evidences of vicious habits.

We find that the aggregate permanent disability for earning a support by manual labor due to hernia, not due to vicious habits, and warrants a pension of \$6.00 a month.

J. A. McColister, Pres. O. S. S. S. S., Sec'y. Walter S. Hoyle, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3-111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

Examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. J. A. M. Collette, Dr. A. Greenwood, and Dr. Walter S. Hoyt, were personally present and actually participated in the examination of James P. Clare, the claimant in this case, on 16 day of Apr., 1902"

(Signature.)

Al Greenwood

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, _____, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. _____ and Dr. _____, the examining surgeons here present (waiving examination by full board), on this _____ day of _____, 1902."

(Signature.)

W. & N. DIVISION
APR 29 1902
RECEIVED.

PENSION
APR 19 1902
U. S.
SURGEON'S CERTIFICATE

IN CASE OF
James P. Clare
5 Mass. Inf. War with Honor
19 Reg't Mass. Inf. N. of A.

APPLICANT FOR Restoration

No. 775-669

DATE OF EXAMINATION:

Apr. 16, 1902

J. A. M. Collette Pres.,
Al Greenwood, Sec'y,
Walter S. Hoyt, Treas.,

BOARD.

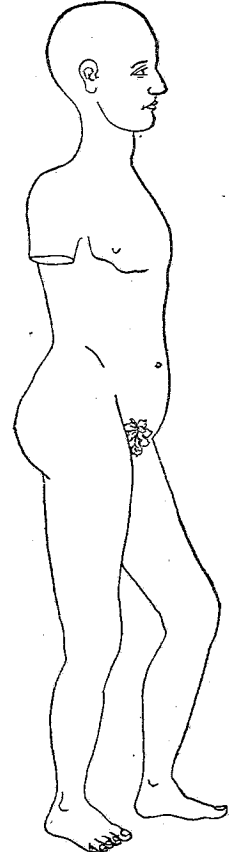
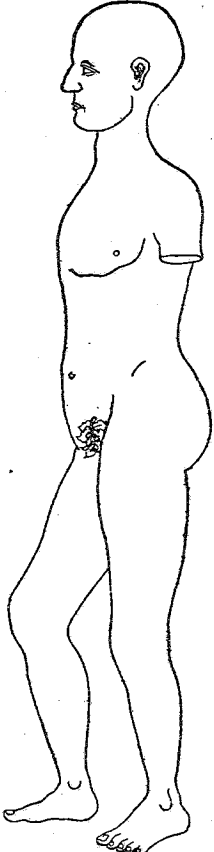
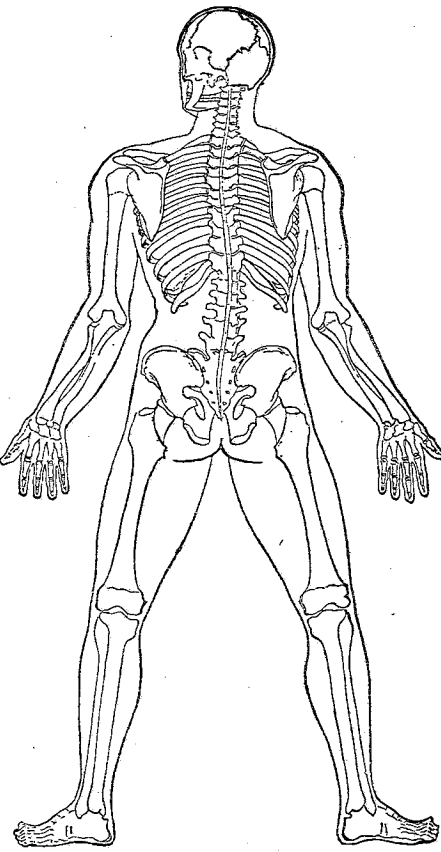
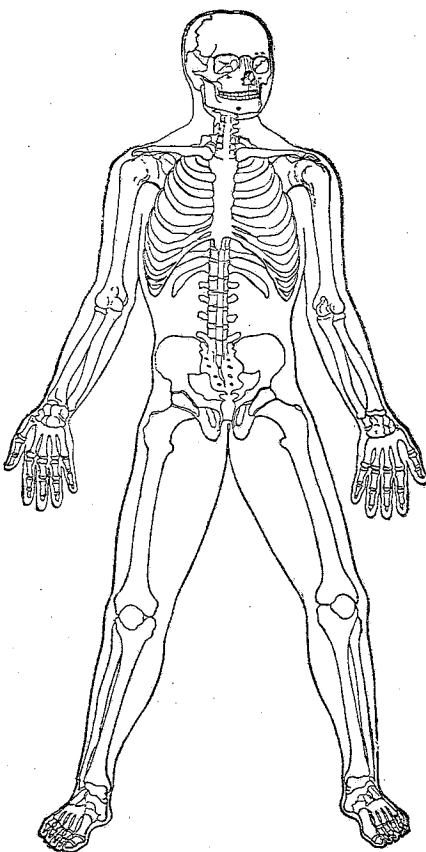
Post office, Waltham,

County, Middlesex,

State, Mass.

P. S.—Write your Post-office address plainly and in full.

Mass



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

INVALID

Cert. No. 775669

Name,

James P. Clare

Rank,

Musician Service, C. E. 19th Mass Inf
 and Priv. Muscin. — — — — —

Agency:

Original Roll:

Boston

Transf'd

1

to

Group 3

"

1

to

Issued

Apr. 21 - 1908

Mailed

APR 22 1908

Rate and period, \$

12

from

Mar. 25, 1908

Fee, \$

Deductions:

0

Entered

Disability:

a

Issued

Nov. 15, 1912

Mailed

NOV 16 1912

Rate and Period, \$

19

from

May 23, 1912

Fee, \$

ACT OF MAY 11, 1912.

