## DECLARATION FOR PENSION

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

	State of Massallusetts
	County of Middlesox 88.
	$\sim$
	on this individual of the second of the seco
	personally appeared before me, a Justice of the Peace within and for the county
	and State aforesaid, Daniel Ho. Harran, who, being duly sworn according to law,
	declares that he is years of age, and a resident of telou.
	county of Meddlesex State of Massachusetts ; and that he is the
	identical person who was ENROLLED at Helow under the name of
	Daniel Ho. Flarrar, on the 25 th day of August, 18.62
	as a Troate in Company & 6 - Regiment of Sufaulty Mass, vors.
	(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
	Lowell Massachusetts on the 3 m day of June 1863
К.	That he also served as a Private in Company E. 6th Regiment of Infantry, Mass.
NUMBER	
UM	Vols, Enrolled at Actor on the eleventh day of July, 1864 and
E. Z	discharged at Readville, Mass on the 27 th day of October, 1864
ATI	That he was not employed in the military or naval service of the United States otherwise than as stated
FIC	above. That his personal description at enlistment was as follows: Height, J feet .4.2 inches;
(TI	complexion, Light ; color of eyes, Blue ; color of hair, Auburn .; that his occu-
CERTIFI	pation was Farmer; that he was born March 3.1844, 18
Œ (	at Actor, Mass.
GI	
ľO	
H	That his several places of residence since leaving the service have been as follows:
FA	September 1887; At Actor Mass, until present time
NOT	(State date of each change as nearly as possible.)
	That he is a pensioner under certificate No 9.9.2.5.9.8
DO	That he has applied for pension under original No
ER,	That he makes this declaration for the purpose of being placed on the pension roll of the United States
PENSIONER,	under the energicions of the not of May II IOIG
NSI	That his post-office address is Contord Junction, county or Middlesex
PE	State of Massachusetts . R. F. D. No.1
K	Daniel H. Farian
H	(Claimant's signature in full.)
	Attest: (1) . Lydra. J. E. mery
	(2) Mary L. Larrar 1.
	Subscriped and sworn to before me this
	and I hereby certify that the contents of the above declaration, etc. were fulls
	made known and explained to the applicant before swearing, including the
	made known and explained to the applicant 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.
	Franklin E. Emery 3
	(Signature)
	Justice of the Peace
	(Official character.)

Heat on	E Og	Origin	of Disability.		l D	10 m m m m m m m m m m m m m m m m m m m
(This amdavit m	ist be executed by a C	commissioned Onicer	or First Sergean	t of the soldier's Con	pany, if possible	If not possible
secure the testimo	ny of such, then two	other members of his	Company should testify to	o the facts.)	1 400	TO TO
ó	50		8 0 8	0	u	N N N N N N N N N N N N N N N N N N N
state of	moison	husto	County of	Mid	Men	ME A SE:
	- m	70	E 0 %	2006	Sea Spine	Z a s
Personally	appeared before	me, a Justic	e of the	e leac	e i i i i i i i i i i i i i i i i i i i	n and for the
A		Tarons	00100			2 0
	A CA	F 00 1 00			1 "	
hose Residence	e and Post Office	re address is Jon	Mr We	lon.	Mrs	9
vell known to	me to be reputal	ole and entitled to cre	dit, and who being	duly sworn, d	eclares as fol	lows:
	a	with Danie	1 - 1 5 11	_		18
			/ /		1 1	
elonged to Co	mpany 6	, ,	Reg't.,	Mass	Out	Vols.
nd know that	he, while in the	line of his duty, at or	near Des	ted.	Hous	e
00			1			
TA	, on or ab	out the 30 day of	Jan .	1863 incurred	disability as	follows, viz:
(If a wound or	injury, state the nati	ure and location thereof, how	and under what circums	stances it was received	ed, the part of t	he body wounded
1	1	deing it. It sickness, state un	2 1 1 2 .	,	1 .	
m a						
r injured, and all th	e circumstances atter	nding it. It sickness, state un	nder what circumstances	contracted, what ca	ised it, the name	and untire of the
r injured, and all the	while affected him then, and	nding it. It sickness, state un	the	contracted, what can	nsed it, the name	Buttery
him ckness, and how it	while	1 thereafter during his service	ting the	74/	noso	Buttery
him ckness, and how it while	while affected him then, and it wa	a thereafter during his service	ting the	- 74/1) e mas	noso	Buttery
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him oknoss, and how it while sent	while affected him then, and it wa	i thereafter dyfinghis services in act	ting the	e was	imma to	Buttery Hospail
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him oknows while sent	while affected him then, and it was to full	a thereafter dyfinghis services in act	ting the	e was	inna in to	Buttery Hospail
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### DECLARATION FOR PENSION

