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THE NATIONAL ARCHIVES

CERT NO.

709887

PENSIONER

Sarah A.

Widow of

VETERAN

Edmund Dowdy

CERT NO.

62130

ROLL NO.

16

Reissue.

3-367

Wid. Cf No. 809884

ACT OF

July 3 1926

WIDOW'S PENSION.

Claimant

Sarah A Dow

P. O.

Soldier  
Sailor

Edmund Dow Jr

Service

Private

1st N. H. B. A. (Co.)

(Regiment—Ship.)

County \_\_\_\_\_, State \_\_\_\_\_

Rate, \$ 50 per month, commencing

August 4, 1926

and \$ \_\_\_\_\_ per month  
as follows:

additional for each child,

All pension to terminate \_\_\_\_\_, 1 \_\_\_\_\_, date of \_\_\_\_\_  
Payments on all former certificates covering any portion of same time to be deducted.

Born _____	_____	Commencing _____
Sixteen _____	_____	_____
Born _____	_____	Commencing _____
Sixteen _____	_____	_____
Born _____	_____	Commencing _____
Sixteen _____	_____	_____
Born _____	_____	Commencing _____
Sixteen _____	_____	_____
Born _____	_____	Commencing _____
Sixteen _____	_____	_____
Born _____	_____	Commencing _____
Sixteen _____	_____	_____
Born _____	_____	Commencing _____
Sixteen _____	_____	_____

RECOGNIZED ATTORNEY.

Name

none

Fee, \$ \_\_\_\_\_

P. O.

APPROVALS.

Submitted for

Adm. Sept. 17, 1926;

M. M. Loeffler

Examiner.

Approved for

Admission Act July 3, 1926  
Reissue from Act May 1-1920.

The soldier was

pensioned at \$ 22.50

per month under

act of May 11, 1912

Enlisted

September 2, 1864

Discharged

June 15, 1865

Reenlisted

none, 1

Discharged

none, 1

Invalid claim filed

March 11, 1889

Died

February 16, 1916

Widow's claim filed

August 9, 1926

Claimant does \_\_\_\_\_ write.

Clt's app'n under other laws

March 13, 1916

Former marriage of soldier

none, 1

Death

of former wife \_\_\_\_\_, 1

Divorce

Former marriage of claimant

none, 1

Death

of former husband \_\_\_\_\_, 1

Divorce

Clt's marriage to soldier

November 3, 1887

Clt's not remarried

\_\_\_\_\_ 1

No, M. C.



ACT OF APRIL 19, 1908

# WIDOW'S PENSION.

Claimant, Sarah A. Low,  
15 Pine Street,  
 P. O., Concord Junction,  
Middlesex, State, Massachusetts

Soldier, Edmund Low, Jr.,  
 Rank, Private; Co., F.  
 Regiment, 1<sup>st</sup> New Hampshire H.A.

Rate, \$12 per month, commencing March 13, 1916, and \$2 additional for each child, as stated below:

All pension to terminate \_\_\_\_\_, 1 \_\_\_\_\_, date of \_\_\_\_\_

Payments on all former certificates covering any portion of same time to be deducted.

Entitled to \$20 per month,  
 Commencing Sept. 8, 1916,  
 Under act of Sept. 3, 1916.  
 Wife During Civil War service.

{ Born, _____ }	Commencing _____
{ Sixteen, _____ }	Commencing _____
{ Born, _____ }	Commencing _____
{ Sixteen, _____ }	Commencing _____
{ Born, _____ }	Commencing _____
{ Sixteen, _____ }	Commencing _____
{ Born, _____ }	Commencing _____
{ Sixteen, _____ }	Commencing _____
{ Born, _____ }	Commencing _____
{ Sixteen, _____ }	Commencing _____
{ Born, _____ }	Commencing _____
{ Sixteen, _____ }	Commencing _____

## RECOGNIZED ATTORNEY.

Name, Joseph H. Hunter,  
Washington, D.C.

Fee, \$10. Bureau  
Agent to pay.

## APPROVALS.

Submitted for ad. June 19, 1916; M. A. Goff, Examiner.

Approved for admission under Act of April 19, 1908.

June 22, 1916, C. J. Stude, Reviewer.

The soldier was \_\_\_\_\_ pensioned at \$ 22.50 per month for \_\_\_\_\_

Enlisted, Sept. 2, 1864

honorably disch'd, June 15, 1865

Reenlisted, no other service

honorably disch'd, \_\_\_\_\_, 1 \_\_\_\_\_

Died, Feby. 16, 1916

Declaration filed, March 13, 1916

" " March 30, 1916

Claimant \_\_\_\_\_ write.

June 22/916 F. W. L. L. L., Reviewer.

under Act May 11, 1912

Soldier's application filed Mar. 11, 1889

Cl't's app'n under other laws, none, 1 \_\_\_\_\_

Former marriage of neither, 1 \_\_\_\_\_

Death } of former \_\_\_\_\_, 1 \_\_\_\_\_  
 Divorce }

Cl't's marriage to soldier, Nov. 3, 1857

Cl't's remarried, not divorced

No, M. C.

3-007  
Act of April 19, 1908.

# DECLARATION FOR WIDOW'S PENSION.

STATE OF Massachusetts }  
COUNTY OF Middlesex } ss:  
On this 23<sup>d</sup> day of March, A. D. one thousand nine hundred and sixteen  
personally appeared before me, a Notary Public within  
and for the county and State aforesaid, Sarah A. Dow, aged 75  
years, a resident of Concord Junction, county of Middlesex, State  
of Massachusetts, who, being duly sworn according to law, makes the following declaration in order to  
obtain pension under the provisions of the ACT OF CONGRESS APPROVED APRIL 19, 1908.

That she is the widow of Edmund Dow Jr, who was  
Enrolled under the name of Edmund Dow Jr, at  
(Enrolled or commissioned.) Massachusetts Milit., on the 2<sup>d</sup> day of September, 1864  
as a Private in Co. F. 1<sup>st</sup> Heavy Artillery N.H., and  
honorably discharged June 15<sup>th</sup>, 1865, having served ninety days or more during the late civil war.  
That he also served \_\_\_\_\_  
(Here give a complete statement of all other services, if any.)

That he was not in the military or naval service of the United States otherwise than as stated above.

That she was married under the name of Sarah A. Robinson  
to said soldier at East Wilton Me., on the 3<sup>d</sup> day  
of November, 1857, by Elder Lord;  
that there was no legal barrier to the marriage; that she had not been previously married; that the soldier had not  
been previously married, \_\_\_\_\_  
(If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)

and that neither she nor said soldier married otherwise than as stated above.

That the said soldier died February 16, 1916, at Concord Junction Mass.  
that she was not divorced from him, and that she has not remarried since his death.

That the said soldier left the following-named children who are now living and under sixteen years of age, to wit:  
(If the soldier left no children, the claimant should so state.)

\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_, 1\_\_\_\_\_, at \_\_\_\_\_

That she has not heretofore applied for pension \_\_\_\_\_  
(If prior application has been made, the number thereof, the service on which

it was based, and the name of the soldier should be stated.)

That her post-office address is (street and number) 15 Pine St, R. F. D. \_\_\_\_\_  
city or town of Concord Junction, county of Middlesex, State Mass.

Attest: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Mrs Sarah A. Dow  
(Claimant's signature in full.)

Also personally appeared Ana A. Dow, residing in  
Concord Jct. Mass., and Charles Dow, residing in  
Concord Jct. Mass., persons whom I certify to be respectable and entitled to credit, and who, being  
by me duly sworn, say they were present and saw Sarah A. Dow, the  
claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe, from the  
appearance of said claimant and their acquaintance with her of 7 years and 40 years, respectively, that she is  
the identical person she represents herself to be, and that they have no interest in the prosecution of this claim.

Ana A. Dow  
Charles B. Dow  
(Signatures of witnesses.)

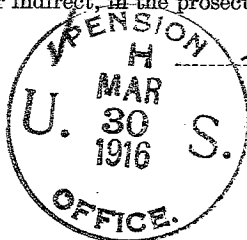
Declaration accepted as  
a claim under the act of  
April 19, 1908.

Chief, Law Division

Subscribed and sworn to before me this 23<sup>d</sup> day of March, A. D. 1916;  
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.]



George G. Russell  
(Signature.)  
Concord Jct. Mass.  
(Official character.)

Notary Public

3-007.

ACT OF APRIL 19, 1908.

## Claim for Pension.

# WIDOW.

HC 719,457-0-8-08

Number WD 1062543-2

Name Soldier Edmund Davis Jr.

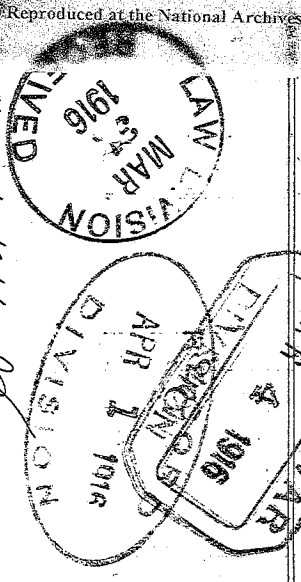
Service 31 M.A.A.A

DROPPED

### INSTRUCTIONS.

This form may be used for original pension under Act of April 19, 1908.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



## AN ACT

To increase the pension of widows, minor children, and so forth, of deceased soldiers and sailors of the late civil war, the war with Mexico, the various Indian wars, and so forth, and to grant a pension to certain widows of the deceased soldiers and sailors of the late civil war.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the passage of this Act the rate of pension for widows, minor children under the age of sixteen years, and helpless minors as defined by existing laws, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, shall be twelve dollars per month; and nothing herein shall be construed to affect the existing allowance of two dollars per month for each child under the age of sixteen years and for each helpless child; and all Acts or parts of Acts, inconsistent with the provisions of this Act are hereby repealed: *Provided, however,* That this Act shall not be so construed as to reduce any pension under any Act, public or private.

SEC. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late civil war, and who has been honorably discharged therefrom, has died, or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his army or navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands, if living, would have a pensionable status under the Joint Resolutions of February fifteenth, eighteen hundred and ninety-five; July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim under the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or retain for such services in preparing, presenting, or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the pension allowed; and any person who shall violate any of the provisions of this section, or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every such offense, be fined not exceeding five hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

Approved April 19, 1908.

6-1132

# GENERAL AFFIDAVIT

7

State of Massachusetts, County of Middlesex, ss:

In the matter of Sarah A. Dow widow of Edmund Dow <sup>Deceased</sup> Ch. H. H. A.

ON THIS 10<sup>th</sup> day of March, A. D. 1916, personally appeared before me

Notary Public in and for the aforesaid County, duly authorized to administer oaths

Henry J. Walcott aged \_\_\_\_\_ years, a resident of Concord

Name of affiant. in the County of Middlesex and State of Massachusetts

whose Post-Office address is Concord Mass

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_

Name of other affiant. in the County of \_\_\_\_\_ and State of \_\_\_\_\_

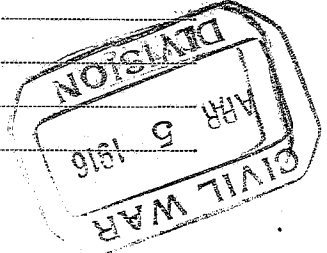
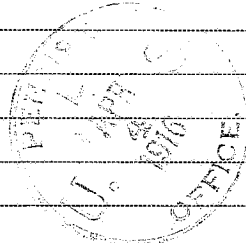
whose Post-Office address is \_\_\_\_\_

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

\*NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.

That I attended Edmund Dow Jr  
during his last illness at Concord Junction  
Massachusetts and that he died on  
The sixteenth day of February 1916  
and that I am a practicing physician  
in said Town of Concord

Return to JOSEPH H. HUNTER, Attorney, Washington, D. C.



His postoffice address is Concord Mass  
he further declares that he has no interest in said case and is not  
not concerned in its prosecution.

Henry J. Walcott, MD.

(If Affiants sign by mark, two persons who can write sign here.)

(Signature of Affiants.)

State of Massachusetts, County of Middlesex, ss;

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted \_\_\_\_\_ with its contents before \_\_\_\_\_ executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

[L. S.]

George G. Russell  
(Official Signature)  
Notary Public  
(Official Character)

This can be executed before any officer duly qualified to administer oaths.

I, \_\_\_\_\_ Clerk of the Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 1 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

No. 1002-543

### General Affidavit.

CLAIM OF

Sarah A. Dow

widow of  
Edmund Dow

Date

"OT"  
Co.

1 Reg'd. H. H. C. Vols.

AFFIDAVIT OF

Dr. Henry J. Walcott

FILED BY

**JOSEPH H. HUNTER,**

Attorney at Law

—AND—

Solicitor of Pension and Patent Cases,

WASHINGTON, D. C.



C.W. Div. Ackd.  
Lg

# MEDICAL AFFIDAVIT.

This Affidavit should be in the handwriting of the Physician, whose statement should conform as near as possible to my instructions, which he should read with great care. The diagnosis of the Soldier's condition should be so full and complete that a medical man will be enabled at once unmistakably to recognize the character of the disease, wound or injuries. The statement should be IN NARRATIVE FORM.

STATE OF Massachusetts  
COUNTY OF Middlesex } ss.:

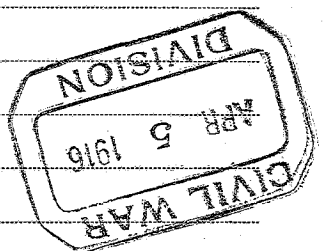
In the matter of the Pension Claim of Sarah A. Dow, widow Edmund Dow  
late of Co. F, 1 Reg't, N.H.A. Vols., personally came before me, a Notary Public  
Official title of officer administering oath.  
in and for said County and State, Dr. \_\_\_\_\_, of

Concord, County of Middlesex, State of Massachusetts

who I hereby certify is a respectable and credible person, and who, being duly sworn, declares in relation to the aforesaid claim that his age is \_\_\_\_\_ years; that he has been a practising physician for the past \_\_\_\_\_ years; that he has made a careful medical examination of the above-named claimant, and find his present physical condition as follows:

I hereby certify that all writing and  
examinations were made by me and that instead  
of this blank being used by the attending physician  
it was sent to East Boston me for proof of  
marriage

George B. Russell  
Notary Public



He further declares that he has been a practitioner of medicine for \_\_\_\_\_ years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

(Affiant's Signature. Give rank and service if in the army.)

Sworn to and subscribed before me, this 9<sup>th</sup> day of March A.D. 1916

and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him 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.

[SEAL.]

George S. Russell  
(Official Signature.)

Notary Public  
(Official Character.)

I, \_\_\_\_\_ Clerk of the Court in and for aforesaid County and State, do certify that \_\_\_\_\_ Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 1 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE, or any officer duly authorized to administer oaths for general purposes.

*I hereby certify that Mr. Edmund Dow Jr. of Wilton and Miss Sarah A. Robinson of Farmington were joined in marriage in Wilton Nov. 30 1857 by Mr. Isaac Lord. Qualified to solemnize marriages.*

*Attest copy*

*Attest J. R. B. Fuller, Clerk of Wilton*  
*Attest copy of a record from the records of Wilton made Mar. 11, 1916*

*Attest J. E. Hiscock, Town Clerk of Wilton*

*Franklin Co.*

*State of Maine*

*March 11 1916*

*Personally appeared the above named J. E. Hiscock Town Clerk of Wilton and \_\_\_\_\_ to the truth of the above statements by him signed*  
*Before me Joseph H. Hunter*  
*Notary Public*

No. 10622-543

CLAIM OF

*Sarah A. Dow*  
*and Edmund*  
*of Farmington*  
*vs. J. H. A. A.*

AFFIDAVIT OF

*Proof of Marriage*  
*Medical Evidence*

FILED BY

JOSEPH H. HUNTER,

Attorney at Law,

—AND—

Solicitor of Pension and Patent Cases,

WASHINGTON, D. C.

PRESS OF BYRON & ADAMS, WASH., D. C.

AOT OF JUNE 27, 1890.

BOSTON,

3-402.

Certificate No. 719457 Department of the Interior,  
 Name Edmund Dow Jr 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,

*A. C. Evans*

Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Sarah A Dow Widow Sarah A Robinson

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

Answer. November 3 1857 East Milton Me by Elder Ford

Third. What record of marriage exists?

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. Never but now and still alive

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. 5 All living born to Dow May 19 1860

Edmund Jr Dow June 7 1862

Mabel Jr Dow July 1 1866 Charles E Dow April 19 1872

Grace M Dow March 12 1875

Date of reply, \_\_\_\_\_, 189\_\_\_\_

0-8

(Signature.)

5301b750m1-98

3-17

RECEIVED  
ST. DIV.  
OCT 22 1897

RECEIVED

ARK Ex'r.

East Div.  
Ct. L. No. 719,457  
Edmund Dow Jr.  
Co. F, 1 Reg't N. H. Vol. H. A.  
Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C. October 11, 1897

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,

*[Signature]*

Commissioner

Mr. Edmund Dow, Jr.,  
West Acton,  
Mass.

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

Answer: Mrs. Sarah Amanda Jones Sarah Amanda Robinson

No. 2. When, where, and by whom were you married? Answer: November 3 1859

East Milton Me by Elder Ford

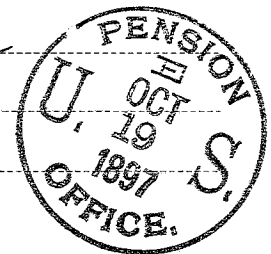
No. 3. What record of marriage exists? Answer:

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. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Cord to Dow May 19 1860  
Calmer N. Dow June 7 1862  
Mabel to Dow June 1 1866  
Charles to Dow April 19 1872  
Grace M. Dow March 12 1874  
Nov. 10



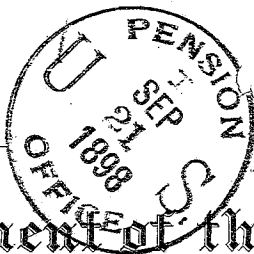
Date of reply, 1897

Edmund Dow Jr.

(Signature.)

I am so blind i cant see  
the lines

3-173.



J. P. J. Ex'r.

East Div.