Deductions:

0

Disability:

2

4 Issue. Class Reiss

5 Issue. Class Reiss

Issue Class	Issued	May 16, 1916.
	Mailed	
	Rate and period, \$25, from	Mar. 23, 1916.
	" " " 30 "	Mar. 23, 1921
Fee, \$		
Entered	Deductions:	✓
	ACT OF MAY 11, 1912	

Issue Class	Issued	
	Mailed	Accrued Pension.
	Rate and Period, \$	ACT OF MARCH 2, 1895.
		from
Fee, \$		Accrued-Pension Order
	Issued	May 16, 1927
Entered	Payable to	Widow
	Sent	
	Deductions:	to Finance Division. DT
	Disability:	

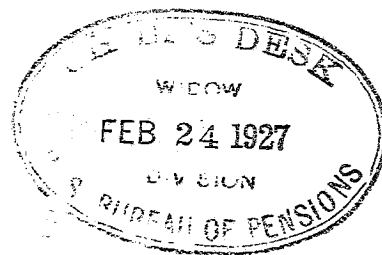
INDORSEMENTS.

Doc No. 1567117

THE SHERWIN-WILLIAMS Co.SALES OFFICES, FACTORIES AND WAREHOUSES
IN PRINCIPAL CITIES

United States So-Bend Ind. 7/30 1927
Department of the Interior
Bureau of Pensions
Washington
Attention Mr E. W. Morgan:

Dear Mr Morgan: my Father Colonel
James O. Clare having served in
the War tried to get into the service
at his advanced age World War
and wrote to Washington but of course
was turned down at time of death
was Captain of Minute Men of
Acton. Died Dec. 13, 1926 at
West Acton Mass. Mother is living with
me (only child). yours Very Truly
E. J. Clare



3-852

W.

Grosvener Ex'r.

DEPENDENT.

119
E-19
M-5-
B-26
C-26
Act of

No.

1567117

MAY 1 1920

Eldora V. Clare
1118 - East Hayne st.
South Bend, Indiana
Widow
James P. Clare

Service Misc + E-19 - Mass. Inf.
M-5 - Mass. Inf.
C + B - 26 - U. S. Vol. Inf.

Died Dec. 13, 1926 - West Acton, Mass.
no other claim. than

LB. 775669

Jan. 24, 1927

C. J.
Clerk.

Application filed: Jan. 14, 1927

Attorney: Commissioner of State Pensions

P. O. State House

Boston, Mass

State Commr

Notified

JAN 27 1927

, 19

ls

6-1359

Feb. 18, 1927. Comr of State Pensions.
Boston, Mass., for testimony relative to any
dir. 2d col. b. from abt. 1876
(copy of letter filed in case)
Compensa. circ. to abt. 1876

g. b.
With dir

JAN 28 1927

3-732

Cert. No.

1567117

ACT OF MAY 1 1920

W
Elder

Widow of

James B. Clare

Rank

Priv. Mass

Company

19 Mass Inf

Regiment

Rate per Month \$

30

Commencing

Jan'y 14 1927

Ending

Agency

or

Group No.

Issued

May 16 1927

19

6-3387

GOVERNMENT PRINTING OFFICE

INCREASED TO \$40 PER MONTH FROM
JUNE 1, 1948 - 100 MAY 30, 1928

ARMY AND NAVY DIV.

S-094.

6-3364

D. McC. ✓

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

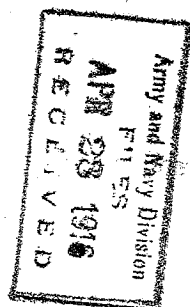
Washington, D. C., April 26, 1916.

Respectfully returned to The
Adjutant General, War Department,
requesting an additional report,
showing personal description of
soldier at first enlistment, and
all ages of record not shown in
reports returned herewith.

Inv. Ctf. 775669
James P. Clare
Co. E, 19 Mass. Inf.

(5 enclosures.)

Sm. [Signature]
Commissioner.



WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON,

APR 27 1916

Returned to

COMMISSIONER OF PENSIONS.

In the case of

James P. Clare
Co. *E. 8.* 19 Reg't Mass. Inf.

the records show personal description as follows:

Age *18*, height _____ feet, _____ inches,

complexion *Dark* _____,

eyes _____ hair *dark* _____,

place of birth _____,

occupation _____

Age at vet. enlistment

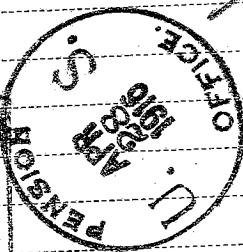
20. Age shown by myo
roll 19.

Age enlistment 5 Mass.

Inf. 52 yrs, 3 mo.

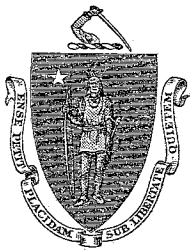
38

RECORDED
APR 28 1916
Army and Navy Division
FILES



H. P. McCain

The Adjutant General.



[Act of June 27, 1890.]

Commonwealth of Massachusetts.

PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of Meddallux } ss.