ACT OF MAY 1, 1920

The Pension Certificate Should Not Be Forwarded With the Application

State of Massachusetto, County of Middlesex ss:
On this day of Imb 1928, personally appeared before me, a rustuce of the lesses
within and for the county and State aforesaid, Daniel J. Farrar, who, being duly
sworn according to law, declares that he is 8. 4. years of age, and a resident of
county of Middlesey, State of Mass, ; and that he is the
identical person who was ENROLLED at. Readville mass. , under the name
of Saniel N. Farrar on the 11th day of July 1864
as a frivate, in Co, E 6th required Infantry  (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. (State name of war, Civil or Mexican.)
war, and was HONORABLY DISCHARGED at Readrille Mass, on the 27 May of Oct 1864
That he also served as frivate Co & Lifth Reg. Infantry Enrolled ang. 25th 62
at Lowell mass, discharged June 3rd 1863
That his personal description at enlistment was as follows: Height
color of eyes. Blue ; color of hair Brown ; that his occupation was Blacksmith ;
that he was born. Actor mass 1844 at March 3rd
That he requires the regular personal aid and attendance of another person on account of the following disabilities:
(State in this space the nature of any and all disabilities.)
by reason of age and thysical disabilities
Actor Macan
That since leaving the service he has resided at Heton Mass
and his occupation has been
No
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of May 1, 1920.
1 50 + Dy. 1000 C Samil H & Farrar
(Signature of first wigness.) (Claimant's signature in full.)
(Signature of first witness.)  (Claimant's signature in full.)  (Claimant's address in full.)
(Jaman's address in Tall.)  (Jaman's address in Tall.)  (Jaman's address in Tall.)
(Signature of second witness.)  Learnard Junetur Mase R. F.D.
(Address of second witness.)
Subscribed and sworn to before me thisday of
certify that the contents of the above declaration were fully made known and explained to the applicant
before swearing, including the words
[L.S.] erased, and the words, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.
(Signature.)
Certificate on the second of the leave
Jan 41922 Jan. 4 1929 Partin Mass
Post Office address of officen)
Per Perlut

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ORIGINAL INV	VALID CLAIM.
Soldier, Samuel N.	Tarrar
P.O. Castoletone,	Rank, Private
County, Middlesex	Company,
State. Massechusetts.	Regiment, Collass Vol. Inf Coodays
1.	
Rates, $\$$ per mo	nth, commencing
,	
Pensioned for	V.
£3.	0-214/20
A PERCOGNIZIEI	DATTORNEY.
Name,	Fee, \$25 Agent to pay.
P. J. M. M. Wilgung N. C.	O. Articles filled June 8, 1898
APPRO	OVALS.
Approved for Registion of injury to Spine	andloss of teeth, no disability
Drive date of filing clay	in the second se
Submitted aug. 24, 1898;	Moodward Examiner.
Approved for Princhion for injury	
	Ho disability shown from
madicalility single Filing	and lass al
In I have Bolisses	eight since date of filing
Sucuron of men, vegue	reeen wince nace of jung
	MP
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n 0	China China
Thorne, Legal Reviewer.	Sept 20, 1898, J. J. Med. Referee.
Sep. 23, 1898, Re-Reviewer.	Stpl 20, 1898 Med. Referee.
	NT DATES.
Dischargeforme 3, 1863	service from August 25,  1862, to June 3 1863, in  Co E. le Mass Vol Inf.
Remisted Frey 11, 1864	1860, to 1860, in
Discharged Confer 1, 1864	a co o, co years. or any.
Declaration filed Character, 1898	Not in service since Oct. 27, 1864
. /	F CLAIM.
While in the Dervice and	line of duty during battle of
Deserted House about Jan	my 30, 1863, he incurredinging
	Oso while at oronear Suffolk to.
about February 1863 inhis	in haspital hisseured loss of
feeth home to divisit	in of billing
A 11/1	in of poisonous dugs.
drelle to	Writes

