D ATH CASE

EXPEDITE

This XC case contains the following listed folders:

C No. 901590

A No. nu

T No. nu

K No. nu

Pension No. SC 1079498

XC COMBINED 3 AUG 1 - 1934

By

Chief Clerk's Division.

Date

VETERANS ADMINISTRATION
Form 177
Rev. Mar. 1933

NAME Ford, Isaac S.

ACT OF JUNE 9, 1930 (C. W.) 1a)

Certificate No. 1079,498

ARMY INVALID

Law: ACT OF JULY 3, 1926
Act of May 1, 1920

Service
Pt E Coast Guards Me V Inf

Disability

Class	Rate	Date of Commencement	Date of Certificate	Homes—Admitted / Discharged						
	50	May 1, 1920								
	65	Aug. 4, 1926		Died		Reported				
				Remarks:						
	75	July 4 1930								
Inc	100	Jan 27 1933	Feb 10 1933j							
	90	July 1, 1933	Act March 20, 1933							

NAME ISAAC S FORD

Certificate No. XC 901590

Fees 1079498

ACT OF JULY 3, 1926
Act of May 1, 1920

ACT OF JUNE 9, 1930 (C.W.)

GROUP 3

48

RATE—	50			65				75	75		100 90	
	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
GOVERNMENT PRINTING OFFICE												
JANUARY		4 50	4 50	4 50	4 65	4 65	4 65	4 65	4 75	4 75	4 75	
FEBRUARY		4 50	4 50	4 50	4 65	4 65	4 65	4 65	4 75	4 75	4 75	5.83
MARCH		4 50	4 50	4 50	4 65	4 65	4 65	4	4 75	4 75	4	
APRIL		4 50	4 50	4 50	4 65	4 65	4 65	4	4 75	4 75		
MAY	4	4 50	4 50	4 50	4 65	4 65	4 65	4	4 75	4 75	4	
JUNE	4 50	4 50	4 50	4 50	4 65	4 65	4 65	4	4 75	4 75	4 30 90	
JULY	4 50	4 50	4 50	4 50	4 65	4 65	4 65	4	4 75	4 75	31 90	
AUGUST	4 50	4 50	4 50	4 50	4 65	4 65	4 65	4 75	4 75	4 75	31 90	
SEPTEMBER	4 50	4 50	4 50	4 65	4 65	4 65	4 65	4	4 75	4 75	30 90	
OCTOBER	4 50	4 50	4 50	4 65	4 65	4 65	4 65	4	4 75	4 75	31 90	
NOVEMBER	4 50	4 50	4 50	4 65	4 65	4 65	4 65	4	4 75	4 75	30 30	
DECEMBER	4 50	4 50	4 50	4 65	4 65	4 65	4 65	4	4 75	4 75	30 90	

PENSION AWARD CARD (SOLDIER)

ISAAC S FORD
S ACTON MASS
1079498 ACT MAY
SCHOOL ST

XC 901590
D 7068
10-28-34

CODE 4 D XC-901590

FEE Alice 4/7/54

YEAR	1934	1935	1936	1937	1938	1939	1940
RATE	~~90~~ 95						
JAN.	15966082						
FEB.	16435991						
MAR.	16903913						
APR.	17375811						
MAY	17894723						
JUNE	18404636 CANCELLED						
95 JULY							
AUG.	Final						
SEPT.							
OCT.							
NOV.							
DEC.							

CLOSED

VETERANS ADMINISTRATION
Finance Form 1052

APPROVED ..... DATE .....

15—668

NAME CERT. NO.

ISSUES			ISSUES	ADJUSTMENTS					DIED 6/7/34 REPORTED 7/12/34
CLASS	MO. RATE	COMMENCING DATE	REMARKS	FROM—	TO—	AMOUNT	DATE	ADDITIONAL CHECKS	REMARKS:
	90			6-1-34	6-7-34	21.00			
	95	7-1-34	MAR 28 1934						

C of P 10/2/34 F 10/17/34
Alue 6-1-34 to 6-7-34 @ 90

GUARDIANSHIP:

Claimant Ada I. Ford

Address South Acton, Mass.

Ck. No 2711859 for 21.00 Mailed 10-30-34

U. S. GOVERNMENT PRINTING OFFICE: 1933 15—668

PENSION AWARD CARD (DEPENDENT)

Ada I.Ford, XC-901590 RELATIONSHIP widow

South Acton, Mass. ~~Isaac S. Ford,~~

CODE 4 A

ACT OF JUNE 9, 1930

YC 901590

FEE none

YEAR	1934	1935	1936	1937	1938	1939	1940
RATE		38 40					
JAN.		6630676	12814216 40	19304426			
FEB.		7148408	13355915	19836534			
MAR.		7667132	13895636	20366518			
APR.		8184869	14435365	20893645			
MAY		8717552	14975122	21418529			
JUNE		9249413	15513865	21943503			
JULY		9775223	16052729	22467652			
AUG.		10301065	16595531	22991935			
SEPT.	2707303	10823924	17131310	23511019			
OCT.	5201387	11182722	17705187	24030171			
NOV.	5603953	11727546	18239292				
DEC.	6116847	12271400	18772423				

no [illegible] 2/3/40

CLOSED

Dtd Ctd, [illegible] 11/26/37 [illegible]

1055 Sent 11/26/37 [illegible]

folder called [illegible] 11/15/37

Pret 2/26/38 Abeyance

VETERANS ADMINISTRATION
Finance Form 1053

NOV 13 1937

APPROVED J. F. Baker 12 [illegible] 4/[illegible]/38

DATE Oct. 2, 1934

15—669

NAME Ford, Ada I. CERT. NO. XC-901590

ISSUES			ADJUSTMENTS				
CLASS	MO. RATE	COMMENCING DATE	FROM—	TO—	AMOUNT	DATE	ADDITIONAL CHECKS
Orig.	$38.00	7-10-34	7/10/34	9/30/34	$102.60	10/10/34	over
	40	APR 1 1935					

MINORS, $ PER MONTH ADDITIONAL

NAME	COMMENCING DATE	ENDING DATE

1934

DIED 10/31/37 Det. Col. 2/23/38. MMB

REPORTED 1664 11/3/37

GUARDIANSHIP

REMARKS: 966-985 — (Form 1664 & Manila Env. re Asst Ck) to Miss Dunn - G.C. 11/11/37.

Accrued

Form 1055 executed by Lizzie B. Merriam, niece, payer of expenses, Piper Road, Acton, Massachusetts, forwarded with photostats of receipted itemized undertaker's bill, receipted bill from attending physician and receipt from nurse & copy of letter from this Administration dated April 12, 1938 addressed to the claimant, to Division of Disbursement for transmittal to General Accounting Office together with check No. 24,030,171, dated October 31, 1937 in the amount of $40.00, symbol 11-561, on 4/14/38. MMB

WME:MSD Authorization placed for payment - Dec. G.A.O. letter 5/5/38 - Dm/- 5/26/38.

U. S. GOVERNMENT PRINTING OFFICE 1933 15—669

VETERANS ADMINISTRATION
Form P-93, Rev. May 1934

PUBLIC VOUCHER

File No. XC-901590
War Civil
Voucher No.

DECISION OF QUESTION OF FACT AND LAW-AWARD BRIEF FACE

For Burial, Funeral, and Transportation
of Body of Deceased Veteran

PAID BY

(For use of Paying Office)

Appropriation:

THE UNITED STATES, Dr., To Ada I. Ford
(Payee)

Address: South Acton, Mass.

Isaac S. Ford — South Acton, Mass — 6-7-54
(Name of deceased veteran) (Place of death) (Date of death)

Home address of deceased S. Acton, Mass
Did death occur after separation from Service? yes
Was deceased a war veteran honorably discharged from war service? yes
Name of war in which deceased was a veteran Civil
Did deceased die in a Veterans Administration Facility?
Did his net assets, after deduction of debts equal or exceed $1000.00? No
Is itemized bill or statement of account covering expenses on file with the Veterans Administration? yes
If claim is for reimbursement, did claimant pay, from his personal funds as much as the amount herein to be allowed, and is bill or statement of account receipted? yes
If not, see explanation in "Remarks."
Has full payment or reimbursement previously been received by claimant? No
If payment is to a fiduciary, name court and date of appointment

REMARKS:

Pursuant to the above facts the payee is entitled to the award of $100.00 covering burial and funeral expenses by reason of the death of the above-mentioned veteran under the provisions of Title I, Section 17, Public Act, No. 2, 73d Congress.

Submitted 7/26, 1934. G. Carter
Reimbursement Claims Adjudicator.

I, the undersigned, an officer of the Veterans Administration duly authorized under the provisions of Section 8 of Public Act, No. 2, 73d Congress, to make decisions of questions of fact and law affecting any claimant to the benefits of Section 17 of Title I of Public Act, No. 2, 73d Congress, do hereby constitute in pursuance of such authority the foregoing statements as my decisions of fact and law.

Approved 8/28, 1934. J. Emmons
Reimbursement Claims Authorizer.

OTHER CLAIMS PREVIOUSLY ALLOWED

Name of Payee	Amount	Payment Information: Disbursing Officer Symbol No.	Voucher No.	Date

Examined and approved for $_____, payable from the appropriation stated above.

(SIGN)
(ORIGINAL) _____ _____
(ONLY) (Name) (Title)

Paid by check No._____, dated_____, 193 , for $_____, on Treasurer of the United States, in favor of payee named above.

VETERANS ADMINISTRATION
Pension Form 5050

PENSION BRIEF FACE

Increase

ACT ..... No. 1079498

Soldier Isaac S Ford

P. O. Box 31, South Acton, Mass.

Rank Pvt.

Service Co. E Coast Guard Maine Inf.

Rate, $ 100 per month, commencing January 27, 1933

Attorney State Aid & Pension Department

P. O. State House, Boston, Mass.

Fee, $ No.

Articles filed

Submitted Feb. 6, 1933, for Adm. Med. Rating Div.

G. A. Williams, Examiner.

Approved for increase under Act June 4. 1930.

Date of birth Feb. 6, 1933

Age, ... years. Rate, $ ..... per month.

H. U. Leudy, Legal Reviewer.

Approved for $100 from January 27, 1933

Feby 7, 1933, Payne, Medical Reviewer.; ....., 19...., Medical Referee.

Enlisted ..... Enlisted ..... Enlisted .....

Discharged ..... Discharged ..... Discharged .....

Pensioned at $ 75 per month

PRESENT CLAIM

Declaration filed Jan. 21, 1933,

Date of birth alleged

M. C. No

U. S. S. / H. R. Certificate issued FEB 11 1933

U. S. GOVERNMENT PRINTING OFFICE: 1931 15—3051

3—371

Cert. No. 1079490

ACT OF MAY 1, 1920

INCREASE

Claimant Edw. S. Ford

P. O. ..... Rank Private

County ..... Service Co. E Coast Guard Me Inf.

State .....

Rate, $..... per month, commencing .....

STATE REPRESENTATIVE. Mo

REJECTED May 17/27 JP

APPROVAL

Med. Div. Submitted for Action, May 17, 1927, C. Parsons, Examiner.

Approved for .....

[illegible] EXAMINATION 2, ACT OF MAY 1, 1920.

No Medical Examination

May 17 1927, H. A. Leady Div Reviewer.

....., 192 , ... Rereviewer.

Approved for rejection. Does not require regular aid and attendance

....., ... Medical Examiner. Medical Reviewer.

May 17, 1927, C. S. Rice Acting Medical Referee.

Enlisted ....., 18.....; honorably discharged ....., 18.....

Enlisted ....., 18.....; honorably discharged ....., 18.....

Enlisted ....., 18.....; honorably discharged ....., 18.....

Length of pensionable service ..... years, ... months, ... days.

Pensioned at $ 65 per month, under ACT OF JULY 3, 1926, as Civil War veteran.

PRESENT CLAIM, ACT OF MAY 1, 1920

Declaration filed Jan 11, 1927

Claimant does — write.

Hon. Edith Nourse Rogers, M. C. Hof Rep.

8—6315 GOVERNMENT PRINTING OFFICE

3—371

~~ACT OF JULY 3, 1926~~

Cert. No. 1079498 3/10/28 JK

ACT OF MAY 1, 1920

INCREASE

Claimant Isaac S. Ford

P. O. .....

County .....

State .....

Rank Private

Service Co E Coast Guard Maine Inf.

Rate, $..... per month, commencing .....

REJECTED 3/22/28 JK

STATE REPRESENTATIVE. None

APPROVAL

Med

Submitted for action, Mar. 10, 1928, Koontz, Examiner.

Approved for .....

INCREASE, SECTION 2, ACT OF MAY 1, 1920.

No Medical Examination

Mar. 10, 1928, Jos. H. McKeefer Div. Reviewer.

....., 192 , ... Rereviewer.

Approved for regulation

Does not require regular aid and attendance

....., Lashells Medical Examiner. Medical Reviewer.

Mar 17, 1928, C. S. Rice Medical Referee.

INVALID DIVISION

Enlisted ....., 18.....; honorably discharged ....., 18.....

Enlisted ....., 18.....; honorably discharged ....., 18.....

Enlisted ....., 18.....; honorably discharged ....., 18.....

Length of pensionable service ..... years, ... months, ... days. JK 3/10/28

65

ACT OF ~~MAY 1, 1920~~

February 8, 1938

DAC-B

Mrs. Lizzie B. Merriam,
Piper Road,
Acton, Massachusetts.

FORD, Ada I.
XC-901,590
Civil War

Dear Madam:

Reference is made to your application for the proceeds of pension check No. 24,030,171 for $40.00 drawn October 31, 1937, in favor of the above cited deceased widow.

It is shown in your claim that you paid the funeral expenses and such being the case there should be forwarded the receipted itemized undertaker's bill with a showing thereon by whom paid. The pensioner's name should also be shown on the undertaker's bill.

At the same time there should be forwarded a true copy of the public record of death of the pensioner certified as correct over the signature and seal of the registrar or official having custody of the records of the county or vicinity wherein the death occurred unless such certificate has already been forwarded.