On this 15th day of July, A.D. one thousand nine hundred and one personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, James P. Clare aged 55 years, a resident of the town of Henderson, county of Meddallux, State of Massachusetts, who, being duly sworn according to law, declares that he is the identical James P. Clare who was ENROLLED on the 25th day of July, 1861, in Co E 19th Mass Vol Regt as a mission [Here state rank, company and regiment in military service, or vessel, if in the Navy.]

in the service of the United States, in the war of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Readville Mass, on the 26th day of June 1865. That he is unable to earn a support by reason of of Right Leguminal Hernia [Here name the diseases or injuries from which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has applied for a pension under application No. 775669. That he is a pensioner under certificate No. discontinue by reason of Commission in the US Army [If a pensioner, the certificate number need only 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 June 27, 1890.

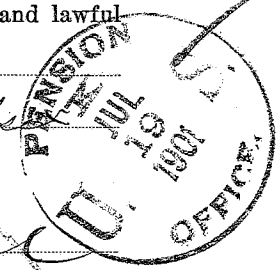
That he has been employed in the military or naval service otherwise than as stated above Capt 5th Mass Regt June 24 1898 to March 31 1899 [If in the service prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.] 1st Lieut 26 Regt USV Aug 1st 1899 to May 13 1901

He hereby appoints J. B. PARSONS, State Pension Agent of Massachusetts, Boston, his true and lawful attorney to prosecute his claim (without fee); that his post-office address is Henderson

State of Massachusetts, county of Meddallux

ATTEST :

James P. Clare
[Claimant's signature.]



Also personally appeared Sanellion Arnold, residing at Hudson Mass
and A. W. Lloyd, residing at said Hudson, persons whom I certify
to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
James P. Blane, 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 for thirty years and five years, respectively, that he is the identical person he repre-
sents himself to be; and that they have no interest in the prosecution of this claim.

Sanellion Arnold
A. W. Lloyd
[Signatures of witnesses.]

Sworn to and subscribed before me this 16 day of July, 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

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

[L.S.]

W. Charles H. White
[Signature.]

Justice of the Peace
[Official character.]

Certificate on file at Pension Dept

*certificate on file at Pension Dept
rec'd 10/1/07*

The act of June 27, 1890, requires, in case of a soldier:

- (1) An honorable discharge (but the certificate need not be filed unless called for).
- (2) A minimum service of ninety days.
- (3) A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
- (4) The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
- (5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

SOLDIER'S APPLICATION.

Name, James P. Blane
Service, Mass. Reg. E. 19th Regt.
Mass. Vols. 1864-65 (12)
in 5th Mass. Inf. (5)
Address, Mass.

Date of Execution, July 16/07
FILED BY
STATE PENSION AGENT OF MASS.,
STATE HOUSE,
BOSTON, MASS.

AMOR

Mr. 8775669

DECLARATION FOR ORIGINAL INVALID PENSION.

UNDER AN ACT GRANTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.

State of Massachusetts
County of Middlesex } SS:

On this fourteenth day of July, A. D. one thousand eight hundred and ninety - one, personally appeared before me, James T. Jordan, a

Notary Public in and for the County and State aforesaid,
James P. Clare (Name of Claimant), aged forty five (45) years, a resident of Hudson, County of Middlesex, State of Massachusetts, who, being duly sworn according to law, declares that he is the identical James P. Clare (Name of Claimant), who entered service during the War of the

Rebellion under the name of James P. Clare on or about the 25 day of July, 1861, as musician in company E of the 19th regiment of Mass Irls commanded by Andrew Mahoney and was

HONORABLY DISCHARGED at Readville Mass on or about the 30th day of June, 1865, by reason of Expiration of Service; that his personal description is as follows: Age, 45 years; height, 5 feet 8 inches; complexion, Light; hair, Brown; eyes, Blue. That he is now suffering from Rupture on Right Side (Here state the name and nature of any disease, wound or injury which in any manner disqualifies you for performing full manual labor, no matter when the same originated or developed.)

and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to earn a support, and that this declaration is made for the purpose of being placed upon the pension roll, under the provisions of the Act of June 27, 1890. 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 since the 30 day of June, A. D. 1865, he has not been employed in the United States.
He hereby appoints, with full power of substitution and revocation,

GEORGE E. LEMON,
OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has not received not applied for a pension. (If previous application has been made, give number of claim, if possible; if a pensioner, state rate and number of certificate.)
That his Postoffice address is Hudson, County of Middlesex, State of Mass.

Two witnesses to claimant's signature sign here:
(1) Lewis T. Haver
(2) Leander W. Fenison

James P. Clare
(Claimant's Signature.)

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.

Also personally appeared Lewis T. Howe, residing at Hudson, and Leander W. Jernison, residing at Hudson, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw James P. Blair (Name of Claimant.) the claimant sign his name 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.

Lewis T. Howe
Leander W. Jernison
(Signatures of witnesses to identify of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark:

- (1) _____
(2) _____

SWORN TO AND SUBSCRIBED before me this 14th day of July, A. D. 1899, 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 thereto, including the words _____

(If any words have been erased in the application, enter them here.)

_____, erased, and the words _____

(If any words have been added in place of any erased, enter them here.)

_____, added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

James T. Goslin
(Signature)
Notary Public
(Official character.)
(certificate on file)

THE OFFICER BEFORE WHOM THIS DECLARATION IS EXECUTED MUST BE SURE AND NOTE IN HIS CERTIFICATE ALL ERASURES AND INTERLINEATIONS, AS INDICATED ABOVE.

