

WM. D. STEPHENS  
7TH DISTRICT CALIFORNIA

HOUSE OF REPRESENTATIVES

WASHINGTON

January 2, 1913.

Hon. J. L. Davenport,  
Commissioner of Pensions.

Dear Sir:-

On December 3 I made inquiry of you relative to the status of the supplemental claim for pension of

Robt. C. Conant,  
CtF. No. 157431,  
95 S. Lake Ave.,  
Pasadena, California.

I received no reply to this inquiry, so on December 18 I made another inquiry, but to date have received no reply. Thinking the matter may not have been called to your attention, I am writing now relative to the matter, and should be pleased to hear from you about the same at your earliest convenience.

Thanking you, I am,

Yours truly,

*Wm. D. Stephens*

*may claim filed Nov 27/12*  
3-081.

CONGRESSIONAL.

*See cf No. 157431 OK.*

NAME OF CLAIMANT:

*Robt. C. Conant*

P. O. { *95 S. Lake Ave.  
Pasadena, Calif.*

NAME OF SOLDIER:

*Robt. C. Conant*

*Co. G 32 Reg't Mass Inf*

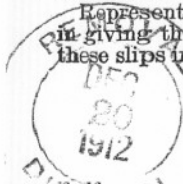
The above-named claimant is, to the best of my knowledge and belief, a bona fide resident of the District which I represent; and this inquiry is not made at the request of any pension attorney or claim agent.

I desire to be advised as to *status*  
*of supplemental*  
*claim for \$30*  
*per month.*  
*addtl evidence*  
*is needed.*  
*Wm. D. Stephens M. C.*  
*Dec. 18, 1912.*

These slips are exclusively for the use of Representatives in Congress, and when used by any other person will not receive consideration.

Representatives will greatly aid the Bureau of Pensions in giving them an early answer, if they will fill and use these slips in making calls in pension cases.

*J. L. Davenport,*  
Commissioner.





Form 17 3M 6-24-26

**SPECIAL NOTICE.**—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

## GENERAL AFFIDAVIT

STATE OF Massachusetts, County of Worcester ss:  
 In the matter of Claim for Widows Pension by Sarah M. Conant  
widow of Robert C. Conant of C. G. 32 Mass Vol Inftry

ON THIS 9<sup>th</sup> day of February, A. D. 1927, personally appeared before me  
A Notary Public in and for the aforesaid County, duly authorized to administer  
 oaths Jennie L. Burbank aged 74 years, a resident of Whitinsville  
 in the County of Worcester, and State of Massachusetts  
 whose Post-office address is 30 Prospect St Whitinsville Mass

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to afore-  
 said case as follows I know that Robert C. Conant and his

wife Sarah M. Conant had been single until  
 (NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)  
they were married as I married her brother  
the family relationship has been kept up so I  
know they always lived together as husband  
and wife, they were never separated or divorced  
until death of Robert C. Conant

she further declares that she has no interest in said case and is not concerned in its prosecution.

(If Affiant signs by mark two witnesses who can write  
 sign here.)

Mrs Jennie L. Burbank  
 Signature of Affiant.



ACT OF JUNE 27, 1890.

3-402.

BOSTON,

Certificate No. 157 431

## Department of the Interior,

Name, Robert C. Conant

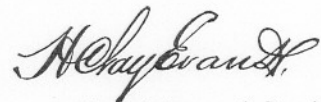
BUREAU OF PENSIONS,

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. Sarah M. Conant. Sarah M. Burbank

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

Answer. June 27, 1869 South Sutton, Massachusetts

Third. What record of marriage exists? recorded at Sutton, Massachusetts

Answer.

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. two Son &amp; Daughter

Julian Edwin Conant	Eva Leone Conant
June 10, 1870	March 2, 1874

Robert C. Conant

(Signature.)

Date of reply, June 4, 1898

0-8

5301b750m1-98

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,

*G. M. Sargent*

Commissioner.