Very truly yours,

H. V. STIRLING,
Director of Finance.

FEB 9 - 1938

WMB:mmw

VETERANS ADMINISTRATION
Finance Form 285a

NOTICE OF DISPOSITION TO BE MADE OF CHECK

FROM: Accounting Division, Veterans Administration DAC-B

TO: Division of Disbursement, Treasury Department. April 14, 1938
(Date)

Former Record

Payee WORD, Ada I.,

Address South Acton,

Massachusetts.

Claim or File No. XC-901,590 Civil War

Check No.	Symbol #	Amount	Month
24,030,171	11-561	$40.00	Oct. 1937

Approved Claimants/

Lizzie B. Merriam, niece, (payer of expenses)

Piper Road, Acton, Massachusetts.

Corrected Record - Remarks, etc.
(Include definite stmt. as to disposition)

As the payee lived through the period covered by the said check, the proceeds thereof are an asset of her estate.

The check should be forwarded to the General Accounting Office with the following attached: Claim Form 1055, executed by Lizzie B. Merriam, niece, photostats of receipted itemized undertaker's bill, receipted bill from attending physician and receipt from nurse. The attached copy of letter from this Administration dated April 12, 1938 addressed to the claimant, should also be forwarded to the General Accounting Office.

Death certificate on file indicates the pensioner died October 31, 1937.

READY FOR F T
APR 14 1938

Please dispose of checks listed as indicated above.
Signature (Signed) B. E. SAGER,

Title ASSISTANT CHIEF OF SUBDIVISION.

WMB:MSD

THE ADMINISTRATION
Adjudication Form 654
Revised March, 1927

CERTIFICATE OF IDENTIFICATION

DAC-B

Date April 14, 1938

This is to certify that the A ..... C ..... or XC 901,590 file shows that the names

Mrs. Lizzie B. Merriam and Mrs. W. Merriam

appearing on the ~~award or voucher and on the~~ supporting bills or papers attached are one and the same person.

(Signed)

Asst Chief, Final Adjustment Accounts Section.

WMB:b

WMB

March 12, 1938

Estate Ada I. Ford

April 14, 1938

To Grace Wm. J. Crutley, Public Health Nurse

DAC-B

Mrs. Lizzie B. Merriam,
Piper Road,
Acton, Massachusetts.

FORD, Ada I.
XC-901,590
Civil War

31 calls, at $.50 per call. $15.50

Dear Madam:

Reference is made to your application for the proceeds of pension check No. 24,030,171, for $40.00, drawn October 31, 1937, in favor of the above cited widow, whose death occurred on that date.

Your claim approved by this Administration and relative papers are being forwarded as of even date to the Division of Disbursement, Treasury Department, Washington, D. C. for transmittal with the check to the General Accounting Office, this city, for settlement.

All future communications relative to this claim should be addressed to the General Accounting Office, Washington, D. C.

Very truly yours,

H. V. STIRLING,
Director of Finance.

I, Horace F. Tuttle, depose and say that I hold the office of Town Clerk of the Town of Acton County of Middlesex and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths required by law to be kept in said Town are in my custody, and that the above is a true extract from the records of Deaths in said Town, as certified by me.

Witness my hand and the seal of said Town, on the fifteenth day of February 1938

Horace F. Tuttle
Town Clerk.

WMB:MSD

March 12, 1938

Estate Ada D. Ford.

To Genevieve Greeley, Public Health Nurse

For nursing service July 20 - Oct. 31st.

31 calls at $.50 per call. $15.50

Pd. by Mrs. W. Merriam

210

SOUTH ACTON, MASS., March 5, 1938

...chusetts.

...RICA.

...state of Mrs. Ada I. Ford.

To O. L. Clark, M. D., Dr.

...E HOURS: 2 TO 3 P. M.
7 TO 8 P. M.

SUNDAYS
BY APPOINTMENT

...7	FOR PROFESSIONAL SERVICES	3	—
...d	27-House Call	24	—
	4-6-8-10-13-15-20-25 House Calls	9	—
...e	1-9-17 House Calls		.50
...ly	2 Medicine		
...B.	29-30-31 House Calls	9	—
...ed	31st of October	45	50

From July to October under daily care of Nurse under my supervision.

Received Payment from Mrs. Lizzie B. Merriam
O. L. Clark, M. D.
Nov. 15, 1937.

BILLS DUE WHEN RENDERED

Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

Certificate of Death

FROM THE RECORDS OF DEATHS IN THE TOWN OF Acton
MASSACHUSETTS, U. S A.

1. Date of Death, - - -	Oct 31, 1937
2. Name, - - - - - -	Ada I Ford
(Maiden Name, - - -	Ada I Ryerson
3. Sex, and whether Single,	female and married
Married, or Widowed, -	Widowed
4. Color, - - - - - -	White
5. Age, - - - - - -	87 Years 3 Months 24 Days
6. Disease or Cause of Death	Myocarditis Senility
7. Residence, - - - -	Acton
8. Occupation, - - - -	none
9. Place of Death, - - -	Acton
10. Place of Birth, - - -	Paris Maine
11. Name of Husband or Wife - - - - -	Isaac S Ford
12. Name of Father, - - -	Job Ryerson
13. Name of Mother, - - (Maiden Name)	Elizabeth Twitchell
14. Birthplace of Father, -	Paris, Maine
15. Birthplace of Mother, -	Paris, Maine
16. Place of Interment, - -	Woodlawn Acton

I, Horace F. Tuttle depose and say that I hold the office of Town Clerk of the Town of Acton County of Middlesex and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths required by law to be kept in said Town are in my custody, and that the above is a true extract from the records of Deaths in said Town, as certified by me.

WITNESS my hand and the seal of said Town, on the Fifteenth day of February 1938

Horace F. Tuttle
Town Clerk.

A. MERRIAM Co.
Piano Stools
CHAIRS
BENCHES
SCARFS
ETC.
SOUTH ACTON
MASS.

SOUTH ACTON
MAR 24
1 PM
1938
MASS.

UNITED STATES POSTAGE
WASHINGTON
3 CENTS

H. V. Stirling, Director of Finance.
Veterans Administration
Washington
D.C.

3 25 50

3 52 00

3 52 00

APR 22 1938

February 26, 1938

DAC-B

Mrs. Lizzie B. Merriam
Piper Road,
Acton, Massachusetts.

FORD, Ada I.
XC-901,590
Civil War

Dear Madam:

Receipt is acknowledged of the certificate evidencing the date of death and receipted undertaker's bill in the case of the above cited widow.

Before further action can be taken on your claim for the proceeds of pension check No. 24,030,171 for $40.00 drawn October 31, 1937, it is requested that there be forwarded to this Administration the receipted itemized bills incident to the pensioner's last illness. These bills should show the name of the deceased as well as the name of the person by whom payment was made.

The enclosed copy of this letter should accompany your reply.

Very truly yours,

H. V. Stirling

H. V. STIRLING,
Director of Finance.

1 Enc.

WMB:mm

GENERAL ACCOUNTING OFFICE

WASHINGTON

CLAIMS DIVISION
IN REPLY PLEASE QUOTE

MAY 5 - 1938

Misc.- 0745546-RAL

Treasury (Veterans)
Check No. 24,030,171
Date October 31, 1937
Amount $40.00
D. O. G. F. Allen
Symbol 11-561
Payee Ada I. Ford

Lizzie B. Merriam,
Piper Road,
Acton, Massachusetts.

Madam:

There is enclosed herewith the above described check, the payee of which is now deceased.

An authorization has been placed on the check for payment in the usual manner to you through regular banking channels, upon endorsement as follows:

"Lizzie B. Merriam, as payer of the funeral expenses of Ada I. Ford, deceased."

READY FOR FILE
MAY 26 1938

Respectfully,

R. N. ELLIOTT,

Acting Comptroller General
of the United States.

By: C. E. JOHNSON

Encl.
dsn
Copy to:
Veterans Administration,
Finance Service,
XC-901,590
Civil War

VETERANS ADMINISTRATION
Fin. Form 1317 (Rev. Oct. 1935)

WAC-R

IDENTIFICATION AND DATA SLIP

PAYEE Ada J. Ford

Number assigned { XC 901590
I

War Civil

Rate, $ 40 Code classification

Date 3/2/38 Clerk Brooks

GPO 15—899

DATA FOR CORRESPONDENCE OR DISPOSITION

(Use reverse side if additional space is necessary)

(Must be initialed and dated by clerk supplying data)

W. R. P. 9/30/37

READY FOR
FILE
MAR 2 1937
Deceased Beneficiaries
ACCOUNTS SUBDIV.
PER

MAYNARD, MASS., Dec. 13, 1937

Estate of Ada I. Ford

TO G. W. FOWLER, DR.

Funeral Director

TELEPHONE 25-W PRIVATE AMBULANCE 24 CONCORD ST.

Oct. 31	Embalming	$ 15	-
Nov. 1	Funeral notices, Herald, Globe	4	-
2	Casket	160	-
	Slate vault	40	-
	Opening grave, paid	12	-
	Funeral coach	15	-
		246	-
Jan. 6,'38	Paid by check, Mrs. Lizzie B. Merriam	246	-

G W Fowler

VETERANS ADMINISTRATION
Finance Form 985

READY FOR
FILE
NOV 11 1937
DEPENDENTS ACCOUNTS SUB DIV.
PER G.C.

MEMORANDUM FOR FILE - DEATH OF BENEFICIARY

From: Chief Accounting Division
To:
Subject: Payment Suspended on X C-901,590

Date Nov. 11, 1937
Correspondence Symbol DAF-B

Payments on award for Ada I Ford

have been suspended, notice of death having been received. There is no record in this Division of any other beneficiary whose rate of payment will be affected by the elimination of this payee from the rolls.

Enclosure
none)
(Form 1664 and Manila Env. re
Oct 21/37 asset Ck) to D.B. Accts
Sub-Div.

By Cummings
Clerk

November 26, 1937

DAC-B

Mr. William T. Merriam,
South Acton, Massachusetts.

FORD, Ada I.
XC-901,590
Civil War

Dear Sir:

Receipt is acknowledged of your communication of November 3, 1937, relative to pension check No. 24,030,171 for $40.00, drawn October 31, 1937, in favor of the above cited widow whose death it appears occurred on the latter date.

If the above is the correct date of death this check constitutes an asset of the deceased payee's estate. If administration is to be had thereon the legal representative should furnish a short certificate of Letters of Administration or Letters Testamentary with a showing whether still in force and effect.

If administration will not be had a claim for the proceeds of this check should be presented by the creditors incident to the last illness and funeral, as these expenses are preferred claims against the estate. In the event these bills have been paid the claims should be filed by the payer thereof provided his or her personal funds were used. A statement to that effect should be furnished.

The enclosed Form 1055 should be executed by the claimants in accordance with instructions printed thereon and returned to this Administration. If necessary the claims also enclosed should be executed in addition to the Form 1055. At the same time there should be forwarded a true copy of the public record of death of the pensioner certified as correct over the signature and seal of the registrar or official having custody of the records of the county or vicinity wherein the death occurred.

It is requested care be taken that all names appearing on papers agree when submitted to this Administration and in case of co-administrators that both or all names appear on the legal documents and all claims forwarded be signed accordingly.

Very truly yours,

H. V. STIRLING,
Director of Finance.

WMB:mah 3 Enc.

NOV 26 1937
PER

XC-90.
Civil

Treasury Dept.,
Division of Disbursements,
Washington, D.C.

Gentlemen:

I wish to notify you that my Aunt, Ada I.Ford,File #XC 901590,died October 31st ~~at 10:30 P.M.~~ 4A

Her pension check received November 1st was returned to you through the Post Office.

Kindly send me necessary blanks for filing to obtain this payment.

Very truly yours,

William T. Merriam

W.T.Merriam

WTM/D

24,030,171

10/31 $40.00

WZ 11/3/37

RECEIVED
NOV 19 1937
Pen. Benef. Accts. Sec.
Final Adj. Accts. Sec.
Acc'g. Div.
NOV 18 1937

dm Veterans Administration
Form P-31, Rev. Sept. 1934

AWARD OF DEATH BENEFITS
Washington, D.C.
Oct. 2, 1934

Ada I. Ford,
South Action
Massachusetts

Madam:

You are hereby notified that as the widow of Isaac Ford, whose death was service, an award of pension has been made to you under the provisions of the Act of June 9, 1930, at the rate of $38 from July 10, 1934.

The initial amount due you under this award will be indicated forwarded within the near future. Thereafter the amount of $ will be forwarded to you under this award each month.

Payment of pension will be reduced or discontinued when any of the following happen to the person to or for whom pension is being paid: 1. Death; 2. Marriage or remarriage; 3. Residing outside the continental limits of the United States of America, exclusive of Alaska, Hawaii, Puerto Rico, Virgin Islands, and the Panama Canal Zone.

IN ADDITION TO THE ABOVE, payments of pension to or for a child will be discontinued upon the child reaching the age of years, unless, prior thereto, the child became permanently incapable of self-support by reason of mental or physical defect. Marriage of pension child at any time will terminate the . The payment of pension to or for a mother or father will be discontinued upon an improvement in economic condition to such an extent that actual dependency ceases to exist.

Upon the happening of any contingency terminating your right to pension, the Veterans' Administration, Washington, D. C., must be immediately notified. See the reverse side hereof for penalties for accepting checks to which you are not entitled.

If you should change your present address, the Veterans' Administration, Washington, D. C., must be immediately notified. All future communications with reference to this case must bear the claim number XC-901590

Respectfully,

Director,
Widows' and Dependents' Claims Service.

(Over)

VETERANS ADMINISTRATION
Pension Form 5051

WIDOW—BRIEF FACE

2 Bfs

Widow PENSION, ACT OF ~~May 1, 1920~~ June 9, 1930 X.C. No. 901,590.

Claimant Ada J. Ford

P. O. South Acton, Massachusetts

Soldier Isaac S. Ford,
Rank Private,
Service Co. E, Coast Guard Maine Inf.

