

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Middlesex } ss.

On this 27th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public, within and for the county and State aforesaid, Charles H. Clark, who, being duly sworn according to law, declares that he is 71 years of age, and a resident of South Acton county of Middlesex, State of Mass.; and that he is the identical person who was ENROLLED at Portsmouth, N. H. under the name of Charles H. Clark, on the 30th day of Nov., 1863, as a Corporal, in Capt. Thomas E. Marshall's Co. I. Second Regt N. H. Vols
(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)

in the service of the United States, in the Civil war, and WAS HONORABLY DISCHARGED at City Point, Va., on the 19th day of December, 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, five feet three inches; complexion, Sandy; color of eyes, Grey; color of hair, Br. brown; that his occupation was Shoemaker; that he was born February 17, 1841, at Salisbury, Vt.

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

Pechester, N. H. 1865 to 1887
South Acton, Mass. 1887 - to date

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

That he is a pensioner under certificate No. 1061986

That he has ----- applied for pension under original No. -----

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

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

C. H. Clark

(Claimant's signature in full.)

Attest: (1)-----
(2)-----

SUBSCRIBED and sworn to before me this 27th day of May, A. D., 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, ~~including the words~~ erased, and the words -----, added, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



H. E. Cuddy
(Signature.)
Notary Public
(Official character.)

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

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Middlesex } ss.

On this 17 day of February, A. D. one thousand nine hundred and eleven, personally appeared before me, a Notary Public within and for the county and State aforesaid, Charles H. Clark, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of South Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Portsmouth, N. H. under the name of Charles H. Clark, on the 30th day of November, 1863, as a Corporal, in Captain Thomas E. Marshall's Co. I. Second Regiment of New Hampshire Volunteers.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at City Point, Virginia, on the 19th day of December, 1865.
That he also served No other military 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 3 inches; complexion, Sandy; color of eyes, Grey; color of hair, Light Brown; that his occupation was Shoemaker; that he was born February 17, 1841, at Salisbury, Vermont.

That his several places of residence since leaving the service have been as follows:
Rochester, N. H. 1866-1887; South Acton, Mass. 1887
to date
(State date of each change, as nearly as possible.)

That he is _____ a pensioner. That he has _____ heretofore applied for pension
Receives pension under certificate 1061986
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

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

Attest: (1) R. L. Randall
(2) Francis Hosmer
Charles H. Clark
(Claimant's signature in full.)

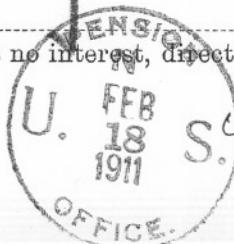
Also personally appeared R. L. Randall, residing in South Acton, Mass., and Francis Hosmer, residing in South Acton, Mass., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles H. Clark, the claimant, sign his name (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 23 years and 23 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
as to execution
S. A. Cuddy,
Not. of Law Division

R. L. Randall
Francis Hosmer
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 17th day of February, A. D. 1911, 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.]



H. E. Cough
Notary Public
(Official character.)

Certificate filed.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts }
 County of Middlesex } ss.

On this 1st day of March, A. D. one thousand nine hundred and seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, Charles H. Clark, who, being duly sworn according to law, declares that he is 66 years of age, and a resident of South Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Portsmouth, N. H. under the name of Charles H. Clark on the 30th day of November, 1863, as a Corporal, in Capt. Thomas E. Marshall's Co. I Second Regiment of New Hampshire (Here state rank, and company and regiment in the Army, or vessels if in the Navy.) in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at City Point, Va. (State name of war, Civil or Mexican) on the 19th day of December, 1865. That he also served _____ (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, five feet three inches; complexion, Sandy; color of eyes, Grey; color of hair, Light Brown; that his occupation was Shoemaker; that he was born February 17, 1841, at Salisbury, Vermont.

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

Rochester, N. H. 1865 to 1887
South Acton, Mass. 1887 to present time.
 (State date of each change, as nearly as possible.)

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

Pension Certificate Number 1061986
 (If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

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

Charles H. Clark
 (Claimant's signature in full.)

Attest: (1) _____

(2) _____

Also personally appeared John T. Sibley, residing in South Acton, Mass. and George W. Daniels, residing in South Acton, Mass., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles H. Clark, 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 18 years and 20 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.

VALID S.W.M. LAW

John T. Sibley
George W. Daniels
 (Signatures of witnesses.)

SUBSCRIBED and sworn to before me this first day of March, 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, [L. S.] and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



H. E. Blough
 Notary Public
 (Official character.)

UNDER AGE ORDER OF THE
COMMISSIONER OF PENSIONS,
APPROVED MARCH 15, 1904.

Declaration for Increase of Pension

Under the Acts of June 27, 1890, and May 9, 1900.