# Origin of Disability.

(This amdavit must be executed by a Commissioned Officer. or First Sergeant of the soldier's Company, if possible to secure the testimony of such, then two other members of his Company should testify to the facts.)

State of Massachusts County of Biddles 55:
Personally appeared before me, a futive of the frace, in and for the
County and State aforesaid, William H. Whitcomb, aged 71 years,
whose Residence and Post Office address is Jagus Maire Solding Hame
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 Saucel Ho Lana while he
belonged to Company 6, 6 Reg't., Mass Juf Vols.
and know that he, while in the line of his duty, at or near Leasted House new
Suffolk, Ta, on or about the 30 day of Jan 1863, incurred disability as follows, viz:
(If a wound or injury, state the nature and iboation thereof, how and under what circumstances it was received, the part of the body wounded
or injured, and all the circumstances attending it. It sickness, state under what circumstances contracted, what caused it, the name and music of the
fickness, and how traffected him then, and thereafter during his service.
Ambulance to the Haspital with him. The
jung was to his back or, sprine, and was
not due to any vicious habits. I know
that he was at well man forevious to that
hime D. + & Cth D. 9 Mm IT
That I was then a Printe of Co. E., G. Reg't., Mais 9 months
and the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts stated are personally known to me by reason of the facts are personall
sold of contracted the disability, or how his knowledge was otherwise obtained. All facts known to affant 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)
Digned. William of Whitromb.
PENS
(J. 11/6 2)
(0,00)
ICE.

## Origin of Disability.

(This amdavit 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 Massachusts County of Middles 55:	
Personally appeared before me, a fustice of the free, in and for the	
County and State aforesaid, William Ho. Whitcomb , aged 71 years,	
whose Residence and Post Office address is Jagus Maire Soldie Home	J
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 Sauce Ho Varran while he	
belonged to Company 6, 6 Reg't., Mass Juf Vols.	
and know that he, while in the line of his duty, at or near Leated House men	
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(If a wound or injury, state the nature and it of the new and under what circumstances it was received, the part of the body wounded	
or injured, and all the circumstances attending it. It sickness, state under what circumstances contracted, what caused it, the name and further of the	,
falling an home and thereafter during his service.) To de un the same	
Ambalance to the Haspital with him. The	
frying was to his back or, spine, and was	
not die to any vicions habits. I know	_
that he was at well man forevious to that	
That I was then a Printe of Co. E, 6th Reg't., Mars 9 month	Lo
and the facts stated are personally known to me by reason of her states whether affiant was with the command at the time the	
sold of contracted the disability, or how his knowledge was otherwise obtained. All facts known to affant relative to the soldier's medical programment	
for his disability while in the service should be stated, giving time and place as nearly as possible)	
Signed. Whittiam of Whitromb.	
PENO	
S. E.	

State of Mass achusells. County of Middlesep In the matter of the claim for pension of Daniel Ho Farrar of Action Co. E. 6. Mass. Inf. Cert, No 992, 598. Personally came before me a Justice of the in and for ofnesaed County and State. Daniel H Farrar of Action in said County coho being duly swan declares in relations to afresaid claim as follows: that he is unable to fremish exidence of his berth from any public or church record, Bible or other family record. for the reason that the record of his birets does not appear in the record of bireks of the town of Actus ( where he was born) or the church records in said town, that he has no Knowledge of any Family Beble or other seemed Centaining a record of his bitte, that the only evidence he can present is the statement of his sister Susan Danforth nowliving in Dunstable Mass. aged. 85 years. Signature Daniel & Januar PO. address Concord Junetim RD Mass Swom to and subscribed before me this day by the above named. Daniel H Farrar Welness my hand this 27 day of July Horace, F Tuette Justice of the Peace

State of Mass achusells.