ROBERT C COMANT  
PASADENA CAL  
157431 ACT MAY  
95 SO LAKE AVE

No. 1. Date and place of birth? Answer. *June 26-1845 Westford Middlesex Co Massachusetts*  
The name of organizations in which you served? Answer. *Co G 32 Regt Massachusetts 132 Inf*

No. 2. What was your post office at enlistment? Answer. *Acton Massachusetts (Middlesex County).*

No. 3. State your wife's full name and her maiden name. Answer. *Sarah Mary Bonant Sarah Mary Burbank*

No. 4. When, where, and by whom were you married? Answer. *June 27-1869 South Sutton Mass  
by Rev Joseph P Burbank*

No. 5. Is there any official or church record of your marriage?  
If so, where? Answer. *Recorded at Town Clerk office Sutton Wards Co Mass*

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. *Yes now living together  
no separation*

No. 9. State the names and dates of birth of all your children, living or dead. Answer.

*Julian Edwin Bonant Born June 10-1870*

*Eva Leone Bonant Born March 2-1874  
died Feb-10-1901 (never married)*

Date *March 22-1915*

(Signature) *Robert C Bonant*

I Certify that this is a true copy  
 45946 7-26 100M  
 MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

Form 5

1992  
 1 PLACE OF DEATH, Dist. No. \_\_\_\_\_  
 (To be inserted by Registrar)  
 County of Los Angeles  
 City or \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or Rural Regis-  
 tration District Soldiers Home

C O P Y  
 California State Board of Health  
 BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

Local Registered No. 26

(No. \_\_\_\_\_ Hospital \_\_\_\_\_ St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Robert C Conant

## 2 FULL NAME \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	10 DATE OF DEATH <u>Jan. 21 1927</u> (Month) (Day) (Year)	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			11 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 3 1927</u> , to <u>Jan. 21 1927</u>	
6 DATE OF BIRTH _____ (Month) (Day) (Year)			that I last saw him alive on <u>Jan. 21 1927</u>	
7 AGE <u>81</u> years _____ months _____ days If LESS than 1 day, _____ hrs. _____ min.			and that death occurred on the date stated above at <u>3:50 P.</u> The CAUSE OF DEATH* was as follows: <u>Pyelonephritis, Chronic</u> <u>Prostatic hypertrophy</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			(Duration) _____ years _____ months _____ days	
9 BIRTHPLACE (State or country city or town) <u>Mass.</u>			Contributory _____	
PARENTS	10 NAME OF FATHER <u>Unknown</u>		(Duration) _____ years _____ months _____ days	
	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____		10b Where was disease contracted if not at place of death? _____	
	12 MAIDEN NAME OF MOTHER _____		Did an operation precede death? _____ Date of _____	
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____		Was there an autopsy? _____		
13a LENGTH OF RESIDENCE At Place of Death _____ years _____ months <u>18</u> days (Primary registration district) (If nonresident, give city or town and state) _____ In California _____ years _____ months _____ days How long in U.S., if of foreign birth? _____ years _____ months _____ days			What test confirmed diagnosis? _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Adjutant &amp; Inspector,</u> (Address) <u>Soldiers Home</u>			(Signed) <u>James A Mattison</u> M. D. <u>Jan. 21 1927</u> (Address) <u>Soldiers Home</u>	
15 _____ Filed <u>Jan. 24 1927</u> <u>Birth</u> _____ Registrar or Deputy			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
			16 PLACE OF BURIAL OR REMOVAL <u>Soldiers Home,</u> DATE OF BURIAL <u>Jan. 24 1927</u>	
			17 UNDERTAKER <u>Adjutant &amp; Inspector,</u> EMBALMER'S LICENSE No. _____ <u>Soldiers Home, Calif.,</u>	
			ADDRESS _____	



# DECLARATION FOR PENSION

ACT OF MAY 1, 1920

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

READ CAREFULLY THE INSTRUCTIONS ON THE REVERSE HEREOF

STATE OF California, COUNTY OF Los Angeles, ss:

On this 10 day of June, 1924, before me, the undersigned, personally appeared Robert B Bonant, who makes the following declaration as an application for pension under the provisions of the act of Congress approved May 1, 1920.