As this may reach the hands of some persons unacquainted with this House, I append hereto, as specimens of the testimonials in my possession, copies of letters from gentlemen of political and military distinction and widely known throughout the United States:

U. S. SENATE, COMMITTEE ON THE DISTRICT OF COLUMBIA, WASHINGTON, D. C., June 12, 1890.
It gives me pleasure to recommend George E. Lemon, of this city, to these having professional business, as a reliable and responsible attorney of high character and superior attainments.
Respectfully,
JOHN J. INGALLS, U. S. S.

U. S. SENATE CHAMBER, WASHINGTON, D. C.
GEORGE E. LEMON, Esq., Washington, D. C.
My Dear Sir: Before leaving for home I desire to express to you my high appreciation of the methods used in your business office, resulting in the high degree of efficiency that gives you the reputation of being the most successful man in the city. This is due to the fact that you are a man of high character and superior attainments, and I am glad of the opportunity to assure you of my high esteem.
Very truly, yours,
CHARLES F. MANDERSON, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 12, 1890.
I take pleasure in recommending George E. Lemon, Esq., of Washington City, as a reliable and able attorney who is in every way worthy to be entrusted with the confidence of those who desire his services in the line of his profession.
Very truly,
G. C. MOODY, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 10, 1890.
I regard George E. Lemon as one of the most thoroughly reliable and competent attorneys in Washington.
GIBBERT A. PIERCE, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 7, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney and entirely responsible for all his contracts.
Respectfully,
S. M. COLLINS, U. S. S.

U. S. SENATE, WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending George E. Lemon, of this city, as a reliable attorney.
U. S. S.
I. G. CARLSON, U. S. S.
W. M. O. SQUIER, U. S. S.
A. S. PADDOCK, U. S. S.
W. D. WASHBURN, U. S. S.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney and worthy lawyer, to whom claimants can extend their business with assurances that it will be well and honestly attended to.
L. E. ATKINSON, M. C., 18th Pa. District.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney. He has had many years of successful practice and is worthy of confidence.
W. E. DORSEY, 3d Dist., Neb.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney and worthy of all confidence.
J. C. BOZEMAN, 4th Dist., Mich.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney. He has had occasion for years to carefully observe his treatment of soldiers' claims entrusted to him, and have never yet heard one complaint from his clients. I also personally know of his doing many acts of kindness for soldiers without charge.
D. R. HENDERSON, 3d Dist., Iowa.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 6, 1890.
I take pleasure in recommending George E. Lemon, of this city, as a reliable attorney, vigilant, active and diligent in looking after the claims of his clients.
JAMES O'DONNELL, 3d Dist., Mich.

HOUSE OF REPRESENTATIVES, WASHINGTON, D. C., June 7, 1890.
We take pleasure in recommending Geo. E. Lemon, of this city, as a reliable attorney.
WM. MCINTLEY, Jr., 13th Dist., O.

WM. MCINTLEY, Jr., 13th Dist., O.
E. N. MORRILL, 1st Dist., Kan.
S. L. MILLIKEN, 1st Dist., Mich.
J. J. MILLIKEN, 1st Dist., Mich.
P. S. POST, 10th Dist., Ill.
J. E. FAYSON, 9th Dist., Ill.
W. M. MASON, 2d Dist., Ill.
FRANK LAYLER, 2d Dist., Ill.
W. G. LAIDLAW, 3d Dist., N. Y.
I. S. STUBBLE, 11th Dist., Iowa.
W. G. STUBBLE, 11th Dist., N. Y.
J. M. WILEY, 3rd Dist., N. Y.
JOHN F. LACY, 6th Dist., Iowa.
F. H. MCQUARRY, 1st Dist., N. Y.
J. B. OWEN, 10th Dist., Ind.
J. B. ORRABLE, 9th Dist., Pa.
GEO. E. SENEY, 13th Dist., Ohio.
J. J. FUGLEY, 12th Dist., Ohio.
HENRY H. BIRCHAM, 1st Dist., Pa.
JOSEPH D. TAYLOR, 7th Dist., Iowa

84392
INVALID.

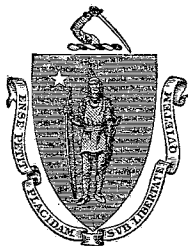
CLAIM FOR PENSION.

ACT JUNE 27, 1890.

James P. Blair
19
Mason

Enlisted _____, 18____
Discharged _____, 18____

FILED BY
GEORGE E. LEMON,
Attorney and Counsellor at Law,
Offices 615 Fifteenth St. N. W.,
P. O. DRAWER 325. WASHINGTON, D. C.



Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of Suffolk

ss.

Act of June 27th 1890.

In the matter of the claim for Soldier's Pension b/f 775 669
of James P. Chase

of Company E, 19 Regiment Mass Vols.:

Personally came before me, a Notary Public in and for
aforesaid County and State, James P. Chase and
resident of Hudson

in the County of Middlesex, State of Mass, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

I that I am the claimant above named
and I did not serve in U. S. army or navy
subsequent to May 13 1901, nor between
June 30 1865 and June 24 1898.

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



Attest—when any affiant signs by James P. Chase two persons sign here.

Affiant's Signature, James P. Chase

P. O. Address, Hudson Mass

Affiant's Signature, _____

P. O. Address, _____

Here insert affiant's name or names.

Sworn to and subscribed before me this day by the above-named affiant James P. Clare; 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 claim, nor am I concerned in its prosecution.

Witness my hand and official seal this 23 day of October 1900.

Sign here

J. B. Parsons
Notary Public

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

Act of June 27th 1890.

