WIDOW'S CLAIM FOR PENSION.

State of Massachusely	
County of Suffee Sss.	
ON THIS. 4 day of December, 1879 personally appeared before me, a	
Alle Court of Record in and for the Jounty and State aforesaid.	
A. C. County of State	
duly sworn, makes the following declaration, in order to obtain the Pension provided by the Act of Congress approved	
July 14, 1862. That she is the widow of William Dolard who was a Migle in Company & commanded by	
in the Ch Regiment of Mach Wal Mul in the War of 1861; that	
her maiden name was Collens, Mo Worsler and that she was married	
to said Mclham & Club on or about the O day of July	
and State of lloan achusely by the Vacker lengunant	
that she knows of no record evidence of said marriage. If cife that week deed	
insunt answer acity of which 5 leppenseul	
SHE FURTHER DECLARES that said Mellean Dollant be-	
husband, died in the service of the United States as aforesaid at	
in the State of Massachusells on or about the day of	
do effects centradia in the mitelany remon y	
She also declares that she has remained a widow ever since the death of	
in, or aided or abetted, the rebellion in the United States; and she Hereby appoints	
Tenural gelle floortin les as her jawful Attorney, with	
power of substitution, and authorizes	
tificates. The following	
Gof her deceased husband who were under sixteen years of age at the time of his death	
They work was the way of the the	
thather rait his land had never been principly the	2
My Post Office address is 1500 My Moofs - No F Crange of	
If mark is made, two witnesses who write sign here.	
Mrs Hellen Mr. Colgan & (Signature of Claimant.)	
and the second s	
ALSO PERSONALLY APPEARED before med dicenda Damara	
County, and State of factor and the first with the first of the first	
duly sworn, declare, that they were present and saw said.	
sign her name to the foregoing declaration, and that they have every reason to believe, from the appearance of said applicant, and their acquaintance with her, that she is the identical person she represents herself to be, and know	70
that said deceased recognized said applicant as his lawful wife, and that she was so recognized by the community in which they resided; and that they have no interest, direct or indirect, in the prosecution of this claim.	l
of um bleat deet offices an I Burnuru	1,3
Smooth and subscribed to hatthe Signatures of Witnesses Church Sollsonys and	
	1

Jour Clerks office Folow Moussodust. Nevember 17th 1879.

Mary Frances Clark etaughter of William Do and Welen Al. Clork was born in Acten
March Sixth Eighteen Hundred and fifty dix
"a" "March 6th 1856."

Herbert Werster Elork Son of Williams Donol Welen Ste, Elark was born in Acton Stray Seventeenth Eighteen Heundred and Sixty "b" 'May 17th 1860!

Milliam De Tuttle of Actors in the Country of Milliam De Tuttle of Actors in the Country of Milliam De Suit Country of Sound Land the Office of Journ Clerk of Actor afores will and have the Care and Cestody of the records of Sound Journ. and that the records of births of the children above named are an excist copy of the records of Serial births as recorded on the Tourn books with the exception of the dates which are excorded in fair legible figures as given in the lines a bove, marked "ci' and by and that howe no intensity this case Milliam De Suttle Found Cesh



Commonwealth of Massachusetts.



Secretary's Department,

Boston, November 22 1879.

I hereby certify That the MARRIAGE of William O. Clark,
of Stow aged 21 years, and Helen Me Worster,
of Stow aged 20 years, solemnized at Sancaster
on the 18th day of July in the year 1852, by Chus Packard Clergyman appears of Record in this Department by duly attested Returns of the Clerk
appears of Record in this Department by duly attested Returns of the Olevic
of said Jown of Laucaster for that year.

WITNESS THE SEAL OF THE COMMONWEALTH hereunto affixed

at the date first above written.

refary of the Commonwealth

REPRODUCED AT THE NATIONAL ARCHIVES

Lowell mass This is to certify that I was assistant of Surgeon of the 6th Rat Purfactory Mass, Vols, when their I menths service, that at different tunes, My D. Clark late a private in Cap Hauley loo (E) Daid Rot was suider my for diarrhaen, whice distance u Thuch contracted while the the been of his duty and that he thad not re covered from the disease them he was discharged from the Service,, moreover certify that I have no interest in shis Bukham M. D. State of massachusetts middlesex ss. I swown to before me this fifth day of December in the year of our ford Eighteen hundred and seventy nine, A. H. Wilder Justice of the Peace

Mar Department,

ADJUTANT GENERAL'S OFFICE,

Washington, D. C., August 18., 1880.