That he is 78 years of age; that he was born June 26<sup>th</sup>, 1845 at Middlebury Mass

That he is the identical Robert B Chaffin (as known) who ENLISTED June 23, 1862, at Boston Mass, under the name of Robert B Bonant, in Co B 35 Regt Mass vol Infantry (Here state company and regiment, if in the Army; or vessel, if in the Navy.) and was honorably

DISCHARGED June 17, 1865, at U.S. Hospital Worcester Mass, having served the United States in the Civil War.

That he also served \_\_\_\_\_ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was not employed in the United States military or naval service.

That his personal description at time of first enlistment was as follows: Height 5 feet 4 inches; complexion Light color of eyes Blue; color of hair Sandy; that his occupation was Laborer

That since leaving the service he has resided at Whetstoneville Mass Pasadena Calif and his occupation has been barkeeper

That he requires the regular personal aid and attendance of another person and has required such aid and attendance since January 1923 on account of the following disabilities: Wound in left leg. Rupture on left side, General Rheumatism Disease of Stomach and bowels and heart and enlarged prostate (State in this space the nature of any and all disabilities.)

That he not served in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period.

That no member of his family served in the Army, Navy, or Marine Corps of the United States between April 6, 1917, and February 9, 1922, or at any time during said period.

(If any members of claimant's family were in the military or naval service

during the period mentioned, state the full name under which each such member served, with the designation of the organization in (or the vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead and, if so, give the names.)

That he has \_\_\_\_\_ applied for pension under Original No. \_\_\_\_\_; that he is \_\_\_\_\_ a pensioner under Certificate No. 157431

That he hereby appoints \_\_\_\_\_ (Attorney.) his true and lawful attorney to prosecute this claim.

(1) Katherine P. Winston (Signature of first witness.) 617 N. Fair Oaks Pasadena Calif. (Address of first witness.)  
(2) Joseph Wolf (Signature of second witness.) 764 N. Madison (Address of second witness.)

Robert B. Bonant (Claimant's signature in full.)  
95 South Lake ave (Claimant's address in full.)  
Pasadena California

SUBSCRIBED and sworn to before me this 10 day of June, A. D. 1924 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; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

John M. Enoch (Signature.)  
Commissioner of Pensions March 15 1925 (Official character.)  
Pasadena City (Post office address of officer.)



Declaration accepted as a claim under Sec. 2, act of May 1, 1920. Chief, Law Div. For 06

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION

War Sec  
431  
Robert C. Conant  
32nd Mass Inf

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



In your Letter of August 27<sup>th</sup> 1914 to Robert C. Conant - 91 South Lake Ave Pasadena California. You desire a verified copy of the Family Record of his Birth -

Mr Conant, I am personally acquainted with for a number of years. And he has brought to my Office the Family Bible with the Records of his Father's Family

The Bible in question is one that was Published by T. Kimnersley 35<sup>th</sup> Street and 8<sup>th</sup> Avenue New York. and underneath the printed words "Sold by appointed Agents in all the Cities and principal Towns in the United States; And the Date 1831"

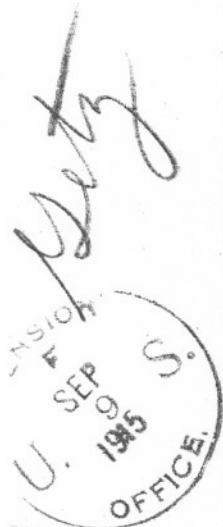
It the Bible is large, being 11x15 and Bound in Law Sheep - It has every appearance of age. And the writing in the Family Record is fully as ancient as the Book - or, in other words it is a legitimate Record.