775669

CLAIM FOR

Soldiers Pension

James P. Clare

Mons. Co. E

19th Mass Vols

AFFIDAVIT OF

James P. Clare

FILED BY

PENSION DEPARTMENT,
STATE HOUSE,
BOSTON, - - MASS.



The Commonwealth of Massachusetts

STATE AID AND PENSION DEPARTMENT

STATE HOUSE, BOSTON

AFFIDAVIT.

Not May 1, 1926

State of Massachusetts,

County of Suffolk

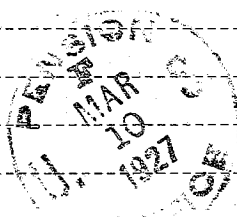
{ SS.

1567117

In the matter of the claim for Widow's Pension
of Eldora V. Clare widow of
James P. Clare
of Company E, 19 Regiment Mass Inf; Co M 5 Mass Inf Vols.:

Personally came before me, a _____ in and for
aforesaid County and State, Adelbert M. Mosseman aged 78 and
Everard Whittum aged 68, residents of Hudson
in the County of Middlesex, State of Massachusetts, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

We have known the claimant and the
above named soldier for about forty-five
years, we know from personal knowledge
that they were never divorced and
that they lived together as husband
and wife from ^{about} 1886 to the date
of the soldier's death.



We further declare that we have no interest in said claim, and are not concerned
in its prosecution.

_____ }
_____ }

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

Affiant's Signature, Adelbert M. Mosseman
P. O. Address 76 Park St., Hudson Mass

Affiant's Signature, Everard Whittum
P. O. Address, 14 River St., Hudson, Mass

(Here insert affiant's name or names.)

Sworn to and subscribed before me this day by the above-named affiant ;
Adelbert M. Grossman and Everard Whittington and I certify that I read
said affidavit to said affiant^s, and acquainted *them* with its contents before *I* executed the same

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this *8th* day of *March* 192*7*

Sign here *E. Elizabeth G. Coulahan*

JUSTICE OF THE PEACE
STATE AID AND PENSION DEPARTMENT
STATE HOUSE
BOSTON - MASS.

CERTIFICATE ON FILE

Certificate on file to cover

July 1, 1925 to July 1, 1932
Record Division.

Per MHA

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

No. *1567117*

CLAIM FOR

Widow's Pension

Eldora V. Chase

widow of

James P. Chase

Co. C. 19th Mass Inf.

Co. M. 5th Mass Inf. (S. H.)

Capt. 26th U. S. Inf.

AFFIDAVIT OF

Adelbert M. Grossman & Everard Whittington

FILED BY

STATE AID AND PENSION
DEPARTMENT
STATE HOUSE
BOSTON, - - MASS.

RECORDS OFFICE

JUN 6 1754442 1898
WAR DEPARTMENT

MS Removal - War with Spain
3-184 ad.

Adm. Div., Adm., Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. *June 2* 189*9*

Respectfully referred to the Chief of the
Record and Pension Office, War Department,
requesting a full military and medical his-
tory of the soldier, *James P. Clare*,
19th Mass. Vols., 1st
Brig. 19th Mass. Vols

also

as Capt. Co M - 5 Mass Vol. Inf.
War with Spain.

No other report on file. *2 incl*
Inv. Crj. No. 775-669

Name, *James P. Clare*

Co E, 19th Reg't. Mass Vol. Inf.

Adm. Div.
Commissioner.

RECEIVED
JUN 8 1898
O. W. & N. DIVISION

Address: "Chief of the Record and Pension Office,
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

James P. Clare
Co. E, 19 Reg't Mass. Inf.
was enrolled *July 25*, 1861,
and *M.O. June 30*, 1865,
with F. and S. same regiments
to which transferred Sept. or
Oct. 1863

Re-enlisted as a *Union Vol-*
unteer *Dec. 20*, 1863.

From *July 25*, 1861, to *June 30*, 1865,
he held the rank of *Drummer (Mus.)*,
Principal musician

and during that period the rolls show him present
except as follows *Dec. 31. 64. Present*
or absence not stated

Same found as at
James P. Clare

The medical records show him treated as follows
as James Clare, Drum Maj. 19
Mass. Inf., Nov. 8 to 9. 63, Disability
held to duty.
Nothing additional found.

Address: "Chief of the Record and Pension Office,
War Department, Washington, D. C."

WAR WITH SPAIN.
Record and Pension Office,
WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

James P. Clare
Co. M. 5. Reg't Mass Inf
was enrolled *June 24*, 1898
and *Must-out July 1*, 1898.
and *Must-out Mch. 31* 1899
with Co. remarks: *Sick in*
gns Oct 12 to Nov 198 incl.
in line of duty

From *Enroll*, 189, to *Must-out*,
he held the rank of *Capt*

and during that period the rolls show him present
except as follows

O. W. & N. DIVISION
JUN 8 1899
RECEIVED.

MILITARY SERVICE.

NAME OF SOLDIER:

James J. Blare

Capt Div.

CM Ex'r.

Bureau of Pensions,

No. *1040377* *Jan 9*, 189*2*

E *19* *Mass* *Vol*

SIR:

It is alleged that the above-named man enlisted *July*
25, 18*61*, and served as a *Musician*
in Co. *E*, *19* Reg't *Mass* *Infy*
also as a _____ in Co. _____, _____ Reg't

and was discharged at
Readville *Mass*
on *June 30*, 18*65*.

No. of prior claim _____

The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termination of service.

Very respectfully,

Gen B. Raum

Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

JAN 11

569316

Write nothing above this line.