County of Middlesep

In the matter of the claim for pension

B. Daniel H. Farrar of Action, Co. E

6. Mass Inf. Cert No. 992,598

Ceremally came before me a Justice of the veal

of Dunstable in and for afuesaid

County and State Susan Danfacts

aged. 85 a resident of Dunstable in the

County and State aforesaid who being duly

Swoon declares in relation to aforesaid claims

as follows: that she is the sister of

said Daniel H. Farrar and knows

that he was forn on the third day of

March 1844.

Signature Greson Damforth P.O. Addres, Tyngsboro Mass

Sum to and subscribed beforeme this day by the above-named official Susan Danforth Witness my hand and official seal this 25th day of July 1914

Harry S. Swallow Justice of the Peace



#### DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

3-389

Washington, D. C., January 2, 1915.

Sir: Please answer, at your earliest convenience, the questions enumerated below. The information requested for future use, and it may be of great value to your widow or children. Use the inclosed nvelope, which requires no stamp.

Very respectfully,

DANIEL H. FARRAR, CONCORD JUNCTION, MASS. 992598 ACT MAY. R.F.D.

	11 211 Aton Aton
	No. 1. Date and place of birth? Answer. Mar. 31th 1844 Actor mass
	The name of organizations in which you served? Answer. Co. E. Siy Reg. mass Vol-
	No. 2. What was your post office at enlistment? Answer. Action, Wass-
	No. 3. State your wife's full name and her maiden name. Answer. Mary dizzie Fartar may higgie marshall
	No. 4. When, where, and by whom were you married? Answer. Feb. 10-1912- Action - Mass.
	By Rev. B. It. Pennock -
	No. 5. Is there any official or church record of your marriage?
	If so, where? Answer. At He mi-
	11 50) HADAO. 11 100007.
	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
TERE	death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer.
9	Yes- Insan Stension Fletcher- Nov- 6. 1866- Wied mar- 22- 1907-
2	" Ned mar - 22 - 1907 -
	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 miltary 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
	Inne 14-1882 - Died Nov 14-1910 Arlington mass- Jes! Private - 2nd Battery 1st Regiment of Lo, arty, maine - Vol-
	Yes! Private - 2 nd Battery 1st Regiment of
	Le artis maine - Nol-
	No 6 American de la companya de la c
	No. 8. Are you now living with your wife, or has there been a separation? Answer
	A-1-
TERE	No. 9. State the names and dates of birth of all your children, living or dead. Answer. About any
9	-`
FOI	
	Date & august 26 = 1915 (Signature) & Daniel H. Farrar
	c 6—272

7 13			
Easlyn Div.	3–173.		S. 47m, Ex'r.
Claim No. 1049207 Samiel H. Farrar		at of the	Interior,
Co. E., 6 Reg't Mars &	Washington D	SUPP	16", 189 <sub>1</sub>
Sir: Will you kindly answer, at you	ur earliest convenience,		,
information is requested for future us			
Daniel W. Farrar	respectfully,	10	Sua X
East Octon			${\it Commissioner}.$
		MATERIAL PROPERTY AND A SECOND PROPERTY OF THE	TO SECURE THE RESIDENCE OF THE PROPERTY OF THE
No. 1. Are you a married man	1 .	. /	.///
No. 2. When, where, and by w	ohom were you married	/	
Concord Hass	by Res	Mir	Cerpoolds
No. 3. What record of marriage	e exists? Answer:	the down	nclack
No. 4. Were you previously ma	arried? If so, please sta	ite the name of yo	ur former wife and the
date and place of her death or divor-	ce. Answer:		
No. 5. Have you any children birth. Answer:	living? If so, please s		
Date of reply, Sept 2	1897.	7) . 1	11 9
3849b10m8-97	0-2	Danul ?	t. Firm