The Birth of Mr. Conant in said Record is as follows - under the head of Births -  
Robert Chaffin Conant

Born June 26<sup>th</sup> 1845

Mr Conant states that he knows to a Certainty that the hand writing in the Record was that of his Father -

I hereby Certify that all I have written





WM Div. Jackson 2 3-1865-

Department of the Interior  
and Pension  
Washington D C

Aug 12-1915

Dear Sir

You ask me to state the correct date of my birth. also explain the discrepancy between the two declarations filed one stating June 26. 1844. the other June 25-1845. You will note what I have made with to I will say that the soldier <sup>who</sup> did his duty does not get what belongs to him I will say that during my three years of service in the Army of the Potomac I was present in all engagements of my regiment until I was wounded Feb 6<sup>th</sup> 1865 and should justly entitled to \$30 per month.

Very Truly Yours  
Robert Bonamant

4 Robert Bonamant of  
Box 32 Mass and  
Was Born June-25-1845 in Westford Mass

Record taken from the old Family Bible  
presented in 1831 written in fathers hand existing

Also from Genealogy of Bonam family.  
and from Town Records Westford Mass

June 23-1862 three days before I was 17  
years old. I enlisted giving my age as  
18 years also explaining I came from taking  
my age from discharge papers in the  
other declaration under the May 22-1912

Robert Bonamant

Subscribed and sworn to before me this

12 day of Aug 1915

H. J. LEHMANDE Clerk,

By

Deputy

June 23, 1862, three days before I was seventeen (17) years old, I enlisted under my legally adopted name, Robert C. Chaffin, for three years giving my age as eighteen (18) years.

September 11, 1866, I had my name changed to my original name, Robert Chaffin Conant, through the Probate Court of Middlesex County of Massachusetts.

I was born in Westford, Middlesex County, Massachusetts, June 26, 1845.

Copied from the History and genealogy of the Conant Family in England and America. Thirteen Generation, 1520 - 1887 - Written by Frederick Odell Conant, M.A., of Portland, Maine. Printed in Portland, Maine, 1887.

Certificate of discharge of change of name from Robert C. Chaffin to Robert C. Conant given by the War Department, Washington, D.C., December 6, 1890.

*Robert C. Conant*

13 May 1913

BY *C. C. Cullen*



ROBERT G. CONANT  
95 South Lake Avenue  
PASADENA, CALIF.

May 13-1913

Hon. J. L. Davenport Commissioner Bureau  
Washington D.C.  
Dear Sir

As I read my two discharges that I have  
(No 1) say that I was on the fourth of January 1864 at Liberty  
Virginia by reason of Reenlistment as a Veteran Volunteer Said  
Robert Cheffin was Born in Westford Mass is 19 years old  
No 2 discharge on the 17<sup>th</sup> day of June 1865 at Dale 218 a Genl  
Hospital Worcester Mass by reason of Genl Order No 41 Head 230  
Dept of the East Dated May 16-1865. Said Robert Cheffin was  
Born in Westford Mass is 19 years old. So you will see that  
there has over a year past and I am no older than I was  
in 1864 Will you kindly give me information why  
my service was cut to 2½ years when I lacked but  
six days of three years Then six month was the most  
severe of the three <sup>years</sup> service during the month of May <sup>1864</sup> there  
was not a day that we were not under fire The National  
Tribune published an article that where a soldier's lacked  
a few days of the muster of his Regiment that he would  
be entitled to the three years I lacked 6 days my  
Regiment was mustered out 12 after I was

Very Respectfully Yours

Robert G. Conant



PENSION



PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This affidavit should, if possible, be in the handwriting of the affiant. The marginal instructions must be carefully observed before writing out the statement. All the facts in possession of the 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 CALIFORNIA County of LOS ANGELES ss:

IN THE PENSION CLAIM No.

NOTES.

The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that, had he been unsound, he would have known it.

2d. If he treated the claimant while in the service either as his regimental surgeon or while claimant was at home on a furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and the dates of treatment.

