

3-173.

East
claim No. 730,575 Div.

John H. Colburn,

Co. K, 6 Reg't Mass Inf.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., April 12, 1898

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. John H. Colburn,
Lowell, Mass.

Commissioner.

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

Answer: Married Mary Olive maiden name Mary O. Allen

No. 2. When, where, and by whom were you married? Answer: Married in

Lowell Mass by Rev. J. M. Allen June 13th 1877

No. 3. What record of marriage exists? Answer: At office of Clerk Lowell

and of Marriage certificate and in Family Bible

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: Was twice married Previous
to present marriage. First wife Odille C. Donham Second Ella F. Cummings

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

birth. Answer: I have three living. Walter H. born July 5th 1872

Helen Mabel born Aug. 10th 1880. Fred Allen born
March 18th 1886

First & second wives died in Lowell Odille C. Aug. 12th 1869
Ella F. Nov 20th 1873.

Date of reply, April 22th, 1898.

0-2

John H. Colburn
(Signature.)

A. DECLARATION FOR ORIGINAL INVALID PENSION.

A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Massachusetts }
County of Middlesex } ss:

On this 23rd day of September, A. D. one thousand eight hundred and eighty-nine personally appeared before me, Clerk of the Circuit Court of Lowell Mass., a court of record within and for the county and State aforesaid, John H. Calburn, aged 57 years, a resident of the City of Lowell county of Middlesex State of Massachusetts, who, being duly sworn according to law, declares that he is the identical John H. Calburn, who was ENROLLED on the Thirtieth day of August, 1862, in company K of the Sixth regiment of Mass Infy Vols. commanded by Chas E. Bartlett, and was honorably DISCHARGED at Suffolk Virginia on the ninth day of January, 1863; that his personal description is as follows: Age, 24 years; height, 5 feet 8 inches; complexion, light; hair, light; eyes, blue. That while a member of the organization aforesaid, in the service and in the line of his duty at Suffolk, in the State of Virginia on or about the 15th day of November, 1862, he was taken with chronic diarrhoea followed by abscesses of the rectum for which he was sent to the Regimental hospital at Suffolk Va. where he remained until his discharge for disability at date above stated

That he was treated in hospitals as follows: at Hospital in Suffolk Va as above stated

That he has not been employed in the military or naval service otherwise than as stated above

That since leaving the service this applicant has resided in the City of Lowell in the State of Massachusetts, and his occupation has been that of a Painter. That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a Carpenter. That he is now almost totally disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension-roll of the United States.

He hereby appoints _____ of _____, State of _____, his true and lawful attorney to prosecute his claim. That he has never received nor applied for a pension. That his Post OFFICE ADDRESS is 45 Hamilton Corporation, county of Middlesex State of Massachusetts

Claimant's signature: John H. Calburn

Attest: _____

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mass
County of Middlesex } ss.

On this 16th day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me, John H. Colburn Notary Public within and for the county and State aforesaid, John H. Colburn who, being duly sworn according to law, declares that he is 74 years of age, and a resident of Lowell, Mass county of Middlesex, State of Mass; and that he is the identical person who was ENROLLED at Sass Lowell under the name of John H. Colburn as a Private, in Co. K, 6th Mass Vol Inf on the 30th day of Aug, 1862.
(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 Pilot war, and was HONORABLY DISCHARGED at Suffolk Va on the 29th day of July, 1863.
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, 5 feet 8 inches; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was Carpenter; that he was born in Andover N.H., 1837.

That his several places of residence since leaving the service have been as follows:
Draught Lowell Mass, - Draught from 3 yrs of Age to 1862 - Lowell balance of time to date
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 992447
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 35 West 9th St Lowell, county of Middlesex, State of Mass

Attest: (1) Adams Boston
(2) John H. Colburn
John H. Colburn
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 16th 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.

James O. [Signature]
(Signature.)
(Official character.)