S Rate, $ 38 per month, commencing July 10, 1934.
and $ ..... per month, ... additional for each child as follows:

All pension to terminate

None, { Born ..... Sixteen ..... } Commencing .....

{ Born ..... Sixteen ..... } Commencing .....

{ Born ..... Sixteen ..... } Commencing .....

{ Born ..... Sixteen ..... } Commencing .....

{ Born ..... Sixteen ..... } Commencing .....

{ Born ..... Sixteen ..... } Commencing .....

Attorney None, Fee, $ .....

P. O. ..... Articles filed ....., 19....

Submitted for Admission, Sept. 25, 1934. J. H. Dwight, Examiner.

Approved for Admission under Act of June 9, 1930.
Born July 8, 1850 - age 84.

J. G. Baker, Sept. 28, 1934
Legal Reviewer.

Approved for
No medical action required.
....., 19....
Medical Reviewer.

Enl. Dec. 24, 1864 Dis. July 7, 1865
Enl. No other service, Dis. —
Enl. — Dis. —
Soldier's claim filed February 3, 1904
Died June 7, 1934
Present claim filed July 10, 1934
Date of birth alleged July 8, 1850

Former marriage of Soldier, None, 1....
Divorce / Death } of —, 1....
Former marriage of claimant, None, 1....
Divorce / Death } of —, 1....
Claimants marriage to soldier, Mch. 21, 1874.
Remarriage of —, 1....
Divorce / Death } of —, 1....

M. C. None { U. S. S. / H. R.

Certificate issued OCT 2 1934, 19....

U. S. GOVERNMENT PRINTING OFFICE: 1931 15—503

Veterans Administration
Pension Form 5275

Cert. X.C. 901,590
S.C. 1,079,498
Act June 9, 1930,

OCT 2 1934

ACCRUED PENSION BREIF FACE

Class Soldier,

Pensioner Isaac S. Ford,

Date of death June 7, 1934. Certificate not filed.

Claimant Ada L. Ford, widow,
South Acton,
Massachusetts,

Attorney None,

Address

The fee of $ allowed on issue of
to
of to be paid when
payment is made on accrued.

Submitted Sept. 25, 1934. J. V. Dwight, Examiner.

S Approved for Admission,

J. H. Baker Legal Reviewer, Sept. 28, 1934.

Claimant — writes None, U.S.S. H.R.

VETERANS ADMINISTRATION
Pension Form 5022

Comp no rec
no k
no c
not
SC 1079498

DECLARATION FOR WIDOW'S PENSION

(Civil War)

7/20/34

State of Massachusetts, County of Middlesex, ss:

On this 3rd day of July, 1934, before me, the undersigned, personally appeared Ada Isabel Ford, who makes the following declaration as an application for pension under the provisions of the acts of Congress approved May 1, 1920, July 3, 1926, or June 9, 1930.

That she is 83 years of age, that she was born July 8th, 1850 at Paris, Maine

XC 901590

That she is the widow of Isaac S. Ford, who ENLISTED December 14th, 1864, at Augusta, Maine, under the name of Isaac S. Ford, in Co. E. Coast Guards Infantry (Here state company and regiment, if in the Army; or vessel, if in the Navy) and was honorably DISCHARGED July 7th, 1865, having served ninety days or more, or was discharged for, or died in service of the United States of a disability incurred in the service in the line of duty, during the CIVIL WAR, and who DIED June 7th, 1934, at South Acton, Mass.

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

and that, except as herein stated, said soldier (or sailor) was employed in the military or naval service of the United States;

THAT SHE WAS MARRIED to said soldier (or sailor) March 21st, 1874, under the name of Ada Isabel Ryerson, at Norway, Maine by L. H. Tabor; that she had not been previously married, that he had not been previously married;

(If there was a prior marriage of either, the name and the date and place of death or divorce of the former consort, or consorts, should be stated)

That neither she nor said soldier was ever married otherwise than as stated above.

That she was NOT divorced from the soldier (or sailor) and that she has NOT remarried since his death;

That the following are the ONLY children OF THE SOLDIER (or sailor) who are now living and are under sixteen years of age:
(If he left no children under sixteen years of age, the claimant should so state)

none, born, 1, at
, born, 1, at
, born, 1, at
, born, 1, at
, born, 1, at
, born, 1, at

RECEIVED JUL 20 1934 Numb. Sect. Index Sub Div.

That she did not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period.
(Did or did not)

That no member of her family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period
("a" or "no")
(If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

That she has not heretofore applied for pension, the number of her former claim being ; that said soldier (or sailor) was a pensioner, the number of his pension certificate being SC 1079498

Two attesting witnesses

(1) William T. Merriam
(Signature of first witness)
South Acton, Mass.
(Address of first witness)

(2) Lizzie B. Merriam
(Signature of second witness)
So. Acton, Mass.
(Address of second witness)

Ada Isabel Ford
(Claimant's signature in full)
South Acton, Mass.
(Claimant's address in full)

Subscribed and sworn to before me this 3rd day of July, 1934, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Harold D. Roche
(Signature)

Notary Public
(Official character)

South Acton, Mass.
(Post office address of officer)

[L. S.]

15—386

CLAIMANT SHOULD COMPLY FULLY WITH THE INSTRUCTIONS ON THE BACK OF THIS DECLARATION

September 25, 1934

In view of the statements made in the case by the claimant, and by W. T. Merriam that he was inclosing "a certified copy of the records of marriage, as requested," it is believed that the copy of the "marriage records" certified to by the Town Clerk of Paris, Maine, with his seal impressed thereon, is in fact a copy of the public record of the marriage of the soldier to the claimant, and is compliance with the call of August 25, 1934.

J. H. Dwight

Adjudicator

DROP REPORT—PENSIONER

XC 9015-90

ISAAC S FORD
S ACTON MASS
SC 1079498 ACT MAY
SCHOOL ST

8-14 X

Cert. No. 1079498
Pensioner Isaac S. Ford
Soldier
Service
Class 4-B-

Remarks
6/30/34
Cancelled Payee deceased

RECEIVED
AUG 10 1934
PENSION INDEX
SECTION

ACCOUNTING DIVISION

12 - , 1934

The name of the above-described pensioner who was last paid at the rate of $ 90 per month to 5-31- , 1934 has this day been dropped from the roll because of Death - 6-7-34

Vet. Adm.
Fin. Form 1411
Rev. Mar. 1932

Wm. H. HOLMES,
Chief Accounting Division.
By O.J.

Reply to M B A B.
Ford Isaac S.
XC 901-590.

So. Acton, Mass.
Aug 28 - 1934.

AUG 30 1934

Mr. E. L. Bailey Director
Veterans Administration:
Washington, D.C.
Dear Sir:

I am in receipt of your letter of Aug. 25 acknowledging receipt of death certificate and certified copy of marriage record in support of my claim for pension.

In the second paragraph of your letter you advise, regulations require a duly certified copy of the public record of my marriage.

Will you kindly explain what is wanted for this different than the certified copy of record sent you.

Yours very truly
Ada S. Ford
W.

W. & D. CLS. SERVICE
RECEIVED
SEP 4 - 1934
WIDOW SUBDIVISION
SECTION G

August 25, 1934.

MBAB

Mrs. Ada I. Ford,
South Acton,
Massachusetts.

FORD, Isaac S.
XC 901,590

Dear Madam:

Receipt is acknowledged of death certificate and copy of your marriage record in support of claim as widow of the above named Civil War veteran.

You are advised, regulations require a duly certified copy of the public or church record of your marriage to the veteran, or, if neither of the records mentioned is obtainable, the reason for their non-production should be furnished, or,

By the production of the original certificate of marriage accompanied by proof of its genuineness and the authority of the person to perform the marriage, or

By the affidavit of two or more eye witnesses to the ceremony.

Upon receipt of this certificate your claim will receive further consideration.

All communications relative to this case should bear the veteran's name and refer to the number XC 901,590.

Respectfully,

E. L. BAILEY,
Director,
Widows' and Dependents'
Claims Service.

MFD/lmt

C O P Y

Ford
and
Ryerson

Be it Remembered that at Norway in the County of Oxford and State of Maine on this 21st day of March A. D. 1874 Isaac S. Ford, of Canton and Isabella A. Ryerson of Paris and both of the County and State aforesaid were duly joined in Marriage by me.

L. H. Tabor
Minister of the Gospel

A true copy.
Attest:

Robert W. Wheeler
TOWN CLERK OF PARIS

State of Maine
County of Oxford SS.

July 23, 1934

Personally appeared the above named Robert W. Wheeler who is known by me to be the Clerk of Paris, Maine, and made oath to the above statement subscribed by him to be true to the best of his knowledge and belief.

Before me,

Ray R. Strout
NOTARY PUBLIC
Commission expires 1939

Wid and A
2/1/34

Refer to MBAB
Ford Isaac S.
W.O.1,079498

901 590

Mr.B.L.Bailey,Director
Washington, D.C.

Dear Sir:

Your letter of the 16th. received.

Enclose please find a certified copy of the records of marriage, as requested.

Yours truly,

W.T.Merriam.

1 encl

Claim No. XC-901 590

Delaney

WASHINGTON
RECEIVED
AUG 17 1934
WIDOW'S
SECTION

3—389.
(Old No. 3—173.)

Eastern Div. D, Ex'r.

Claim No. 1308,376
Isaac S. Ford,
Co. E, 1st Maine Coast Guards Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 7, 1904.

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,

J. L. Davenport
Acting Commissioner.

Mr. Isaac S. Ford,
Martin St., South Acton,
Middlesex Co., Mass.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name. Answer: Ida I. Ford, Ida I. Ryerson.

No. 2. When, where, and by whom were you married? Answer: March 21st, 1873. Norway, Maine. by L. H. Taber.

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

No. 4. Were you previously married? If so, please 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 consorts. Answer:

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: None.

MAR 1 1904

Date of reply, March 12th, 1904.

Isaac S. Ford
(Signature.)

3-2

3—389

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,

G M Saeltzer
Commissioner.

ISAAC S FORD
S ACTON MASS
1079498 ACT MAY
SCHOOL ST

PENSION H MAR 19 1915 U. S. OFFICE

FOLD HERE.

No. 1. Date and place of birth? *Answer.* May 21 1848 Sumner Maine

The name of organizations in which you served? *Answer.* Coast Guards Maine Infantry

No. 2. What was your post office at enlistment? *Answer.* Canton Maine

No. 3. State your wife's full name and her maiden name. *Answer.* Ada Isabel Ford nee Ryerson

No. 4. When, where, and by whom were you married? *Answer.* March 21 1874 Norway Maine Rev L. H. Tabor Minister of the Gospel

No. 5. Is there any official or church record of your marriage? Town Clerk Paris home of my

If so, where? *Answer.* wifes had a marriage license of Canton and Paris

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer.* No

FOLD HERE.

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.* Wife was never married before

No. 8. Are you now living with your wife, or has there been a separation? *Answer.* I am now living with my wife

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.* None

FOLD HERE.

Date South Acton Mass. Mar 16, 1915 (Signature) Isaac S Ford

6—272

August 28, 1934

Ada I. Ford,
South Acton,
Massachusetts.

FORD, Isaac S.
XC-901 590

Madam:

you in the amount of $100.00.

CC:ds

VETERANS ADMINISTRATION
Form P-91
Rev. April 1933

File No. XC 901 590

Pension No.

War Civil

CLAIM FOR BURIAL EXPENSES

Under Title I, Public Act No. 2, 73d Congress

INSTRUCTIONS

1. No application will be accepted without seal of notary public. If the notary public is not provided with a seal, attach certificate from the clerk of the court under seal of the court stating that the person signing as notary is the officer he professes to be.

2. Bills should be stated on the business billhead of the undertaker, should show the name of the deceased, and if paid (in whole or in part) should be receipted to show the name of the person making payment, the amount paid, and the name (and official capacity) of the person who receives the money.

3. The claimant must sign on both lines provided under (A) and (B), page 4, due to the fact that the perforated duplicate claim is forwarded to the Comptroller General for his files.

4. In answering questions under section 3, part I, state only the property of deceased veteran.

PENALTIES PROVIDED IN PUBLIC ACT No. 2, 73D CONGRESS

SECTION 12. "That whoever in any claim for benefits under this title or by regulations issued pursuant to this title, makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than $5,000 or by imprisonment for not more than two years, or both."

SECTION 13. "That if any person entitled to payment of pension under this title, whose right to such payment under this title or under any regulation issued under this title, ceases upon the happening of any contingency, thereafter fraudulently accepts any such payment, he shall be punished by a fine of not more than $2,000 or by imprisonment for not more than one year, or both."

SECTION 14. "That whoever shall obtain or receive any money, check, or pension under this title, or regulations issued under this title, without being entitled to the same, and with intent to defraud the United States or any beneficiary of the United States, shall be punished by a fine of not more than $2,000, or by imprisonment for not more than one year, or both."

SECTION 15. "Any person who shall knowingly make or cause to be made, or conspire, combine, aid, or assist in, agree to, arrange for, or in any wise procure the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than $1,000 or imprisonment for not more than one year, or both."

SECTION 16. "Every guardian, curator, conservator, committee, or person legally vested with the responsibility of a claimant or his estate, having charge and custody in a fiduciary capacity of money paid, under provisions of this title, for the benefit of any minor or incompetent claimant, who shall embezzle same in violation of his trust, or convert the same to his own use, shall be punished by a fine not exceeding $2,000 or imprisonment at hard labor for a term not exceeding five years, or both."

U. S. GOVERNMENT PRINTING OFFICE: 1933 15—622

PART I.—AFFIDAVIT SUPPORTING BURIAL CLAIM, TO BE EXECUTED BY NEXT OF KIN, OR OTHER NEAR RELATIVE, OR FRIEND OF DECEASED

1. (*a*) Full name of deceased veteran FORD (Last) Isaac (First) S. (Middle)

(*b*) Rank and organization or Rating and station: Private Co. E Coast Guards Infantry Maine

(*c*) Date of enlistment December 24/1864 (*d*) Date of discharge July 7 - 1865
(If dates of service cannot be furnished, state war in which veteran served)

(*e*) Date of death June 7 - 1934 Place of death South Acton, Mass.
(Forward death certificate if not already furnished)

(*f*) Date of burial June 9 - 1934 Place of burial Acton, Mass.