3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis 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 or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time.

of ROBERT C. CONANT, 95 S. Lake Ave., Pasadena, California, late of Corporal, Company 'C', 52nd Massachusetts Infantry.  
(Rank, Company and Regiment if in the army; or vessel and rating, if in the navy.)

Personally came before me, a physician, in and for the

aforesaid County and State a citizen of United States

whose Post Office address is Pasadena, California

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 practicing physician, and has been acquainted with the above named soldier for

about three years, and that I have today, February 5, 1914, examined  
(Here embody all the facts known to the affiant in accordance with the marginal instructions

the soldier and find that he is suffering from left inguinal hernia  
No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

which is partially supported or held up by a truss, so long as he does not work at his carpenter trade.

There is a scar one and one-half by two and one-half inches in diameter, about two inches above the popliteal space of the left thigh, alleged to be from a gun shot wound received in the battle of Hatcher's Run and resulting in gangrene. I find persistent adhesions around the wound two inches wide and extending up the thigh five inches, which involves the sciatic nerve causing extreme pain when he uses the limb to any extent, hence his disability is practically complete and totally incapacitates him as a carpenter or manual laborer, and has done so for the last four years.

12

# DECLARATION FOR ORIGINAL INVALID PENSION.

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Mass  
Worcester County, } SS.

On this 6<sup>th</sup> day of October, A. D. one thousand eight hundred and seventy-seven personally appeared before me, apt. Clerk of the Central District Court of Worcester, a court of record within and for the County and State aforesaid, Robert C. Conant aged 32 years, a resident of the town of Sutton, county of Wor  
cester, State of Mass, who, being duly sworn according to law, declares that he is the identical Robert C. Conant who enlisted under the name of Robert C. Chaffin and who was ENROLLED on the 23 day of June, 1862, in Company G of the 32<sup>nd</sup> Regiment of Mass Vols commanded by Capt Chas P Bowers and was honorably DISCHARGED at Dale U.S. Hosp. Worcester Mass on the 17 day of June, 1865; that his personal description is as follows: Age, 32 years; height 5 feet 4 inches; complexion, light; hair, Sandy; eyes, Blue. That while a member of the organization aforesaid, in the service and in the line of his duty at Hatchers Run, in the State of Virginia on or about the 6 day of February, 1865, he was badly wounded while participating in the battle at said place by a gun shot in his left leg just above his knee. The ball in passing through injuring the cords and muscles thereby disabling him for duty or labor

That he was treated in hospitals as follows: at City Point then at Baltimore Genl Hosp -  
and then at Dale U.S. Genl Hosp Worcester Mass till discharged  
of treatment.

That he has not been employed in the military or naval service otherwise than as stated above since  
his discharge June 17/65  
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 this applicant has resided in the town of Bricksburg in the State of New Jersey and Sutton Mass, and his occupation has been that of a Carpenter. That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a laborer. That he is now 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, with full power of substitution and revocation, W H Estabrook of Worcester State of Mass, his true and lawful attorney to prosecute his claim. That he has not received nor applied for a Pension. That his POST OFFICE ADDRESS is Whitinsville county of Worcester State of Mass.

Claimant's signature, \_\_\_\_\_

ATTEST: \_\_\_\_\_

# Officer's Certificate of Disability.

Put place and date here.

Medford Mass Nov 13<sup>th</sup> 1877.

I, Geo H Larrabee 1st Lieut of Company C of the 53<sup>rd</sup> Regiment of Infantry Mass Vol, certify on honor that Private William H. Brown was a soldier in my company, and is, as I am informed, an applicant for an Invalid Pension; that he was wounded on the right arm in the battle of the Wilderness in North Carolina

And I further Certify, That the said William H. Brown was a good and brave soldier ready and prompt in the discharge of all duties in the line of duty. This was advised known and told of me by him and others

Light Colonel was a good and brave soldier ready and prompt in the discharge of all duties

And that the said William H. Brown was in good health and sound condition when he entered the service

Geo H Larrabee

Co. C, 53<sup>rd</sup> Regiment Infantry Mass Vol



[OVER.]