Letf No. 719457  
 Edmund Dow Jr.  
 Co. H, 1 Reg't 7th Vol. H. Art'y

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C. September 16, 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,

Edmund Dow Jr.  
 West Acton  
 Mass

J. P. J.  
 Commissioner.

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

Answer: ~~My former wife~~ Mrs. Sarah A. Dow & A Sophia Brown

No. 2. When, where, and by whom were you married? Answer: December 3, 1864

By Elder Ford of East Milton Mass

No. 3. What record of marriage exists? Answer: I have a sister

alive that stood up with me when married

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: I never had first

Wife and she is alive as yet

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

birth. Answer: born to Dow May 19 1866

Edmund H. Dow June 7 1866

Freddie M. Dow June 1 1866

Charles C. Dow April 19 1872

Grace M. Dow March 12 1875

Date of reply, Sept 18, 1898.

Edmund Dow Jr.  
 (Signature.)



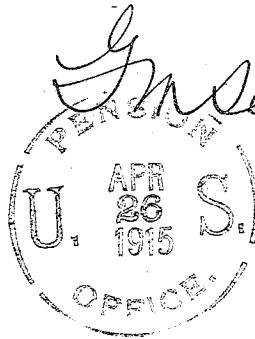
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

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

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

EDMUND DOW JR  
CONCORD JUNCT MASS  
719457  
15 PINE ST  
ACT MAY



Commissioner.

- No. 1. Date and place of birth? Answer. *Sept. 26-1829. East Hilton Maine.*  
The name of organizations in which you served? Answer. *The 1<sup>st</sup> N. H. Heavy Artillery.*
- No. 2. What was your post office at enlistment? Answer. *Pelham N. H.*
- No. 3. State your wife's full name and her maiden name. Answer. *Sara Amanda Dow - maiden name Robinson*
- No. 4. When, where, and by whom were you married? Answer. *Married in E. Hilton Maine by Elder Lord Nov. 3-1857*
- No. 5. Is there any official or church record of your marriage? *Official record in Hilton.*  
If so, where? Answer. \_\_\_\_\_
- 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. *Never married but once.*
- 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. *Never married before.*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *I am living with my wife.*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer. *Core C. Dow May 19-1860  
Ohyer L. Dow June 7-1862. Mabel C. Dow June 1-1866  
Charles C. Dow April 19-1872. Grace M. Dow March 12-1875*

Date *April 24-1915*(Signature) *Edmund Dow Jr.*

# GENERAL AFFIDAVIT

State of Massachusetts, County of Middlesex, ss:

In the matter of Sarah A. Dow widow of Edmund Dow "OF" Ch. H. H. R.  
Claimant's name.

ON THIS 10<sup>th</sup> day of March, A. D. 1916 personally appeared before me

Notary Public in and for the aforesaid County, duly authorized to administer oaths  
Official character of officer.

Charles A. Hunter aged 44 years, a resident of Concord  
Name of affiant.  
 in the County of Middlesex and State of Massachusetts

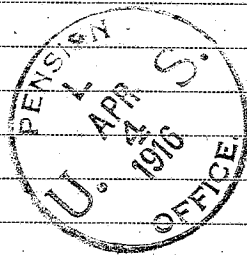
whose Post-Office address is Concord Junction Mass  
George A. Smith aged 49 years, a resident of Acton  
Name of other affiant.

in the County of Middlesex and State of Massachusetts  
 whose Post-Office address is South Acton Mass

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

\*NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.

That they have known Edmund Dow Jr and Sarah A. Dow his wife for a great many years during their residence in Acton and Concord having moved to this vicinity from Maine that they were respected citizens of these towns raising their family that neither of them were previously married that they have lived continuously together and were never divorced and that said Sarah A. Dow has not remarried since the death of Edmund Dow Jr on February 16<sup>th</sup> 1916



Return to JOSEPH H. HUNTER, Attorney, Washington, D. C.

His postoffice address is Concord Junction Mass  
Each further declares that he has no interest in said case and is  
 not concerned in its prosecution.

Charles A. Hunter

George A. Smith  
 (Signature of Affiants.)

(If Affiants sign by mark, two persons who can write sign here.)

State of Massachusetts, County of Norfolk, ss;

Sworn to and subscribed before me this day by the above-named affiant<sup>s</sup>, and I certify that I read said affidavit to said  
 affiant, including the words \_\_\_\_\_ erased,  
 and the words \_\_\_\_\_ added  
 and acquainted them with its contents before they executed the same. I further certify that I am in  
 nowise interested in said case, nor am I concerned in its prosecution; and that said affiant<sup>s</sup> are personally known  
 to me and that they are credible persons

[L. S.]

George B. Russell  
 (Official Signature)  
Notary Public  
 (Official Character)

This can be executed before any officer duly qualified to administer oaths.

I, \_\_\_\_\_ Clerk of the Court in and for aforesaid County  
 and State, do certify that \_\_\_\_\_, Esq., who hath signed his name to the  
 foregoing declaration and affidavit, was at the time of so doing a \_\_\_\_\_  
 in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit,  
 and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 1

[L. S.]

Clerk of the \_\_\_\_\_

No. 1.062.543

**General Affidavit.**

CLAIM OF

Sarah A. Dow

widow of

Edmund Dow

Date 1<sup>st</sup> of Dec. 1894  
Reg'd in H. H. A. Vols.

AFFIDAVIT OF

Chas. A. Hunter  
and  
Geo. A. Smith

FILED BY

**JOSEPH H. HUNTER,**

Attorney at Law

—AND—

Solicitor of Pension and Patent Cases,

WASHINGTON, D. C.

# GENERAL AFFIDAVIT

State of Massachusetts, County of Middlesex, ss:

In the matter of Sarah A. Dow widow of Edmund Dow of Chelmsford Claimant's name.

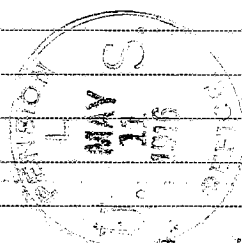
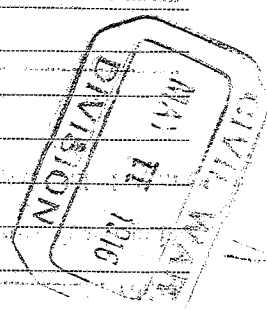
ON THIS 3<sup>d</sup> day of May, A. D. 1916, personally appeared before me  
a notary in in and for the aforesaid County, duly authorized to administer oaths  
Official character of officer.  
Daniel P. Bryant aged 74 years, a resident of Chelmsford  
Name of affiant.  
in the County of Middlesex and State of Massachusetts

whose Post-Office address is South Chelmsford and  
Amelia F. Bryant aged 66 years, a resident of Chelmsford  
Name of other affiant.  
in the County of Middlesex and State of Massachusetts  
whose Post-Office address is South Chelmsford

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to  
aforesaid case as follows:

\*NOTE—Affiants should state how they gain a knowledge of the facts to which they testify.

That we have known Sarah A. Dow and  
Edmund Dow from 1875 until the time of said  
Edmund Dow's death, and that they lived continuously  
together as man and wife during this whole  
period, were never divorced, and that Sarah A. Dow  
has not remarried since his death.



Return to JOSEPH H. HUNTER, Attorney, Washington, D. C.

H. \_\_\_\_\_ postoffice address is \_\_\_\_\_  
\_\_\_\_\_ further declares that \_\_\_\_\_ no interest in said case and  
not concerned in its prosecution.

(If Affiants sign by mark, two persons who can write sign here.)

*Daniel P. Bryan*  
*Amelia F. Bryan*  
(Signature of Affiants)

State of *Massachusetts*, County of *Middlesex*, ss;

Sworn to and subscribed before me this day by the above-named affiant<sup>s</sup>, and I certify that I read said affidavit to said  
affiant<sup>s</sup>, including the words \_\_\_\_\_ erased,  
and the words \_\_\_\_\_ added  
and acquainted *them* with its contents before *they* executed the same. I further certify that I am in  
nowise interested in said case, nor am I concerned in its prosecution; and that said affiant<sup>s</sup> *are* personally known  
to me and that *they are* credible person<sup>s</sup>.

[L. S.]

*George B. Russell*  
(Official Signature)  
*Notary Public*  
(Official Character)

This can be executed before any officer duly qualified to administer oaths.

I, \_\_\_\_\_ Clerk of the Court in and for aforesaid County  
and State, do certify that \_\_\_\_\_, Esq., who hath signed his name to the  
foregoing declaration and affidavit, was at the time of so doing a \_\_\_\_\_  
in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit,  
and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 1

[L. S.]

Clerk of the \_\_\_\_\_

No. *1.062.543*

## General Affidavit.

CLAIM OF

*Sarah A. Dow*

*Edward Dow*

Date

*"OF"*  
Co.

*1* Regt. *H. A. H. Vols.*

AFFIDAVIT OF

*Daniel P. & Amelia F. Bryan*

FILED BY

**JOSEPH H. HUNTER,**

Attorney at Law

—AND—

Solicitor of Pension and Patent Cases,

WASHINGTON, D. C.



3-438

Cert. 719,457  
Act. May 11, 1912

*car Group 3*  
2 Briefs

ACCRUED PENSION

Class Invalid

Pensioner Edmund Dow Jr.

✓ Date of death February 16, 1916 Certificate not filed. ✓

Claimant Sarah A. Dow, widow  
15 Pine Street, Concord Junction,  
Middlesex County,  
Massachusetts,

Attorney none

The fee of \$ none allowed on issue of

Address \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

of \_\_\_\_\_ to be paid when

payment is made on accrued.

Submitted ad. June 19, 1916, M.A. Goff, Examiner. ✓

Approved for admission.

Day widow as above.

Charles J. Had, Reviewer, June 22, 1916.  
W. H. Trumbull, Rereviewer, June 24, 1916

M. C. None Claimant \_\_\_\_\_ writes.

paid @ \$22<sup>50</sup> to Over 4 1915 -

MAR 10 1916

To the Chief, Finance Division:

You are hereby notified that check # 1034042 for \$ 67<sup>50</sup>  
dated MAR 4 1916 in favor of  
EDMUND DOW JR  
post-office  
CONCORD JUNCTION MASS  
Certificate # 719457 ACT MAY

Class Act of May 11, 1912

Section 7 has been returned to this office by the Postmaster

with the information that the pensioner died Feb 16 - 1916 -

and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,

Disbursing Clerk.

(D-3)

PLATE DESTROYED



114 0 0 124 0 0  
114 0 0 124 0 0  
114 0 0 124 0 0  
114 0 0 124 0 0

MAR 11 1916  
DIVISION

3-1081

Group 3

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

MAR 16 1916, 191

Certificate No. 719457

Class ACT OF MAY 11, 1912

Pensioner Edmund Dow Jr

Soldier

Service G. I. N. H. A.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of  
the above-described pensioner who was last  
paid at \$22.50, to Dec. 4-1916  
has this day been dropped from the roll be-  
cause of death Feb 16-1916

Very respectfully,

W. M. Sampson

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.

*Reissue*

3-364

ACT OF MAY 11, 1912.

Cert. No. *719457*

*Claimant, Edmund Dow, Jr.*  
*P. O., Concord Junction* Rank, *Private*  
*County, Middlesex* Service, *U. S. A. A. A.*  
*State, Massachusetts*  
 Rate, \$ *22.50* per month, commencing *May 27, 1912*

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_; Agent to pay.  
 P. O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 19

APPROVAL.

Submitted for *Adm. Dec. 4<sup>th</sup>*, 191*2*, by *Mr. Dickson*, Examiner.  
 Approved for *Admission* Rate \$ *22.50* per month; age *79* years.

*Reissue from act of February 6, 1907*

Length of pensionable service: \_\_\_\_\_ years, *9* months, *14* days.

Deductions in service from any cause: *none* years, \_\_\_\_\_ months, \_\_\_\_\_ days,

on account of \_\_\_\_\_

*Dec 20*, 1912, *W. Paschen* *Dec 21*, 1912, *Mr. Thorne*  
 Legal Reviewer. Re-Reviewer.

Enlisted *Sept. 2*, 186*4*; honorably discharged *June 15*, 186*5*

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Length of pensionable service: \_\_\_\_\_ years, *9* months, *14* days.

Pensioned at \$ *20* per month, under *Act. Feb. 6 - 1907*

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *May 27*, 191*2*

Age shown by evidence *over 79* years; date of birth alleged \_\_\_\_\_, 18

Claimant does \_\_\_\_\_ write.

*Formerly* *Sept. 26 - 1829*

CIVIL WAR



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 18<sup>th</sup> 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, Edmund Dow Jr., who, being duly sworn according to law, declares that he is 77 years of age, and a resident of Concord Junction county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Machinal N. H. under the name of Edmund Dow Jr., on the 2<sup>d</sup> day of September, 1864, as a private, in Co. F, 1<sup>st</sup> Regiment Heavy Artillery N. H.  
(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 Washington, on the 15<sup>th</sup> day of June.  
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 7 inches; complexion, Light; color of eyes, Blue; color of hair, Brown; that his occupation was Farmed; that he was born 18 at Union Maine.

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

Berkman N. H. - Chelsea Mass. Acton, Mass.  
Concord N. H.  
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. \_\_\_\_\_

That he has \_\_\_\_\_ applied for pension under original No. 719,454

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 Concord Junction, county of Middlesex, State of Massachusetts

Attest: (1) George G. Russell  
(2) Fred C. Horner

Edmund Dow Jr.  
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 18<sup>th</sup> day of May, 1912, 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.]

Validity accepted George G. Russell  
as to execution  
S. A. Cuddy,  
Chief, Law Division,  
per AJD  
(Signature.)  
Notary Public  
(Official Character.)

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

ACT OF MAY 11, 1912.

# CLAIM FOR PENSION.

Certificate No. 719457

Name, Edward J. Dowdy

Service, 1st N.H. Regt.

## INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Published by The National Tribune, Washington, D. C.

## AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:*

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the civil war and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this act: Provided, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: Provided, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this act: Provided further, That no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the acts of June twenty-seventh, eighteen hundred and ninety; February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the acts of January twenty-ninth, eighteen hundred and eighty-seven; March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

APPROVED: May 11, 1912.

3-364.

Original No. 719.457

Certificate No. 719.457

# ACT OF FEBRUARY 6, 1907.

Claimant, Edmund Dow Jr

P. O., North Acton

County, Middlesex

State, Massachusetts

Rate, \$ 20 per month, commencing

Rank, Private

Company, I

Regiment, 1st NH Vol. Inf.

March 6 1907

## STATE REPRESENTATIVE.

(Order April 23, 1907.)

Name, \_\_\_\_\_

P. O., \_\_\_\_\_

## APPROVAL.

Submitted for Adm Oct 5, 1907, Ben Johnston, Examiner.

Approved for Admission

Age over 75

Rate \$20 per month

Reissue to allow under Act of February 6, 1907 did not get payments and drop name from rolls under Act June 27, 1890

Oct 12, 1907, CO. 1st Vol. Inf., Oct 14, 1907, J. R. Kelly

Legal Reviewer.

Re-Reviewer.

Enlisted Sept 2, 1864 honorably discharged June 15, 1865

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted no other service, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Pensioned at \$ 12 per month, under act June 27, 1890

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed March 6, 1907

Date of birth alleged, September 26, 1829

Age shown by evidence 77 1/2 years.

Claimant does \_\_\_\_\_ write.

C. Q. Tirrell Ver. P.

M. C.

3-014.

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 4<sup>th</sup> 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, Edmund Dow Jr., who, being duly sworn according to law, declares that he is 77 years of age, and a resident of Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Belham N.H. under the name of Edmund Dow Jr, on the 2<sup>d</sup> day of September, 1864 as a Private, in Co F 1<sup>st</sup> Reg of Heavy Artillery N.H.  
(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 Washington D.C, on the 15<sup>th</sup> day of June, 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, 5 feet 7 inches; complexion, Fair; color of eyes, Blue; color of hair, Brown; that his occupation was Farm; that he was born Sept 26<sup>th</sup>, 1829, at Wilton Maine

That his several places of residence since leaving the service have been as follows: Belham N.H., Concord Mass till 69 - Acton Mass to present time  
(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has heretofore applied for pension Certificate # 719457  
(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 North Acton, county of Middlesex State of Massachusetts

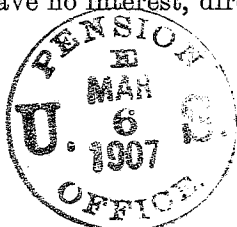
Attest: (1) Fred E. Poor  
(2) George Clark  
(Claimant's signature in full.)

Also personally appeared Fred E. Poor, residing in Concord Mass and George Clark, residing in Concord, 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 Edmund Dow Jr, 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 Seven years and Seven 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.

Fred E. Poor  
George Clark  
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 4<sup>th</sup> 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.

Valid  
Copy



George G. Russell  
(Signature.)  
Notary Public  
(Official character.)

m 213  
3-014.

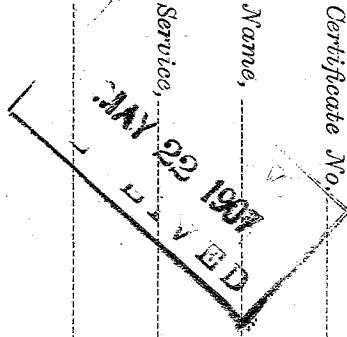
ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

Certificate No.

Name,

Service,



### INSTRUCTIONS.

This form may be used for original pension or increase of pension. Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.



## AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:*

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

6-803



3-357.  
(Old No. 3-245 b.)

Cert. No. 719.454

ACT JUNE 27, 1890.

*Increase* INVALID PENSION.

Claimant, *Edmund Dow, Jr.*  
P. O. *North Acton,*  
County *Middlesex,*  
State *Massachusetts*  
Rank *Private*  
Company *5*  
Regiment *1 M.B. Vol. H. Ar.*  
Rate, \$ *12* per month, commencing *June 30 1902*

Pensioned for *Total* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *Joseph S. Hunter* Fee, \$ *2*  
P. O. *Washington, D.C.* Agent to pay.

APPROVALS.

Submitted for *Adm November 25, 1902* *O. S. Hawkes*, Examiner.

Approved for *disease of eyes (old)*

Approved for *disease of eyes and senile debility*

Aggregate of disabilities shown, permanent in character: \$ *12*  
*from June 30 1902*

*Dec. 3*, 1902, *F. C. Aick*  
Legal Reviewer.  
\_\_\_\_\_, 190\_\_\_\_, \_\_\_\_\_  
Re-Reviewer.

