

BOSTON,

3-402.

Certificate No. 566374

Name, Abel Farrar

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,



Commissioner of Pensions.

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

Answer. Yes Martha P. Farrar - nee Martha P. Borden

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

Answer. At Acton Mass March 2-1887

Third. What record of marriage exists?

Answer. Town Clerk

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. Delina Borden died Feb 10-1886 at Acton M

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

Answer. Francis B. Farrar born Dec 22-1878
Joseph H. Farrar " Sep 29 1875

Date of reply, June 9th, 1898

Abel Farrar
(Signature.)

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Dr. Aetor Grace
April 23rd 1890

My residence has always been in Aetor
part of the absence I was Aetor in South
Aetor. If my occupation has always been from
now on is up to the present time.
when I was first taken with delirium, was
on a small near Buffalo of the
for the night. The first time I was taken
1868. My delirium took a severe
delirium set in in an hour or so. I
to the hospital in was placed for delirium
was removed from delirium. I
in never have been clear from delirium the
first time I was taken up to the present
time. I have been obliged to keep my bed

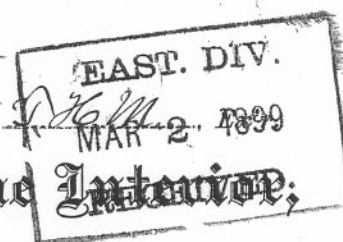
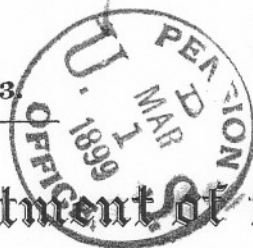
three or four weeks at times in three or four
months hardly able to stir the physician
name is Dr. Harris Comstock. his residence is
Acton Post Office across Acton. he has his
dead bird house, he sold it the middle
thirties he has there & have taken Plumtree
fills in also Dr. Henshaw's, he attended me his
residence is West Acton Post Office. West Acton
my night stand is badly effected. he has
about 25 years on is at the present time
with Plumtree.

Shel Harris.

Middlesex
Acton Nov 26 1890
The above names are from
your personal papers. The above names are from
one small odd that the above descriptions made by him
is the truth

Joseph H. Henshaw
father of the above

3-173



E. Term. Div.

City No 566,374.

Abel Farrar.

Co. E, 6 Reg't Mass, Vol. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., February 2, 1899.

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. Abel Farrar,
South Acton,
Mass.

W. H. C. Evans
Commissioner.

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

Answer: Yes, Mrs. Martha P. (Borden) Dufresne

No. 2. When, where, and by whom were you married? Answer: March 8, 1887

Acton Centre Mass, (Rev) Franklin P. Wood

No. 3. What record of marriage exists? Answer: In Town Clerk's Office

Acton Mass

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: Yes, Delina Borden

Died Feby 10 1886.

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

birth. Answer: Francis B Farrar Born Dec 22 1873,

Joseph Herman Farrar Born Sept 29 1875.

Date of reply, Feby 28, 1899.

Abel Farrar
(Signature.)

Origin of Disability.

(This affidavit must be executed by a **Commissioned officer, or First Sergeant** of the soldier's Company, if possible. If not possible to secure the testimony of such, then **two other members** of his Company should testify to the facts.)

State of Massachusetts County of Middlesex ss:

Personally appeared before me, a Notary Public, in and for the County and State aforesaid, Frank H. Whitcomb, aged 52 years, 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 as follows:

That I was well acquainted with Abel Farrar while he belonged to Company B, 6 Reg't., Mass Vols. and know that he, while in the line of his duty, at or near Cassville Va, on or about the 22 day of Dec 1862, incurred disability as follows, viz:

(If a wound or injury, state the nature and location thereof, how and under what circumstances it was received, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state under what circumstances contracted, what caused it, the name and nature of the sickness, and how it affected him then, and thereafter during his service)

That on the 22nd of Dec 1862
on a march from Black Water River we halted for
the night near Cassville Va it was a very cold night
and Farrar took a severe cold which brought on
Rheumatism. was in the Hospital for treatment some time

That I was then Ord Sergt of Co. E, 6th Reg't., Mass Vols.
(Rank)

and the facts stated are personally known to me by reason of that I took a severe cold
myself and it was with great difficulty we got to camp
(Here state whether affiant was with the command at the time the soldier contracted the disability, or how his knowledge was otherwise obtained. All facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place as nearly as possible)

Was well acquainted with Abel Farrar before
entering the service was well and healthy since
then has suffered a great deal the greater part
of the time from Rheumatism.

Frank H. Whitcomb
Ab. Present

Origin of Disability.

(This affidavit must be executed by a **Commissioned Officer, or First Sergeant** of the soldier's Company, if possible. If not possible to secure the testimony of such, then **two other members** of his Company should testify to the facts.)

State of Massachusetts County of Middlesex ss:

Personally appeared before me, a Notary Public, in and for the County and State aforesaid, Walter O. Holden, aged 52 years, 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 as follows:

That I was well acquainted with Abel Farrar while he belonged to Company E, 6 Reg't., Mass Vols. and know that he, while in the line of his duty, at or near Suffolk, on or about the 22 day of Dec 1862, incurred disability as follows, viz:

(If a wound or injury, state the nature and location thereof, how and under what circumstances it was received, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state under what circumstances contracted, what caused it, the name and nature of the sickness, and how it affected him then, and thereafter during his service)

This is to certify that I was a member of Company E. 6. Reg't Mass Vols that on or about the 22^d Dec. 1862 while on a march near Suffolk Va we halted for the night I know that Abel Farrar took a severe cold which brought on the Rheumatism I know he went to the Hospital for treatment for the Rheumatism I was well acquainted Abel Farrar years before

That I was then a Private of Co. E. 6. Reg't., Mass Vols. and the facts stated are personally known to me by reason of being in the command at that time with Abel Farrar (Here state whether affiant was with the command at the time the soldier contracted the disability, or how his knowledge was otherwise obtained. All facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place as nearly as possible)

he went to war I never knew that he had the Rheumatism till he went into the Army but since then I know that he has been a great sufferer from that disease Rheumatism I further declare that I have no interest in this claim and am not concerned in its prosecution

Walter O. Holden
Attest