# GENERAL AFFIDAVIT.

-	of Massachusetts, County of Middlesey, 55:
4	the matter of Original invalir pension claim to 1,049,20
	ief Harren late la &" 6th Regt my Mars lols / ningen
ON	THIS 24th day of January , A. D. 1823, personally
	d before mette District Court of Colitine Medellescin and for the afore-
	unty, duly authorized to administer oaths Daniel 16 Harre
	49 years, a resident of Actor, in the County
	Middlesey, and State of Massivelinsette,
whose	Post Office address is 1204 13. Cart Allen, Pluss.
***************************************	, aged years, a resident of
	, in the County of
and St	te of
	, , , , , , , , , , , , , , , , , , , ,
well k	nown to be reputable and entitled to credit, and who, being duly sworn, declared in
	to aforesaid case, as follows: Lee has a clair, on file mude,
	tof June 27, 1890) under the above muches for
C	(Norz.—Affiants should state how they gain a knowledge of the facts to which they testify.)
20	July of Math It an additional he derlan
11/4	I hill an The service and in two of duty
at	aneur Sufforth, for he contincted "Chilles
and	fever which became complicated with
" /	At 1 . 20 1
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asy .	weather treatment of some for about sing.
Mee	his that to and due this didouse to wour your
20	with Miscurred remedies that They can acce
des	ease of the general and resulted in The These
of	Il I sia Teeth", That about one news afte
Mis	Milange all of his teeth became lawne,
Th	a use not decement but so love he had
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10	the luce a severe attents of "inflamotor
Mil	umahan mu tever and was confined to
tus	red for about four weeks from that time
The !	legan to hund trouble shortness of freuth
ancer	Vindications of his heart being troubled -
S	ce 1878 he has day re henter attento of rheumahin
1	
une L	A lenden to muche the heart's action weather ithat disease
he h	inter of 1889, he had a severe attack of "he bright
	ted agamm 1892 during the winter which still faither
	The fitter the house of the war of the war to the the fact of the the
	Tuted him - that thready fire years and he began to have a
	Tuted him - that twenty fire years ago he begun to have a
	tuted him - that twenty fire years ago he begun to have a
Selah Sebel unti	Luter him - i then twenty fing years ago he begun to have a int in very refere that he would find your wife in an interpretation that year throught results
Selah Sebel unti	Luter him - i then twenty fing years ago he begun to have a fit in very refered that the broubles upthe results
Lebel mili	Luted him - then the state from the hegen to here a forthe from the heart of the free of the first results and for the forthe fever the first results and for the first the firs
Lebel mili	inter him - that the truth for grown he was the brounded with results and for the brounded with results and for the formal formal the formal formal the formal formal the formal formal the f
Lebel mili	Luted him - then the state from the hegen to here a forthe from the heart of the free of the first results and for the forthe fever the first results and for the first the firs
Lebel mili	Luted him - then the state from the hegen to here a forthe from the heart of the free of the first results and for the forthe fever the first results and for the first the firs

#### uligili ul pisavility.

(This amdavit 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 Brosschutto County of Middle 55:
Personally appeared before me, a fustice of the Peace, in and for the
County and State aforesaid, Claron & Fletches, aged 70 years,
whose Residence and Post Office address is South alon, Mrs.
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 Saniel H. Janear while he belonged to Company 6, Reg't., Mass Juf Vols.
and know that he, while in the line of his duty, at or near Leaded Hunse
or injured, and all the circumstances attending it. If sickness, state under what circumstances contracted, what cadsed it, the name and lambure of the sickness, and how it affected him then, and thereafter during his service.
while it was in action. He was immediately
sent to field Hospilal and laters to Hospilal in Suffelk, Va. The injury was to his back
That I was then I de ient in Of Co., & Reg't., & March Vols.
and the facts stated are personally known to me by reason of (Here state whether affant was with the command at the time the specific contracted the disability, or how his knowledge was otherwise obtained. All facts known to affant 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)

#### [Act of June 27, 1890.]



#### Commonwealth of Massachusetts.

#### PENSION DEPARTMENT.

No. 29 PEMBERTON SQUARE, BOSTON.