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

GENERAL AFFIDAVIT

EAST. DIV.
OCT 30 1899
RECEIVED

State of Mass, County of Middlesex, ss:

In the matter of Pension claim of John H. Colburn
Co "K" 6 Mass Inf. O I. 730575

ON THIS 26 day of October, A. D. 1899, personally
appeared before me a Justice of the Peace in and for the afore-
said County, duly authorized to administer oaths John H. Colburn
aged 61 years, a resident of Lowell, in the County
of Middlesex, and State of Mass
whose Post-office address is the same

, aged _____ years, a resident of _____,
in the County of _____,
and State of _____, whose Post-office address is _____

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid
case as follows: That the loss of finger of left hand was

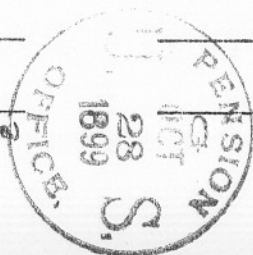
caused by dropping an axe on it when I was a
(Note.—Affiants should state how they gain a knowledge of the facts to which they testify.)

boy about four years of age. It was in no way
due to vicious habits. The accident happened
in Dracut Mass. I know of no one now living who
knew the circumstances or who can cover a period
ante dating it. I have had no physician
since April, 1899. The last physician I had
was Dr. Pinkham of this city who treated me
for heart trouble & indigestion &c., the last being
in March 1899.

John H. Colburn

_____ further declare that _____ no interest in said case and
not concerned in its prosecution.

(If Affiants sign by mark, two witnesses who write sign here)



(Signatures of Affiants.)

DECLARATION FOR WIDOW'S PENSION.

Act of April 19, 1908,
amended by Act of September 8, 1916.

STATE OF Mass }
COUNTY OF Suffolk } ss.
On this 22 day of Oct, 1917, personally appeared before me, Special Commissioner
within and for the County and State aforesaid, Mary O. Colburn, who, being duly sworn by me
according to law, declares that she is 65 years of age and that she was born July 4, 1852 at
Somerset, N. H.
That she is the widow of John H. Colburn, who enlisted Aug 30, 1862
at 60 H. 6 Mass Inf., under the name of John H. Colburn, as a (Rank.) in
60 H. 6 Mass Inf.
(Here state company and regiment, if in the Army; or vessels, if in the Navy.)

and was honorably discharged Jan 29, 1863, having served ninety days or more during the Civil War.
That he also served no other service
(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) June 13, 1877, under the name of Mary O
Allen, at Lowell, by Rev. Eugene; that she had not been
previously married; that he had not been previously married, to Ellen F. who died Nov 20 1873
and to Odille C. who died Aug 12 1869
(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 Oct 14, 1917, at Lowell; that she was
not divorced from him; and that she has not remarried since his death.

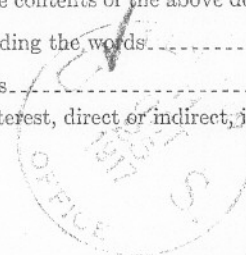
That the following are the only children of the soldier (or sailor) who are now living and under sixteen years of age, namely:
(If he left no children, the claimant should so state.)
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____
_____, born _____, 1_____, at _____
_____, born _____, 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 992447
She hereby appoints, with full power of substitution and revocation, R. R. Flynn, Commissioner of State Aid and Pensions, State
House, Boston, her true and lawful attorney to prosecute her claim without fee.

(Two attesting and identifying witnesses.)
(1) D. Echada Colburn (Signature of first witness.)
357 Bedford St. North Hill Mass (Address of first witness.)
(2) Harry S. Taylor (Signature of second witness.)
4 Cedar Court Wakefield Mass (Address of second witness.)
Mary O. Colburn (Claimant's signature in full.)
184 Fifth St (Claimant's address in full.)
Lowell Mass

Subscribed and sworn to before me this 22 day of October, 1917 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 _____, added;
[L. s.] _____ erased, and the words _____, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.



Em B. Holbrook (Signature.)
SPECIAL COMMISSIONER,
PENSION DEPARTMENT
STATE HOUSE,
BOSTON, - - - MASS

CERTIFICATE ON FILE

Commonwealth of Massachusetts

CITY OF LOWELL

City Clerk's Office, October 19, 1917.