1892

War Department,

Record and Pension Division,

JAN 11 1892

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that

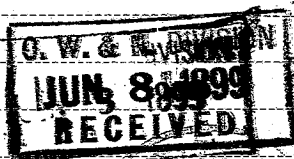
James P. Blair

mentioned in the preceding indorsement, was enrolled

July 25, 1861, and M. O.

June 30, 1865

*1st Prin. Mus. as of
F & S to which Transf.
Name also borne
as James P. Blair*



By AUTHORITY OF THE SECRETARY OF WAR:

D. C. Amisworth

Major and Surgeon, U. S. Army.

Per *m.*

Act June 27, 1890,

[3-405.]

(PENSIONER DROPPED.)

U. S. Pension Agency,

BOSTON, MASS.

May 31, 1899.

Hon. H. Clay Evans.

Commissioner of Pensions.

Sir:

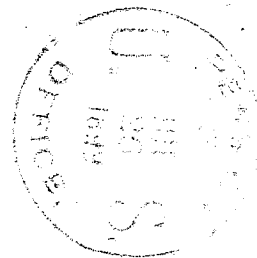
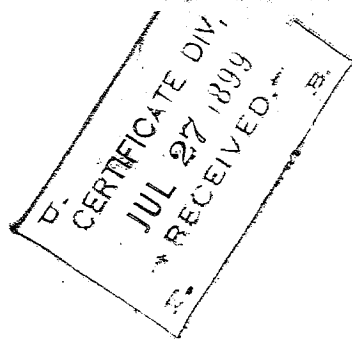
I hereby report that the name of James P. Clare
Mass Co E & Prin Mass 9th ^{Mass V Inf}, who was a pensioner on the rolls
of this Agency, under Certificate No. 775669, and who was last paid
at \$ 6, to June 23, 1898, has been dropped
because of enlistment as Capt of Co M 5th Mass V I.
on June 24, 1898.

Very respectfully,

A. J. Holt

Pension Agent.

Every name dropped to be thus reported at once.





144R APR 29 1933

DROP REPORT--PENSIONER

ELDORA V CLARE
 1118 E WAYNE ST
 1567117 MAY 28
 SOUTH BEND IND

Cert. No. 1567117
 Pensioner Eldora V Clare
 Soldier
 Service
 Class ACT OF JUNE 9, 1930

Remarks

MAY 4 1933
 Canceled (payee deceased)

ACCOUNTING DIVISION
 MAY 10 1933

The name of the above-described pensioner
 who was last paid at the rate of \$ 40
 per month to APR 3 1933
 has this day been dropped from the roll be-
 cause of death Apr 5, 1933

Vet. Adm. Wm. H. HOLMES,
 Fin. Form 1411 Chief Accounting Division
 Rev. Mar. 1932 By



THE SHERWIN-WILLIAMS CO.

318 WEST GEORGIA ST.

INDIANAPOLIS, INDIANA,

No. Bend 4/20 - 33

Department of the Interior
Bureau of Pensions
Washington D.C.

Gentlemen:-

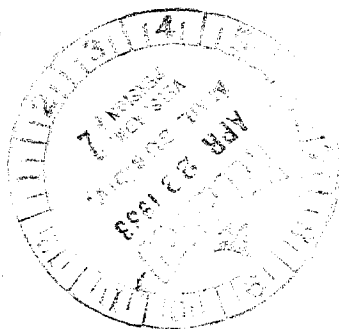
My mother Eldora V. Clare
of #1118 East Wayne St. South Bend Indiana
passed away Wednesday April 5th 1933.
Number of her pension was #1567117.

This for your information

Most Respectfully Yours
E. J. Clare

#1118 East Wayne St. So Bend Indiana

file in case
4/25



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

YEAR 1866
VOL. 190
PAGE 103
NO. 16

ABSTRACT OF RECORD

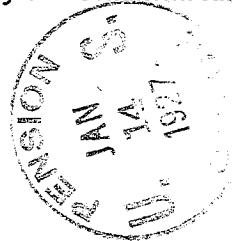
I, the undersigned, hereby certify that I am the Secretary of the Commonwealth of Massachusetts, that as such I have the custody of the records of births, marriages, and deaths required by law to be kept in my office, and from such records it appears that

James P. Clare, 21 yrs., 1st mar., son of David A. & — and
Eldora V. Wyman, 18 yrs., 1st mar., dau. of Oliver C. & Caroline A.
were mar. at Foxborough by Rev. A. Holbrooke, Dec. 30, 1866.
And I do hereby certify that the foregoing is a true abstract from said records.

Witness my hand and the GREAT SEAL of the COMMON-
WEALTH at Boston on this 11th day of January,
A. D. 1927.

F. W. Gordon

Secretary of the Commonwealth



OFFICE OF THE SECRETARY
OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

DEATH
County Middlesex State Mass Registered No. 41
City or Town Acton No. Windsor Ave. West. Acton St. West. Acton Ward 41
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James P. Clare Civil Spanish
(If U. S. War Veteran, specify WAR)

(a) Residence, No. Windsor Ave. W. Acton St. West. Acton Ward 41
(Usual place of abode)
Length of residence in city or town where death occurred 3 years 0 months 0 days. How long in U. S., if of foreign birth? 0 years 0 months 0 days.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced
HUSBAND of Eldora V. Wyman
(or) WIFE of

6 AGE 80 Years — Months — Days —
IF LESS than 1 day, — hrs. or — min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Asst. Supt. at Arms.
(b) Name of employer State House Boston

8 BIRTHPLACE (City) Chelsea
(State or country) Mass.

9 NAME OF FATHER John Clare

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Unable to learn

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Ed. Clare
(Address) West. Acton Mass.