(*g*) Name and address of undertaker G. W. Fowler 24 Concord St. Maynard, Mass.

2. Was deceased single, married, widowed, or divorced? Married

3. (*a*) Total of all cash money left by deceased none

(*b*) All amounts due and collectible from solvent debtors at date of death, including accrued salary, commission, or other earning sources none

(*c*) Nature and value of all other personal property left by deceased veteran none

(*d*) All real property owned by deceased at date of death none

(*e*) Actual value thereof at date of death
(If actual value cannot be given, state assessed value)

(*f*) Total encumbrances thereon

4. (*a*) State total amount of all debts owed by the deceased at date of death, exclusive of encumbrances on real property shown in 3 (*f*) above none

(*b*) Were the expenses of funeral and transportation of the deceased entirely, or in part, paid by a State, county, or other political subdivision, lodge, union, fraternal organization, society, or beneficial organization, insurance company, Workmen's Compensation Commission, State Industrial Accident Board, or employer? No.

(*c*) If so, what amount was allowed?

(*d*) By whom?

(*e*) What was the actual cost of burial, including funeral and transportation? $248.00

5. What is your relationship to the deceased? Widow

15—622

PART II.—CLAIM FOR BURIAL EXPENSES UNDER TITLE I, PUBLIC ACT No. 2, 73D CONGRESS

We / I } Ada I. Ford
(Full name of person who paid expenses, or of undertaker or undertaking firm if expenses have not been paid)

of ..... South Acton Mass.
(Number) (Street) (City or town) (State)

on oath depose and say that Isaac S. Ford
(Full name of deceased veteran)

died after discharge or resignation from service; that expenses were incurred for the return home, funeral, and burial of the body of the deceased, amounting in all to $ 248.00

If claim is made by person who paid the expenses, fill in below:

That of the foregoing amount $ 248.00 has been paid by me from my personal funds and no reimbursement of any part of such payment made by me has been received, except in the total sum of

$..... received by me as

reimbursement for burial and funeral expenses from

.....
(Here state fully the source from which reimbursement has been

.....
received by the person making claim)

15—622

If claim is made by undertaker, fill in below:

That the foregoing amount is a correct and just charge made by {this firm / me} for all services rendered

as authorized by .....
(Name)

.....
(Relationship to deceased veteran)

.....

of .....
(Number) (Street)

.....
(City or town) (State)

and no payment for such services has been received except as indicated by credits on bill submitted herewith; that the amount of any allowances made to me by the Veterans Administration on this claim will reduce to that extent the obligation of the person or persons responsible for the payment of the account.

Att WP
8/24
RA

(A) Wherefore claim is hereby made for such amount as may be allowed under existing law, and in support thereof, completely itemized bills are attached and made a part of this affidavit.

Witnesses to signature by mark:

(NOTE.—Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known, and the addresses of such witnesses must be shown.)

(1) _____ (Name) Ada G Ford (Signature of claimant)

_____ (Address)

(2) _____ (Name) By _____ (Name of person who executes affidavit for undertaking firm)

_____ (Address) _____ (Official capacity)

STATE OF Mass
COUNTY OF Middlesex } ss:

Subscribed and sworn to before me at Maynard, Mass

this 20th day of August, 1934

[SEAL]

Howard A Wilson
Notary Public.

FORM R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 18

1 PLACE OF DEATH: County: Middlesex (County)
City or Town: Acton (City or Town)
No. School St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Isaac S. Ford
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) Civil

(a) Residence. No. School St., Ward, So. Acton, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 61 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Ada Isabel Ryerson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 0 Months 17 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sorter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Mill
10 Date deceased last worked at this occupation (month and year) 1920
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Sumner
(State or country) Me.

PARENTS
13 NAME OF FATHER Howland Ford
14 BIRTHPLACE OF FATHER (City) Sumner
(State or country) Me.
15 MAIDEN NAME OF MOTHER Tamer White
16 BIRTHPLACE OF MOTHER (City) Dixfield
(State or country) Me.

17 Informant Mrs. Ada I. Ford
(Address) School St. So. Acton

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
C. A. Durkee
(Signature of Agent of Board of Health or other)
Agent June 9, 1934
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 7, 1934
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1934, to June 7, 1934
I last saw him alive on June 7, 1934, death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Senility	7 yrs.
Myocarditis	7 yrs.

Contributory causes of importance not related to principal cause:

Pulmonary Oedema	1 day

Name of operation none Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Orma L. Clark, M.D.
(Address) So. Acton, Mass. Date June 7, 1934

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Acton (City or town)
DATE OF BURIAL June 9, 1934

22 NAME OF UNDERTAKER G. W. Fowler
ADDRESS Maynard

Received and filed July 5 1934
Horace F. Tuttle
A TRUE COPY, ATTEST: (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

100m-12-'32. No. 7070-h

A True Copy Attest: Horace F. Tuttle Town Clerk & Registrar

MAYNARD, MASS. July 5, 1934.

Mrs. Ada I. Ford

TO G. W. FOWLER, DR.

Funeral Director

TELEPHONE 25 — 24 CONCORD STREET

Burial of Isaac S. Ford

June 7	Embalming	$ 15	-
	Doorpiece	2	-
	Notices, Globe, Herald	6	-
8	Casket	160	-
9	Slate vault	40	-
	Cemetery fee, paid	10	-
	Hearse	15	-
		248	-

Paid in full, July 5, 1934
by Ada I. Ford

G W Fowler

Form 3229 a

VETERANS ADMINISTRATION

MEMORANDUM

Date July 19, 1934.

From Director, Widows and Dependents Claims Service
To Chief Clerk's Division - Miss Lester - Room 391.
Subject S.C.-1,079,498 - FORD, Isaac S.
c15—620

MBAB

This claim is referred for jacketing, recording, docketing, and flat filing.

E. L. Bailey
E. L. BAILEY

August 3, 1934.

MBA-Cb

Mrs. Ada I. Ford,

South Acton, Massachusetts.

FORD, Isaac S.
XC 901 590

Dear Madam:

The enclosed Form P-91 may be used in making application for the statutory burial allowance. If the burial expenses have not been paid, the undertaker is the proper person to make claim; if paid, the person whose funds were used to pay the bill should make claim.

If claim is made by the undertaker, Part I of Form P-91 should be filled in and signed at the bottom by a near relative of the veteran who is familiar with his financial affairs.

The undertaker's itemized bill, bearing the name of the deceased and, if paid, receipted to show the name of the payer should be furnished.

Under existing law if claim is not received within one year of date of death, no allowance is payable.

All future communications relative to this case should bear the veteran's name and refer to the number XC 901 590.

Respectfully,

BPH

E. L. BAILEY,
Director,
Widows' & Dependents'
Claims Service.

Encl.

BPH-tcs

Veterans Administration
Fin. Form 7, Rev. Jan. 4

IDENTIFICATION AND DATA SLIP

Payee Isaac S Ford

Number Assigned (S C 1079498
(I

War

Rate $ 100 Code Classification JS

Date 6/18/34 Clerk, M.P.& I.Unit [illegible]

Data for Correspondence or Disposition
(Must be initialed and dated by clerk supplying data)

Paid @ 90.00 thru 5/31/34

Died 6/7/34

Record card Noted.

6/21/34

RECEIVED JUN 22 1934 PENSION PAYS

RECEIVED JUN 22 1934 PENSION SERVICE Widow Subdivision No. 3

O. France

REQUEST FOR RECORD ON NEW CLAIM

Date 7-21-34

From: Index Sub-Division
To: General Records Sub-Division

NAME Ford Isaac S XC-Number 901 590

Rank and Organization Co E Coast Guards Inf

Date of Birth Date and Place of Death 6-7-34

Other identifying information SC 1 079 498
South Acton Mass

If correspondence is located, note the C-number on it, and route it to the C-Files for attaching to the NEW CLAIMS FOLDER.
If no correspondence is located make notation on this form and send to C-Files.

FILE IN JACKET
DATE

Record attached ( )

No abeyance file( )

No. 801 file ( )

(Searcher)

(Date)

Veterans Administration
Form 3094

November 4, 1932

The Commissioner of Pensions

Believing my condition is such that I am entitled to the $100 rate provided by the Act of June 9, 1930 for those who are totally helpless or blind, I request that my case be taken up for consideration to determine my right to increase to $100 per month.

Name Isaac S. Ford

Address P.O. Box 31
South Acton, Mass.

Inv. Cert. #1079498

RECEIVED
JAN 21 1933
MAIL SUB-DIV.
VETS. ADM.
PENSION #3

RECEIVED
JAN 25 1933
PENSION FILES SECTION

The Commonwealth of Massachusetts

STATE AID AND PENSION DEPARTMENT

STATE HOUSE, BOSTON

PHYSICIAN'S AFFIDAVIT

Act June 9, 1930

Cof 10 79498

State of Massachusetts, } SS

County of Middlesex

In the matter of the claim for Isaac S. Ford

of South Acton

of company E Regiment Coast Guard Infantry Maine Vols.:

Personally came before me, a Notary Public

in and for aforesaid County and State Anna Lawrence Clark

a citizen of Acton, County of Middlesex

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

That he is a practising physician, and that he has been acquainted with said soldier for about 25 years, and that he has treated said soldier for about 7 years.

(Here embody all the facts known to the affiant relative to his treatment of the soldier.)

Mr. Ford walks very little, always with a cane, due to the arthritis of his joints and the shortness of breath caused from his bad heart. He has been for 4 years under constant treatment for his heart and circulation. His general condition has failed markedly this last year. He is not confined to bed, but spends most his time in a chair. His wife acts as an attendant to him. He has a marked hardening of the arteries. He has a cardio-renal condition with oedema of abdomen. His color is ashen. His joints are swollen and deformed, and the cords of his legs are drawing up so that his gait is unsteady and very slow even with a cane. He feeds himself with difficulty, and has been able to only partially dress himself for more than a year.

He further declares that he has been a practioner of medicine for 9 (nine) yrs years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Anna Lawrence Clark M.D.

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

Prof. S.A.T.C. Tufts College.

5m 1-'31. No. 1025

Sworn to and subscribed before me this .....27.....day of January..... A. D. 1933, and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, etc., 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.

Frank W. Hoit
(Signature.)

Notary Public
(Official character.)

[SEAL.]

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 June 9, 1930

No. C.F. 1079498

CLAIM FOR

Increase Pension

Isaac S. Ford

Co. E

Unassigned

Maine Coast Guard

MEDICAL EVIDENCE

AFFIDAVIT OF

Anna Lawrence Clark M.D.

FILED BY

STATE AID AND PENSION DEPARTMENT

STATE HOUSE

BOSTON, - - MASS.

DECLARATION FOR PENSION

ACT OF MAY 1, 1920

The Pension Certificate Should Not Be Forwarded With the Application

State of Massachusetts, County of Middlesex ss:

On this 9th day of July 1927, personally appeared before me, a Notary Public within and for the county and State aforesaid, Isaac S. Ford, who, being duly sworn according to law, declares that he is 79 years of age, and a resident of South Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Augusta Maine, under the name of Isaac S. Ford, on the twenty fourth day of December 1864 as a Private, in Private E Coast Guards 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 Civil
(State name of war, Civil or Mexican.)

war, and was HONORABLY DISCHARGED at Augusta Maine, on the Seventh day of July 1865

That he also served
(Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height 5 feet 5 inches; complexion fair color of eyes blue; color of hair brown; that his occupation was Farmer; that he was born May 21st 1848 at Sumner Maine

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.)

Rheumatism Heart Trouble and inability to perform work of any kind.

That since leaving the service he has resided at South Acton Mass and his occupation has been Mill operative. That he has applied for pension under original No. That he is a pensioner under Certificate No. 1079498.

That he makes this declaration for the purpose of being placed on the pension roll of the United under the provisions of the Act of May 1, 1920.

Attesting and identifying witnesses:

(1) Lucius A. Kesselton (Signature of first witness.)
South Acton Mass (Address of first witness.)

(2) Ralph A. Barker (Signature of second witness.)
(Address of second witness.)

Isaac S. Ford (Claimant's signature in full.)
South Acton Mass (Claimant's address in full.)

Subscribed and sworn to before me this 9th day of July A. D. 1927, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words ——— erased, and the words ———, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Frank W. Kent (Signature.)
Notary Public (Official character.)
South Acton Mass (Post Office address of officer.)

Validity accepted as to execution Chief, Record Division. per CMP

PENSION A JAN 4 1928 U. S. OFFICE

AFFIDAVIT OF ATTENDANT

IN CLAIMS FOR THE $72 RATE UNDER THE ACT OF MAY 1, 1920.

In the matter of the pension claim of Mr Isaac Ford No.

State of Massachusetts, County of Middlesex, ss:

On this 21 day of Dec, 192 7, personally appeared before me, a within and for the County and State aforesaid Mr Isaac Ford, aged 78 years, whose post-office address is South Acton, who states in relation to the aforesaid claim as follows:

I have attended Mr Ford for the last year and some month since he gave up all labor. I bath and bandage his limbs when they are swollen they pain him much he is very short of breath at the least exertion I care for him wait on him I do not leave him long at a time as his heart is very weak I follow the physicians advise as near as possible.

Mrs Isaac S Ford

Mrs Isabel Ford
(Affiant's Signature.)

Subscribed and sworn to before me this 22 day of December, 1927; and I certify that the contents of this affidavit were fully made known and explained to the affiant before the oath was administered, and that I have no interest, direct or indirect, in the prosecution of this claim.

Frank W. Kirk
Notary Public
(Official Character.)

South Acton Mass
(Address of Magistrate.)

(SEAL.)

PENSION A JAN 4 1928 U. S. OFFICE

[The affiant should state fully the kind of aid and attendance rendered pensioner.]

