

WAR OF 1861.

ACT JULY 14, 1862.

63559

20
14/66
p

Brief in case of Lewis V. Clough a SA
of Company B., 26th Regiment Map vols

POST OFFICE ADDRESS OF APPLICANT:

Baldwinsville Worcester County Map.
Enlisted Jan 5, 1864, Discharged June 21, 1865.

CLAIM FOR AN INVALID PENSION.

DECLARATION AND IDENTIFICATION IN DUE FORM.

PROOF EXHIBITED.

Adj't Gen Reports said Clough "Wounded at Cedar Creek Oct 19/64 Discharge present"
Capt John S. Cooke Co B. 26 Map vols asserts that
said Clough in the battle of Cedar Creek Oct 19/64 rec'd a Gun shot
wound through the lower part of his leg & ankle

Dr Edward Barton Examg Surg finds April 27/66 a ball entered just
above & back of the ^{left} ankle joint There is pain & tenderness from exercise
he cannot wear a boot, or have anything hard against it. There is a
loss of nervous power in the foot

Degree of Disability one third

Admitted May 11th, 1866, to a Pension of \$ 2.66 $\frac{2}{3}$ per month, commencing
June 21, 1865.

Disability One third Permanent Disabled by Gun shot wound left ankle joint

F. E. Abbott

Worcester

Map

Name and Residence of Agent.

R. B. Crippen Examining Clerk.

Fitchburg Jan'y 16th 1889

in 1862 When I arrived at New Orleans
So V. Clough was sick with
Chills + fever Chronic diarrhoea
+ Piles + was sent to Marine
Hospital with Measels in March
1863 Received Sunstroke the
next day after leaving Hospital
last of May or June 1863
It was the day that they escorted
the dead officers to the Steamer at
Bulls Head landing

Yours

Marcellus A. Lothrop

John C. Black Esq
Commissioner of Pensions



Commonwealth of Massachusetts.

REPRODUCED AT THE NATIONAL ARCHIVES

— CERTIFICATE OF DEATH. —

Town of Acton Nov. 18 1903

I, Horace F Tuttle, hereby certify
that I have examined the Records of Deaths in said Town and find recorded
therein the death of Lewis Vinal Clough

The record is in the following words and figures, to wit:

Date of Death, July 17 1903

Name & Surname of Deceased, Lewis Vinal Clough

Name & Surname of Husband, —

Sex, male. Color, white Condition, married

Age, 57 Years, 9 Months, 20 Days.

Disease or Cause of Death, Primary Chronic Albuminuria

Immediate Disease of Heart and Liver

Residence, So. Acton Mass

Place of Death, So. Acton "

Place of Burial, Mt Hope Cem Acton Mass.

Occupation, —

Place of Birth, Winchendon Mass.

Name & Birthplace of Father, Lewis Clough Andover Vt

Name & Birthplace of Mother, Sarah L Pierce Brookline Vt.

I, Horace F Tuttle above named, depose

and say, that I hold the office of Town Clerk of the Town of Acton

in the County of Middlesex

and Commonwealth of Massachusetts: that the Records of Births, Marriages
and Deaths in said Town are in my custody, and that the above is a true
extract from the Records of Deaths in said Town, as certified by me.

Witness my hand and seal of the said Town
on the day and year first above written.

(SEAL)

Horace F Tuttle
Town Clerk.



Commonwealth of Massachusetts.

PENSION DEPARTMENT,

BOSTON.

Self

DECLARATION FOR WIDOW'S 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 *Middlesex* } ss.

On this *Twenty first* day of *August*, A.D. one thousand ~~eight~~ ^{nine} hundred and ~~ninety~~ *three* personally appeared before me, a *Justice of the Peace* within and for the county and State aforesaid, *Susan A. Clough* aged *fifty-five* years, who, being duly sworn according to law, makes the following declaration in order

✓ To obtain the Pension provided by Acts of Congress granting pension to widows: That she is the widow of *Lewis V. Clough* who, under the name of *Lewis V. Clough* was enrolled in Company *I* of the *26th* Regiment of *Massachusetts Vols.* on or about the *2nd* day of *Nov.* 1861, who was discharged on or about the *26th* day of *June* 1865, who died on the *17th* day of *July* 1903, at *South Acton* in the State of *Massachusetts* his death resulting from disability contracted in the service aforesaid; (that he was a pensioner of the United States under certificate No. *63357*

✓ or, he was an applicant for invalid pension No. _____); that she was married under the name of *Susan Augusta Morcross* to said *Lewis V. Clough* on the *eleventh* day of *March* A. D. 1845, at *Winchendon* by *Rev. A. P. Marvin* there being no legal barrier to such marriage; that neither she nor her husband have been previously married.