14 Filed Dec 17, 1926 Horace F. Tuttle
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued C. A. Durkee Official position Asst Date of issue Dec 16 Permit No. 35

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 13, 1926
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1926 to Dec 13, 1926
that I last saw him alive on Dec 13, 1926

and that death occurred, on the date stated above, at 2.15 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Apoplexy

CONTRIBUTORY (Secondary) — yrs 1 mos. — ds.

17 Where was disease contracted if not at place of death — yrs — mos. — ds.

Did an operation precede death No For what —

Date of operation —

Was there an autopsy No

What test confirmed diagnosis —

(Signed) Frank E. Tasker, M. D.

(Address) West. Acton

Date Dec 15, 1926

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

19 UNDERTAKER George F. Allen Andover Mass.

Date of issue Dec 16 Permit No. 35

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully filled. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 18 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

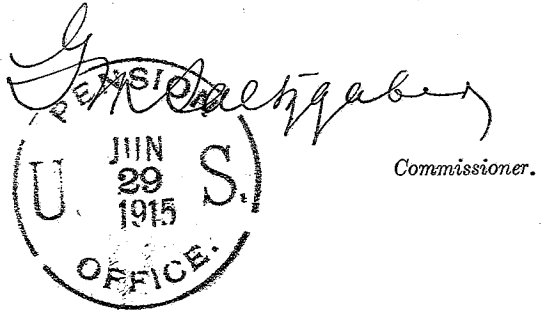
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

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,

JAMES P CLARE
BOSTON MASS
775669 STATE HOUSE



- No. 1. Date and place of birth? *Answer. March 23-1846. Chelsea Mass*
The name of organizations in which you served? *Answer. 19th Mass Vols (Regt)*
- No. 2. What was your post office at enlistment? *Answer. Milford Mass*
- No. 3. State your wife's full name and her maiden name. *Answer. Eldora Villa Clarene Wyman*
- No. 4. When, where, and by whom were you married? *Answer. Dec 30-1866. at Boxboro Mass by Rev A Holbrook*
- No. 5. Is there any official or church record of your marriage? *Yes*
If so, where? *Answer. Acton Mass Middlesex County*
- 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*
- 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*

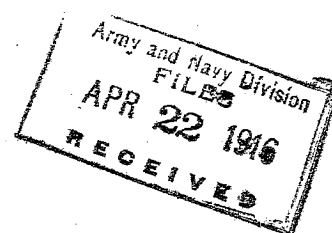
- No. 8. Are you now living with your wife, or has there been a separation? *Answer. Living with wife no separation*
- No. 9. State the names and dates of birth of all your children, living or dead. *Answer. Edmund J. Clare Born March 31st 1870 (none dead)*

Date

June 28 1915

(Signature)

James P. Clare



ACT OF MAY 11, 1912.

3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass, County of Suffolk, SS:

On this 23 day of March, A. D. one thousand nine hundred and 16, personally appeared before me, a Special Commissioner within and for the county and State aforesaid,

James P. Clare who, being duly sworn according to law, declares that he is 70

years of age, and a resident of Quincy, county of Suffolk;

State of Mass; and that he is the identical person who was ENROLLED at Lynnfield

, under the name of James P. Clare,

on the 25 day of July, 1861, as a Private, in

Mass 100 E. 19 Mass. Inf.

(Here state rank, and company and regiment in the Army, or vessel, if in the Navy.)

in the service of the United States, in the 6 mo war, and was HONORABLY DISCHARGED

(State name of war, Civil or Mexican.)

at Radville, on the 25 day of June, 1865.

That he also served War in Spain and Phillippines

(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 8 1/2 inches; complexion, light; color of

eyes, blue; color of hair, light; that his occupation was shoe maker; that he

was born March 23, 1846, at Chelsea Mass.

That his several places of residence since leaving the service have been as follows:

Hudson Mass Melrod + Boston

(State date of each change, as nearly as possible.)

He hereby appoints R. R. FLYNN, Commissioner of State Aid and Pensions, State House, Boston, his true and lawful attorney to prosecute his claim (without fee);

That he is a pensioner under certificate No. 775669. That he has \$19 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 99 Rock Island Road Quincy Mass, county of _____

State of Mass.

Attest: (1) James P. Clare

(Claimant's signature in full.)

(2) _____

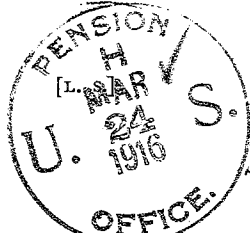
SUBSCRIBED and sworn to before me this 23 day of March, A. D. 1916, and I hereby

certify that the contents of the above declaration were fully made known and explained to the applicant

before swearing, including the words _____

erased, and the words _____, added;

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



CERTIFICATE ON FILE.

Era B. Holbrook
SPECIAL COMMISSIONER,
PENSION DEPARTMENT,
STATE HOUSE,
BOSTON, - - - MASS.

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

Original to be filed in cover
date filed 23. 1916

ACT OF MAY 11, 1912.

A C R D

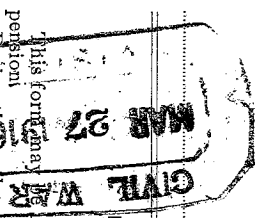
CLAIM FOR PENSION.

Certificate No. 775669

Name, James P. Colane

Service, Major & E

19 Mass Vols



INSTRUCTIONS.