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Hilli	t appears p	rom ine 900 blark	lls on file in was enroi	inis Oppice inc Ved on the	25 th
dan of	Aua.	1862	at bangs	Helson	- in Co "
	6 th 3	Regiment of	Mus	4.	Voluntee
		// /	during the u		
a Con	horal,	on the	21" day of	au	g, 18
at Can	efe Hu	esou, in	Co. "6",	6"	aRegin
of	Mass.	V	dunteers, to serv	e 9 min	ultis year
0			ter Roll s of E	,	0
,	110		ester in 1	•	
he is repo	rted May	gones for	rasul. Mr.	esteron	roll das
June &	2"1863 1	refeort to	un mus. Mass,	land on	kou tha
with	loo. ah	Lowell	mass,		
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		Tam is and			
	3	am, sir, very			
	J		y respectfully,		
	J				
	J		y respectfully,		
	J		y respectfully,		
	J		y respectfully,	ant,	nt Adjutant Ge

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

	State of hearsachesetts
	County of Quiddlesy SS.
,	of Walliam Olliush at Tagas Alabertation of Person
	Com E. 6th Rest Miss Od as Wasyour Present
	(Company and regiment of service, if in the army; or, name of vessel, if in the navy.) Personally came before me, a Justin of the Piece
10	in and for the aforesaid County and State, Waller Burnham MD, a Surgeon &
	State of Mudd dehusetts well known to me to be reputable and
	State of Mudd gethingells, well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:
	That he is a practising physician, and that he has been acquainted with said soldier for about
	years, and that the facts known to the affiant in accordance with the marginal instructions.)
	(No erasures or integlineations will be permitted unless the magistrate certifies in his Jurat that they were made before executing the paper.)
	So, Clark was unusually strong well built for
NOTEC	service and that he foften free and riduced
The Physician's Afficient	hum al his duly as teamester during he fust
should show the following facts: 1st. Whether	months Que in the tient need hered
or not he knew the Soldier prior to enlist- ment; the	he Clerk was such in his Quarter with
length of time he has known him; how inti- mately and	Diarrhoen and was disabled when bewer
what opportuni- ties he has had of observing his physical condi-	sunstered and of Service but a Thinky sich
tion, whether as his family phy- sician or as a neighbor; and	
how near he has lived to him. If he knew that the Soldier was a	Le avece attended non Il to the and
sound man at enlistment, he should so state,	Survey Rinkhum who Attack it all Chison
adding, if true, that had he been unsound he would have	in Questile He also states that he neve
known it. 2d. If he treat- ed Soldier while in the service,	Luw him after he was mushered out of
either as his regimental sur- geon or while Soldier was	Lervie
home on fur- lough, that fact should be stated. The Soldier's	
physical condi- tion at such times should be clearly shown	and the second of the second o
as well as the nature of his disability and dates of treat-	
ment. 3d. If he has treated Soldier since discharge	
he should so state, giving the date of his first treatment; what	
his physical con- dition was at the time, with a complete diag-	
nosis of the disability; the period during which he treated	
him should be stated, with dates, as near as	
possible, of the prescriptions. 4th. The extent to which	• •
Soldier has been able to perform manual labor since discharge.	

Officer's Certificate of Disability.

Name and rank of officer.

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

Here state fully the time, place and manner in which the wound or other injury was received, or disease contracted, and whether in the service and LINE OF DUTY or otherwise, and if the statement is from personal knowledge, acquired by actual presence at the time.

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

Signature of officer, with rank.

South Action of Man Put place and date here.

For Averin & Manually, Laren & Flitcher Company & of the System Regiment of Mass Wals do herely bertify, certify on honor that Milliam & Black was a Member

in my company, and is, as I am informed, an applicant for an Invalid Pension; that he was disthurged from 3 1863, here re

Frame of enlistment Expired 3nd I further Certify, that the said William & Clarks

was tribled very much with Chrone Diarrhan the last part of the time the was in Server and died from that disuse in

This disers was bunbracted while in the line of duty as we know from personal Browled,

And that the said William Do Charles The Saund and in good health when the entered the Service

Aaron & Handley

Capit & Lieut Co. 6, Sight Regiment Mass Wals

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