This may be executed before a Justice of the Peace, Notary Public or Clerk of Court.

State of Mass, County of Middlesex, ss:

X ON THIS 3rd day of May, A. D., one thousand nine hundred and four
personally appeared before me, a Justice of the Peace within and for the County and State
aforesaid Charles H. Clark, a resident of South Acton
County of Middlesex State of Mass

who, being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the
Boston Pension Agency at the rate of eight dollars per month,
Certificate No. 1061986; by reason of disability from partial inability
(Here name the disability for which pension was granted.)

to earn a support by manual labor

That he was a corporal in Co. D 2nd Reg't N. H. Inf Vols.
(Here state rank, company, and regiment, if in the army; vessel, if in the navy.)

That he is 63 years of age, having been born on the seventeenth day of
February, 1841, and believes himself to be entitled to an increase of pension on
the ground that the rate allowed him is too low and not commensurate with the extent of his present disability.
He therefore requests that he be favored with another medical examination with the view of determining his
right to \$12 per month, the full rate allowed under the Act of June 27, 1890, as amended by Act of May 9,
1900.

His disability has materially increased since
the date of his last examination
He suffers from dyspepsia, piles, rupture,
rheumatism and general debility.

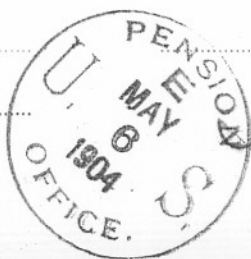
That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.
He hereby appoints, with full power of substitution and revocation, ELMER C. RICHARDSON of 37 Tremont
Street, Boston, Mass., his true and lawful attorney to prosecute his claim.

His Post-office address is South Acton, Mass Box 50

Herbert E. Willis

Carrie L. Shapley

(Two witnesses who write sign here.)



Charles H. Clark
(Signature of Claimant.)

ATTY FILED

Page
Med. Div.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.,

OCT 11 1904

Board of U. S. Examining Surgeons,

Dr. ~~J. A. McCollister~~ Secretary.

Gentlemen:

In the case of *Chas. H. Clark, 22 R. N. H. V. Inf.*
Ct. No. 1061986 whom you examined on *Oct 5*
further information is desired as indicated below. Please write
your amendment upon the accompanying blank and forward it
promptly in the inclosed envelope, together with this letter.
It should be dated, and signed by each member who participated
in the examination.

If it is necessary to recall the applicant, he may be
addressed at *Box 50. S. Acton. Mass.*

*Claimant's signature, to the waiver, showing
his consent to the examination by two mem-
bers of the board, is lacking. If necessary the
attached waiver may be mailed to claimant
for his signature. In case he is unable to
write his signature by mark must be witnessed
by two persons who can write.*

Wm Houston

Medical Referee.

*No dyspepsia, or exertion.
General Debility: No tremor. No senilis.
Hearing good.
No other disabilities and no evidence of vicious habits.
We find the aggregate permanent disability for
earning a support by manual labor due to
hemiplegia, spasm, and dyspepsia, not due to
vicious habits, and warrants a pension of \$10.00
a month.*

When rates are
recommended
solely on sub-
jective evi-
dence the
strongest rea-
sons must be
given therefor.

J. A. McCollister, Pres. *Henry Olechowski*, Sec'y. *Absent*, Treas.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

He receives a pension of 8 dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Food distresses him. Has rheumatism in legs and back. Can do about 1/2 day's work. Has bloody stool. Rupture bad. Does not wear truss. Has difficulty in breathing.

Birthplace, Salisbury, Vt.; age, 63 years; height, 5-3; weight, 115 pounds; complexion, light; color of eyes, blue; color of hair, gray; occupation, harness-maker; permanent marks and scars other than those described below,

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

Pulse rate, 76-84-84; respiration, 16-17-18; temperature, 97°; [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability.

1. Dyspepsia: Stomach foul. Teeth loose - Fauces red. Epigastrium tender to pressure. Liver dullness from 5th space to border of ribs - No enlargement - Spleen normal.

2. Rheumatism: Left shoulder measures 15 1/2 in.; right, 15 in. Circumference at middle of arm the same on both sides. Some tenderness to pressure in lumbar region on left side.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Heart: Aortic aorta in 5th space in nipple line. Dullness transversely, from right border of sternum to nipple line; vertically from 2nd to 5th space in nipple line. Heart sounds regular but weak. No mitral or aortic regurgitation. Prostate enlarged. Mucous membrane in thick folds.

4. Rupture: Hernia shows swelling 2 in. in length; 3/4 in. in breadth. Easily reducible. External inguinal ring 3/4 in. in diameter. Indirect hernia reducible. Hydrocele and varicocele excluded.

Hernia passes through external ring.