This form may be used for original pension or increase of pension.
 It contains the testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

FILED BY

STATE PENSION AGENCY OF MASS.,

STATE HOUSE,

BOSTON, MASS.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein, shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

ACT OF JUNE 27, 1890.

3-402.

BOSTON,

Certificate No. 775-669

Department of the Interior,

Name, James P. Clare

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. Eldora V. Clare (nee Wymour)

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

Answer. Dec 31, 1867 by George F. Clark Stone Mass

Third. What record of marriage exists?

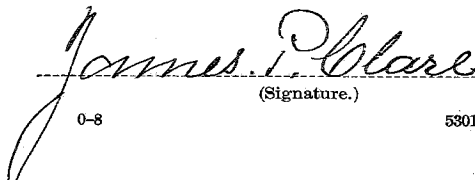
Answer. at Town Clerk's Office Stone Mass

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. Edmund J. Clare
March 31 1870

Date of reply, June 13th, 1898
(Signature.)

0-8

5301-750-1-98

8 31 ground

Handwritten signature

Army and Navy Division
FILED
APR 22 1916
RECEIVED

DECLARATION FOR WIDOW'S PENSION.

Act of April 19, 1908,

Amended by Act of September 8, 1916, and Act of May 1, 1920.

STATE OF Massachusetts, COUNTY OF Middlesex
On this 18th day of December, 1926, personally appeared before me, a Notary Public
within and for the County and State aforesaid, Eldora H. Glare, who, being duly
sworn by me according to law, declares that she is 28 years of age and that she was born July 2^d 1848, 19 ,
at Waltham Mass.
That she is the widow of James P. Glare, who enlisted July 27, 1861
at Milford, Mass., under the name of James P. Glare
as a Private Musician (Rank), in Co. C. 19th Mass. Inf. U. S. Vols.

(Here state company and regiment, if in the Army; or vessels, if in the Navy.)
and was honorably discharged June 30, 1865, having served ninety days or more during the CIVIL WAR.
That he also served as Capt. in Co. M. 5th Mass. Inf. U. S. V. from July 1, 1898
to March 31, 1899 + 1st Lt. + Capt. 26th U. S. Vol. Inf.
(Here give a complete statement of all other military, naval, or coast guard service, if any, at whatever time rendered.)
That otherwise than as herein stated said soldier (or sailor) was not employed in the United States service.
That she was married to said soldier (or sailor) Dec. 30 1866, under the name
of Eldora Wymann at West Acton Mass.
by Rev. A. H. Brook; that she had not been previously married; that he had not
been previously married.
(Here state all prior marriages of either, and give the names and dates and places of death or divorce of all former consorts.)

and that neither she nor said soldier (or sailor) was ever married otherwise than as stated above.

(If any former husband rendered military or naval service, here describe same and give number of any pension claim based thereon.)

That said soldier (or sailor) died Dec. 13, 1926, at West Acton, Mass.
that she was not divorced from him; and that she has not remarried since his death.
That the following are the ONLY children of the soldier (or sailor) who are NOW living and under sixteen years of age, namely:
(If he left no children under sixteen years of age, the claimant should so state.)

none, born , 1 , at
 , born , 1 , at
 , born , 1 , at
 , born , 1 , at
 , born , 1 , at

That the above-named child of the soldier (or sailor) { is } now receiving a pension, and that such child
{ are } member of her family and cared for by her.

That she has not heretofore applied for pension, the number of her former claim being ; that said soldier
(or sailor) was a pensioner, the number of his pension certificate being 775669

She hereby appoints **R. R. FLYNN, Commissioner of State Aid and Pensions, State House, Boston,**
her true and lawful attorney to prosecute her claim (without fee);

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of
the ACT OF APRIL 19, 1908, as amended by the ACT OF SEPTEMBER 8, 1916, and Act of May 1, 1920.

(Two attesting and identifying witnesses.)
(1) Emma E. Evans, Eldora H. Glare
(Signature of first witness.) (Claimant's signature in full.)
West Acton Mass. 1118 East Wayne St.
(Address of first witness.) (Claimant's address in full.)
(2) Angie H. Knowlton, South Bend, Indiana
(Signature of second witness.)
West Acton Mass.
(Address of second witness.)

SUBSCRIBED and sworn to before me this 18th day of December 1926 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.

validity accepted
as to execution
per
Chief, Record Division

Allen Brooks Parker
(Signature.)
Notary Public
(Official character.)

Commissioner Flynn
Feb 15 1928

JAN 15 1927

Act of April 19, 1908,
amended by Act of September 8, 1916,
and Act of May 1, 1920.

no
**DECLARATION FOR
WIDOW'S PENSION.**

are
Number *20* 775-669
Claimant *Eldora U. Clare*
Soldier *James P. Clare*
Service *Co. E, 19th Mass. Inf.*
Co. 5 - Mass Inf
C 473 26 Mo Vol Inf
INSTRUCTIONS.

This form is to be used ONLY by or in behalf of a widow who desires to claim pension under the Act of April 19, 1908, as amended by the Act of September 8, 1916, and Act of May 1, 1920, above named, on account of the service of an officer or enlisted man who served ninety days or more in the Army, Navy, or Marine Corps during the Civil War.

Declaration and testimony in support of same to be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper state, county, or city officer under his official seal, unless a certificate has been filed in the Bureau of Pensions for general reference.

FILED BY

STATE PENSION AGENCY OF MASS.

STATE HOUSE

BOSTON, MASS