*Rank* \_\_\_\_\_  
Medical Examiner.  
*Dec. 8*, 190\_\_\_\_, *F. C. Aick*  
Medical Reviewer.  
\_\_\_\_\_, \_\_\_\_\_  
Medical Referee.

Enlisted *September 2*, 1864; honorably discharged *June 15*, 1865

Enlisted \_\_\_\_\_, 186\_\_\_\_; honorably discharged \_\_\_\_\_, 186\_\_\_\_

Pensioned at \$ *6* per month. Last paid to \_\_\_\_\_

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *April 1*, 1902, alleges *increase of pensioned cause.*

Claimant does \_\_\_\_\_ write.  
Certificate not filed.

*W. C.*

O. I. P.

(3-145 b.)

Act of June 27, 1890.

Increase - INVALID PENSION.

Claimant, Edmund Dow Jr. Cert. # 719,457  
P. O., Chest Acton Rank, Private  
County, Middlesex Company, 2  
State, Massachusetts Regiment, 19th. Vol. H. A.

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Disabled by \_\_\_\_\_ REJECTED.  
JAN 26 1900

RECOGNIZED ATTORNEY:

Name, J. B. Parsons Fee \$ none Agent to pay.  
P. O., Boston, Massachusetts Articles filed \_\_\_\_\_, 189\_\_\_\_

APPROVALS:

Submitted for Admission November 24, 1899 - R. T. Hamilton, Examiner.  
Submitted for admission January 3-1900  
Approved for Disease of eyes - old Approved for \_\_\_\_\_  
Rheumatism (new) alleged disease of eyes \$6 - no increase  
March 18 1898. No other disability affecting rate  
Repet. hemorrhage no  
disability - subject to action  
Med. Referee

Jan 6, 1900 Legal Reviewer. June 19, 1900 Medical Referee.  
Jan 11, 1900 - Ch. Johnson  
Enlisted September 2, 1864 Honorably discharged June 15, 1865 Last paid  
to \_\_\_\_\_, at \$ 6, for disease of eyes

No Pension under other laws \_\_\_\_\_, for

ended \_\_\_\_\_

Original declaration, act June 27, 1890, filed \_\_\_\_\_, 189\_\_\_\_; alleged \_\_\_\_\_

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed March 18, 1898, alleges increase on account of  
total blindness, rheumatism and hemorrhage

m m c

Writs

Certificate No.

719457

149.

BRIEF FOR REDUCTION, DROPPING, OR CONTINUANCE.

Claimant, *Edmund How Jr.*

P. O., *West Acton.*

Rank,

*Sgt.*

County, *Middlesex.*

Company,

*F.*

State, *Mass.*

Regiment, *1<sup>st</sup> N. H. Vol. H. A.*

Rate, \$ *6* per month, commencing *March 4, 1894*

*1/2 per action of med Ref*  
*See slip of Bd of Revision of Apr 24, 1894*

Pensioned for

*In lieu of Cert. dated Feb. 8, 1892*

APPROVALS.

Approved for

Submitted

*May 5, 1894,*

*M. E. Smoot*

Examiner,

ACT OF JUNE 27, 1890.

## INVALID PENSION.

Claimant, *Edmund Dow Jr.*  
P. O., *West Acton,*  
County, *Middlesex,*  
State, *Massachusetts,*  
Rank, *Private*  
Company, *A.*  
Regiment, *1<sup>st</sup> M. H. Vol. H. Artillery*  
Rate, \$ *7*, per month, commencing *August 14 1890.*

Disabled by Weakness of eyes

RECOGNIZED ATTORNEY.

Name, Joseph H. Hunter Fee, \$ 10.00 Agent to pay.  
P. O., Washington, D. C. Articles filed, \_\_\_\_\_, 189  

## APPROVALS.

Submitted for admission, Jan. 20, 1892, J. H. Rouse, Examiner.

Approved for Admission

Approved for *Discharge of Eyes*

per month

Medical Referee.

77.

Medical Referee.

77.

paid to \_\_\_\_\_, at \$ \_\_\_\_\_, 18\_\_\_\_.

Mr. Larry  
Legal Reviewer.

*Medical Referee.*

*Not* now pensioned under other laws. Last paid to *for*, 18\_\_\_\_, at \$\_\_\_\_  
Pensioned from\_\_\_\_, 18\_\_\_\_, at \$\_\_\_\_, for\_\_\_\_

SERVICE SHOWN BY RECORD.

Enlisted Sept. 2, 1864, \_\_\_\_\_ honorably discharged June 15, 1865  
Re-enlisted \_\_\_\_\_, 18\_\_\_\_, \_\_\_\_\_ honorably discharged \_\_\_\_\_, 18\_\_\_\_

2 Declaration filed August 14, 1892, alleges permanent disability, not due to vicious habits,  
from chemicatism, piles and partial loss of sight.

Claimant routes. Ms M.C.

ACT OF JUNE 27, 1890.

## Declaration for Invalid Pension.

This may be Executed before a Justice of the Peace, a Notary Public or a Court of Record.

State of Massachusetts, County of Middlesex, ss:ON THIS 11<sup>th</sup> day of August A. D. one thousand eight hundred and ninety-personally appeared before me a Notary Public

Official title of officer executing this application.

within and for the county and State aforesaid Edmund Dow aged 60 years,

Name of Claimant.

a resident of Sutton, County of Middlesex, State of Masswho, being duly sworn according to law, declares that he is the identical Edmund Dow Jr

Name under which he served.

who was **ENROLLED** as a Private on the 2<sup>nd</sup> day of September, 1864in Company F of the 1<sup>st</sup> N. Y. Regiment of No 1 Vols.,

Company and regiment, or vessel, if in the navy.

in the War of the rebellion and served at least ninety days, and was honorably **DISCHARGED** atKennettas DC on the 15 day of June, 1865That he is Partially unable to earn a support by reason of Rheumatism

(Partially or wholly.)

(Here name any diseases or injuries from which disabled.)

Contract in Fort Sumner near Washington

Your disability need not have been contracted in the U. S. service.

also Piles & partial loss of eyesight

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.

That he has — applied for pension under application No. 693312 That he is a pensioner

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

under Certificate No. —

That he makes this declaration for the purpose of being placed on the pension roll of the United States, under act of Congress approved June 27, 1890. He hereby appoints,

**JOSEPH H. HUNTER, OF WASHINGTON, D. C.,**

his true and lawful attorney to prosecute his claim. That he hereby agrees to allow his said attorney a fee of \$10

when the claim is allowed. That his Post Office address is West. SuttonCounty of Middlesex State of MassEdmund Dow  
(Signature of Claimant.)

NOTICE.—This can be executed before a Notary Public, a Justice of the Peace, or a Court of Record.

When executed return to JOSEPH H. HUNTER, Attorney, Washington, D. C.

Also personally appeared George A. Boncut, residing at North Attleboro  
Name of first witness.  
 County of Middlesex, State of Mass, and Ernest Woodman  
Name of second witness.  
 residing at Attleboro, County of Middlesex State of 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 Edmund Dow, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

1

2

(If witnesses sign by mark, two persons who can write must sign here.)

George A. Boncut  
Ernest Woodman  
(Signatures of witnesses.)

Sworn to and subscribed before me this 11<sup>th</sup> day of August, A. D. 1890;  
 and I hereby certify that the contents of the above declaration, &c., 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.

Amos M. Stone  
Official Signature.)  
Notary Public  
(Official Character.)



This can be executed before any officer duly qualified to administer oaths.

Orig. Inv.  
 693312  
 SOLDIER'S APPLICATION <sup>2/25</sup>  
 FOR PENSION.

Under Act of June 27, 1890.

Name Edmund Dow Jr.

Service "H" Co. 1<sup>st</sup> Reg't

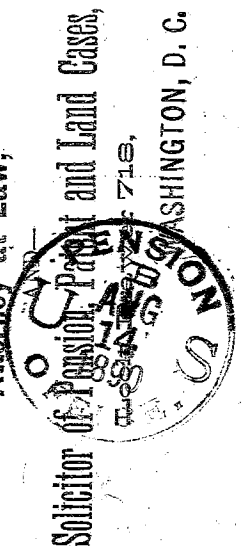
M. G. G. A. Vols.

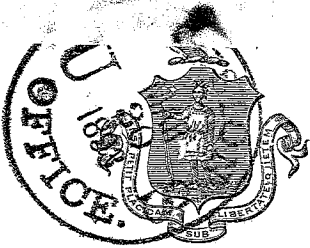
Address: Washoe

Mass.

341. 466

FILED BY  
**JOSEPH H. HUNTER,**  
 Attorney at Law,





# Commonwealth of Massachusetts.

## PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

### B DECLARATION FOR INCREASE OF INVALID PENSION, B Under Act of June 27, 1890.

STATE OF MASSACHUSETTS.

COUNTY OF Middlesex } ss.

On this 27th day of March, A.D. one thousand eight hundred and ninety-three personally appeared before me, a Notary Public within and for the County and State aforesaid, Edmund Dow Jr., aged 63 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Boston Pension Agency at the rate of eight dollars per month, by Certificate No. 719457, on account of disability from "Disease of eyes" (Here state the disability for which pensioned.) that he served as a Private Co. F. 1st Regiment N.H. Vol Heavy Artillery (Here state rank, company and regiment, if in army; rank and vessel, if in navy.)

He further declares that he believes himself to be entitled to an increase of pension for the following reasons, to wit: that the above-mentioned disabilities have increased; and that he is also suffering from the following additional disabilities: Kidneys and Liver trouble (Here state reasons for applying for increase; whether disability has increased or present rate is considered inadequate, or otherwise.)

that said additional disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent; that he appoints J. B. PARSONS, PENSION AGENT OF MASSACHUSETTS, No. 29 Pemberton Square, Boston, his true and lawful attorney to prosecute his claim WITHOUT FEE; that his residence is No. \_\_\_\_\_, in \_\_\_\_\_ Street, in Acton, County of Middlesex, and State of Mass; that his post-office address is West Acton Mass.

Edmund Dow Jr.  
(Claimant's signature.)

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

Also personally appeared George B. Parker residing at Acton Mass and James R. Lawrence residing at 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 Edmund Dow Jr., the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

George B. Parker  
James R. Lawrence  
(Signatures of witnesses.)

(If either witness signs by mark, two persons who can write sign here.)

Sworn to and subscribed before me this 27th day of March

A.D. 1893, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the claimant and witnesses before swearing, including the words \_\_\_\_\_

[SEAL.]

\_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

And. B. Stone  
(Magistrate's Signature.)

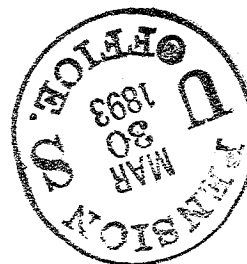
Notary Public  
(Official character.)

ACT OF JUNE 27, 1890.

B

B

INVALID.



# Claim for Pension.

INCREASE.

Edmund Dow Jr. Claimant,

Late Priv. Co. F, 1<sup>st</sup> Reg't,

A. H. H. Co. Vols.

Pension Certificate No. 719457

FILED BY

STATE PENSION AGENT OF MASS.,

29 PEMBERTON Sq., ROOM 6,

BOSTON, - MASS.





Commonwealth of Massachusetts.

PENSION DEPARTMENT.

BOSTON.

B DECLARATION FOR INCREASE OF INVALID PENSION, B  
Under Act of June 27, 1890.

STATE OF MASSACHUSETTS.

COUNTY OF Suffolk } ss.

On this 14 day of March, A.D. one thousand eight hundred and ninety-eight personally appeared before me, a Notary Public within and for the County and State aforesaid, Edmund Dow Jr, aged 66 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Boston Pension Agency at the rate of six dollars per month, by Certificate No. 719457, on account of disability from partial inability to earn a support by manual labor (Here state the disability for which pensioned.) that he served as a Priv. 1st N. H. Co. 1st (Here state rank, company and regiment, if in army; rank and vessel, if in navy.)

He further declares that he believes himself to be entitled to an increase of pension for the following reasons, to wit: that the above-mentioned disabilities have increased; and that he is also suffering from the following additional disabilities:

(Here state reasons for applying for increase; whether disability has increased or present rate is considered inadequate, or otherwise.)

He is totally disabled for performing manual labor on account of nearly total blindness, rheumatism and hemorrhage

that said additional disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent; that he appoints J. B. PARSONS, PENSION AGENT OF MASSACHUSETTS, Boston, his true and lawful attorney to prosecute his claim WITHOUT FEE; that his residence is No.       , in        Street, in West Boston, County of Middlesex, and State of Mass; that his post-office address is the same.

Edmund Dow Jr  
(Claimant's signature.)

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

Also personally appeared J. B. Parsons residing at Cambridge and Frank H. Whitcomb residing at West Boston, 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 Edmund Dow Jr, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

(If either witness signs by mark, two persons who can write, sign here.)

J. B. Parsons  
Frank H. Whitcomb  
(Signatures of witnesses.)

Sworn to and subscribed before me this 15 day of March

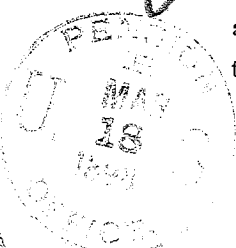
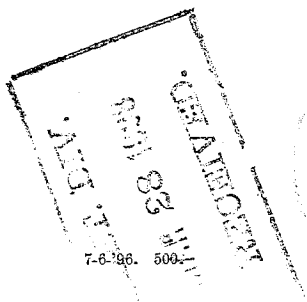
A.D. 1898, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the claimant and witnesses before swearing, including the words       

      erased, and the words       

added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Benjamin A. Sawyer  
(Magistrate's Signature.)  
NOTARY PUBLIC,  
PENSION DEPARTMENT,  
STATE HOUSE,  
BOSTON.

[SEAL.]



ACT OF JUNE 27, 1890.

B

B

EAST. DIV.

MAR 28 1898

INVALID.

RECEIVED.

Claim for Pension.

INCREASE.

Edmund Dow Jr. Claimant,

Late Pirr Co. F. 1. Reg't,

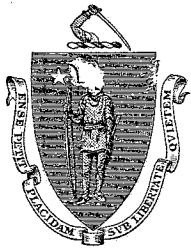
4. Hc. Hc. Aa. Vols.

Pension Certificate No. 719457

FILED BY

STATE PENSION AGENT OF MASS.,

BOSTON, - MASS.



Commonwealth of Massachusetts.

PENSION DEPARTMENT,  
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of Middlesex } ss.

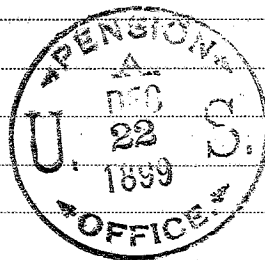
Act of June 27th 1890.

In the matter of the claim for pension insurance of 719457  
of Edmund Douffe

of Company F, 1 Regiment NYC Vols.:

Personally came before me, a Notary Public in and for  
aforesaid County and State, Samuel A. Guilford and  
Herbert T. Clark, residents of Acton  
in the County of Middlesex, State of Mass, who being  
duly sworn, declare in relation to aforesaid claim, as follows:—

I have known claimant Edmund T. Douffe  
for about fifteen years. he has been  
afflicted with rheumatism to considerable  
extent. which was not caused by vicious  
habits he has none. the above testimony was  
written down at our dictation of Charles B. Stone  
Notary Public and in so doing we were not  
prompted by any verbal matter, or printed statement,  
relating thereto.



further declare that no interest in said claim, and not concerned  
in its prosecution.

Attest — when any affiant signs BY MARK two persons sign here.

Affiant's Signature, Samuel A. Guilford  
P. O. Address, West-Acton - Mass

Affiant's Signature, Herbert T. Clark  
P. O. Address, West-Acton Mass.

Here insert affiant's name or names.

Sworn to and subscribed before me this day by the above-named affiant Samuel A. Guilford  
and Herbert T. Clark; and I certify that I read  
said affidavit to said affiant and, and acquainted them with its contents before they executed the same  
and they are both entitled to Credit

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal, this twentieth day of December 1899.

Sign here

Charles B. Stone

Notary Public

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

Act of June 27th 1890.

CLAIM FOR

Samuel Dow Jr

Increase Pension

L. F. 1 " N. H. H. A.

AFFIDAVIT OF

Samuel A. Guilford  
Herbert T. Clark

FILED BY

STATE PENSION AGENT OF MASS.,

STATE HOUSE,

BOSTON - MASS.

1899

No. 719,457

*Renewal* INVALID PENSION.

to *allow under the General Law*

Class, { Army,  
Navy,

Claimant,

*Edmund Dow, Jr, dead*

P. O.,

Rank,

Service,

Rate, \$ per month, commencing

Pensioned for

Attorney,

Fee, \$; agent to pay.

P. O.,

Articles filed, 1

Submitted, 191, for

, Examiner.

Approved for

Approved for

*Edmund Dow*

, 191,

Reviewer.

Medical Examiner.

Medical Reviewer.

, 191,

Rereviewer.

, 191,

Medical Referee.

Pensioned at \$ per month for

Enlisted, 1

Other service from, 1 to, 1

Discharged, 1

in

not in service since, 1

PRESENT CLAIM.

Declaration filed

*Mar. 11, 1889*

Claimant does write.

, M. C.

CIVIL WAR

This application will be valid unless if executed before a Notary Public or Justice of the Peace, must be executed before a Court of Record or some officer thereof having custody of its seal.

Joseph H. Hunter, Attorney in Pension, Patent, and Land Cases.

## DECLARATION FOR ORIGINAL PENSION.

NOTICE.—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 7th day of March, A. D. one thousand eight hundred and eighty nine personally appeared before me, Chas. Hardy of the Police Court of Lowell, a court of record within and for the County and State aforesaid, Edmund Dow Jr. aged 50 years, a resident of the City of Lowell, County of Middlesex, State of Mass., who, being duly sworn according to law, declares that

Edmund Dow Jr. who was **ENROLLED** on the 2 day of April, 18 64, in Company 1 of the 1st Regiment of Mass. Inf. by Capt. John F. Hardy, and was honorably **DISCHARGED** at Warrenton on the 16 day of June, 18 65; that his personal description is as follows: Age, 59 years; height, 57 feet 7 inches; complexion, light; hair, Brown; eyes, light. That while a member of the organization aforesaid, in the service and in the line of his duty at Fort Sumner in the State of Virginia on or about the 1st day of January, 18 65, he contracted Rheumatism also on or about Dec. 25th 1864 at Fort Sumner, Va contracted Piles also on or about June 1, 1865 at Fort Sumner Va contracted disease of Eyes.