Chest measures at rest, 33 in.; inspiration, 35 in.; expiration, 32 in. Lung normal by auscultation and percussion.

Kidneys: Urine straw color. Sp. gr. 1018. No albumen. No sugar. No sediment.

Heart described above. No edema. No cyanosis. No dyspnea on exertion.

5. General Debility: No tremor. No arous semilis. Training good.

No other disabilities and no evidence of vicious habits. We find the aggregate permanent disability for earning a support by manual labor due to hernia, rheumatism, and dyspepsia, not due to vicious habits, and warrant a pension of \$10.00 per month.

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

A. C. T. C. P. 1000. Sec'y. Henry W. Chodwick, Absent, Treas.

Marginal entries must never be made.

3-155.
Old No. 3-111.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

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.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

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.

Original Pension Claim No. 1297982

Charles H. Clark. Address of Board. Marlboro Mass. P. O. State.

Corp. Company 2 2 Reg't N. H. Vol. Inf. May 6, 1903. [Date of examination.]

Box 50, So. Acton, Mass. Dyspepsia, piles, rheumatism and general debility.

He receives a pension of dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Says he suffers constantly from dyspepsia so he cannot do much of any work, has piles which bleed every time he has a movement, has rheumatism all over, does not feel able to work and cannot walk fast without becoming much distressed for breath.

Birthplace, Salisbury, Vt.; age, 62 years; height, 5 ft. 5 1/2 in.; weight, 120 pounds; complexion, light; color of eyes, blue; color of hair, gray; occupation, jobbing; permanent marks and scars other than those described below, none.

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

Pulse rate, 80 88 92; respiration, 14 14 20; temperature, 98-6; [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Dyspepsia; stomach's tympany is increased about 25 per cent, tongue is coated, skin anaemic, abdomen slightly distended.

Piles; subjective symptom, no tumor at present internal or external, no ulceration, slight congestion.

Rheumatism; stiffness in both shoulders but no crepitus or enlargement of joints and no limitation of motion.

General debility; muscles are flabby, palms are not calloused, skin anaemic, seems quite feeble for his age, probably due to his heart.

Heart; Apex beat seen and felt in 6th interspace 1 inch to left of left mammary line; Percussion, dullness to 2nd costal cartilage on left in left mammary line and laterally to 1 inch to left of left mammary line; Auscultation there is a murmur heard with the 1st sound at the apex and towards the axilla = mitral disease; there is hypertrophy but no edema, cyanosis or dyspnoea, rhythm is very poor and action quite feeble.

Urine Sp. Gr. 1000, neutral reaction, no sugar, no albumen, pale amber color.

Except as above no other disabilities are found to exist.

No evidence of vicious habits.

On dyspepsia	we rate $\frac{3}{18}$
On piles	no rate
On rheumatism	no rate
On general debility	we rate $\frac{6}{18}$
On disease of heart	we rate $\frac{9}{18}$

Wm. L. Harriman, Pres. C. V. Ellis, Sec'y. Wm. S. Richardson, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

3-447

Eastern Division.

Claim No. 1297982

Charles H. Clark
Co. I, 2 Reg't. M. V. M.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., May 4, 1903.

RECEIVED
MAY 12 1903
ST. DIV.

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage.

Very respectfully,

Mr. Charles H. Clark
PO Box 50. So. Acton
Mass.

E. S. Ware

Commissioner.

1. When were you born? Answer. February 17, 1841
2. Where were you born? Answer. Salisbury Vermont
3. When did you enlist? Answer. Thirtieth November 1863
4. Where did you enlist? Answer. Portsmouth New Hampshire
5. Where had you lived before you enlisted? Answer. Amherst Mass
6. What was your post-office address at enlistment? Answer. Portsmouth N. H.
7. What was your occupation at enlistment? Answer. Shoe Maker
8. When were you discharged? Answer. Nineteenth December 1865
9. Where were you discharged? Answer. Fort Point - Virginia
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
Rochester N. H. 1866 January 1 to May 9 1887
So Acton Mass May 9 1887 to present
11. What is your present occupation? Answer. Shoe & Harness Repairing
12. What is your height? Answer. 5 feet 3 3/4 inches. Your weight? 122
The color of your eyes? Grey The color of your hair? Grey Your complexion? Sandy
Are there any permanent marks or scars on your person? If so, describe them.
No Marks or Scars
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

Charles H. Clark

WITNESSES: 1. Samuel A. Christie
2. George T. Ames
[Witnesses who can write sign here.]

Date: May 9, 1903

3-389.
(Old No. 3-173.)

J. T. B., Ex'r.

Eastern Div.
Claim No. 297982
Chas. H. Clark
Co. I 2 Reg't 24 Vol Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., May 4, 1903.