AFFIDAVIT OF ATTENDING PHYSICIAN

IN CLAIMS FOR THE $72 RATE UNDER THE ACT OF MAY 1, 1920.

In the matter of the pension claim of Mr. Isaac S. Ford No.
State of Mass., County of Middlesex, ss:

On this 20 day of December, 1927, personally appeared before me, a within and for the County and State aforesaid Mr Isaac S. Ford, aged 77 yrs. years, whose post-office address is South Acton, Mass, who states in relation to the aforesaid claim as follows:

Physical examination: Eyes - react slowly to light and distance - arcus senilis present.
Ears - hearing fair - left ear drum covered wax - Right clear apparently normal
mouth - throat clear - palate elongated - teeth false
chest - "normal" expansion - 1 3/4" Lungs no friction sounds - no adventitious sounds no rales
Heart - Bradycardia pulse 60 - Extra systole - mitral murmur systolic in time - marked myocarditis - apex in 5th interspace external to mid-clavicular line - markings show enlargement outward.
abdomen - fluid wave present - liver border normal - no tenderness
Stomach - tender to palpation at duodenal end - no mass found.
Kidneys not tender or enlarged - Inguinal ring intact - no Hernia
passes urine at frequent intervals in small quantities
Rheumatism in hips and ankle joints very severe at times.
P.S. unable to do any work - mentally alert but inactive - requires a good deal of waiting on.

Alma Lawrence Clark M.D.
(Affiant's Signature.)

Subscribed and sworn to before me this 20 day of December, 1927; and I certify that the contents of this affidavit were fully made known and explained to the affiant before the oath was administered, and that I have no interest, direct or indirect, in the prosecution of this claim.

Frank W. Hart
Notary Public
(Official Character.)

(SEAL.)

South Acton Mass
(Address of Magistrate.)

PENSION JAN 4 1928 U. S. OFFICE

[Describe fully claimant's mental and physical condition and state specifically wherein he requires the regular personal aid and attendance of another person.]

3—370

AFFIDAVIT OF PHYSICIAN

State of Massachusetts County of Middlesex, ss:

In the matter of the pension claim of Mr. Isaac S. Ford
South Acton Mass, No. 1079498

On this 20th day of February, 1928, personally appeared before me, a physician within and for the County and State aforesaid Anna Lawrence Clark, whose address is South Acton Mass, who states as follows:

That he, a duly qualified practicing physician, has this day examined above-named claimant and finds the following objective conditions:

Here specifically and accurately set forth physical condition of claimant and give a full description of every existing disability, and make a separate paragraph for each disability.

Eyes - react slowly to light + distance - vision poor - arcus senalis beginning
Ears - hearing fair - left ear drum covered with wax - Rt. clear apparently normal
mouth - Throat clear - palate elongated - Teeth false
chest - normal expansion — Lungs - clear - no rales - breath sounds clear - no friction rub
Heart - Bradycardia, Extra Systole, mitral murmur systolic in time not transmitted,
marked myocarditis - apex in 5th interspace mid-clavicular line, but Heart apparently
enlarged outward to percussion.

Facts within the knowledge of the examining surgeon relative to the cause of any disability found should be stated.

Abdomen - fluid wave present. - liver border normal - no tenderness
Stomach - tender to palpation at duodenal end
Kidneys - not tender nor enlarged
Inguinal ring intact no hernia
passes urine at frequent intervals in small quantities
Rheumatism in hips and ample joints
Extreme Dyspnoe upon least exertion

Act June 5-20, Survivors of Spanish War: Estimate incapacity from all causes not due to vicious habits at one-tenth one-fourth, one-half, three-fourths, or total.

Disability apparently due entirely to old age

Act May 1, 1920, $72 Cases: In every instance where aid and attendance is alleged, state (in so many words) whether the regular aid and attendance of another person is or is not required; if required, how often and in what particular acts.

The regular aid of an attendant other than his wife is not necessary
he is able to dress + undress, feed, and bathe himself, attend to the calls of
Nature and go about unassisted but slowly

If the doctor has treated claimant at any time, he should give dates and duration of such treatment, and name of disability or disabilities for which he treated him.

I have not treated patient before for any disability
Patient has not done any work for over a year and is unable to do
any now.

If practicable, affidavit should be in handwriting of physician.

U. S. FEB 24 1928 OFFICE

(Additional space and jurat on other side)

6—7047

He further declares that he has been a practitioner of medicine for 3 1/2 years, and that he has no interest, either direct, or indirect, in the claim to which this affidavit is supplementary and is not engaged in its prosecution.

Orma Lawrence Clark MD
(Affiant's signature. Give rank and service, if in the Army or Navy)

Sworn to and subscribed before me this 20th day of February A. D., 1928

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing affidavit were fully made known to him before its execution, including the words ——— erased, and the words ——— added; that I have no interest, direct or indirect, in this claim, and am not engaged in its prosecution.

Frank W. Hoit
(Official signature)

[L. S.]

Notary Public
(Official character)

South Braintree Mass
(Post office address)

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving the dates of beginning and close of official term.

AFFIDAVIT OF PHYSICIAN

CLAIM OF

No.

Carefully observe instructions given in marginal notes.

The physician's affidavit should contain such description of claimant's alleged ailments as others that would justify the conclusion that he is materially incapacitated for the performance of manual labor, or that he requires regular personal aid or attendance of another person, as the case may be.

An opinion unsupported by a description of conditions justifying such opinion can not be accepted as sufficient to warrant favorable consideration of a claim for pension or increase of pension.

6—7047 GOVERNMENT PRINTING OFFICE

EDITH NOURSE ROGERS
5TH DISTRICT MASSACHUSETTS

DONALD W. MacLEAN
M. G. BIGGERSTAFF
SECRETARIES

Congress of the United States
House of Representatives
Washington, D. C.

January 10, 1927.

Pension Bureau,
Washington, D. C.

Gentlemen:

I am enclosing an application for an increased pension for Mr. Isaac S. Ford, South Acton, Mass.

When action has been completed by your office, will you kindly notify me.

Very sincerely yours,

Edith Nourse Rogers

(Mrs. John Jacob Rogers)

PENSION BUREAU
JAN 11 1927
U. S. OFFICE

DECLARATION FOR PENSION

ACT OF MAY 1, 1920

The Pension Certificate Should Not Be Forwarded With the Application

State of Massachusetts, County of Middlesex, ss:

On this 1st day of January 1927, personally appeared before me, a Notary Public within and for the county and State aforesaid, Isaac S. Ford, who, being duly sworn according to law, declares that he is 79 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 Augusta, Maine, under the name of Isaac S. Ford, on the 24th day of December 1864 as a Private, in Co. E. Coast Guards Infantry (Here state rank, and company and regiment in the Army, or vessel if in the Navy.) in the service of the United States, in the Civil war (State name of war, Civil or Mexican.) war, and was HONORABLY DISCHARGED at Augusta, Me. on the 7th day of July 1865

That he also served ..... (Here give a complete statement of all other services, if any.)

That his personal description at enlistment was as follows: Height 5 feet 5 inches; complexion fair color of eyes blue; color of hair brown; that his occupation was Farmer; that he was born May 21st 1848, at Sumner Maine

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.)

Heart trouble, rheumatism and general weakness

That since leaving the service he has resided at Acton, Massachusetts and his occupation has been mill operator. ~~That he has ..... applied for pension under original No. .....~~ That he is a pensioner under Certificate No. 1079498

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.

(Two attesting and identifying witnesses.)

(1) Lucius A. Hesselton (Signature of first witness.)

South Acton Mass. (Address of first witness.)

(2) Mary L. Owen (Signature of second witness.)

So. Acton Mass (Address of second witness.)

Isaac S. Ford (Claimant's signature in full.)

South Acton Mass. (Claimant's address in full.)

Subscribed and sworn to before me this 1st day of January A. D. 1927, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words ..... erased, and the words ....., added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Frank W. Hoit (Signature.)

Notary Public (Official character.)

South Acton, Mass. (Post Office address of officer.)

U. S. PENSION OFFICE R. JAN 11 1927

Validity accepted as to execution Chief Record Division.

AFFIDAVIT OF ATTENDANT

IN CLAIMS FOR THE $72 RATE UNDER THE ACT OF MAY 1, 1920.

In the matter of the pension claim of Isaac S. Ford No. 1079498

State of Massachusetts, County of Middlesex, ss:

On this 4th day of January, 1927, personally appeared before me, a Notary Public within and for the County and State aforesaid Mrs I. S. Ford, aged 76 years, whose post-office address is South Acton Mass, who states in relation to the aforesaid claim as follows:

Mrs I S Ford His Wife
I have waited on him and cared for him
in his illness and attended to all
his wants when he is ill to help himself
We have been married 54 years

Mrs I S Ford
(Affiant's Signature.)

Subscribed and sworn to before me this 4 day of January, 1927; and I certify that the contents of this affidavit were fully made known and explained to the affiant before the oath was administered, and that I have no interest, direct or indirect, in the prosecution of this claim.

Frank W Hoit
Notary Public
(Official Character.)
South Acton Mass
(Address of Magistrate.)

(SEAL.)

PENSION BR. JAN 11 1927 U. S. OFFICE

[The affiant should state fully the kind of aid and attendance rendered by pensioner.]

AFFIDAVIT OF ATTENDING PHYSICIAN

IN CLAIMS FOR THE $72 RATE UNDER THE ACT OF MAY 1, 1920.

In the matter of the pension claim of Isaac S. Ford No. 1079498

State of Massachusetts, County of Middlesex, ss:

On this 7 day of January, 1927, personally appeared before me, a Notary Public within and for the County and State aforesaid Frank E. Tasker M.D., aged 63 years, whose post-office address is West Acton Mass., who states in relation to the aforesaid claim as follows:

Mr Isaac S. Ford South Acton Mass has not been able to do any work since September 1st 1926 he has a Heart trouble he is very short of breath on exertion is not able to walk much has trouble going up stairs very short breath he has Rheumatism in his legs and ankles he is very lame when he walks at times some swelling of his feet and ankles at times he has had Medical treatment since September 1st 1926 and I am attending him I have known Mr Isaac S. Ford for 32 years

Frank E. Tasker M.D.
(Affiant's Signature.)

Subscribed and sworn to before me this 7 day of January, 1927; and I certify that the contents of this affidavit were fully made known and explained to the affiant before the oath was administered, and that I have no interest, direct or indirect, in the prosecution of this claim.

Frank W. Keith
Notary Public
(Official Character.)

South Acton Mass
(Address of Magistrate.)

(SEAL.)

PENSION BR. JAN 11 1927 U. S. OFFICE

[Describe fully claimant's mental and physical condition and state specifically wherein he requires the regular personal aid and attendance of another person.]

3—370

AFFIDAVIT OF PHYSICIAN

OFFICE OF THE COMMISSIONER
JAN 28 1927
C
U. S. BUREAU OF PENSIONS

State of Massachusetts County of Middlesex ss:

In the matter of the pension claim of Isaac S. Ford, No. 1079498

On this 26 day of January, 1927, personally appeared before me, a Notary Public within and for the County and State aforesaid Frank E. Tasker, whose address is West Acton Mass, who states as follows:

That he, a duly qualified practicing physician, has this day examined above-named claimant and finds the following objective conditions:

Here specifically and accurately set forth physical condition of claimant and give a full description of every existing disability, and make a separate paragraph for each disability.

Mr Isaac S. Ford has Heart Disease since September 1st 1926 has not been able to do any work since he is short of breath on exertion cant walk much. He has Rheumatism in his legs and Ankles he is lame when he walks at times some swelling in his legs and feet at times

Facts within the knowledge of the examining surgeon relative to the cause of any disability found should be stated.

Act June 5-20, Survivors of Spanish War: Estimate incapacity from all causes not due to vicious habits at one-tenth one-fourth, one-half, three-fourths, or total.

Act May 1, 1920, $72 Cases: In every instance where aid and attendance is alleged, state (in so many words) whether the regular aid and attendance of another person is or is not required; if required, how often and in what particular acts.

The regular aid and attendance of another person is not required

If the doctor has treated claimant at any time, he should give dates and duration of such treatment, and name of disability or disabilities for which he treated him.

I have treated Mr Isaac S. Ford from September 1st 1926 up to date for Heart Disease and Rheumatism and swelling of legs and feet

If practicable, affidavit should be in handwriting of physician.

6—7047

(Additional space and jurat on other side)

He further declares that he has been a practitioner of medicine for 33 years, and that he has no interest, either direct, or indirect, in the claim to which this affidavit is supplementary and is not engaged in its prosecution.

Frank E. Fastenau M.D.
(Affiant's signature. Give rank and service, if in the Army or Navy)

Sworn to and subscribed before me this 26 day of January A. D., 1927

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the foregoing affidavit were fully made known to him before its execution, including

the words _____ erased, and the

words _____ added; that I have no interest, direct or indirect, in this claim, and am not engaged in its prosecution.

Frank W. Kent
(Official signature)

[L. S.]

Notary Public
(Official character)

Sioux City, Iowa
(Post office address)

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving the dates of beginning and close of official term.

AFFIDAVIT OF PHYSICIAN

CLAIM OF

No.

Carefully observe instructions given in marginal notes.

The physician's affidavit should contain such description of claimant's alleged ailments as to others that would justify the conclusion that he is materially incapacitated for the performance of manual labor, or that he requires regular personal aid or attendance of another person, as the case may be.

An opinion unsupported by a description of conditions justifying such opinion can not be accepted as sufficient to warrant favorable consideration of a claim for pension or increase of pension.

6—7047 GOVERNMENT PRINTING OFFICE

3—364

Increase

Group 3 (Boston)

ACT OF MAY 11, 1912.

Cert. No. 1079.498

ACT OF ~~MARCH 4~~, 1913

Claimant, Isaac S. Ford

W.G.P. ~~Box 31~~ Martin Street South Acton

Rank, Private Co. E

County, Middlesex

Service, ~~East~~ Coast Guards Maine Inf

State, Massachusetts

Rate, $ 15.50 per month, commencing May 21, 1914

$19.— " from May 21. 1918.