That he was treated in hospitals as follows: Was not treated  
Here state the names or numbers, and the localities of all hospitals in which treated.  
the service  
the dates of treatment.

That he has 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 this applicant has resided in the Mass. of Mass., and his occupation has been that of a farmer. That prior to his entry into the service above named he was a man of good, sound physical health, being when enrolled a farmer. That he is now partly 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 his 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, **JOSEPH H. HUNTER**, of Washington, D. C., 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 Washobwa county of Middlesex State of Mass.

Edmund Dow Jr.  
 Claimant's Signature,  
Chas Hardy  
 ATTEST  
Wm J Hardy

(OVER.)

Also personally appeared Charles H. Troop, residing at Lowell, Mass.  
 and William Hardy, residing at Lowell, Mass., persons whom I  
 certify to be respectable and entitled to credit, and who, being duly sworn, say they were present and  
 saw Edmund Dow, the claimant, sign his name (or make his mark)  
 to the foregoing declaration; that they have every reason to believe from the appearance of said claimant  
 and their acquaintance with him that he is the identical person he represents himself to be, and that they  
 have no interest in the prosecution of this claim.

Charles H. Troop

Wm Hardy  
 Signatures of witnesses.

SWORN to and subscribed before me this 5th day of March

A. D. 1889; and I hereby certify that the contents of the above  
 declaration, &c., were fully made known and explained to the ap-  
 plicant 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.

James F. Savage  
 (Signature.)  
J. F. Savage  
 (Official Character.)  
of Lowell

MAR 5 1889

**NOTICE.**—This must be executed before a court of record; if executed before a Notary Public or Justice of the Peace, it will  
 be worthless and new papers will have to be drawn up.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of, and specific reference to it  
 will render it available in any subsequent claim.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be  
 recognized.

CLAIM FOR PENSION.

ORIGINAL.

Edmund Dow Applicant.  
1 Reg't,  
1st Co., A. Vols.  
Enlisted Sept 2, 1864  
Discharged June 15, 1865

FILED BY

**JOSEPH H. HUNTER,**

Attorney at Law,

— AND —

Solicitor of Pension, Patent and Land Cases,

Pacific Building,

Formerly of 934 and 936 F Street,

Look Drawer 718, WASHINGTON, D. C.

69 3 13 1201  
 MAR 11 1889  
 OFFICE

RECORD & PENSION OFFICE  
FEB 17 1896  
1310130  
WAR DEPARTMENT

D.B.K.

3-464 aa.

East

Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Feb. 15, 1896.

Respectfully referred to the Chief of the  
Record and Pension Office, War Department,  
requesting a full military and medical history

(Descriptive list.)

of the soldier.

Please examine all records likely to afford  
any information as to diseases, wounds, or  
injuries incurred by him while in the service.

No other report on file.

C.R. No. 719,957.

Name,

Edmund Dowd

Co.

71st Reg't N. H. Vol. H. A.

V. C. Murphy

Acty. Commissioner.



Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

**Record and Pension Office,**

WAR DEPARTMENT,

Washington, FEB 17 1896

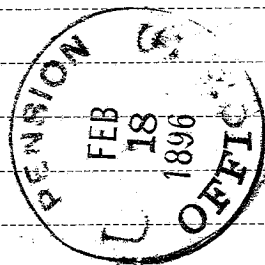
*Respectfully returned to the*

**Commissioner of Pensions,**

*with the information that in the case  
of Edmund Dow Jr. Co. F  
1<sup>st</sup> N. H. Hy. Art'y,*

*Military records furnish  
nothing add'l to that  
contained in statement  
of Aug. 7/89*

*No Medical record found*



BY AUTHORITY OF THE SECRETARY OF WAR:

*G. A. ...*

Colonel, U. S. Army, Chief of Office.

693312

# War Department,

RECORD AND PENSION DIVISION,

Washington, AUG 7 1889, 188

Respectfully returned to the Commissioner of Pensions.

Edmund Dow Jr., a private of Company F,  
1<sup>st</sup> Regiment N.H. Artillery Volunteers, was enrolled on the  
2<sup>nd</sup> day of September 1864, at Nashua,  
for one year, and is reported present upon rolls  
of company from enrollment to  
April 30, 1865 inclusive. Mustered out  
with company at Washington D.C.  
June 15, 1865. No additional information.

By authority of the Secretary of War.

P. P. Minsworth

Capt. and Assistant Surgeon, U. S. A.

Per

294

S. R. D.

Ex'r.

## Department of the Interior.

No. 693,312

Edmund Dow, jr.

F 1 N. H. H. A.

## BUREAU OF PENSIONS,

June 8, 1889.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of Edmund Dow, jr., who, it is claimed, enlisted Sept. 2, 1864, and served as a private in Co. F, 1 Reg't N. H. H. A.; also in Co.

and was discharged at Washington, D. C., June 15, 1865.

While serving in Co. F, 1 Reg't N. H. H. A. he was disabled by rheumatism, and piles,

also contracted disease of eyes,

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Was not treated in the service,

Very respectfully,

*George Russell*  
~~John C. Black~~  
 Commissioner

The Adjutant General, U. S. Army.



*June 8, 1889*  
*Eastern* Division.  
*S. R. D.*  
**FIRST CALL**

On Adjutant General, U. S. A.

Claim No. *693,312*  
*Edmund Dow, jr.*  
*Pr. Fr 1 N. S. S. A.*  
*Discharged June 15, 1865.*

RECORD &amp; PENSION OFFICE

NOV 23 1899  
1830617

WAR DEPARTMENT

EASTERN Div.

R.T.H.

Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Nov 22, 1899

Respectfully returned to The  
Chief of the Record and  
Pension Office, War  
Department, requesting  
a personal description  
of the soldier and his  
age at enlistment

Inv. No. 719,457

Edmund Dow Jr.

T. N. H. H. A.

J. H. Barrett

Acting

Commissioner.

Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

**Record and Pension Office,**

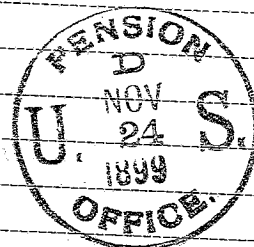
WAR DEPARTMENT,

Washington, **NOV 23 1899**

Respectfully returned to the

**Commissioner of Pensions,**

with the information that in case of  
*Edmund Dow, Jr. Co. D 1<sup>st</sup>*  
*N. H. Inf. Personal Description*  
*is as follows age 32 years*  
*5 ft. 7 inches Blue Eyes Brown*  
*Hair St. complexion born in*  
*Wilton, Me. a Farmer.*



BY AUTHORITY OF THE SECRETARY OF WAR:

*John Tinsdale*

Per  
*Mr*

Chief, Record and Pension Office.

# GENERAL AFFIDAVIT.

State of Massachusetts, County of Middlesex, ss.

In the matter of Edmund Dow Jr. applicant for  
persuasion.

ON THIS thirty first day of August A. D. 1889, personally appeared before me, a

Clark of Police Court of Lowell in and for the aforesaid County, duly authorized to administer oaths,  
Henry M. Mills age 50 years, a resident of Lowell

in the County of Middlesex and State of Massachusetts

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to a certain

That it was first Lieutenant  
1st Lt. A. H. Hervey artillery, who

[Note.—Affiants should state how they gain a knowledge of the facts to which they testify.]

was a member of my company, while in service and at the line of duty he contracted piles or blood poisoning at Fort Simmons, Virginia, about January 14, 1865. He was treated in the Regimental Hospital by the regimental surgeon, and when he did very little service after being taken to the hospital. I remember he was disabled at the time our regiment started for home and the Captain requested him to go to the Washington Hospital or a hospital at Washington, but he was anxious to come home and we brought him home. I was acquainted with him before he entered the service and regarded him as an able bodied man before enlistment.

My Post Office address is 49 Tilden St. Lowell, Mass

I further declare that I have no interest in said case and am not concerned in its prosecution.

H. M. Mills

[Signature of affiant.]

[If affiant signs by mark, two persons who can write sign here.]

Late 1st Serent Co 8 1st V. M. H. S.

Return all evidence direct to JOSEPH H. HUNTER.

State of Massachusetts County of Suffolk ss:

Sworn to and subscribed before me, this day by the above-named affiant, and I certify that I read said affidavit to said affiant including the words "hospital" - over-written Erased, and the words "Erased" added

and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

[L. S.]

James T. Savage  
[Official Signature]  
Clerk of the County Court  
[Official Character]

I, \_\_\_\_\_, Clerk of the County Court in and for aforesaid County and State, do certify that \_\_\_\_\_ Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 188 .

[L. S.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY then CLERK OF COUNTY COURT must add his certificate of character hereon, unless said JUSTICE or NOTARY has his CERTIFICATE on file in Pension Department.

2  
No. Pillsbury 1/15  
**General Affidavit.**

CLAIM OF

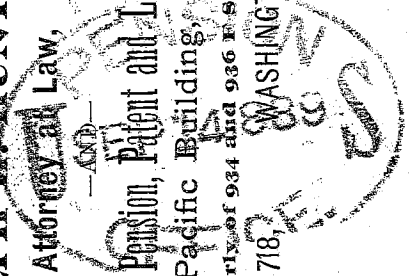
Late \_\_\_\_\_ Co.,  
Reg't, \_\_\_\_\_ Vols.

AFFIDAVIT OF

47 Fifth Avenue  
James M. Mills  
1st 9th Precinct  
+ Reg. Lord  
- Letter

FILED BY  
**JOSEPH H. HUNTER,**  
Attorney at Law,

Solicitor of Pension, Patent and Land Cases,  
Pacific Building,  
Formerly of 934 and 936 K Street,  
WASHINGTON, D. C.  
Lock Drawer 718, F.





# COMMONWEALTH OF MASSACHUSETTS.

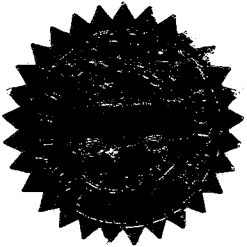
PC AGE COURT OF LOWELL. }  
District of Lowell.

MIDDLESEX, SS.

I, James F. Savage, Clerk of the said Court, the same being a Court of Record and Common Law Jurisdiction, do hereby certify that Edward W. Bull Esquire, was, on the day of the date of the annexed certificate, an acting Justice of the Peace, in and for said County, duly commissioned and qualified; that full faith and credit should be given to all his official acts as such; that the signature purporting to be his, to the annexed certificate, is in his own proper hand writing, and genuine.

Given under my hand and seal of said Court, at Lowell, in said County,

this fourth day of September A. D. 1889  
James F. Savage Clerk.



This is to certify that Edward W. Bull for a member of Company F 1<sup>st</sup> New Hampshire Heavy Artillery while in the line of duty on or about Dec 25<sup>th</sup> 1864 was afflicted with Piles and has been troubled more or less from that time until the present. He was also troubled with Rheumatism some time I think in June 1865 and am knowing to his being unfit to work after from that time till now, I considered him an unusual able-bodied man at the time of his enlistment, but never since his discharge have I thought him to be a well man. I have no interest in said claim for pension.  
Warren W. Herbert

Commonwealth of Massachusetts  
Listed as - Sept. 4. 1889 -  
Subscribed to and sworn to before me  
Edward W. Bull, Justice of the Peace



Lowell Mass Aug 28-1889

This is to certify that Edward Dow Jr a member of Company F 1<sup>st</sup> New Hampshire Heavy Artillery while in the line of duty on or about Dec 25<sup>th</sup> 1864 was afflicted with Piles and has been troubled more or less from that time until the present. He was also troubled with Rheumatism some time I think in June 1865 and am knowing to his being unfit to work often from that time till now, I considered him an unusual able bodied man at the time of his enlistment, but never since his discharge have I thought him to be a well man. I have no interest in said claim for pension.

Warren W. Herbert

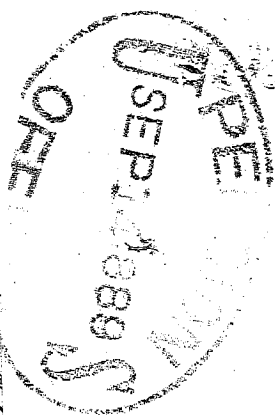
Commonwealth of Massachusetts  
Shirley as - Sept. 4. 1889

Subscribed and sworn to before me

Edward W. Bull, Justice of the Peace

1 canner 11. 3 each, purchase of one each

Dec/65 June/65  
Rheumatism  
+ A. F. Present  
- Rep  
+ Letter



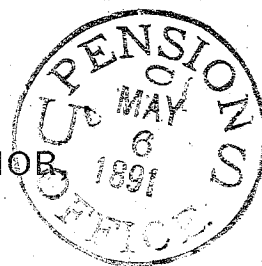
[3-489.]

*Crotino* Div.  
*C. M.* Ex'r.  
 Original No. 693,312  
*Edmund Dow Ar.*  
 Co. *A. 1* Reg't *M. M. W. Arty*

## DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS,

WASHINGTON, D. C.,



Return this letter with your reply.

*April 29*, 1891.

Sir:

To aid this Bureau in the adjudication of the above cited claim, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relative to the incur-  
*rence of piles and rheumatism*

In your reply please be as specific as possible in respect to dates, and describe as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer, indorsed upon the back of this letter, will be appreciated.

Very respectfully,

*Geo B Ramm*  
 Commissioner.

*Warren M. Herbert*  
*Lowell,*  
*Mass.*

Lowell Mass May 4-1891

Green B. Rum Esq

Dear Sir

I am in receipt of your request in regard to Edmund Dow Jr. and will say. I am knowing to his being troubled with Piles and Rheumatism while in the service and also after his discharge. He was at one time in my employ and from the nature of the work it being a damp place, was obliged to give up the job. Since that time I have frequently seen him, and from his general appearance I think the man badly afflicted.

Respectfully Yours

Warren W. Herbert

6 Columbus Ave

Lowell Mass

# GENERAL AFFIDAVIT.

State of New Hampshire County of Hillsborough ss:  
 In the matter of Edmund Dow late Govt Warrant  
Vol 110 693 312

ON THIS 11 day of April, A. D. 1896, personally appeared before me  
a Notary in and for the aforesaid County duly authorized to administer  
 oaths James Steele aged 56 years, a resident of Nashua  
 in the County of Hillsborough and State of NH

well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to  
 aforesaid case as follows: that I was Sergh of said Co and well

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

acquainted with soldier that at the time we  
were about coming home he was in the hospital  
at Ft Simons suffering from rheumatism  
and some stomach trouble. This was in May or  
June 1865. I used to see him while in the hospital  
for quite a long time 5 weeks possibly more or less  
he was so badly used up that I remember the Capt  
thought he had better remain behind but he did  
not and in some way got on to Nashua & took  
the Car with us and came home. I have seen him  
on several occasions since his discharge and he  
has always been a great sufferer from rheumatism  
I cannot give date when I have seen him but lately  
one and he is now badly used up with rheumatism  
pins in his limbs and looks just by his appearance  
I make this statement to C. B. Bond who with my  
aid on 21 Apr. 1896 I have written foregoing  
statement no matter by any handwriting is  
mine  
 His Post-office address is Nashua 217 Main St  
Hillsborough further declare that he has no interest in said case and is not concerned

in its prosecution.

James Steele  
 (Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)

clear

STATE OF Massachusetts, COUNTY OF Worcester, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words.....

.....erased, and the words.....

.....added, and acquainted.....

with its contents before he executed the same. I further certify, that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

[L. S.]

E. B. Gould  
(Official Signature)  
Notary Public  
(Official Character)

I....., Clerk of the County Court in and for aforesaid County and State, do certify that....., Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing.....

.....in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.....day of.....189.....

[L. S.]

Clerk of the.....

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 verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

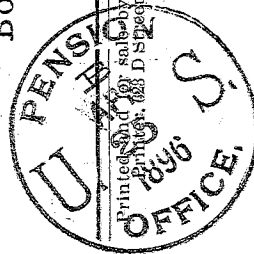
ADDITIONAL EVIDENCE.

CLAIM OF

AFFIDAVIT OF

FILED BY

MASS. STATE PENSION OFFICE,  
30 PEMBERTON SQUARE,  
BOSTON.



Printed and for sale by John F. Sherry, Claim Blank  
Printer, 221 D Street, N. W., Washington, D. C.

East Div.

3-489.

D.B.K. Ex'r.

C. I. No. 719,457  
Edmund Dow Jr.

Department of the Interior,

BUREAU OF PENSIONS,

Co. F, 1 Reg't N. H. Vol. H. A.

Return this with your reply.

Washington, D. C.

May 15, 1896.

SIR:

To aid this Bureau in the adjudication of the above entitled claim for pension, please furnish a statement in your own handwriting setting forth

all the facts within your personal knowledge relative to the incurrence of

any disability or disabilities by

Edmund Dow Jr. while in the service.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse of this letter will be appreciated.

Very respectfully,

Wm. Lockman

Commissioner.

Mr. James Steele,  
247 Main St.,  
Nashua, N. H.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.



Post-office address:

Washington, D. C.  
June 1st, 1896

SIR:

In reply to your request I have to state that all the information I can give in the Edmund Dow claim, I gave in my affidavit a short time ago.

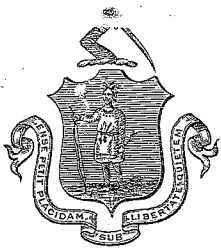
Respectfully Yours

James Steele  
207 Main St.

Very respectfully,

COMMISSIONER OF PENSIONS,

Washington, D. C.



Commonwealth of Massachusetts.

PENSION DEPARTMENT,

No. 30 PEMBERTON SQUARE, BOSTON.

AFFIDAVIT.

State of *New Hampshire* *Massachusetts*

County of *Hillsborough*

ss.