(If either have been previously married so state, and give date of death or divorce of former spouse.)

that she has to present date remained his widow; that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at the father's death, viz.:

_____ of soldier by _____,	born _____	18 _____	, at _____
_____ of soldier by _____,	born _____	18 _____	, at _____
_____ of soldier by _____,	born _____	18 _____	, at _____
_____ of soldier by _____,	born _____	18 _____	, at _____



That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance _____

[For such children as are not under her care claimant should account.]

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

That she hereby appoints, with full power of substitution and revocation, J. B. PARSONS, State Pension Agent of Massachusetts, Boston, her true and lawful attorney to prosecute the above claim WITHOUT FEE.

That her residence is No. *Maynard* Street, in *So. Acton, Mass.* and that her Post-Office address is *So. Acton, Mass.*

ATTEST: *Smith Finney* *Susan A. Clough* ✓
[Claimant's signature.]

If claimant signs by mark, two persons who can write sign here.

A.

See Instructions at the Bottom

A.

Declaration for Original Invalid Pension.

State of Massachusetts }
County of Middlesex } §§:

On this 17th day of April, A. D., one thousand eight hundred and eighty eight personally appeared before me Att. Clerk of the Sup. Court clerk, the same being a Court of Record of the County and State aforesaid Lewis V. Clough a resident of South Acton County of Middlesex State of Mass. who being by me duly sworn according to law, on his solemn oath, deposes as follows, to wit:

I am the identical Lewis V. Clough who was enrolled on the 2nd day of November, 1861, in Company I of the 26th Regiment of Mass. Volunteers, commanded by Captain John Pickering, and I was honorably discharged at Worcester, Mass. on the 21st day of June, 1862, and my age is now 42 years. While in the service aforesaid, and in the line of my duty at Fort Jackson, State of Louisiana, on or about the 4th day of May, 1862, I incurred had a severe attack of chills and fever and about the same time I contracted chronic diarrhoea and resulting piles,

At New Orleans, State of Louisiana, on or about the 4th day of March, 1862, I also incurred contracted gonorrhea, and about May 31, 1863, at New Orleans incurred sunstroke, affecting my head, causing severe pain, loss of memory and at times blindness. My heart is also badly affected. That I was treated in hospitals as follows: at New Orleans La.
(Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.)

That I have 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 leaving the service I have resided in the East Templeton and South Acton in the State of Mass. and other places in W. and N.H. and my occupation has been that of a Farmer, Mechanic & Clerk. That prior to my entry into the service above-named I was a man of good, sound physical health, being when enrolled a Farmer. That I am now partially disabled from obtaining my subsistence by manual labor by reason of my disabilities above described, received in the service of the United States; and I therefore make this declaration for the purpose of being placed on the invalid pension roll of the United States.

I HEREBY APPOINT AND EMPOWER WITH FULL POWER OF SUBSTITUTION, J. B. CRALLE, of Washington, D. C., my true and lawful attorney to prosecute my claim. That my Postoffice address is South Acton County of Middlesex State of Mass.

Claimant's Signature Lewis V. Clough

ATTEST: Thomas H. Ellis

John T. Sample

This declaration must be made before a Clerk of a Court of Record. If made before a Notary or Justice the paper will be worthless.



Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

OCT 1 1890
RECEIVED

AFFIDAVIT.

State of Massachusetts,

County of *Middlesex* } ss.

Act of June 27th 1890.

In the matter of the claim for *Widow's pension 790 628*
of *Susan A. Clough*
Widow of Lewis V. Clough
of Company *I*, *26th* Regiment *Massachusetts* Vols. :

Personally came before me, a *Justice of the Peace* in and for
aforesaid County and State, *Lucius A. Hesselton* and
Wm. F. Hale, residents of *Acton*
in the County of *Middlesex*, State of *Massachusetts*, who being
duly sworn, declared in relation to aforesaid claim, as follows:—

That Susan A. Clough has no property except the interest in the estate of the said Lewis V. Clough which is one third of the following property which is assessed in the name of Lewis V. Clough, viz
One, two story house with ell situated on Maynard street, South Acton, Mass. said property being subject to a mortgage of \$700. Said mortgage is held by the North Middlesex Institution for Savings, Ayer, Mass. interest on the mortgage being at the rate of 5%.
No person is legally bound to provide for her support.
Her income from all sources and means of support since Jan. 16, 1904 is from part rent of house above mentioned, which is eight dollars per month.
Our means of knowledge is based upon having known the above mentioned party and property for the past twelve years.

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, *Lucius A. Hesselton* age 58
P. O. Address, *South Acton Mass*
Affiant's Signature, *Wm. F. Hale* age 47
P. O. Address, *South Acton Mass*