$22.50 " from May 21. 1923.

Approved for Increase
$30 from June 10, 1918
$32 from May 21 1920
~~Act of June 13, 1918~~
Dawson Exr.
Rush Rev.
JUL 3 1918

No ATTORNEY OR STATE REPRESENTATIVE.
(Order April 25, 1907.)

Name,

Fee, $ Agent to pay.

P. O.,

Articles filed , 19

CIVIL WAR

APPROVAL.

Submitted for Ad Jan 23, 1915, G C Kniffin, Examiner.

Approved for increase Rate $ 15.50 per month; age 66 years.

Date of birth May 21, 1848

Length of pensionable service: 0 years, 6 months, 14 days.

Deductions in service from any cause: none ~~years~~, ~~months~~, ~~days~~,

~~on account of~~

Jany 28, 1915, W. G. Penney, Legal Reviewer. January 29, 1915, M. V. Anderson, Re-Reviewer.

Enlisted Dec 24, 1864 honorably discharged July 7, 1865

Enlisted , 18 ; honorably discharged , 18

Enlisted No other service, 18 ; honorably discharged , 18

Length of pensionable service: — 0 years, 6 months, 14 days

Pensioned at $ 13.50 per month, under Act May 11, 1912

PRESENT CLAIM, ACT OF MAY 11, 1912.

~~Declaration~~ Letter filed Nov 6, 1914

W.G.P. Declaration filed Dec. 15, 1914

Age shown by evidence 66 years; date of birth ~~alleged~~ May 21, 1848

Claimant does — write.

No M. C.

6—3317

ACT OF MAY 11, 1912 3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

State of Mass — County of Middlesex, ss:

On this 12th day of Dec A. D. one thousand nine hundred and fourteen, personally appeared before me, a Notary Public within and for the county and State aforesaid, Isaac S. Ford who, being duly sworn according to law, declares that he is 66 years of age, and a resident of Acton, county of Middlesex, State of Mass.; and that he is the identical person who was ENROLLED at Augusta, Maine, under the name of Isaac S. Ford, on the 24th day of Dec. 1864 as a Private, in Co. "E" Maine Coast Guards Inf.

(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

(State name of war, Civil or Mexican)

at Augusta, Maine, on the 7th day of July 1865

That he also served

(Here give a complete statement of all other services, if any)

No other military service.

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 11 inches; complexion, light; color of eyes, blue; color of hair, brown; that his occupation was farmer; that he was born May 21st, 1848, at Dunnee, Maine — Residences Mt. Vernon, Me. 1866-67; No. Bridgewater, Mass. 1867-69; So. Acton, Mass. 1869-74; Cherry Valley, Mass. 1874-78; South Acton, Mass. 1878 to date.

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

(State date of each change, as nearly as possible)

Declaration accepted as a claim under the act of May 11, 1912.
Chief, Law Division.
Per DC

That he is a pensioner under certificate No. 1079498. That he has — applied for pension under original 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 11, 1912.

That his post-office address is Martin St. South Acton, county of Middlesex State of Massachusetts.

Attest: (1)

(2)

Isaac S. Ford
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 12th day of Dec, A. D., 1914, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, ~~including the words~~ , ~~erased, and the words~~ , added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

H. E. Clough
(Signature.)
Notary Public
(Official character.)

DEC 15 1914

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

G. M. S[illegible]LTZGABER,
Commissioner.

The inclosed form is as follows:

Certificate No. 1048498

Name Isaac S. Ford

Co. E. Coast Guards Regiment Maine Infantry

I am pensioned under the Act of May 11, 1912, at the rate of Thirteen one half and claim such benefits under said Act as I may be entitled to by reason of age and length of service, and the provisions of the Act of March 4, 1913. I was 66 years old on the 21 day of May 1914, 1914.

Name Isaac S. Ford

Address South Acton Mass.

The above to be filled in and sent to the Commissioner of Pensions in case you have reached the age of 66, 70 or 75 years since filing your original claim under the Act of May 11, 1912, and that your pension certificate bears a date prior to March 4, 1913, and that you are not now drawing a rate based on 75 years of age.

RECORD NOV 19 1914 DIVISION

NOV 9 1914 DIVISION

Dear Sir

Please to send me a new certificate with the automatic provision as I believe I am entitled to it.

Very Truly

I. S. Ford

South Acton Mass

Box 31

RECORD NOV 19 1914 DIVISION

NOV 9 1914 DIVISION

NOV 21 1914 DIVISION

P. Boston

3—364

Reissue **ACT OF MAY 11, 1912.** Cert. No. 1079498

Claimant, Isaac S. Ford

P. O., South Acton | Rank, Private

County, Middlesex | Service, E. Coast Guards

State, Massachusetts | Maine Inf.

Rate, $ 13.50 per month, commencing May 31. 1912.

CIVIL WAR

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, — | Fee, $; Agent to pay.

P. O., | Articles filed , 19

APPROVAL.

Submitted for Ad Jany. 16, 1913, H. G. Ellis, Examiner.

Approved for Admission Rate $ 13.50 per month; age 64 years.

Reissue from Act February 6. 1907.

Length of pensionable service: 0 years, 6 months, 14 days.

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

on account of

Feby. 12, 1913, J. Morrison. Legal Reviewer. Febry. 13, 1913, O. U. Jekis Re-Reviewer.

Enlisted Dec. 24, 1864; honorably discharged July 7, 1865

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: — years, 6 months, 14 days.

Pensioned at $ 12 per month, under Act Feby. 6, 1907.

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 31, 1912

Age shown by evidence 64 years; date of birth alleged May 21, 1848

Claimant does — write.

No, M. C.

6—3817

ACT OF MAY 11, 1912. 3—014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts, County of Middlesex, ss:

On this 30th 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, Isaac S. Ford, who, being duly sworn according to law, declares that he is 64 years of age, and a resident of South Acton, county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Augusta, Maine, under the name of Isaac S. Ford, on the 24th day of December, 1864, as a Private, in Co. E. Coast Guards Infantry Maine Vols.
(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
(State name of war, Civil or Mexican.)
at Augusta, Maine, on the seventh day of July, 1865.

That he also served No other service
(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, five feet five inches; complexion, fair; color of eyes, blue; color of hair, brown; that his occupation was Farmer; that he was born May 21, 1848, at Sumner, Maine.

That his several places of residence since leaving the service have been as follows: Canton, Me. 1865 to 1867. Belmont 1867 to 1869; Brockton, Mass. 1869 to 1872; South Acton, Mass. 1872 to date
(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No 1079498. That he has ..... applied for pension under original 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 11, 1912.

That his post-office address is South Acton, county of Middlesex, State of Massachusetts.

Attest: (1) .....
(2) .....

Isaac S. Ford
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 30th day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, ~~including the words~~ ~~erased, and the words~~ ~~added~~, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

H. E. Clough
(Signature.)
Notary Public
(Official character.)

U. S. MAY 31 1912 OFFICE

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

Validity accepted as to execution
S. A. Cuddy,
per A. D.
Chief, Law Division.

mw
1079498
Boston

3—364.

Original No. .....

Certificate No. 1079498

Reissue ACT OF FEBRUARY 6, 1907.

Claimant, Isaac S. Ford,

P. O., South Acton, | Rank, Private,

County, Middlesex, | Company, E. Coast Guards,

State, Massachusetts. | ~~Regiment~~, Me. Vol. Inf.

Rate, $ 12 per month, commencing May 23, 1910.

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

EASTERN

APPROVAL.

Submitted for adm., June 22, 1910, Watson, A. L., Examiner.

Approved for Admission

Age over 62

Rate $12, per month.

Reissue to allow under Act of Feby 6, 1907. Deduct sub-payments and drop name from rolls under Act of June 27, 1890.

June 23, 1910 McJohnson, Legal Reviewer. June 23, 1910 F. Benton, Re-Reviewer.

Enlisted Dec. 24, 1864; honorably discharged July 7, 1865

Enlisted ....., 18 ; honorably discharged ....., 18

Enlisted ....., 18 ; honorably discharged ....., 18

Pensioned at $ 6.00 per month, under Act of June 27, 1890.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed May 23, 1910.

Date of birth alleged, May 21, 1848.

Age shown by evidence 62 years.

Claimant does — write.

M.F.S. C. Q. Tirrell, M. C.

6—810

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 21st day of May, A. D. one thousand nine hundred and ten, personally appeared before me, a Notary Public within and for the county and State aforesaid, Isaac S. Ford, who, being duly sworn according to law, declares that he is 62 years of age, and a resident of South Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Augusta, Maine under the name of Isaac S. Ford, on the 24th day of December, 1864, as a Private, in Co. E. Coast Guards Inf. Maine Vols.
(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
(State name of war, Civil or Mexican.)
at Augusta, Maine, on the 7th day of July, 1865
~~That he also served~~ No other military service.
(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, five feet 5 inches; complexion fair; color of eyes, blue; color of hair, brown; that his occupation was farmer; that he was born May 21, 1848, at Sumner, Maine.

That his several places of residence since leaving the service have been as follows:
(State date of each change, as nearly as possible.)
Canton, Me. 1865-1867; Belmont, Mass. 1867-1868; Brockton Mass. 1868-1870; South Acton, Mass. 1870 to date.

That he is ..... a pensioner. ~~That he has~~ ..... ~~heretofore applied for pension~~
Pension certificate No. 1,079,498
(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 South Acton, county of Middlesex, State of Massachusetts

Isaac S. Ford
(Claimant's signature in full.)

Attest: (1) .....

(2) .....

Also personally appeared William Moore, residing in Acton, Mass. and Mabel B. Clough, residing in 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 Isaac S. Ford, 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 30 years and 12 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.

Validity accepted
as to execution
S. A. Cuddy,
Chief. Law Division.

William Moore
Mabel B. Clough
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 21st day of May, A. D. 1910, 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.]

RECEIVED MAY 23 1910 U. S. PENSION OFFICE.

H. E. Clough
(Signature)
Notary Public
(Official character.)

(On record)

8—803

W. V. REDDING, REDDING | GEORGE D. GROSE, SUMNER | E. L. RUSSELL, EAST SUMNER

OFFICE OF

SELECTMEN, ASSESSORS AND OVERSEERS OF THE POOR
TOWN OF SUMNER

TREASURER AND COLLECTOR
GEORGE A. CHANDLER, WEST SUMNER

ROAD COMMISSIONER
GEORGE REDDING, REDDING

TOWN CLERK
L. B. HEALD, EAST SUMNER

Sumner ~~REDDING~~, ME., June 14, 1910

Isaac S. Ford. Born May. 21st 1848

A true copy Attest. Llewellyn B. Heald
Town Clerk

I hereby certify that the above is a true copy of the record in the town of Sumner, Maine, that it bears no marks of erasure or alteration, and I believe that the entries were made about the dates given

Llewellyn B. Heald Town Clerk

Dated at Sumner, Maine this 14th day of June 1910

L. B. Heald

Oxford SS. Sumner Me

Personally appeared the above named Llewellyn B. Heald and made oath to the above instrument to be true according his best belief and knowledge this 15th day of June A.D. 1910. Before me.

George A. Chandler
Justice of the Peace

PENSION B U. S. JUN 18 1910 BUREAU

Certificate filed to cover date.
S. A. CUDDY,
Chief, Law Division.

3—357.

C No. 1079498

ACT JUNE 27, 1890.

Increase

INVALID PENSION.

Claimant, Isaac S. Ford

P. O. Martin Street

County South Acton

State Massachusetts.

Rank Private

Company E

Regiment Coast Guard Mel Vol Inf.

Rate, $ ..... per month, commencing .....

Pensioned for ..... inability to earn a support by manual labor

EASTERN.

RECOGNIZED ATTORNEY.

July 30/08 REJECTED

Name Elmer C. Richardson

P. O. Boston Mass

Fee, $ NR

Agent to pay.

APPROVALS.

Submitted for Adm July 20, 1908, N. W. Brower, Examiner.

Approved for Desease of heart (old) Rheumatism (new) alleged May 15/1908

Approved for disease of heart

Aggregate of disabilities shown, permanent in character: $ 6

no increase

July 21, 1908, C. A. Chapin, Legal Reviewer.

July 22, 1908, J. R. Willey, Re-Reviewer.

Thos. Mead, Medical Examiner.

July 23, 1908, A. S. Helton, Medical Referee.

Enlisted Dec 24, 1864; honorably discharged July 7, 1865

Enlisted ....., 186 ; honorably discharged ....., 186

Pensioned at $ 6 per month. Last paid to disease of heart

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 15, 1908, alleges Increase pensioned cause and rheumatism

Claimant does — write.

Certificate not filed.

Order 51 observed

6—774

—, M. C.

DECLARATION FOR INVALID PENSION

Under the Acts of June 27, 1890, and May 9, 1900, as construed by the Order of March 15, 1904.

NOTICE.---This application should be sworn to before a JUSTICE OF THE PEACE, NOTARY PUBLIC, or before a CLERK OF COURT.

State of Mass. County of Middlesex, ss.

ON THIS ..... day of May, A. D. one thousand nine hundred and eight, personally appeared before me, a Notary Public within and for the County and State aforesaid, Isaac S. Ford a resident of Acton County of Middlesex State of Mass. who, being duly sworn according to law, declares that he is the identical Isaac S. Ford who was ENROLLED on the 24 day of December 1864, in Unassigned Co. Maine Inf. Vols in the service of the United States in the War of (Here state rank in company, and regiment in military service, or vessel, if in navy.) the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Augusta Me on the 7 day of July, 1865. That he has not been employed in the military or naval service otherwise than as stated above

(Here state what that service was, whether prior or subsequent to that stated above, and the dates at which it began and ended

That he was not employed in the military or naval service prior to Dec 24, 1864. That he has not been employed in the military or naval service since July 7, 1865. That he is 59 years of age. That he was born at Sumner, Me (Place of birth.) on the 21st day of May 1848. That his personal description at enlistment was as follows: Age, 18 years; height 5 feet 4 inches; complexion, light; hair, brown eyes blue. That he is (Wholly or in part) unable to earn a support by manual labor by reason of ~~AGE~~ rheumatism (Strike out the word "age" if under 62) Here name all diseases or injuries from which disabled.) He claims an increase of pension on account of increased disability from pensioned causes

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. ..... That he is — a pensioner under Certificate No. 1079498

(Give number of certificate, rate per month and Act under which pensioned. If not a pensioner, give number of 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 June 27, 1890, as amended by the act of May 9, 1900.