#### DECLARATION FOR INVALID PENSION.

To be Executed before a Court of Record or some Officer thereof having Custody of its Seal.

State of Massachusetts,	} ss.
County of Middleres	)
On this 21 day of	A. D. one thousand eight hundred and ninety / ,
ersonally appeared before me, a	
ourt of record within and for the county	and State aforesaid, Somiel A Forrar,
ged 47 years,	a resident of the lown of Geters , county
f Middlerex, State o	f Marrachurett, who, being duly sworn according
o law, declares that he is the identical	Jones Harras who was
NROLLED on the 25	day of Gugurt, 1862, in Co E [Here state rank, company, and regi-
ent in military service, or vessel, if in the Navy.]	nt a Privote [Here state rank, company, and regi-
	ved at least ninety days, and was HONORABLY DISCHARGED at
Lowell	, on the thurs day of fund.
	unable to earn a support by reason of my write
seeved on the	histeth of Jonuar 1865
I the tottle of The	- derertell hours /a horre feel
long storping ov.	In or wrening any through severe
That said disabilities are not due to	his vicious habits, and are to the best of his knowledge and belief per-
/	applied for a pension under application No.
	applied for a pension under application to
[If a pensioner, the certificate number of	nly need be given; if not, give the number of the former application, if one was made ]
That he makes this declaration for t	the purpose of being placed on the pension-roll of the United States under
ne provisions of the act of June 27, 189	0.
He hereby appoints J. B. PARS	SONS. State Pension Agent of Massachusetts, 29 Pemberton Square,
oston, his true and lawful attorn	ey to prosecute his claim (without fee); that his post-office
ddress is Earl Ge	ter , county of middlesup
tate of Massachus	settes
ATTES Down Hutel	Cand H. Farra

State of Mass achusetts.
Country of Sliddlessey
In the matter of the claim for pension
of Daniel 36 Farrar of Action, Co. E
6. Mass Inf. Cert No. 992,598
Personally came before me a Justice of the veal
of Dunstable in and for aforesaid
Country and State. Susan Danforth
aged. 85 a resident of Dunstable in the
Country and State aforesaid who being duly
Swoon declares in relations to aforesaid claim
as follows: that she is the sister of
Said Daniel 36 Farrar and knows
that he was form on the third day of
March 1844,

Signature Greson Damforth P.O. Address, Tyngsboro Wash

Secondo and subscribed before me this day by the above-named official Susan Danforth Witness my hand and official seal this 25thday of July 1914

Harry S. Swallow Justice of the Peace



State of Mass refusells. County of Middlesep In the matter of the claim for hension of Daniel H Farrar of Action Co. E. 6. Mass. Inf. Cert, No 992, 598. Personally came before me a fustice of the Peace. in and for ofnesaed County and State. Daniel H Farrar of Action in said Country coho being duly swom declares in relations to afresaid claim as follows: that he is unable to fremish exidence of his berth from any public or church record, Bible or other family record. for the reason that the record of his berete does not appear in the record of bireks of the town of Actus (where he was born) or the church records in said town, that he has no Knowledge of any Family Beble or other secured Centaining a record of his bitte, that the only evidence he can present is the statement of his sister Susan Danforth nowliving in Dunstable Mass. aged. 85 years. Signature Daniel & Januar PO. address Concord Junetim RD Mass Swom to and subscribed before me this day by the above named. Daniel H Farrar Wilness my hand this 27 day of July 1914 Horace, F Tuelle Justice of the Peace

SENSION S.

#### 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 s requested for future use, and it may be of great value to your widow or children. Use the inclosed nvelope, which requires no stamp.

