

3-402.

Certificate No.

APV, 414

Name,

Allen Folger

## 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,

THOMAS COGSWELL,

McKay Brandt

Commissioner of Pensions.

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

Answer.

Yes. - Delia M. Folger. - Delia M. Barney

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

Answer.

June 3, 1850, - Nantucket Mass., George Cobb Esq. Justice of Peace

Third. What record of marriage exists?

Answer.

Suppose Mr Cobb had it recorded at Nantucket. Mass. at time of marriage I presume it is also recorded at Gardner, Mass. as a certificate was also obtained there.

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer.

No. as well as at Nantucket, as the law required, as my home was in Gardner at that time.

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

Answer.

One Daughter. Mrs Mary Catharine Dunlop, July 23, 1855

Date of reply,

July 5

, 1898

0-8

(Signature.)

Allen Folger

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3-1081.

PENSIONER DROPPED

United States Pension Agency,

CONCORD, N. H.

APR 3 1907, 190

Certificate No. 884 414

Class

Pensioner Allen Folger

Soldier

Service Br. V. 53<sup>rd</sup> Mass. Inf.

The Commissioner of Pensions.

SIR: I have the honor to report that the

above-named pensioner who was last paid

at \$10, to Oct-1, 1906

has been dropped because of his

premature death at -

Concord N. H.

Dec 16<sup>th</sup> 1906

Very respectfully,

L. H. Hutton

United States Pension Agent.

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death

(COMMISSIONER OF PENSIONS.)

Major and Surgeon, U. S.

NOV 17 1894

Per W.

By authority of the Secretary of War:

W. H. Hutton



The medical records show him treated as follows:

No record found.

No. WAR DEPARTMENT, RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner

of Pensions.

Allen Folger

apt. army, Co. 4<sup>th</sup> 53<sup>rd</sup> Reg't Mass Inf.

was enrolled Dtd 12<sup>th</sup> 1862

and M.O. Dtd 2<sup>nd</sup> 1863

with Co.

From En, 1862, to M.O., 1863

he held the rank of

Capt.

and during that period the rolls show him

present except as follows: April 30 to

June 30/63 - left behind Co. sent

near New Iberia La. Apr 17/63

Co. M.O. Rec dtd Sept 26/63 above

Referred from sick leave Aug 30/63

Write nothing to the left of this line.

(3-060.)

*See fish*

ACT OF JUNE 27, 1890.

# DECLARATION FOR INVALID PENSION.

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

NOTICE—Officer executing this should notice instructions on this Declaration.

State of New Hampshire, County of \_\_\_\_\_, ss:

ON THIS 3 day of October, A. D. one thousand eight hundred and ninety-four

personally appeared before me a Secretary of State

Official title of officer executing this application.

within and for the county and State aforesaid Allen Folger aged 67 years,

Name of claimant.

a resident of Concord, County of Merrimaack State of N. H.

who, being duly sworn according to law, declares that he is the identical Allen Folger

Name under which he served.

who was **ENROLLED** as a private on the 12 day of Sept, 1862

in Company "B" of the 53 Regiment of Mass 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** at Ayer

Mass on the 2 day of Sept, 1863

That he is wholly unable to earn a support by manual labor by reason of "Injury to

Partially or wholly.

Here name any diseases or injuries from which disabled.

left hand and

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

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

That he has not applied for pension under application No. \_\_\_\_\_ 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 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.

and when ordered for examination desires to be ordered before the Board of Surgeons at \_\_\_\_\_

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

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 Concord

\_\_\_\_\_, County of Merrimaack, State of N. H.

Allen Folger

Signature of claimant

If claimant signs by mark, two witnesses MUST sign here.

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

FILED



# Claimant's GENERAL AFFIDAVIT.

State of New Hampshire, County of Merrimack, ss:

In the matter of Allen Folger  
Claimant's name.

ON THIS 12<sup>th</sup> day of November, A. D. 1894, personally appeared before me, a  
Clerk of the Supreme Court in and for the aforesaid County, duly authorized to administer oaths,  
Allen Folger aged 67 years, a resident of Concord  
in the County of Merrimack and State of New Hampshire  
whose Post Office address is Concord N.H. and

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

aged \_\_\_\_\_ years, a resident of \_\_\_\_\_  
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 gained a knowledge of the facts to which they testify.]

I, Allen Folger, a resident of Concord, County of Merrimack, State of New Hampshire, hereby declare, that upon  
the 5<sup>th</sup> day of December, 1868, and for nearly twenty  
years previous (with exception of time I was in the  
United States Army) I was in the employ of Haywood  
Brothers and Co. and their predecessors, in the town of  
Gardner, County of Worcester, State of Massachusetts,  
engaged in the occupation of Chair Making.  
On said 5<sup>th</sup> of December 1868, while at my regular  
work a part of which was, operating an upright  
Boring Machine, the half inch bit accidentally  
caught my left hand, entering on the inside a  
little, from the root joint of my forefinger, and  
passing diagonally through the root joints of the  
first three fingers, coming out on the back of the hand,  
through the root knuckle of the third finger, severing  
the cord controlling that finger, so the finger dropped  
inside the hand, and a splint had to be worn  
for some time until the flesh grew together over  
the hole the bit had made.

The middle joint of the third finger grew solid, and  
has ever remained so. The middle finger can  
only be moved in middle joint. The fore finger  
can only be bent slightly. The little finger is stiff  
except at the root joint. It is impossible for me to  
shut my left hand. The accident entirely

incapacitated me for Manual Labor. I immediately  
left the Manufactory, being unable to use my hand.  
I have never attempted to obtain a livelihood by Manual  
Labor, since this Permanent Disability occurred.

This Disability was not caused by vicious  
habits. I have been a Free-Booter for over 40  
years, and have had no vicious habits that could in  
any manner affect this accident—or prevent it from  
being Permanent. It is absolutely a permanent

Disability. I furthermore state that in the above Affidavit  
I did not use, was and was not aided or prompted by any written  
or printed statement or recital, prepared or dictated by any other person.