He hereby appoints with full power of substitution and revocation,

ELMER C. RICHARDSON, of 37 Tremont St., Boston, Mass.

his true and lawful attorney to prosecute this claim, and to receive the legal fee as prescribed by law. That his POST-OFFICE ADDRESS is Martin St. So. Acton, County of Middlesex, State of Mass.

1 ..... Isaac S. Ford (Claimant's signature—FULL NAME).

2 .....

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

NOTE—This declaration should be used by an applicant for invalid pension who draws less than $12 per month pension under the old law, or by one who draws no pension.

PENSION MAY 15 1908 U. S. OFFICE.

Also personally appeared Charles H. Clark, residing at South Acton, Mass. and Warren H. Jones, residing at South Acton, 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 Isaac S. Ford, 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 of 25 years and 35 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.

Charles H. Clark

(WITNESSES MUST SIGN HERE) ☞

Warren H. Jones

(Signatures of witnesses.)

SWORN to and subscribed before me this 14th day of May, A. D. 1908, 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; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

H. E. Clough

(Signature.)

Notary Public

(Official character.)

Declaration and power of attorney valid. S. A. Cuddy, Chief, Law Division, per [illegible] 5 19 08

The Act of June 27, 1890, REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for.)
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service).
4. The rates under the act are graded from $6 to $12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

In the adjudication of pension claims under said Act of June 27, 1890, as amended, it shall be taken and considered as an evidential fact, if the contrary does not appear, and if all other legal requirements are properly met, that when a claimant has passed the age of 62 years he is disabled one half in ability to perform manual labor, and is entitled to be rated at six dollars per month; after 65 years at eight dollars per month; after 68 years at ten dollars per month; and after 70 years at twelve dollars per month.

J. A. H.

I.C. 1079498

Acts of June 27, 1890, May 9, 1900.

SOLDIER'S APPLICATION.

Name: Isaac S. Ford

Service: Co. E, Me. Coast Guards.

RECORDS LAW DIVISION RECEIVED MAY 16 1908

EAST DIV. JUN 1 1908 RECEIVED

FILED BY

ELMER C. RICHARDSON,

Pension Attorney.

37 Tremont St., Boston, Mass.

EAL
1079498
Boston

3—356.

Act of June 27, 1890.

INVALID PENSION.

Claimant, Isaac S. Ford, Claim 1,308,376.

P. O. Martin St. South Acton | Rank, Private.

County, Middlesex, | Company, E,

State, Massachusetts. | ~~Regiment~~, Coast Guard, Me. Vol. Inf. ~~[illegible]~~

Rate, $ 6— per month, commencing February 3, 1904.

B.

Pensioned for partial inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, Elmer C. Richardson | Fee, $10

P. O., 37 Tremont St., Boston, Mass. | Agent to pay.

APPROVALS.

Submitted for admission, May 3, 1904, Alpheus Davison, Examiner.

Approved for Rheumatism & Kidney & heart trouble.

Disease of lungs — Order 76.

Approved for disease of heart

Aggregate of disabilities shown, permanent in character: $6.00

May 6, 1904. F. Renton, Legal Reviewer.

May 7, 1904, T. R. Willey, Re-Reviewer.

Butler, Medical Examiner. Bennett, Medical Reviewer.

May 10, 1904, [illegible], Medical Referee.

Not pensioned under other laws at $ ..... per month for .....

Enlisted December 24, 1864, and honorably discharged July 7, 1865.

Reenlisted ....., 18..., ... honorably discharged ....., 18...

Declaration filed February 3, 1904, alleges permanent disability, not due to vicious habits, from inflammatory rheumatism, kidney trouble and weakness of the heart.

No, M. C. Claimant does ~~[illegible]~~ write.

10-331

DECLARATION FOR INVALID PENSION

5-

Act of June 27, 1890, as Amended May 9th, 1900.

NOTICE—This application may be sworn to before a JUSTICE OF THE PEACE, NOTARY PUBLIC, or before a Clerk of Court.

State of Mass, **County of** Middlesex **SS:**

On this 29 day of January A. D. nineteen hundred and four personally appeared before me, a JUSTICE OF THE PEACE, within and for the County and State aforesaid, Isaac S. Ford aged 55 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 the identical Isaac S. Ford who was **ENROLLED** on the 7th day of January 1865, in Co. E. (Here state rank, company and regiment, if in the Army, or vessel, if in the Navy.) Me. Coast Guards Inf as Private in the service of the United States in the war of the rebellion and served at least ninety days, and was **HONORABLY DISCHARGED** at Augusta, Me. on the 7th day of July, 1865. That he is (wholly or partially) unable to earn a support by manual labor by reason of (Here name the disease or injuries from which disabled.) Inflamitory Rheumatism Kidney trouble and weakness of the heart

PENSION OFFICE FEB 3 1904

That said disabilities are not due to vicious habits, and are, ~~to the~~ best of his knowledge and belief, of a permanent character. That he has not applied for pension ~~under application No.~~ . That he is not a pensioner ~~under Certificate No.~~ (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 has not been employed in the military or naval service otherwise than as stated above. That he was not employed in the military or naval service prior to July 7th 1865. That he has not been employed in the military or naval service since July 7th 1865. 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 June 27, 1890, as amended by Act of May 9, 1900. He hereby appoints with full power of substitution and revocation,

ELMER C. RICHARDSON, of 37 TREMONT STREET, BOSTON, MASS.,

his true and lawful Attorney to prosecute his claim, and he directs that the sum of ten dollars be paid to said Attorney.

That his Post Office address is Martin St., So. Acton

County of Middlesex, State of Mass.

Hiram J. Hapgood

John Temple

(Two witnesses who can write sign here.)

Isaac S. Ford

(Signature of Claimant.)

FILED

Also personally appeared Hiram J. Hapgood residing at South Acton and John Temple residing at South Acton 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 Isaac S. Ford, 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 for twenty years and thirty 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.

Hiram J. Hapgood
John Temple
Signatures of witnesses.

Sworn to and subscribed before me this twenty ninth day of January A. D. 1904, 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 Round Division, Certificate of Discovering erased, and the words Jan. 18 1893 Jan 3 1907 added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Jona. K. W. Wetherbee
Official Signature.

[L. S.]

Justice of the Peace South Acton Mass
Official Character.

NOTES.

The Act of June 27, 1890, REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A mental or physical disability of a permanent character not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from $6 to $12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

Soldier's Application.

Act of June 27, 1890. As Amended May 9, 1900.

Name Isaac S. Ford
Service Pvt. Co. E. Mo.
Coast Gds. Mo. Sig. Mo.
Address Martin St.
So. Acton, Mass.

EAST. DIV. FEB 11 1904 RECEIVED

FILED BY FEB 4 1904

ELMER C. RICHARDSON,
ATTORNEY,
37 TREMONT STREET,
BOSTON, MASS.

FEB 4 1904

3-447.

Eastern Division. Ex'r.

Claim No. 1,308,376

Isaac S. Ford.

Co. E, Mc. Coast Guards, Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 7, 1904.

SIR: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud in your name, or on account of your service, you are required to answer fully the questions enumerated below.

You will please return this circular under cover of the inclosed envelope which requires no postage.

Very respectfully,

Mr. Isaac S. Ford,
Martin St., South Acton,
Middlesex Co., Mass.

J. L. Davenport
Acting Commissioner.

1. When were you born? Answer. May 21st 1848.
2. Where were you born? Answer. Sumner, Maine.
3. When did you enlist? Answer. December 24th 1864.
4. Where did you enlist? Answer. Canton, Maine.
5. Where had you lived before you enlisted? Answer. Sumner and Peru, Maine
6. What was your post-office address at enlistment? Answer. Canton, Maine.
7. What was your occupation at enlistment? Answer. Farmer.
8. When were you discharged? Answer. July 7th 1865.
9. Where were you discharged? Answer. Augusta, Maine.
10. Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
Canton, Maine and South Acton, Mass.
Went to South Acton, Mass in April. 1872.
11. What is your present occupation? Answer. Teamster.
12. What is your height? Answer. 5 feet 10 inches. Your weight? 180
The color of your eyes? Blue. The color of your hair? Brown. Your complexion? light. Are there any permanent marks or scars on your person? If so, describe them.
India ink heart on the right hand.
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.

Isaac S. Ford

C MAR 15 1904 S. OFFICE

WITNESSES: 1. W. T. Merriam
2. L. B. Merriam

Date: March 12th, 1904.

[Witnesses who can write sign here.]

0-2

3—333.
(Old No. 3—060.)

Eastern Div. D Ex'r.

Claim No. 1308,376.
Isaac S. Ford
Co. E, Coast Guards, Me. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., February 19, 1904.

RECORD & PENSION OFFICE
23 13446

SIR:

For use in the above-entitled claim for pension you are requested to furnish this Bureau with a full military and medical history and personal description, including birthplace and occupation, of Isaac S. Ford, who, it is alleged, enlisted January 7, 1865, at ?, as a Private in Co. E, Coast ~~Reg't~~,

RECORD & PENSION OFFICE
20 2 24 1904
EAST. DIV.
FEB 23 1904
RECORD & PENSION OFFICE

CASE OF
Isaac S. Ford,
E Co. Coast Guard ~~Reg't~~ Me. Inf.
Co., Reg't

1308376
(Pension Bureau Number.)

Record and Pension Office,
WAR DEPARTMENT.

The statement hereto attached is respectfully furnished to the

Commissioner of Pensions,

in response to the request contained in the communication herewith returned.

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth
Chief, Record and Pension Office.

PENSION OFFICE
FEB 23 1904
U. S.

(668)

and was treated in hospitals as follows:

Very respectfully,

J. L. Davenport
Acting Commissioner.

The Chief of the
RECORD AND PENSION OFFICE,
WAR DEPARTMENT.

0-2

3—333.
(Old No. 3—060.)

Eastern Div. D Ex'r.

Claim No. 1,308,376.
Isaac S. Ford
Co. E, Coast Guards, Me. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., February 19, 1904.

RECORD & PENSION OFFICE
2313446

SIR:

For use in the above-entitled claim for pension you are requested to furnish this Bureau with a full military and medical history and personal description, including birthplace and occupation, of Isaac S. Ford, who, it is alleged, enlisted January 7, 1865, at 2, as a private in Co. E, Coast ~~Reg't~~,

VOLUNTEER SERVICE.
(Civil War or War with Spain.)

Isaac S. Ford
Co. E, Coast Guard, Me. Inf.
age 18, height 5 feet, 5 inches,
complexion fair,
eyes blue, hair brown,
place of birth Sumner, Me.,
occupation farmer;
was enrolled Dec. 24, 1864,
and M.O. July 7, 1865.

From M. I., 18, to M.O., 18,
he held the rank of private.

and the rolls on file for that period show him present, ~~except as follows:~~

NO MEDICAL RECORD FOUND.

R. & P. OFFICE, WAR DEPT.
FEB 20 1904
To Bureau of Pensions.

(670)

and was treated in hospitals as follows:

Very respectfully,

J. L. Davenport
Acting Commissioner.

The Chief of the
RECORD AND PENSION OFFICE,
WAR DEPARTMENT.

0-2

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Original. Pension Claim No. 1,308,376

Name of claimant. Isaac S. Ford.

Company E M.R.C. Coast Guards, Inf.

Claimant's post-office address. Martin St. So. Acton, Mass.

Address of Board. Marlboro P. O. Mass. State.

March 23, 1907 [Date of examination.]

Names of disabilities. Inflammatory rheumatism, kidney trouble and weak heart. ~~He receives a pension of _____ dollars per month.~~

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 makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Says he has rheumatism in his back and in both knees; cannot hurry without losing his breath, has to pass water often, every 3 or 4 hours during day and once at night; says he had inflammatory rheumatism 9 years ago.

Birthplace, Sumner, Maine; age, 55 years; height, 5 ft. 10 in.; weight, 185 pounds; complexion, medium; color of eyes, blue; color of hair, brown; occupation, teamster; permanent marks and scars other than those described below, none.

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

Pulse rate, 72 84 96 [Sitting, standing, after exercise.]; respiration, 18 18 20 [Sitting, standing, after exercise.]; temperature, 98-6;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Inflammatory rheumatism; claimant had inflammatory rheumatism 9 years ago, is not suffering from it at present except some stiffness in both knees but no crepitus or limitation of motion; no other signs of rheumatism noted.
Kidney trouble; Urine Sp. Gr. 1003 acid reaction, amber color no sugar no albumen; Prostate is 1¼ inches in diameter.
Weak Heart; Apex beat seen and felt in 5 interspace in left mammary line. Percussion, dullness to 3d costal cartilage on the left in the mammary line and laterally to the left mammary line. Auscultation; a murmur accompanies a prolonged and indefinite 1st sound, heard best over the apex; action is feeble and rhythm is poor no oedema, cyanosis, or dyspnoea, no hypertrophy.
Lungs; there are evidences of a recent pneumonia in the lower lobe of right lung, respiratory murmur is short with a few moist rales, dullness on percussion over this region. Inspiration 41 – expiration 38½. Coughs some.

Except as above no other disabilities are found to exist.

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.

No evidence of vicious habits.

We find that the aggregate permanent disability for earning a support by manual labor is due to rheumatism, weak heart and lungs not due to vicious habits and warrants a rate of $8 per month.

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

Jas. L. Harrison, Pres. E. S. Ellis, Sec'y. Wm. G. Richardson, Treas.

6—552a

Single surgeons will use this blank, changing "we" to read "I."