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. Chas. H. Clark
P.O. Box 58, St. Anton
Mab

E. J. Ware
Commissioner.

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

Answer: Yes Hannah R. Clark. Hannah R. Palmer

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

Rev. Jonathan Horn

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

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: No

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

Hattie M. Clark 1884 Sept 7
Maud E. Clark 1888 Oct 30
Fred E. Clark 1891 Sept 17

Date of reply, May 9, 1903.

Charles H. Clark
(Signature.)

No. _____

WAR DEPARTMENT,
RECORD AND PENSION OFFICE.

Respectfully returned to the Commissioner
of Pensions.

Charles H. Clark
Co. *I*, Reg't *N. H. Inf.*
was enrolled *Nov. 30*, 186*3*
and *M. out with co. Dec. 19* 186*5*

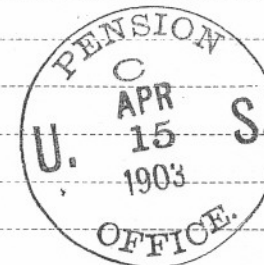
Place of birth, *Salisbury Vt.*;
age, *22* years; occupation, *Shoemaker*;
height, *5* feet *3* inches; com-
plexion, *Sandy*; color of eyes, *Grey*;
color of hair, *Brown*

From *M. in*, 186*3*, to *M. out*, 186*5*
he held the rank of *Private & Corporal*

The medical records show him treated as
follows: *Aug. 19 and 20*
1864, "Dry Fever".
No additional record
of disability found.

and during that period the rolls show him
present except as follows: *Aug 31/64*

Absent sick in Corps Hospital
since Aug. 18/64



By authority of the Secretary of War:

[Signature]

Chief of Office.

Per *mm*

Date *APR 14 1903*

(COMMISSIONER OF PENSIONS.)

Write nothing to the left of this line.

DECLARATION FOR INVALID PENSION

Act of June 27, 1890, as Amended May 9th, 1900.

NOTICE—This application may be sworn to before a JUSTICE OF THE PEACE, NOTARY PUBLIC, or before a Clerk of Court.

State of Mass., County of Middlesex ss:

ON THIS 17 day of March A. D. nineteen hundred and three personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Charles H. Clark aged 62 years, a resident of the town of South Acton County of Middlesex, State of Mass, who, being duly sworn according to law, declares that he is the identical Charles H. Clark who was ENROLLED on the 30 day of November 1863, in Co I 2nd New Hampshire Infantry (Vol) Here state rank, company and regiment, if in the Army, 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 City Point Va on the 19 day of December 1865. That he is Partially (wholly or partially) unable to earn a support by manual labor by reason of Dyspepsia Here name the disease or injuries from which disabled.

piles Rheumatism and General Debility



That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, of a permanent character. That he has not applied for pension under application No. That he is not a pensioner under Certificate No.

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 has not been employed in the military or naval service otherwise than as stated above. That he was not employed in the military or naval service prior to 30 Nov 1863. That he has not been employed in the military or naval service since 19 Dec 1865. 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, as amended by Act of May 9, 1900. He hereby appoints with full power of substitution and revocation,

ELMER C. RICHARDSON, of 37 TREMONT STREET, BOSTON, MASS., his true and lawful Attorney to prosecute his claim, and he directs that the sum of ten dollars be paid to said Attorney.

That his Post Office address is P.O. Box 50, South Acton

County of Middlesex, State of Mass

E. C. Hastings

Charles H. Clark

Signature of Claimant.

E. J. Ford

Two witnesses who can write sign here.

ATTY FILED

H.L.M.

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

MAR 23 1914, 191

Certificate No. 1061986

Class ACT OF MAY 11, 1912

Pensioner Charles H. Clark

Soldier

Service A. 2 N.H. Inf.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of
the above-described pensioner who was last
paid at \$ 23, to Dec. 4, 1913
has this day been dropped from the roll be-
cause of death

Jan. 28 1914

Very respectfully,

W. H. TAYLOR

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at
once, and when cause of dropping is death, state date
of death when known. 6-2249

Paid @ \$ 23 to Dec. 4, 1913.

BUREAU OF PENSIONS,
Office of the Disbursing Clerk,

MAR 14 1914

To the Chief, Finance Division:

You are hereby notified that check No. 4042103, for \$ 69
dated MAR 4 1914 in favor of CHARLES H CLARK
post-office SOUTH ACTON MASS
Certificate # 1061986 ✓ ACT MAY

Class ACT OF MAY 11, 1912,

Section 7, has been returned to this office by the

Postmaster at ✓, with the

information that the pensioner died Jan 28-14, and said
check has this day been canceled.

Very respectfully,
GUY O. TAYLOR,
Disbursing Clerk.
(D-3) **PLATE DESTROYED**