Very respectfully,

DANIEL H.FARRAR, CONCORD JUNCTION, MASS. 992598 ACT MAY. R.F.D.

	No. 1. Date and place of birth? Answer. Mar. 3" 1844 Actor mass
	No. 1. Date and place of birth? Answer.
	The name of organizations in which you served? Answer. Co. E. Siy Reg. Mass Vol-
	$\mathcal{O}\mathcal{T}$
	No. 2. What was your post office at enlistment? Answer. Action, mass-
	No. 2. What was your post omce at entistment? Answer. Wasy diggie Farkar many high musha.  No. 3. State your wife's full name and her maiden name. Answer. Mary diggie Farkar many high musha.  No. 4. When, where, and by whom were you married? Answer. Feb. 10-1912- Action - mass.
	No. 4. When, where, and by whom were you married? Answer. Jels. 10-1912- Heten - Muss.
	Ing W. Jo. M. Jamo Gt
	No. 5. Is there any official or church record of your marriage?
	If so, where? Answer. At Home-
	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
mi mi	death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer
H	465 - Susan Stimmson Fletcher - Nov- 6. 1866-
FOLD	Yes- Insan Stinsson Fletcher - Nov- 6. 1866- Died mar - 22 - 1907 -
	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 miltary 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.
	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. Yes! Trashington X. Achorn  June 14-1882- Died Nov-14-1910 Arlington Mass-  Jis! Private - 2nd Battery 1st Regiment of  Let, Arty, Mainl - Vol-
	Jes, rivale - 2 - Ballery 1 - Regiment of
	Le, arly, manne-bol-
	No. 8. Are you now living with your wife, or has there been a separation? Answer. Justice.
ERE.	No. 9. State the names and dates of birth of all your children, living or dead. Answer. Astany
ī	
FOL	
	Date & august 26 = 1913 - (Signature) Daniel H. Farrar

ORIGINAL IN	VALMI CLAIM.
Soldier, Jamiel N.	Jana &
o. Oastobetou,	Rank, Private
County, Middlesex	Company,
state, Masseehusetts.	Regiment, Collass, John Dooday
Rates, $\$$ per $m$	conth, commencing
·	
Pensioned for	Married & State of Asile
. ensioned for	10 1241 -1
	CON 1/9 X
DECOGNIZE	D ATTORNEY.
Name, Mane	Fee, \$ Z Agent to pay.
PS/ Manuague, D.	Articles filled June 8, 1898
APPR	LOVALS.
Approved for Rejection of injury to Opin	candloss of teeth, no disability
Quice date of filing clay	in.
Supmitted Aug. 24, 1898;	Alloodward Examiner.
Approved for Bjection for injury	Approved for rejection
	Ho disability shown from
modisability since Filing	injury of spine and loss of
Su a fon of med Refuer.	leeth since date of filing
	M
Thomas, Legal Reviewer	S'Emor VI DOLLAND VI SKA
Sef 23, 1898, Re-Reviewer	r. Fel 20, 1898, J. J. Land, Med. Referee.
	ANT DATES.
Enlisted, all July 3, 186.	service from August 25
Residence Truly 11, 1865	1862, to June 3 , 1863, in Co E, 6 Mass Vol Juf.
Discharged Celoffer 27, 186	Co E. C. Mass Vol Juf
Declaration filed Charge 21, 1892	8 Not in service since Oct. 27, 1864
BASIS	OF CLAIM.
While in the Derice and	line of duty Municy battle of
Deserted House about Jan	my 30, 1863, he incurreding
to Opine by fall of horse,	Also while at warear Cuffell &
about February 1863 while	in hospital himewood loss of
teeth from administrati	in of poisonous drugs.
1 1/1 0	
1016.6	Writes

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

Answer: Jes Susan Stimsom Stiring. Stillene

No. 2. When, where, and by whom were you married? Answer: De Reynolds

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

3849b10m8-97

Date of reply, Sept

0

Daniel to