*no 693312*

In the matter of the claim for Pension of *Edmund Dow late*  
of *Co F 1 N.H. Art. Regs*

of Company *F*, *1* Regiment *N.H. Art.* Vols.:

Personally came before me, *Notary Public* in and for  
aforesaid County and State, *James W. Blood* and

, resident of *Nashua*  
in the County of *Hillsborough*, State of *N.H.*, who being

duly sworn, declare in relation to aforesaid claim, as follows:— *that he was a*  
*member of said Co F was well acquainted*  
*with Dr. A. H. Simmons along the last of May or the*  
*time of the year he was sick and in our Regimental*  
*Hospital and was there when we were making our preparations*  
*to come home. I remember we were sitting near on bomb proof*  
*and other places and I saw him about a month and he was very*  
*lame was looking on. It was either in May or June 1865. I im-*  
*mediately understood when he was in the hospital that he was disabled by rheu-*  
*matism and seeing him at our grass cutting house and*  
*with difficulty in travelling and I fixed it in my own mind*  
*that he had rheumatism that continued all the time and*  
*it was mentioned that he was so sick and crippled that he must*  
*be left behind I said "no. he is going home if I have to carry him*  
*home on my back" and he was taken along and on the Chap-*  
*lain's horse to Washington D.C. and then took the cars and*  
*him with us. I recollect the course of rheumatism from*  
*his confinement in hospital and him sitting with*  
*us looking at our little grass and the decision to come*  
*home behind and my vigorous efforts to get him to the*  
*hospital the morning he started and telling him what we*  
*said about leave in. He was up and dressed but they thought*  
*that he could go but he rode and stayed. The remark that he*  
*must be left behind from the Capt. Am*  
I further declare that I have no interest in said claim, and am not concerned

in its prosecution. This is my own voluntary statement made to be  
sworn April 11. 96 at *11* *Nashua* *N.H.* No writing or subscription  
or suggestion of any kind from any body

Affiant's Signature,

P. O. Address,

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature,

P. O. Address,

*James W. Blood*  
*123 West Pearl St*  
*Nashua N.H.* [OVER.]

*when.*

Sworn to and subscribed before me this day by the above-named affiant James W. Blood; Here insert affiant's name or names. and I certify that I read said affidavit to said affiant, and acquainted him with its contents before he executed the same

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal, this 21<sup>st</sup> day of April 1896  
Arch on file Sign here W. B. Gould  
Notary Public

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If ~~the~~ officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court ~~shall~~ be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

D of 719.457

No. 693312

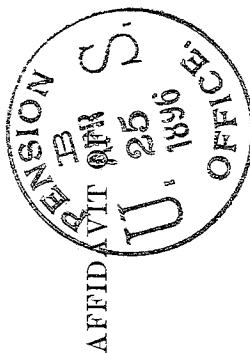
CLAIM FOR

Orig. Ins. Pension

Edmund Dow

Co. F, 1<sup>st</sup> Regt.

A. H. H. Co.



James W. Blood

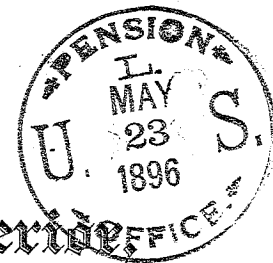
FILED BY  
STATE PENSION AGENT OF MASS.,  
30 PEMBERTON SQUARE, ROOM 6,  
BOSTON, MASS.

West Acton Mass  
July 14 / 89 /  
Middleret St  
Then personally  
appeared the above named  
Edmund Souff and made  
oath that the above statement  
made by him is the truth  
David Hutchins  
Justice of the Peace

within a very short time  
I have employed as I  
Hutchings of West Acton  
I am unable to give the  
dates & places of my disability  
I remember while living in  
Hartford Conn that for nearly  
the whole season I was un-  
able to perform my work  
and just a good many  
other times I have been  
laid aside several weeks  
at a time and have never  
been able to do a man's  
work

Edmund Dow Jr

Witness  
David Hutchings



6-23-96  
East

Div.

3-489

D.B.K.

Ex'r.

Chf. No. 719.457

Edmund Dow, Jr.

Department of the Interior

BUREAU OF PENSIONS,

Co. F. 1 Reg't M. H. Vol. H. A.

Return this with your reply.

Washington, D. C., May 15, 1896,

SIR:

To aid this Bureau in the adjudication of the above entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of any disability or disabilities by Edmund Dow, Jr. while in the service.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse of this letter will be appreciated.

Very respectfully,

Wm Lockman

Commissioner.

Mr. James H. Blood  
193 West Pearl St.,  
Nashua, N. H.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

Post-office address:

193 West Pearl St  
Nashua, N. H.

May, 21, 1896

SIR:

In reply to your request I have to state that

I do not  
know any thing about  
Edmund Dow. In referring to  
the list of names in my company  
I find his, but do not remember  
any thing more.

Very respectfully,

James W. Beall

COMMISSIONER OF PENSIONS,

Washington, D. C.

# GENERAL AFFIDAVIT.

State of Massachusetts County of Middlesex ss :

In the matter of Claim for Pension of Edmund Dow

ON THIS second day of June A. D. 1892, personally appeared before me, a  
Notary Public in and for the aforesaid County, duly authorized to administer oaths,  
Benjamin J. Goding age 26 years, a resident of Acton  
in the County of Middlesex and State of Mass

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

That he is acquainted with applicant having  
for the past three years worked for the same  
Employer. That he has often heard  
complaints of his eyes and has frequently  
called him to assist him about his work  
because he could not see to do it himself.  
during the last three months should say  
that did not work more than one half  
to two thirds of the time. he has also been  
very lame, and sick with Rheumatism  
frequently being confined to the house for  
two or three weeks at a time

Return to JOSEPH H. HUNTER, Attorney, Washington, D. C.

is Post Office address is West Acton Mass  
he further declares that he has no interest in said case and is not concerned in its prosecution.

(If Affiant signs by mark, two persons who can write must sign here.)

Benj. J. Goding  
(Signature of Affiant.)



State of Massachusetts, County of Middlesex, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added and acquainted he with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

Charles B. Stone  
(Official Signature.)  
Notary Public  
(Official Character.)

[L. S.]

Certificates on file

I, \_\_\_\_\_ Clerk of the Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a \_\_\_\_\_ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

This can be executed before any officer duly qualified to administer oaths.

Ex. No. 9. 457

**General Affidavit.**

---

**CLAIM OF**

Edmund Don, Jr.

---

**"D"**  
Co. Reg't in McHale's

---

**AFFIDAVIT OF**

Benny J. Gooding  
West Detroit, Mass.

---

**FILED BY**

**JOSEPH H. HUNTER,**  
Attorney at Law,  
27 1/2 AND—  
1892  
Solicitor of Pension, Patent and Land Cases,  
Lock Drawer 718,  
WASHINGTON, D. C.

# PHYSICIAN'S AFFIDAVIT.

NOTE.—The 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 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 an account or memoranda in possession of the physician, that fact should be stated.

State of Massachusetts, County of Middlesex, ss:

In the Pension Claim No. 719457

of Edmund Dour Jr late of  
Company F 1st Regt New Hampshire Vols H &  
(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid  
County and State Sealed Hutchins MD

whose residence and Post Office address is West Acton Mass

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a practicing physician, and has been acquainted with said soldier for about 3 or 4 years, and that

(Here embody all the facts known to the affiant, in accordance with the marginal instructions. No erasures or interlineations will be

permitted unless the magistrate certifies in his jurat that they were made before executing the paper.)

## 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 soldier while in the service, either as his regimental surgeon or while the soldier was home on furlough, that fact should be stated. The soldier's physical condition at such times should be clearly shown, as well as the nature of his disability and dates of treatment.

3d. If he has treated the soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with a complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions or advice.

4th. He should state the extent to which soldier has been unable to perform manual labor, and should compare the degree of disability existing during each year to that which would result from the loss of an arm or leg, hand or foot, thumb, finger or toe, as the case may be, according to his best judgment.

Did not know Edmund Dour Jr prior to his enlistment have known him there as few years during which time I have been called professionally and prescribed for him I think his troubles have been of a rheumatic character together with deranged action of the Liver & Bowels have lived about twenty rods from him for between two and three years have known him to be laid aside from all labor at frequent intervals

I cannot give dates of treatment since his discharge I do not keep a book account only as further get trust

I think from what I know of the patient that he has been unable to do half a man's work for two years past

The heart at times seems to have a very uncertain & abnormal action

In my judgement there is very general loss of the power & action of the system

I think his age is such that in his case specially he comes into the down grade of life The trouble of the eyes is evidently increasing so that other things being well he could not attend well to ordinary labor

He further declares that he has been practitioner of medicine for nearly 40 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

*Garish Hutchins*

(Affiant's Signature. Give rank and service, if in the army.)

*resides to miss 100 days to 8*

Sworn to and subscribed before me, this 11<sup>th</sup> day of June A. D. 1892

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him 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.

*Shadrach Stone*

(Official Signature.)

*Notary Public*

(Official Character.)

[SEAL.]

*Certificate on file*

I, \_\_\_\_\_, Clerk of the Court in and for aforesaid County and State, do certify that \_\_\_\_\_, Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing a \_\_\_\_\_ in and for said County and State, duly commissioned and sworn, that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_

[L.S.]

Clerk of the \_\_\_\_\_

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, if he has no certificate on file. If one on file another is not required.

*Def No 719, 437*

CLAIM OF

*Edmund Dow, Jr  
Do. 1, W. H. H. A.*

AFFIDAVIT OF

*Dr. Garish Hutchins*

Medical Evidence.

FILED BY

**JOS. H. HUNTER,**  
Attorney at Law,

END—

**OFFICE OF PATENT AND LAND CASES,**

Lock Drawer 718,

WASHINGTON, D. C.

BYRON S. ADAMS, PR., 512 SEVENTH ST.

*copy sent*

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,

WASHINGTON, D. C., *October 11, 1897*

*2. 10. 1.* Ex'r.  
*Chf.* No. *719,457.*  
*Edmund Dow, Jr.,*  
Co. *F,* / Reg't *N. H. Vol. H. A.*

ADDRESS YOUR REPLY TO THE COMMISSIONER OF  
PENSIONS WITH RETURN OF THIS LETTER.

Sir:

In response to your request for information as to the status of the above entitled claim for pension under the general law, you are advised that <sup>it requires</sup> the testimony of a commissioned officer, first sergeant, or two or more comrades of the claimant's company showing when <sup>and</sup> where he contracted disease of eyes, <sup>and</sup> one more comrade showing when <sup>and</sup> where he contracted piles. There is no testimony on file on the first point. The testimony of H. M. Mills relates to the origin of piles, <sup>but</sup> <sup>it</sup> is unsatisfactory for the reason that he does not reply to a letter of inquiry addressed to him by this Bureau relative to his personal knowledge of facts to which he has testified. The only other testimony on file relative to the origin of claimant's disabilities is that of Warren W. Herbert, who testifies as to piles <sup>and</sup> rheumatism, <sup>and</sup> <sup>a part of</sup> James Steele <sup>and</sup> James W. Blood,

who ~~also~~ testify as to rheumatism, but the ~~last named~~ <sup>latter</sup> appears to have no <sup>very</sup> reliable knowledge.

There should be furnished the testimony of the surgeon or assistant surgeon of the claimant's regiment showing treatment for rheumatism, piles, <sup>and</sup> disease of eyes while <sup>he</sup> the claimant was in the military service.

There should, <sup>also</sup> be furnished the testimony of two persons showing whether the claimant continued to suffer from disease of eyes during each year from his discharge, <sup>to 1889,</sup> <sup>also that of</sup> <sup>and</sup> one more person showing the continuance of rheumatism <sup>and</sup> piles during that period. The only testimony relative to the continuance of rheumatism <sup>and</sup> piles, is that of Warren W. Herbert, but it is alone insufficient.

Please furnish this Bureau with the present postoffice address of <sup>the</sup> said Herbert, including, if he is a resident of a city, the street <sup>and</sup> number of his residence.

Very respectfully,

Mr. J. B. Parsons,  
Boston, Mass.

Commissioner.

Edmund Bone Jr.  
 Cf. 7/9. 457.  
 F. M. H. Vol. H. A.

Basis.

1. Allen Jan 1/65. (no rat.)
2. Piles. Dec. 2/64.
3. dis of eyes. June 1/65.

Cont. for dis. since discharge.  
 Says he was not treated in serv. but one com-  
 rade says he was.

Orig. good. AG.  
 H. M. Mills. 1st Lt. (wrote reply.  
 good AG. (Letter Piles: -)  
 Warren W. Herbert. Piles and rheumatism.  
 Jas. Steele, ag. shew. Letter OK? (a little short.  
 Jas. W. Blood. shew. (Let. no knowledge)

Cont. Good. AG. (Letter same  
 + Warren W. Herbert. Piles and rheumatism.  
 + P.O. add. wanted. (not very definite.)

Wanted. Orig. of dis of eyes, one more in  
 add to Herbert for Piles, and treat  
 in serv. for all, 2 for cont of dis of eyes  
 to 1889. And 1 more in add to Herbert for con of  
 Piles and rheum to 1889.

# INSURANCE

ONLY the STRONGEST and  
BEST COMPANIES repre-  
sented holding State  
Brokers license and  
Boston Board Certificate.  
I insure anything any-  
where. Surety Bonds  
furnished for any pur-  
poses.

## GEORGE G. RUSSELL

ESTABLISHED 1878

FIRE, LIFE, AND LIABILITY INSURANCE

391 MAIN STREET

CONCORD JUNCTION, MASSACHUSETTS

# REAL ESTATE

Bought, Sold, Rented,  
and Cared For.

## NOTARY PUBLIC

Legal Instruments, Deeds  
Leases, Mortgages, Etc.,  
Drawn.  
Loans Negotiated.  
Estates Settled.

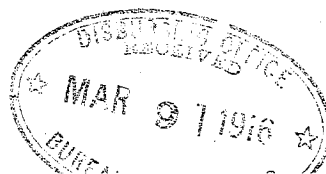
To the Disbursing Clerk      Concord Junction, Mass.,      March 6/16

Bureau of Pensions  
Washington D.C.

Dear Sir:

I am writing you for the widow  
of Edmund Dord Jr. who died Feb 16<sup>th</sup>  
and whose pension cheque was number  
Mrs Dord requests that the necessary papers  
be sent to me for her to file out so that  
she can receive what was coming to her Dord  
and also application papers for herself

Yours Truly  
George G. Russell



*MDG*

Civil War Division  
Wid. Orig. 1062543  
Sarah A. Dow  
Edmund Dow, Jr.,  
Co. F, 1<sup>st</sup> New Hampshire H.A.

MCM

April 26, 1916.

Joseph H. Hunter, Atty.,  
Washington, D.C.

Sir:

There is required in the above cited claim for pension the sworn statements of two credible witnesses having the requisite personal knowledge, showing whether the soldier and claimant were ever divorced, and whether they lived together as husband and wife from 1875 to the date of the soldier's death, as the testimony of Charles A. Hunter and George A. Smith on file is not satisfactory for the reason that they failed to state the length of time they knew the soldier and claimant.

Very respectfully,

G. M. SALTZGABER

Commissioner.



Finance Division

*RF*

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON

MAR 16 1916

, 191 .

*Sir:*

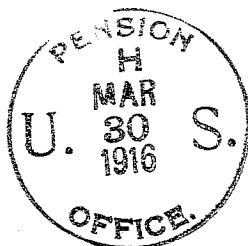
Complying with the request contained in your letter of *the 6th inst*, you will find inclosed a blank declaration for pension under the act of April 19, 1908, in the case of *Edmund Dow, Jr*, Cert. No. *719 457*.

In order to have title thereunder, the soldier must have rendered a service of ninety days or more during the Civil War and received an honorable discharge therefrom, and *the widow* must have been married to him prior to June 27, 1890.

If the soldier's death can be proven a result of disease contracted, or wound or injury received, while in the service and line of duty, *the widow* may have title to pension under the general law without regard to the date of marriage, and a blank form of application thereunder will be sent upon request.

Where the widow makes claim for original pension, no formal application is required for payment of the pension accrued to the date of soldier's death, as the question of her title thereto will be considered in connection with said claim.

Very respectfully,



*J. M. Seligman*

Commissioner.

(Inclosure.)

## INSURANCE

ONLY the STRONGEST and  
BEST COMPANIES repre-  
sented holding State  
Brokers license and  
Boston Board Certificate.  
I insure anything any-  
where. Surety Bonds  
furnished for any pur-  
poses.

## GEORGE G. RUSSELL

ESTABLISHED 1878

FIRE, LIFE, AND LIABILITY INSURANCE

391 MAIN STREET

CONCORD JUNCTION, MASSACHUSETTS

## REAL ESTATE

Bought, Sold, Rented,  
and Cared For.

## NOTARY PUBLIC

Legal Instruments, Deeds  
Leases, Mortgages, Etc.,  
Drawn.

Loans Negotiated.

Estates Settled.

*Finance Div*

*Bureau of Pensions*

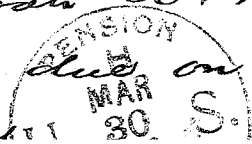
Concord Junction, Mass.,

*March 28 / 16*

*Gentlemen:*

*Washington*

*Enclosed please find Declaration  
of Sarah A. Dow for widows pension and  
balance due on Edmund Dow for pension at time  
he died*



SARAH A DOW  
CONCORD JUNCTION MASS  
809887 JULY 26 WID  
200 COMMONWEALTH AVE

3-1081

**DROP REPORT—PENSIONER**

\_\_\_\_\_ Cert. No. \_\_\_\_\_

Pensioner \_\_\_\_\_

Soldier \_\_\_\_\_

Service \_\_\_\_\_

Class ACT OF JULY 3, 1926 SECTION W

**RECORD DIVISION**

\_\_\_\_\_, 192  
In the above-described case a declaration filed  
in this Division indicates that said pensioner died  
\_\_\_\_\_, 19\_\_\_\_\_

*Chief, Record Division.*

**FINANCE DIVISION**

\_\_\_\_\_ JAN 6 1927 \_\_\_\_\_, 192  
The name of the above-described pensioner who  
was last paid at the rate of \$ 50 per month  
to DEC 4 1926 \_\_\_\_\_, 19\_\_\_\_\_, has this day  
been dropped from the roll because of death  
Dec 13, 1926

*Chief, Finance Division.*



3-852

*Goff* Ex'r. *278*  
*7/1* No. *1062543* DEPENDENT.

Act of *Act of April 19, 1908*

*Sarah A. Dow*  
*Concord Junction*  
*15 - Pine St - Mass.*  
*Widow*  
*Edmund Dow Jr*

Service *F. I. N. H. A.*

Died *Feb 16, 1916, Concord Mass.*

*No* other claim. *than*

*IC - 71945-7 ° 2a*

*Mar. 23, 1916 New B.*

Clerk.