CERTIFICATE OF RECORD OF DEATH

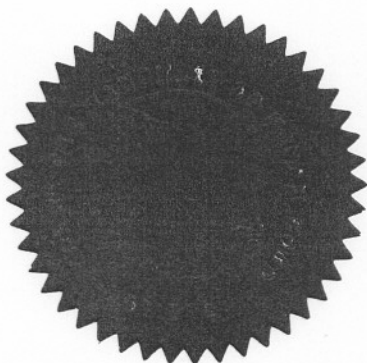
Name of Deceased..... John Henry Colburn..... Age 79 Yrs. 9 Mos. 26 Days
 Date of Death..... October 14, 1917..... Date of Record..... October 16, 1917.....
 Sex,..... Male..... Color, White..... Condition,..... Married.....
 Residence and place of Death (the same unless specified)..... 184 Tenth Street, Lowell, Mass.....
 Maiden Name,..... #####..... Husband's Name..... #####.....
 Occupation..... None..... Birthplace..... New Hampshire.....
 Name of Father,..... Joshua Colburn..... Maiden Name of Mother,..... Hannah Tenney.....
 Birthplace of Father,..... Massachusetts..... Birthplace of Mother,..... New Hampshire.....
 Disease or Cause of Death,..... Cerebral Hemorrhage.....
 Place of Burial or Removal,..... Westlawn Cemetery, Lowell, Mass.....

I certify the foregoing to be a true extract from the Record of Deaths in the City of Lowell.

WITNESS my hand and the seal of the said City of Lowell on the day and year first above written.

Stephen J. [Signature]

City Clerk



Commonwealth of Massachusetts.

CITY OF LOWELL

City Clerk's Office, Oct. 15, 1917.

CERTIFICATE OF RECORD OF MARRIAGE.

GROOM

Name John H. Colburn
 Residence Lowell, Mass.
 Color White Age 39
 Occupation Painter
 Birthplace Alexandria, N. H.
 Names of { Joshua Colburn Father
 Parents { Hannah Mother (Maiden Name)
 No. of Marriage Third
 (Widowed or Divorced)

BRIDE

Name Mary O. Allen
 Maiden Name
 Residence Lowell, Mass. (If Widowed or Divorced)
 Color White Age 24
 Occupation
 Birthplace Somersworth, N. H.
 Names of { Chester Allen Father
 Parents { Mary Mother (Maiden Name)
 No. of Marriage First
 (Widowed or Divorced)

Date and Place of Marriage June 13, 1877, Lowell, Mass.

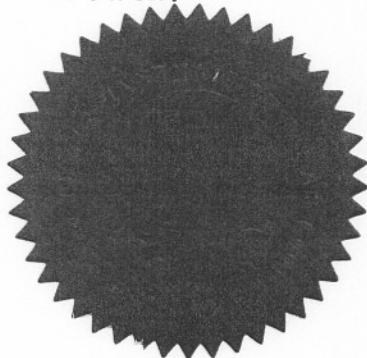
By Whom Married Rev. John M. Greene,
 (Official Station)

Residence Lowell, Mass.

I certify the foregoing to be a true extract from the records of Marriages in the City of Lowell.

WITNESS my hand and the seal of the said city of Lowell on the day and year first above written.

Stephen H. Johnson City Clerk



DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

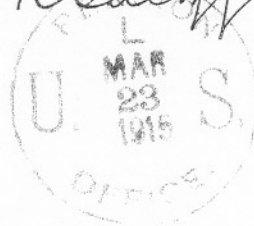
WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information 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,

JOHN H. COLBURN,
LOWELL, MASS.
992447 ACT MAY.
35 W. 9TH ST.

G. M. Sargent



Commissioner.

- No. 1. Date and place of birth? Answer. *Alexandria 18 Dec 17th 1837*
The name of organizations in which you served? Answer. *6th Mass V.M. 9 months*
- No. 2. What was your post office at enlistment? Answer. *Dorchester Mass*
- No. 3. State your wife's full name and her maiden name. Answer. *Mary Olive Colburn Allen*
- No. 4. When, where, and by whom were you married? Answer. *Lowell by Rev John M Green*
- No. 5. Is there any official or church record of your marriage? *yes*
If so, where? Answer. *Lowell*
- 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. *yes*
First wife Odille C Donham 1st wife died Aug 12th 1869
- 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. *Odill C Donham husband Henry Donham Died in service in a Maine Regt*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *Am living with present wife*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
Married Mrs Donham April 9th 1867 Her husband a soldier in a Maine Regt died in the service.
1st child Arthur Bonnett Colburn Died child of Odille
Married Ella F Cummings Feb 1st 1871 Died Nov 20th 1873
Married Mary O Allen June 18th 1877
children Walter H Colburn Born July 5th 1872
Helen Mabel Born Aug 15th 1880
Fred Allen Born March 18th 1886

Date

(Signature) *John H. Colburn*