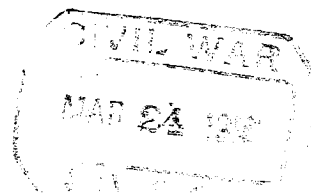
Application filed: *Mar 13, 1916*

Attorney: *Joseph H. Hunter*

P. O. *City -*

Attorney Filed.

Mar. 21. 16 F  
Notified Mch 23, 1916  
Apr. 26/16 Atty. J. Hunter  
Cohat. (carbon) mdy



Copy of circular letter issued by Bureau of Pensions.

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

Madam:

The first section of the Act of Congress, approved by the President September 8, 1916, reads as follows:

" \* \* \* That from and after the passage of this Act the rate of pension ~~for a widow, now on the roll or hereafter to be placed on the pension roll and~~ entitled to receive a less rate than hereinafter provided, who was the lawful wife of any officer or enlisted man in the Army, Navy, or Marine Corps of the United States, during the period of his service in the Civil War, shall be twenty dollars per month, and the rate of pension for a widow of an officer or enlisted man of the Army, Navy, or Marine Corps of the United States who served in the Civil War, the War with Mexico, or the War of 1812, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereafter provided, who has reached or shall hereafter reach the age of seventy years, shall be twenty dollars per month; \* \* \* "

If you are pensioned as the widow of a soldier, sailor, or marine, who served in the Civil War, the War with Mexico, or the War of 1812, and if you have reached the age of seventy years, you should fill out the blank on the back of this communication and return same to the Commissioner of Pensions, Washington, D. C., being careful to state correctly your pension certificate number, the name and service of the soldier, sailor, or marine, the exact date of your birth, the place of your birth, your name as it appears in your pension certificate, and your present postoffice address in full.

If the evidence in your pension case shows that you are entitled to the increase of pension provided by this legislation, the Bureau will, as soon as possible, grant the increase. If further evidence be necessary, a call for same will issue.

No claim agent or attorney will be recognized in connection with this matter.

Respectfully,

G. M. SALTZGABER,

Commissioner.

Sept. 22 1916

Widow's Certificate Number 809887

Name of Soldier (or sailor) Edmund Low

Service of Soldier (or sailor) Sept 2<sup>nd</sup> 1864 to June 15<sup>th</sup> 1865

Commissioner of Pensions,

Washington, D. C.

Sir: I am pensioned under the above certificate number, because of the service of the soldier (or sailor) named. I was his wife during the Civil War.

I am 75 years of age, having been born in Pelham N. H. 1841, at

I am entitled to the increase of pension provided by the first section of the Act of September 8, 1916.

(Signature) Sarah W. Low

(Postoffice address) 200 Commonwealth Ave.

Concord Junction Mass.



[3-216 a.]

*Huse* Ex'r.

No. *693312*

Act of June 27, 1890.

*Edmund Bow Jr.,*

P. O. *H. Aclon,*

*Middlesex Co., Mass.*

Service: *Pro. L, 1-A.H., H.A.*

Enlisted: \_\_\_\_\_, 18 \_\_\_\_\_

Discharged: \_\_\_\_\_, 18 \_\_\_\_\_

Application filed: *Aug 14*, 18*90*

Alleges: \_\_\_\_\_

Any other Claim filed: *693312*

Numerical No. *341466*

Attorney: *J. H. Hunter*

P. O. Review.

Board of Review.  
JUN 21 1892

Recognized.

Contract

Cert. of Dis. Searched for \_\_\_\_\_, 18 \_\_\_\_\_

ATTY FILED

Mr. *Swett*

N. H.

*J.B.P. 220*

Vt.

*April 28/91*

*Call 7*

Mass.

R. I.

Conn.

N. Y.

N. J.

Del.

No. ....

In claim for invalid Pension  
no 698812

In answer to questions in  
call no 13 I Edmund Dow  
I have to say that my several  
places of residence and  
Post-office addresses have  
been as follows, residence  
for two years immediately following  
my discharge, Wincham  
N H Post Office address  
Pelham N H 2<sup>nd</sup> about two  
years in Pelham N H Post  
office address Pelham N H  
3<sup>rd</sup> about 12 years in  
Chelmsford Mass Post  
office address South Chelms-  
ford Mass  
4<sup>th</sup> about 6 years in Westford

Mass Post-office address  
Nashoba Mass  
The holder of this time  
have lived in Acton Mass  
Post-Office address West  
Occupation that of Farmer  
and Peddling  
Disabilities are as follows  
impaired vision, Hemorrhoids  
Rheumatism which  
have come upon me gradually  
having a history of years  
but I am unable to  
give it or explain it  
Dr Emery of Hudson N H  
Dr Cowdery of Acton Mass and  
Dr Hewarft of Shelburne for  
many all of which or more  
dealt have attended me

COMP' OLD LAW CLAIM.

Chin  
(2217)

IN **ABANDONED**

Claim to \_\_\_\_\_

No. 719. 457

Edmund Dow Jr.

P. O., West Acton,

County, Middlesex,

State, Mass.

Application filed, March 11, 1889

State Service, "A", 1<sup>st</sup> N. H. Vol. H. A.

Feb. 15/96. To J. B. Parsons for orig

(more in add to Herbert) for orig,

and Mills relates to piles, and 2 more

for orig. of dis. of eyes, for test in

sew. for all dis, and cont (more)

in add to Herbert to 1889 for piles

and 2 for diseased eyes,

To Mills for inc. To Herbert for cont,

Ret'd. 1889. D.B.K.

Disability, Rheum. piles &

dis of eyes.

Attorney, Joseph H. Hunter,

P. O., City.

County, \_\_\_\_\_, State, \_\_\_\_\_

Apr. 6/96. Same to <sup>att.</sup> Hunter as to  
J. B. Parsons on Feb. 15/96. Also  
asked for add. of Herbert  
May 15/96. To Steele for <sup>D.B.K.</sup> ~~in case cont.~~  
~~to Board of Prisoners, and to all and~~  
~~for Room~~ <sup>D.B.K.</sup>  
May 27/96. reaction <sup>D.B.K.</sup>  
Sept. 2/96. " "

Oct. 11/97. To J. B. Parsons <sup>and atty.</sup>  
Hunter for further orig  
and cont. as indicated in  
copy of letter in case.

Nov. 9, 97. Above call repeated  
to J. B. Parsons, Boston, Mass.

[3-216.]

Ex'r.

INVALID.

No.

693312

Acts of July 14, 1862, and March 3, 1873.

Edmund Dow Jr.,

P. O. Nashoba

Middlesex Co., Mass.

Service: Pvt. 7, 1<sup>st</sup> N. N. N. A.

Enlisted: Sept. 2, 1864

Discharged: June 15, 1865

Application filed: Mar. 11, 1889.

M. R.

Alleges. Rheu, piles & dis  
of eyes

Re-enlisted:

2/22/89

Attorney:

Jas. H. Hunter

P. O.

Washington  
D.C.

Not. Apr. 26/89. J.P.S.

ME June 8, 1889. ~~Order~~ ~~to~~ ~~the~~ ~~court~~

N.H. [3-079] to claimant.

Atty. Hunter for testimony of

~~and surgeon~~ ~~and~~ ~~and~~ ~~and~~ ~~and~~

Order to atty. S. R. D.

VT Oct. 31-89 ~~Col. M. B.~~

~~Mills & Herbert.~~

MASS. Atty. Hunter for that

evidence of ~~and~~ ~~and~~ ~~and~~

R. I. Continuance

called for above

CONN. ~~awaited~~

2. B. P. 220

N. Y. 1st Mo. Apr. 28/91 Continuance

per Atty. Hunter. ~~Att. 13 to~~

N. J. ~~Haimant.~~

Jan. 4/92

DEL. Origin, Continuance

R. Surg. per Atty. Hunter.

~~for reputation of~~ ~~and~~ ~~and~~ ~~and~~ ~~and~~

No. ....



3/221

3-1647.

Act of Feb. 6, 1907.

Cert. 719-457

Name, Edmund S. Co. Jr.

Application filed Mar 6, 1907

Service, H. S. N. H. H. H. H.

3-732

Cert. No.

✓  
809887

Act of April 19, 1908

Sarah A

Widow of

Edmund Bow Jr

Rank

Private

Company

F

Regiment

1<sup>st</sup> N. H. H. A

Rate per Month \$ 12

Commencing

March 13 1916

DEAD

Ending

Agency  
or  
Group No.

Group 3

Issued

June 27 1916

8-3387

Issued

Sept 22 1916

Entitled to \$20 per month.  
Commencing Sept. 8, 1918.  
Under act of Sept. 8, 1918.  
Wife During Civil War service.

W

ACT OF MAY 11, 1912.

INVALID.

Cert. No. 719,457

Name, Edmund Dow, Jr.

Rank, Private, Service, Co. F. 1<sup>st</sup> N. H. A.

Agency: { Original Roll: Boston  
Transf'd 1 to Group 3  
" 1 to

5  
Entered  
Issue.  
Class  
Pais.

Issued Dec. 24, 1912.

DEC 26 1912

Mailed

Rate and period, \$22.<sup>50</sup>, from May 27, 1912.

Fee, \$

Deductions: 0

Disability: ✓

Issued

DEAD

Mailed

Rate and period, \$, from

Fee, \$

Deductions:

Disability:

Issue.  
Class

Entered

Entered	Issue.	Class	Issued _____
			Mailed _____
			Rate and period, \$ _____, from _____
			Fee, \$ _____
Entered	Issue.	Class	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Accrued Pension, ACT OF MARCH 2, 1895. Accrued-Pension Order Issued <u>June 27, 1916</u> Payable to <u>widow</u> Sent _____ to Finance Division.</p> </div>
			Deductions: _____
			Disability: _____
			_____
Entered	Issue.	Class	Issued _____
			Mailed _____
			Rate and period, \$ _____, from _____
			Fee, \$ _____
Entered	Issue.	Class	Deductions: _____
			Disability: _____
			_____
			_____
<p>INDORSEMENTS.</p> <p>MAR 16 1916 <i>Wid. N. L. Bell</i></p> <p><i>E. G. Russell</i></p> <p><b>DROPPED</b></p> <p>MAR 16 1916 FINANCE C&amp;T</p>			

INVALID. (Series 3-230.)  
**Act June 27, 1890.**

Cert. No. **719457**

Name, Edmund Dow Jr

Rank, Plt; Service, Co 7. 12. H. 1st  
Reg Arty

Original Roll: Boston  
 Agency. { Transf'd \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_  
 " \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

Issued Feb 8, 1892  
 Mailed " 16, 1892  
 Rate and Period, \$ 8, from Aug 14, 1892

Fee, \$ 1.00  
 Class 1st  
 Issue 1st  
 Entered 1st  
 Deductions: None  
 Disability: Disease of eyes

Issued May 11, 1894  
 Mailed " 18, 1894  
 Rate and Period, \$ 6, from Nov. 4, 1894

Fee, \$ 1.00  
 Class 1st  
 Issue 1st  
 Entered 1st  
 Deductions: None  
Part 1. 1. 1. 4

**Action complete**  
**by Board of Revision.**

**Act of June 27, 1890.**

**M. C.** *Dec 11*, 1902  
 Issued, *17*, 1890  
 Mailed *12*, from *June 30, 1890*  
 Rate and Period, \$ *12*, from *June 30, 1890*

**Act of June 27, 1890**

Deductions: \_\_\_\_\_

Disability: *Inability to do support*  
*normal labor.*

*Oct. 15*, 1907  
 Issued *16*, 18  
 Mailed *20*, from *March 6, 1897*  
 Rate and Period, \$ *20*, from *March 6, 1897*

Deductions: *0*

Disability: *a*

**INDORSEMENTS.** *m.R. 97*  
*74. In pens'r. 30 days to reduce to 180-*  
*77. Family data cir. 3-173 to Chas.*  
*A.B.K.*

JAN 26 1900

Chas. & Aug. Parsons  
notified of rej. inc  
Oct. June 79 C.P.A.



BOARD OF REVISION.

Department of the Interior,

BUREAU OF PENSIONS.

*Oct. 18<sup>th</sup>*, 189*3*

Cert. No. *719,457*

Pensioner, *Edmund Dwyer, Jr.*

Co. *A*, *1<sup>st</sup>* Regt. *N.H.A.*

Act of June 27, 1890.

*Respectfully referred to the Medical  
Referee.*

*This pensioner is on the rolls under  
above act at the rate of \$**8.00* *for*

*Disease of eyes.*

*He has a claim for increase on file under  
which he has been examined. To enable  
this Board to dispose of the case will you  
please state:*

*1st To what rate, if any, he is entitled  
for the disabilities for which pensioned.*

*2d. To what rate, if any, for the above  
and those found under his claim for in-  
crease.*

*Kelly*

Reviewer.

BOARD OF REVISION.

*Mint*  
Department of the Interior,

BUREAU OF PENSIONS,

*April 24*, 189*4*

Cert. No. *719 457*

Pensioner, *Edmund Dow, Jr.*

Co. *G*, *1* Reg't *N. V. Army.*

Act of June 27, 1890.

Respectfully referred to the Chief of the  
*Eastern* Division, inviting  
his attention to the action of the Medical  
Division, reducing the rate in this case to  
\$ *6* per month under the decision  
of the Secretary of May 27, 1893, and order  
(No. 225) of June 9, 1893.

~~The pension has been suspended and the~~  
pensioner has had legal notice of the pro-  
posed action.

The case is now forwarded for briefing  
and action through Board of Review for a  
reissue of the certificate in accordance with  
the medical action.

*J. J. Freeland*

Reviewer.

*A. J.*

(3-526)

Burlingham ✓  
Discharge

Bd of Review

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D., C. Dec 9, 1899

No. Claim, \_\_\_\_\_

Cert. No. 719,457

Claimant, \_\_\_\_\_

Soldier, Edmund Dow Jr.

Co. 2, 1 Reg't 4th Va. Inf.

Respectfully returned to the  
Chief of the Eastern  
Division.

~~There does not  
appear to be evidence  
showing that rheumatism  
is not due to vicious  
habits as required  
under Act of June 22/90  
plurality~~

Rev.

Called for Dec 14/99

Both

J. M. Gentry

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No. 692,312

, Rank, prt.

Company F, 1 Reg't N.H.A. | Lower Mass State,

Nashoba Mass | Sept. 4 (Post office address of the Board.) , 1889.

(Date of examination.)

We hereby certify that in compliance with the requirements of the law\* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Rheumatism, Piles and Disease of Eyes

If a pensioner, fill in the amount; if not, erase the whole line.

~~and that he receives a pension of~~ \_\_\_\_\_ dollars per month.

Pulse rate per minute, 70; respiration, 18; temperature, 98 1/2; height, 5 feet 7 inches; weight, 150 pounds; age, 49 years.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for † Original

Rheumatism affects hips and small of back; sometimes can't turn over in bed. Wrists & finger joints have been swollen. Has itching piles; gut comes down; never bleed much. Diarrhoea quite often. Vision is blurred; after reading a short time, words run together.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Upon examination we find the following objective conditions:

Some of the phalangeal joints swollen & stiff; no swelling of other joints or contraction of muscles. Marked some stiffness of knee joints, also hips. Heart normal in all respects.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1/3, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Sphincter ani relaxed; one small pile, size of pea. No ulceration

External appearance of eyes normal. Reads XXX Snellen at 18 feet with either eye. Needs glasses when reading about No XX. Has presbyopia.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 0

Rate for each cause of disability.

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

rating for the disability caused by Rheumatism, 0 for that caused

by Disease of eyes, and 4/18 caused by Piles

\* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

L. M. Fiske, Pres. Samuel L. Smith, Sec'y. W. M. Shaw, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

# SURGEON'S CERTIFICATE

## IN CASE OF

Emma Dora  
Co. F, 1 Regt. Artillery 1st A

Applicant for Magistrate

No. 693, 3/2

DATE OF EXAMINATION:

23/01-61, 1889

Charles F. Pross,  
 Samuel Smith, Secy,  
 William D. Tracy, Treas.,

BOARD.

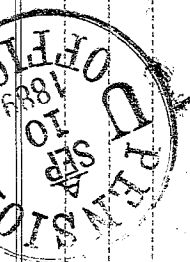
Post office,

County,

State,

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and complete, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



975

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original

Pension Claim No. 698 312

Name and rank of claimant.

Edmund Dow, Jr.

, Rank,

Company F, 1st Reg't A. H. S. A.

Lowell, Mass.

State,

Claimant's post-office address.

W. Acton, Mass

[Post-office address of the Board.]

June 10

, 1891.

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Piles, rheumatism and disease of eyes.

If a pensioner, fill in the amount; if not, erase the whole line.

~~and that he receives a pension of~~ original ~~dollars per month.~~

He makes the following statement upon which he bases his claim for original

Here give the claimant's statement as briefly and as compactly as possible.

Has rheumatic pains most of the time, and of the swelling and stiffness of joints so is unable to walk at all; has itching of anus and sometimes swelling piles sometimes come down badly; cannot see to read even with strong glasses.

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 18; temperature, 98 1/2; height, 5 feet 6 1/2 inches; weight, 165 pounds; age, 62 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

No swelling of any joints or contraction of any muscles or tendons, impulse of heart in normal position, no murmurs, pulse regular increasing to 100 on exercise. All motions successful. Sphincter ani & rectum in healthy condition, except one small pile size of pea. Tension of eyes normal, pupils respond to light and shade, reads LXX at 20 feet with both left eye, and C at 6 feet with right eye, retinal pales than normal of both eyes, and some pigmented spots.

No other disability is found to exist.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 8/18 rating for the disability caused by disease of eyes, 0 for that caused by all other disabilities for that caused by

G. M. Fitch, Pres. Norman J. Smith, Sec'y. L. E. Pinckney, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

ord of examina-  
tion here.

5/15  
Surgery  
Nothing else

SURGEON'S CERTIFICATE

IN CASE OF

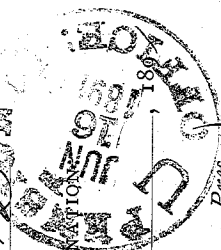
Edmund A. Cow for  
Co. F, 1 Reg. W. Va.

Applicant for *Regimental*

No. 693,312, M

DATE OF EXAMINATION

June 10



BOARD

Pres.,

Sec'y,

Treas.,

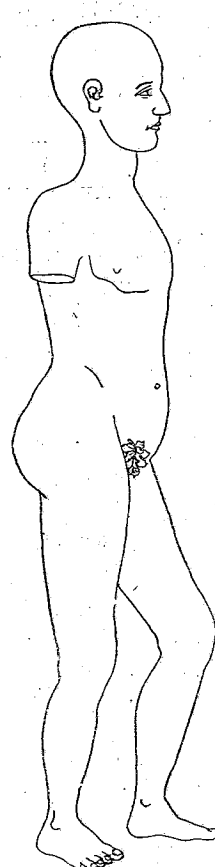
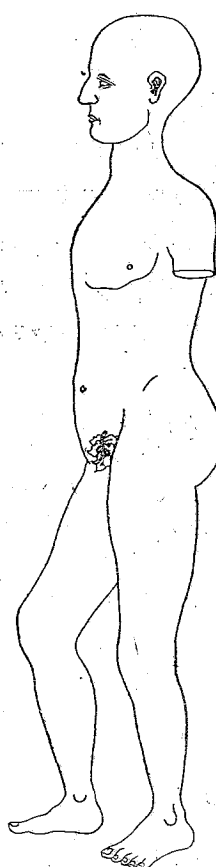
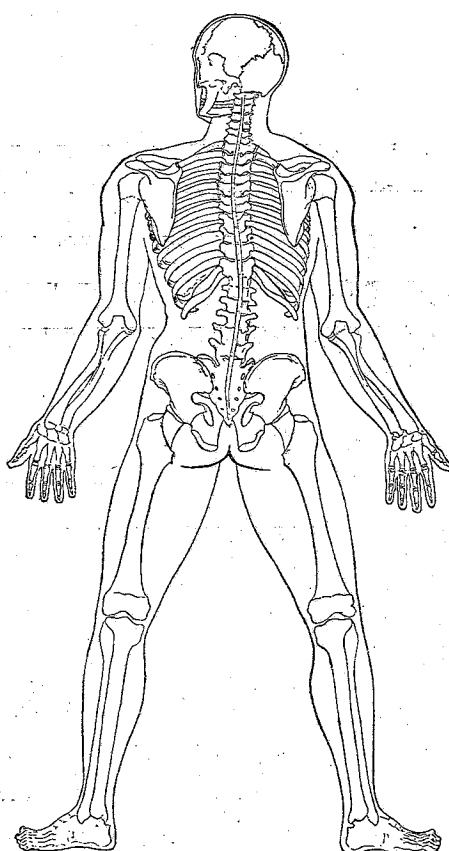
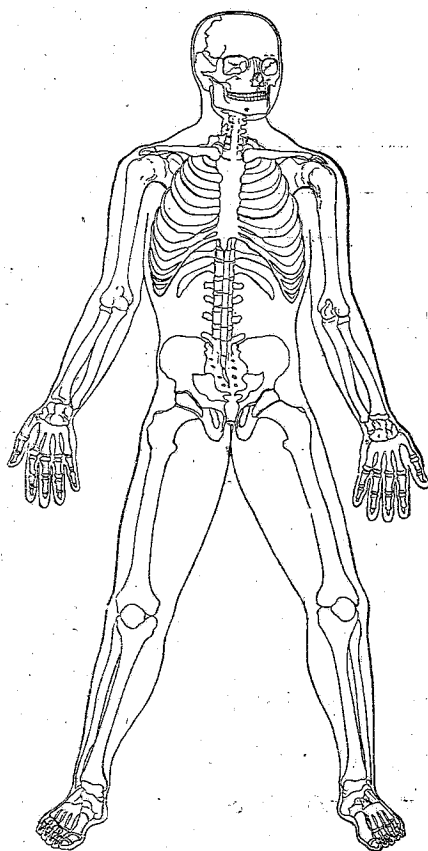
Post office, *Lowell*

County, *Middlesex*

State, *Mass*

P. S.—Write your Post-office address plainly and in full.

*Dr*



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Ex-  
from Section 4, Act of Congress approved July 25, 1882.]

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase.

Pension Claim No. 719.457

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Edmund Dow Jr.

, Rank, Priv.

Claimant's post-office address.

West Acton, Mass.

Worcester, Mass. State,

[Post office address of the Board.]

JUN 7 1893

[Date of examination.]

, 189

Cause of disability.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Disease of eyes, disease of liver and kidneys.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of Eight dollars per month.

He makes the following statement upon which he bases his claim for Increase.

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

He is pensioned for the disease of eyes, which disability is increasing and sight is not improved by glasses. He claims disease of liver from what Doctors have told him and his food sours. He is weak across his back, cannot turn over in bed and has to wear a bandage. He has some rheumatism and piles.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 72.72.84; respiration, 18.18; temperature, 98.6; height, 5 feet 5 1/2 inches; weight, 164 pounds; age, 63 years. He is anaemic, muscles soft, tongue pale, heavily furred and deeply fissured, eyes clear, skin dry. Hepatic area is slightly increased, edges come a little below costal borders and too low on sternal line. It is quite tender under costal edges and over epigastrium, - chronic gastric catarrh with hepatic enlargement, six eighteenths. Spleen and lungs are normal. Examination of urine is negative. Prostate is enlarged to twice its normal size and hard, four eighteenths. The sphincter ani is relaxed. On straining the mucous membrane turns out one half inch, is red, congested and tender, four eighteenths. There are no objective symptoms of rheumatism, nothing. D. V. both eyes, twenty fiftieths, does not acknowledge any improvement with glasses. There are several opaque spiculae on the edges of both lenses, fundi normal, eight eighteenths. No other disability is found to exist.

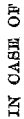
Date for EACH cause of disability.

He is, in our opinion, entitled to a 8/18 rating for the disability caused by eyes, 6/18 for that caused by liver & stomach, and 0 for that caused by rheumatism & piles.

J. M. Worcester, Pres. B. S. Angier, Sec'y. Alfred Wood, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.





EDMUND DOW, JR.

Co. F, 1 Reg't N. H. H. A.

***Applicant for Increase.***

No. 719.457

DATE OF EXAMINATION:

1893 JUN 27

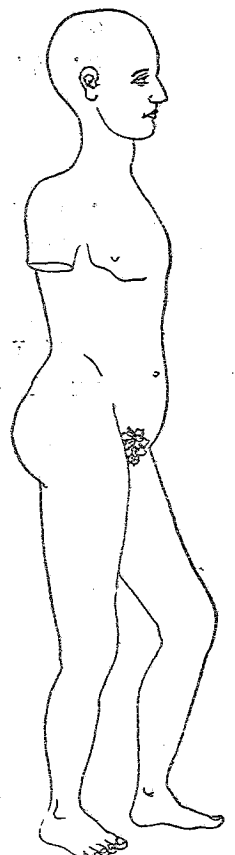
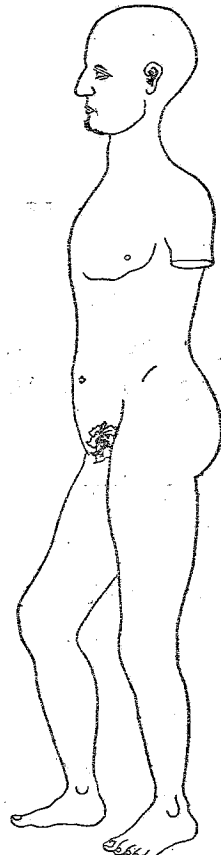
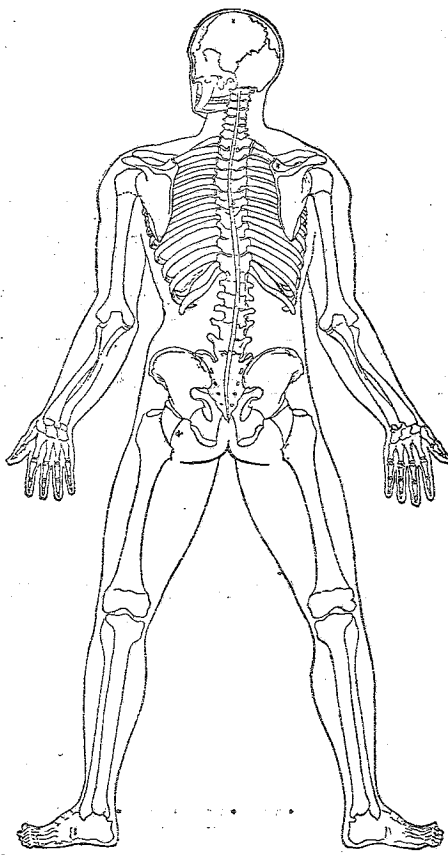
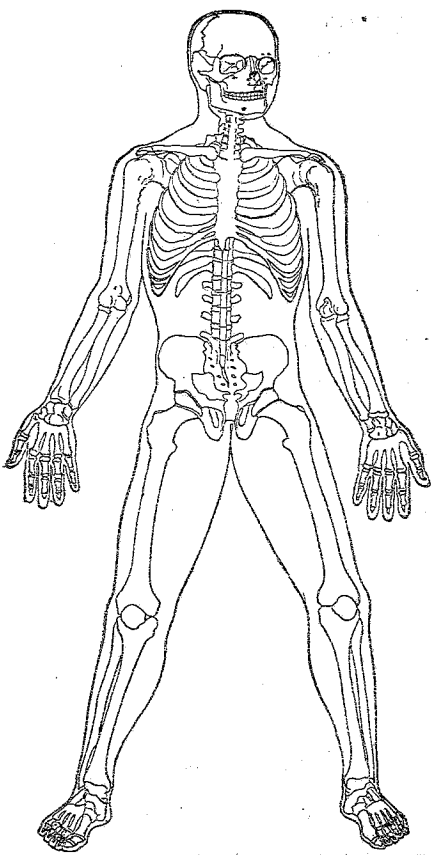
{  
Amos A. Wood, Pres.,  
Samuel Knight, Sec'y,  
Abner Wood, Treas.,

Post office, Worcester,

County, Worcester,

State  
Mass.

P. S.—Write your Post-office address plainly and in full.



PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

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

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

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

Pulse rate, 72 75 90, respiration, 20 20 25, temperature, 98.8,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

height, 5 feet 8 inches; actual weight, 164 pounds; age, 67 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual or probable origin of every existing disability must be fully set forth.

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.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

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

Muscles firm, face florid. Tongue cracked and indented. Abdomen tympanitic, slightly protuberant + tender in upper part.

Vision - right eye  $\frac{66}{120}$ , left eye  $\frac{10}{120}$ . There is beginning cataract in both eyes, more advanced in in left eye. Very little improvement of vision by glasses. No other disease of eyes. Disability 7/18

Rheumatism - many joints in fingers of both hands slightly enlarged, especially distal joints of first + second fingers of left hand and middle joints of little + middle fingers of right hand. Motion of these joints limited. Crepitation in shoulders. Motion of right wrist slightly limited. Grasp of both hands weak. Disability 8/18.

Eczema about anus. Mucous membrane of rectum redolent: old piles. No evidence of hemorrhage. Disability 2/18. No other disability found to exist.

Pres. N. R. Gilman, Sec'y. H. S. Knight, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

Examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. M. M. Rice, Dr. F. J. Knight, and Dr. W. R. Gilman were personally present and actually participated in the examination of Edmund Bow, the claimant in this case, on 28 day of Sept., 1898

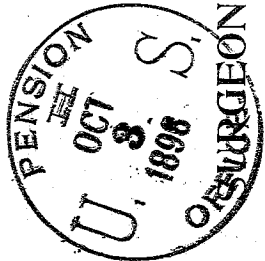
(Signature.)

W. R. Gilman

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_."

(Signature.)



IN CASE OF

Edmund Bow  
Co. F, Reg't W. H. 1st Cd.

APPLICANT FOR increase

No. 219,457

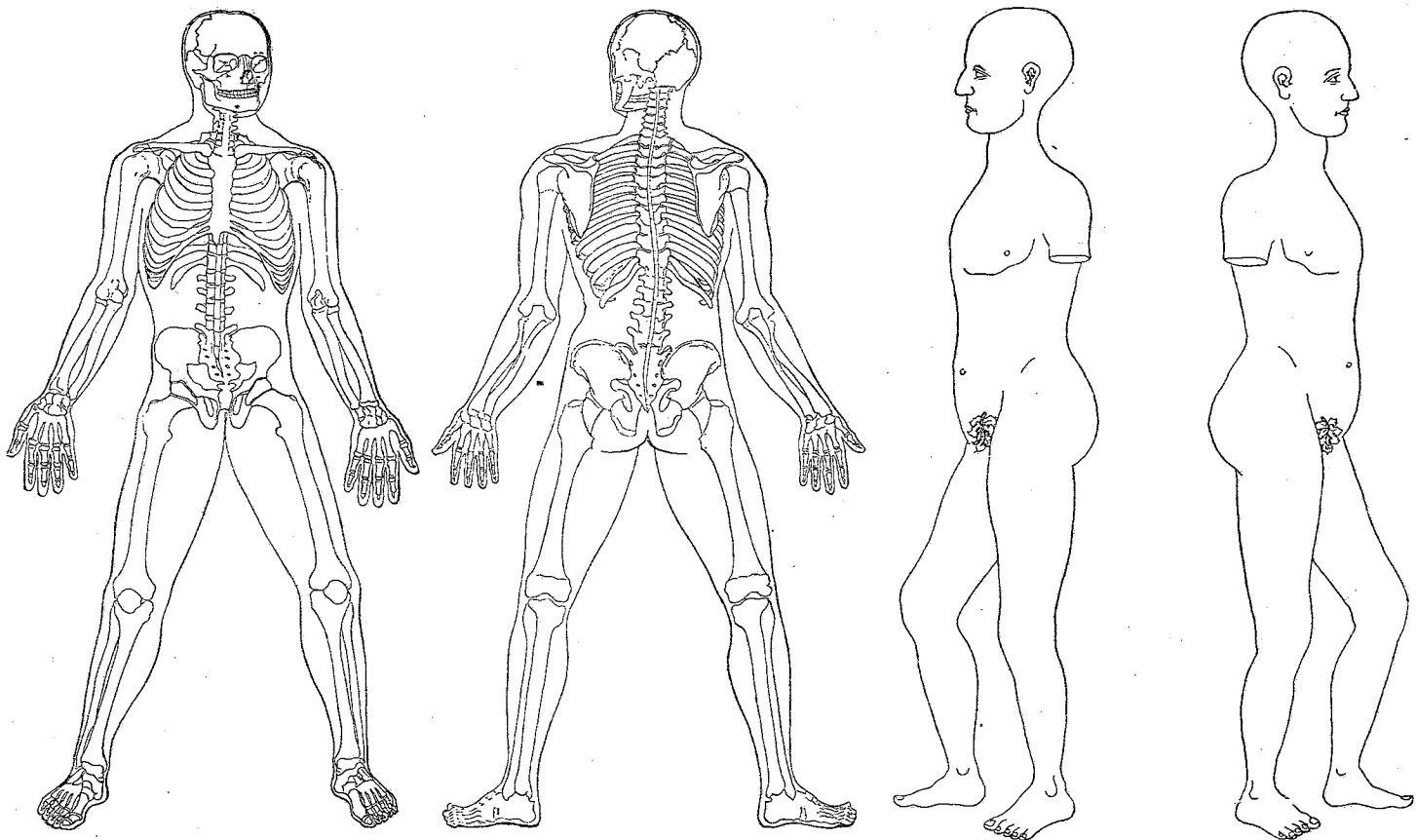
DATE OF EXAMINATION:  
Sept. 28, 1898

W. R. Gilman, Pres.,  
W. R. Gilman, Sec'y,  
F. J. Knight, Treas.,  
BOARD.

Post office, Worcester  
County, Worcester  
State, Mass.

P. S.—Write your Post-office address plainly and in full.

Worcester



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.  
"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1832.]

# SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 719457  
Name of claimant. Edmund Dangle Address of Board. Boston P. O. Mass. State. Mass.  
Company 3.1 Reg't N. H. A.  
Claimant's post-office address. North Acton Mass. Date of examination. June 30<sup>th</sup> 1902  
Cause of disability. Disease of eyes, rheumatism, haemorrhage, piles.

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.

He receives a pension of \$6. dollars per month.  
He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Unable to work one half time.  
Disease of eyes 1885. Rheumatism 1895.  
Haemorrhage from rectum and piles 1864.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, East Wilton Me.; age, 72 years; height, 5 ft. 7 in.  
weight, 176 pounds; complexion, Fair; color of eyes, DK Blue;  
color of hair, Brown; occupation, Salver; permanent marks and scars other than those described below, \_\_\_\_\_

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

Pulse rate, 72 74. 78; respiration, 18. 18. 20; temperature, 98.5°;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of Instructions.

Disease of eyes;  
No external disease of eyes. Vision of left eye  
at three metres  $\frac{3}{60}$ . not improved by glasses  
Vision of right eye at three metres  $\frac{3}{60}$ . not  
improved by glasses. With + 5 D glass reads  
Snellen test type No. X at fourteen inches.  
Rheumatism;  
There is crepitation in and slight tenderness  
and stiffness of shoulder joints. Finger  
joints are enlarged and somewhat stiffened  
No enlargement, tenderness or stiffness of joints  
except as already noted. No other evidence  
of rheumatism.

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.

Haemorrhage;  
Pensioner states that he has never had any  
haemorrhage other than from the rectum  
in connection with his piles. No evidence of  
haemorrhage.

Piles;  
Rectum is inflamed and sensitive, but is not  
bleeding or ulcerated. Three internal  
haemorrhoidal tumors each two thirds  
of an inch in diameter are found just  
within the anus. These tumors are inflamed  
and sensitive but are not bleeding or ulcerated.  
Complain of much pruritus about the  
anus. No other evidence of disease of rectum.  
Heart;

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

Apex is found in the fifth intercostal space  
just external to the mammary line. Area of  
cardiac dullness is not increased. Rhythm  
Regular. Pres. Edw. M. Harding Sec'y. E. E. Spencer Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3-111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. R. E. Brown, Dr. E. E. Spencer, and Dr. Edw. M. Harding, were personally present and actually participated in the examination of Edmund Dodge, the claimant in this case, on 30<sup>th</sup> day of June, 1902,"

(Signature.)

Edw. M. Harding M.D. Sec.

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 190  ."

Witnesses  
to mark.

(Signature of  
Applicant.)

SURGEON'S CERTIFICATE

IN CASE OF

Edmund Dodge  
Co. B, 1<sup>st</sup> Reg't N.H.A.

APPLICANT FOR Increase

No. 719457

DATE OF EXAMINATION:

June, 30, 1902,

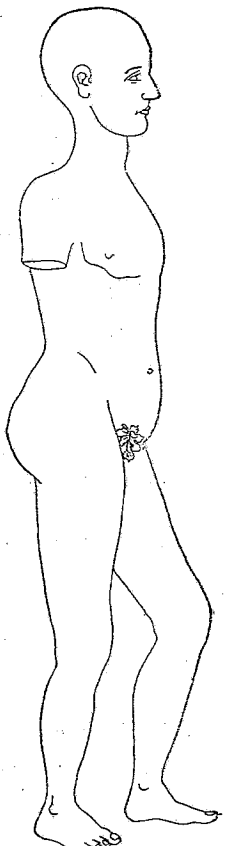
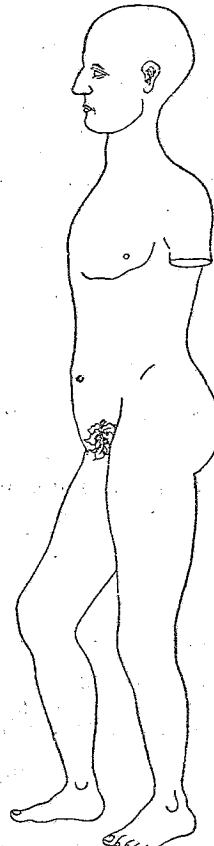
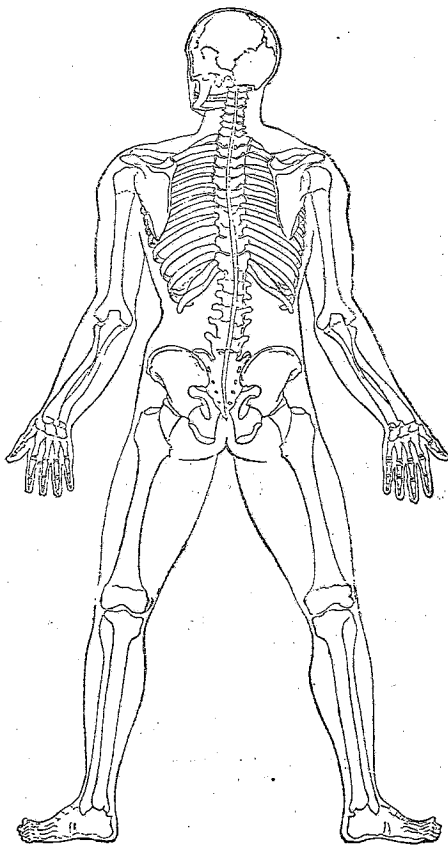
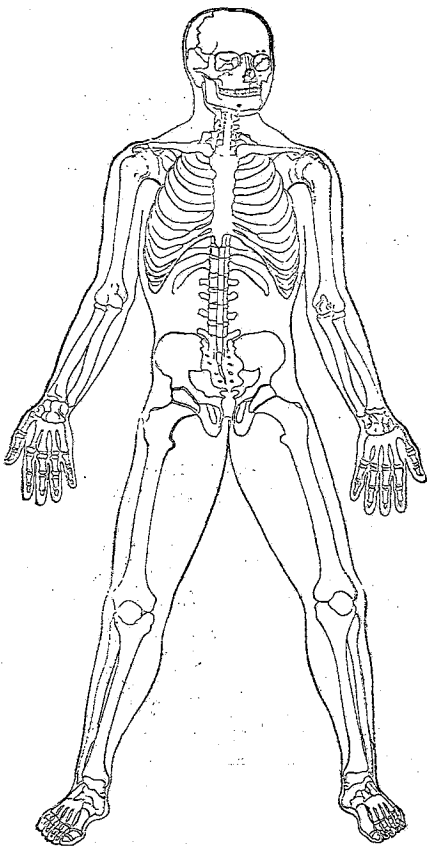
Rosecrans Pres.,  
Edw. M. Harding Sec'y, BOARD.  
E. E. Spencer Treas.,

Post office, Boston

County, Suffolk

State, Mass.

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 1 Act of Congress approved July 25, 1882.]

## SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character  
and number of  
claim.Name of claim-  
ant.

Pension Claim No.

719457.

Increase  
Edmund Dondy,

Boston

Pvt., Company F. 1, Reg't 104th A.,

Mass,

North Acton, Mass,

June 30, 1902,

[Date of examination.]

No. 2.

## EXAMINATION—Continued.

is regular, no acceleration of heart's action,  
no abnormal heart sound heard,  
no hypertrophy or dilatation, no edema  
dyspnoea, or cyanosis.  
Examination does not reveal any evidence  
of disease of the respiratory organs.  
Spleen is normal in size, location and is not  
sensitive. Skin clean tongue clean. Appetite  
and digestion good.

Sloss of teeth:

Pensioner has lost all of his teeth except  
five of the upper and two of the lower set.  
Does not wear artificial teeth.

Urine analysis: Sp. Gr. 1.020 Reaction acid  
No sugar no albumen.

No evidence of vicious habits.

No other disabilities are found to exist.

We find that the aggregate permanent  
disability for earning a support by manual  
labor is due to disease of eyes, rheumatism  
loss of teeth and being seventy-two  
years old not due to vicious habits and  
warrant a rate of \$12 a month.

Roscoe A. Brown,

Pres.

Edw. W. Harding

Sec'y.

E. E. Spencer

Treas.

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. R. E. Brown, Dr. E. E. Spencer, and Dr. Edw. M. Harding, were personally present and actually participated in the examination of Edmund Dargy, the claimant in this case, on 30<sup>th</sup> day of June, 1902

(Signature.)

Edw. M. Harding M.D. Sec.

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1902."

Witnesses  
to mark.

(Signature of  
Applicant.)



SURGEON'S CERTIFICATE

IN CASE OF

Edmund Dargy,  
Co. D, 1 Reg't N.Y.A.

APPLICANT FOR Increase

No. 719457

DATE OF EXAMINATION:

June 30, 1902.

R. E. Brown, Pres.,  
Edw. M. Harding, Sec'y,  
E. E. Spencer, Treas.,  
BOARD.

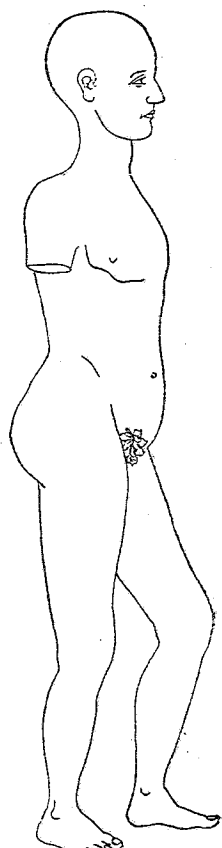
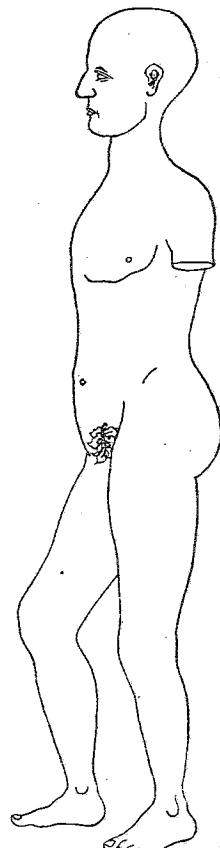
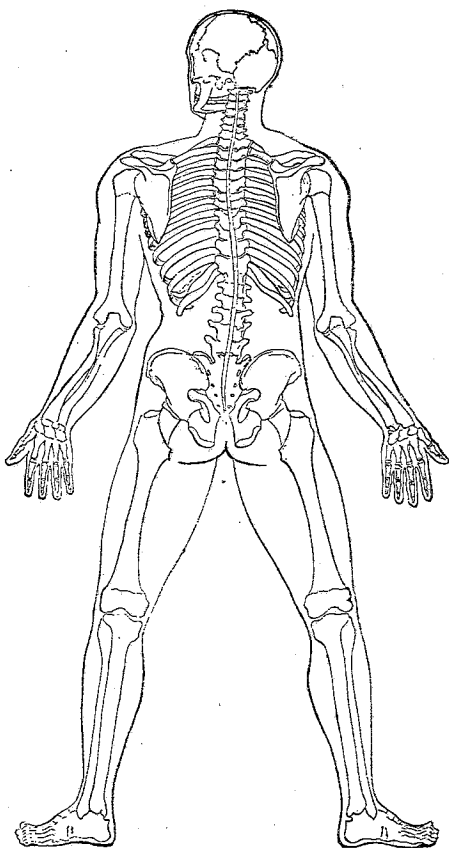
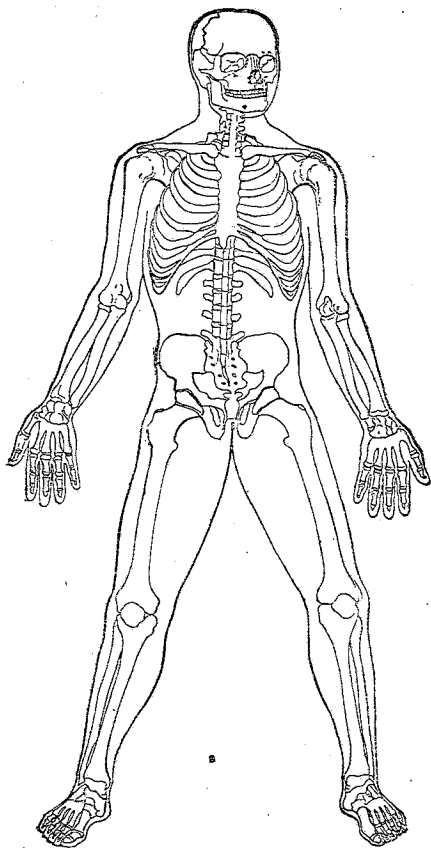
Post office, Boston

County, Suffolk

State, Mass.

P. S.—Write your Post-office address plainly and in full.

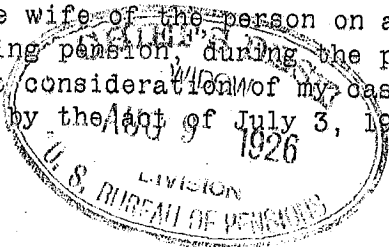
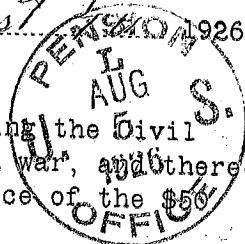
203



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

*August 1926.*



The Commissioner of Pensions:

I was the wife of the person on account of whose service during the Civil War I am drawing pension; during the period of his service in said war, and therefore I request consideration of my case with a view to the allowance of the rate provided by the Act of July 3, 1926.

Name *Sarah A Dow*  
 Address *Concord Junction*  
*Massachusetts*

Widow Cert. No. *809.887*



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
Bureau of Pensions  
Washington

July, 1926.

The act of July 3, 1926, provides a pension of \$50 per month for the widow or remarried widow now in receipt of pension on account of the service of her soldier husband during the Civil War, IF SHE WAS THE WIFE OF SUCH SOLDIER, SAILOR, OR MARINE DURING THE PERIOD OF HIS SERVICE IN SAID WAR.

If you were the wife during his service in the Civil War, of the soldier, sailor, or marine on account of whose service you are drawing pension, you should so notify the Pension Bureau at once. For this purpose you may use the form on the other side of this slip.

If you were married to the soldier, sailor, or marine after his discharge from the service, even though during the period of the Civil War, you are not entitled under this act.

WINFIELD SCOTT,

Commissioner of Pensions.

(Over)

**Application for Increase of Pension under Act of June 27, 1890, and as Amended by Act of Congress Approved May 9, 1900.**

NOTICE.—This can be executed before a Notary Public, Justice of the Peace, or any Officer duly qualified to administer oaths.

When executed return to Joseph H. Hunter, Attorney, Washington, D. C.

NOTICE.—This Declaration is for Joseph H. Hunter and should be returned to him.

State of Massachusetts, County of Middlesex, ss:

On this 26<sup>th</sup> day of March, A. D. one thousand nine hundred and Two personally appeared before me a Notary Public  
Official title of officer executing application.  
 within and for the County and State aforesaid Edmund Dow Jr, aged 72  
Name of claimant.  
 years, a resident of the Town of Acton, County of Middlesex

State of Mass., who, being duly sworn according to law, declares that he is a pensioner of the United States under Act of June 27, 1890, Certificate No. 19,457, enrolled at the Boston

Pension Agency at the rate of 6 dollars per month, by reason of disability from partial inability to earn a support by manual labor  
Write in here exact words of your Pension Certificate.

That he was a member of Co. F, 1<sup>st</sup> Reg't 26<sup>th</sup> Ala Vols.

That he believes himself entitled to a higher rate of pension under the Act of Congress approved June 27, 1890 and amended by Act of Congress approved May 9, 1900, and makes this application for the purpose of having his name placed upon the pension roll under the provision of said acts.

That he is Partially unable to earn a support by manual labor by reason of the disabilities alleged which are not due to his vicious habits, and are to the best of his knowledge and belief permanent  
Partially or wholly.

When ordered for examination he desires to be ordered before the Board of Surgeons at Boston County of Suffolk, State of Mass, and he appoints

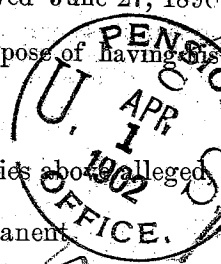
**JOSEPH H. HUNTER, OF WASHINGTON, D. C.,**

his true and lawful attorney, with full power of substitution and revocation to prosecute this his claim, and agrees to allow his said attorney the legal fee when the claim is allowed.

That his Post-Office address is North Acton, County of Middlesex State of Massachusetts

Claimant's Signature Edmund Dow Jr

ATTEST: George G. Russell  
Notary Public



Also personally appeared Edmund L. Pray, residing at Acton  
Name of one witness.  
Mass., and Frank M. Litty  
Name of other witness.

residing at Concord 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  
Edmund Dow St  
Claimant's name., the claimant, sign his name (or make his mark) to the  
 foregoing declaration; that they have every reason to believe from the appearance of said claimant and their ac-  
 quaintance with him that he is the identical person he represents himself to be; and that they have no interest in  
 the prosecution of this claim.

Edmund L. Pray  
Frank M. Litty  
[Signatures of witnesses.]

[If witnesses sign by mark, two persons who can write must sign here.]

Sworn to and subscribed before me this 26<sup>th</sup> day of March, A. D. 1902  
 and I hereby certify that the contents of the above declaration, &c., 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.

George G. Russell  
Signature.  
Notary Public  
(Official Character.)

[L. S.]

**NOTICE.—This application may be executed before any officer duly authorized to administer oaths for general purposes.**

**ACT JUNE 27, 1890.**

*As amended by Act of Congress approved May 9, 1900.*



Edmund Dow St, Applicant,

Co. F - 1st Reg't

100th Vols.

Pension Certificate No. 719,454

**CLAIM FOR INCREASE.**



FILED BY

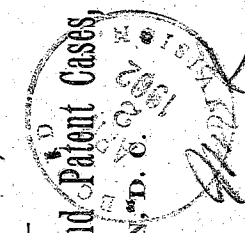
**JOSEPH H. HUNTER,**

**Attorney at Law,**

—AND—

**Solicitor of Pension and Patent Cases,**

WASHINGTON, D. C.



Board of Revision.  
Feb. 12 1894  
Cert. No. 719457  
Name, Dow Jr.

Notification Section  
for notice to pensioner  
that his pension will be  
reduced to \$6.<sup>00</sup>

at the expiration of legal  
period.

Kelly  
Reviewer.

H. J. H. 1- C, W

Washington, D. C. *June 17* 1916  
**To the Commissioner of Pensions:**

Please furnish the condition of the claim mentioned below, and state what evidence, if any, is needed to complete the same.

Very respectfully,

JOSEPH H. HUNTER,

*Claimant's Attorney.*

No. of Claim *1.062.543*

No. of Certificate

*Sarah A. Dow*  
Name of Claimant

*Edmund*  
Name of Soldier

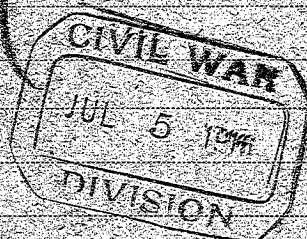
*DF* 1 Reg *Ch. H. H. A.* Vols.

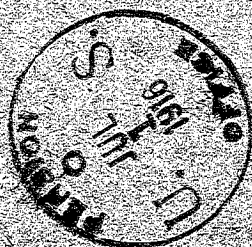
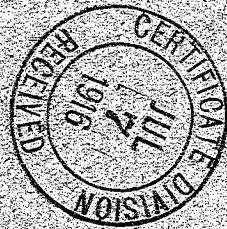
Nature of Claim *Widow*

*Chen Lane.*

*Clk June 26/16*  
*W. C. 809,887*

*Ad* Receipt acknowledged re  
Mail & Supplies Division.





Edmund Dow Jr. died  
Feb 16. 1916. His widow  
Sarah A. Dow still lives  
in Concord Junction. Mass.

James Hagle S. M.  
March 4. 1916

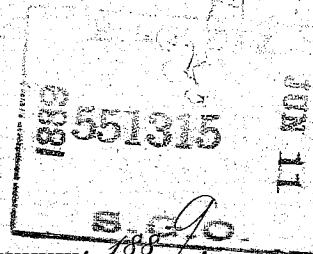




(3-365)

N. H.

Department of the Interior,  
BUREAU OF PENSIONS,



June 8,

Sir:

Please furnish this Bureau a report of hospital treatment in the Claim No. 693, 312, of Edmund How, jr., late a private Co. F / N. H. H. A., from the data given below.

1. Disability from rheumatism, piles and disease of eyes

2. Treatment, as follows:

Was not treated in the service.

3. The Adjutant General's report shows:

{ Enlisted, Sept. 2, 1864

4. { Discharged June 15, 1865, at Washington, D. C.

Very respectfully,

~~Asst. Secy.~~  
~~John C. Black~~  
Commissioner

The Surgeon General U. S. A.