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. Jas. L. Harriman, Dr. E. H. Ellis, and Dr. Wm. S. Richardson, were personally present and actually participated in the examination of Isaac S. Ford, the claimant in this case, on 23d day of March, 190 4."

(Signature.) E. H. Ellis.

(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.*) _____

PENSION BUREAU EAST APR 14 1904 RECEIVED

SURGEON'S CERTIFICATE

IN CASE OF Isaac S. Ford

Co. E, Merrimac Guards Inf.

APPLICANT FOR Original.

No. 1,308,376

DATE OF EXAMINATION: March 23, 1904.

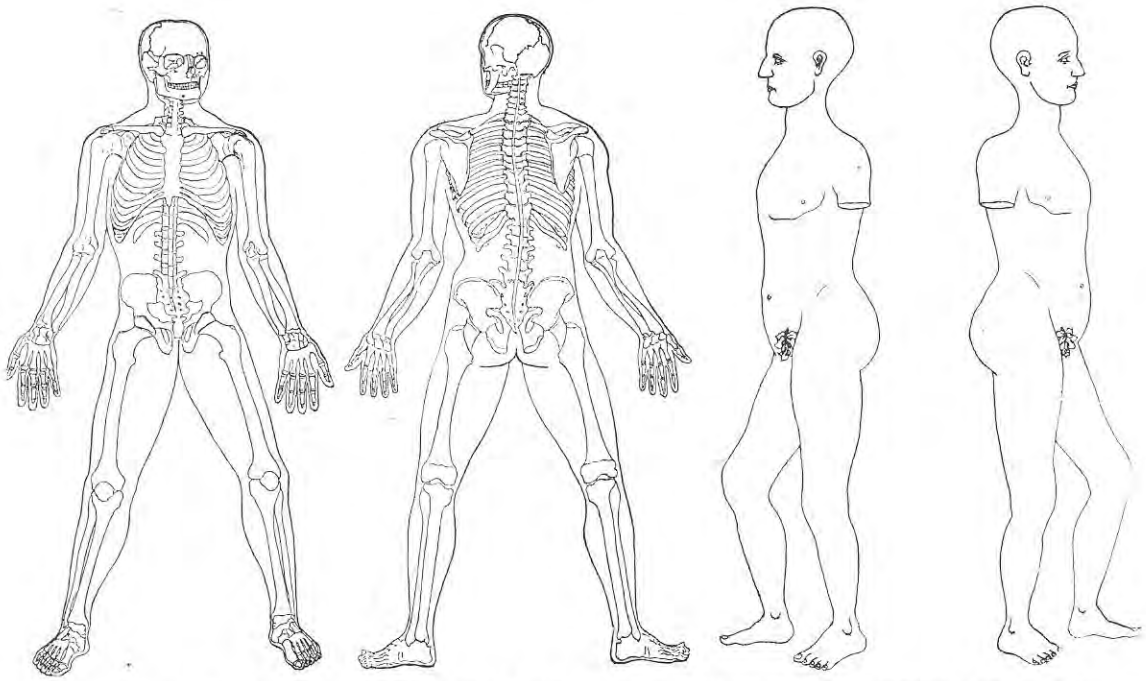
Jas. L. Harriman Pres., E. H. Ellis, Sec'y, Wm. S. Richardson, Treas., } BOARD.

Post office, Marlboro

County, Middlesex

State, Massachusetts.

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6—552 a



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

(Paste continuation sheet, if used, here.)

Medical Division.

3—1865.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C., JUL 9 1908

Board of U. S. Examining Surgeons,

Waltham, Mass.

Dr. J. Q. A. McCollester Secretary.

Sirs:

In the case of Isaac S. Ford - E-Coast Guard Mec-Inf. Cy. No. 1,079,498 who was examined on July 1, 1908. the secretary has omitted to fill the certification blank on the back of the certificate as required by paragraph 20, Instructions of 1905.

If Dr. W. S. Hoyt Dr. J. Q. A. McCollester and Dr. Richard Collins were each present and participated in the claimant's examination the secretary will please so state below and promptly return this circular letter under cover of the accompanying envelope.

Very respectfully,

C. F. Whitney

Medical Referee.

Waltham Mass. July 11th 1908

I hereby certify that at regular session of the Board on the first day of July 1908 Isaac S. Ford was examined by the full Board viz Dr Walter S. Hoyt Dr J. Q. A. McCollester and Richard Collins

Yours respectfully
J. Q. A. McCollester Secty

[illegible] and [illegible] a pension of $10.00 a month

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. C 1079498

Name of claimant. Isaac S. Ford

Company Coast Guard Reg't Maine Inf.

Claimant's post-office address. Martin St. South Acton - Mass

Address of Board. Waltham P. O. Mass - State. July 1, 1908 [Date of examination.]

Names of disabilities. Rheumatism and Disease of Heart -

He receives a pension of 6.00 dollars per month.

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 makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Rheumatism - In neck and hips - more from place to place - Disease of Heart - feels faint -

Birthplace, Sumner - Maine - ; age, 60 years; height, 5-10 ; weight, 172 pounds; complexion, light ; color of eyes, Blue ; color of hair, Gray ; occupation, Machinist ; permanent marks and scars other than those described below,

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

Pulse rate, 60 68 80 [Sitting, standing, after exercise.]; respiration, 16 16 16 [Sitting, standing, after exercise.]; temperature, 97-5 ;

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

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.

1 - Rheumatism - No objective symptoms - says that it hurts when he turns his head from side to side - Measurements all symmetrical - no limitation of motion - no contraction of tendons - no atrophy of muscles -

Heart - Vertical from 2nd to 5th space Apex beat just within nipple line - transverse dullness from right border of sternum to the nipple line - no murmurs - no cyanosis - no oedema - no hypertrophy - some dilitation - Beginning arcus senilis - there is general arteria sclerosis - duplication of first sound -

2 - Lungs - Measurements of Chest - 38. 39. 40 inches - by auscultation and percussion lungs found normal -

3 - Liver - dullness from 5th space to the border of ribs - Liver and Spleen normal -

4 - Kidneys - Spec. Grav. of Urine 1016 - color light straw - reaction acid - no sugar - no albumen -

No other disabilities found - No evidence about bones skin nor glands of syphilis -

We find the aggregate permanent disability for earning a support by manual labor due to Rheumatism and heart disease - not due to vicious habits and warrants a pension of $10.00 a month -

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

Walter S. Hoyt, Pres. J. Q. A. McCollester, Sec'y. Richard Collins, Treas.

6—552a

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

July 19, 1934.

Director, Widows and Dependents Claims Service
Chief Clerk's Division - Miss Lester - Room 391.
S.C.-1,079,498 - FORD, Isaac S.

MRAB

This claim is referred for jacketing, recording, docketing, and flat filing.

E. L. BAILEY

NGR/AK

July 16, 1934

MBAB

FORD, Isaac, S.
W.O. 1 079 498

Mrs. Ada I. Ford,
South Acton,
Mass.

Dear Madam:

Receipt is acknowledged of your application for pension as the widow of the above named Civil War veteran, and a certified copy of the public record of his death.

In a statement made by the veteran, he alleged that there was a public record of your marriage in the Town Clerk's Office at Paris, Maine. There should be furnished a certified copy of such record, or if such record is not obtainable, the reason should be stated and there should be furnished the original marriage certificate accompanied by proof of its genuineness and the authority of the person who performed the marriage, or there should be furnished the affidavits of two or more eye witnesses to the marriage, showing the date and place of your marriage to the veteran.

All communications relative to this claim should bear the veteran's name and refer to number W.O. 1 079 498.

Respectfully,

E. L. BAILEY
Director
Widows and Dependents
Claims Service

DGR/rem

June 28, 1934.

MRAB

Mr. William T. Merriam
South Acton, Mass.

SC-1,079,498
FORD, Isaac S.

Dear Sir:

This will acknowledge receipt of your letter of June 14, 1934, advising of the death on June 7, 1934, of the veteran, Isaac S. Ford, and requesting application blank for use of the widow in applying for pension.

The blank Form 5022 is enclosed herewith. With its return, properly filled in and executed, this Office should be furnished with a certified copy of the public record of the death of the veteran.

All communications relative to this case should bear the veteran's name and refer to the number SC-1,079,498.

Respectfully,

E. L. BAILEY
Acting Director
Widows' and Dependents'
Claims Service

1 Encl.

ED/im

draw

So. Acton, Mass. June 14 - 1934.

RECEIVED JUN 16 1934

Mr. E. W. Morgan
Director of Pensions
Washington, D.C.

Dear Sir:

I wish to notify you that my Uncle Mr. Isaac S. Ford a pensioner by Certificate No 1079498., died June 7-1934.

OK

OK

If there are any papers to fill out in connection with this, please send me also an application blank for Widows pension.

Yours truly.
William P. Merriam
South Acton, Mass.

JS
160

JUN 22 1934

RECEIVED JUN 22 1934 PENSION SERVICE Widow Subdivision No. 3

EDITH NOURSE ROGERS
5TH DISTRICT MASSACHUSETTS

~~DONALD W. MacLEAN~~
~~M. G. BIGGERSTAFF~~
~~SECRETARIES~~

Congress of the United States
House of Representatives
Washington, D. C.

Please address
36 John St., Lowell, Mass.

August 29, 1928.

Dr. Alfred D. Wilkinson,
Assistant Chief Clerk,
U. S. Pension Bureau,
Washington, D. C.

My dear Dr. Wilkinson:

Re: Mr. Isaac S. Ford, South Acton, Mass.
Pension Certificate 1079498. Co. E. Maine
Reg. Coast Guard.

The above named veteran is now receiving $65. a month pension and has made application for increase. I shall appreciate your advising me if the increase may be granted. Thank you for your attention.

Very sincerely yours,

Edith Nourse Rogers.
(Mrs. John Jacob Rogers)

Invalid Division

September 1, 1928

Mrs. Edith Nourse Rogers
38 John Street
Lowell, Massachusetts

My dear Mrs. Rogers:

In response to your letter relative to the case I. C. 1079498 of Isaac S. Ford, whose address is South Acton, Mass., and who served in Co. E, Coast Guard Maine Infantry, I have to advise you that his claim for increase under section 2, act of May 1, 1920, filed Jan. 4, 1928, was rejected March 22, 1928, on the ground that the evidence on file failed to show that the soldier needed the regular personal aid and attendance of another person.

However, if the soldier now needs the regular personal aid and attendance of another person, he is at liberty to furnish the sworn statements indicated in the enclosed circular letter, and upon receipt of such sworn statements they will be considered with a view of determining whether they warrant a reopening of his claim.

Very truly yours,

E. W. MORGAN
Acting Commissioner

ZP rt

Invalid Division
I.C. 1079498
Isaac S. Ford
Co.E, Coast Guard
Me.Inf.

January 28, 1938

Mr. Isaac S. Ford
South Acton, Mass.

Sir:

In your claim for increase under section 2, act of May 1, 1930, there should be furnished an additional sworn statement of Dr. Alma Lawrence Clark, showing clearly whether you need the regular aid and attendance of another person, and if so, the date as definitely as possible from which such aid and attendance have been needed, how frequently, and in what particular acts; and especailly whether you are able to dress, undress, feed or bathe yourself, attend-to the calls of nature unaided, or go about without assistance.

The affidavit of Dr. Clark on file does not cover these points.

If you are unable to furnish the additional affidavit of Dr. Clark, you should state why you can not do so, and furnish the sworn statement of some other physician covering these points.

Respectfully,

Winfield Scott

WINFIELD SCOTT
Commissioner

JK/elw

Invalid Division.

January 12,1927.

Hon. Edith Nourse Rogers
House of Representatives.

My dear Mrs. Rogers:

In response to your letter relative to the claim for increase under section 2 of the act of May 1, 1920, I.C.1079498 of Isaac S. Ford, whose address is South Acton, Mass., and who served in Co. E, Coast Guard, Maine Inf., I have to acknowledge receipt of claimant's declaration, and the affidavits of Mrs. I.S.Ford, and Dr. F.E.Tasker, forwarded by you, and to advise you that the claim requires an additional affidavit of Dr. Tasker, showing clearly whether claimant needs the regular personal aid and attendance of another person, and, if so, the date as definitely as possible from which such aid and attendance have been needed, how frequently, and in what particular acts, especially whether he is able to dress, undress, feed or bathe himself, attend to the calls of nature unaided, or go about without assistance, a call for which has been made on claimant this day.

The affidavit of Dr. Tasker on file fails to show whether claimant needs the regular personal aid and attendance of another person.

Upon receipt of such statement the claim will be given further prompt consideration.

Very truly yours,

WINFIELD SCOTT
Commissioner.

ZP-maf

Invalid Division.
I.C.1079498
Isaac S. Ford
Co. E, Coast Guards
Maine, Inf.

January 12, 1927.

Mr. Isaac S. Ford
South Acton, Mass.

Sir:

In your claim for increase under section 2 of the act of May 1,1920, there should be furnished an additional sworn statement of Dr. F.E. Tasker, showing clearly whether you need the regular personal aid and attendance of another person, and if so, the date as definitely as possible from which such aid and attendance have been needed, how frequently, and in what particular acts, especially whether you are able to dress, undress, feed or bathe yourself, attend to the calls of nature unaided, or go about without assistance.

The affidavit of Dr. Tasker on file fails to show whether you need the regular personal aid and attendance of another person.

Respectfully,

Winfield Scott

WINFIELD SCOTT
Commissioner.

ZP-maf

3-1901

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

OFFICE OF
THE COMMISSIONER
I.C.1079498
Isaac S. Ford
Co. E, Coast Guard Maine Inf.

May 17, 1927

Memorandum

Referring to the letter of Mr. Ford dated May 14, 1927.

Mr. Ford is pensioned at $65 per month under act of July 3, 1926.

He filed a claim for increase under section two, act of May 1, 1920, on January 11, 1927,

A call for ~~evidence and~~ an additional statement from Dr. Frank E. Tasker was made on the claimant January 12, 1927. This statement was filed January 28, 1927.

The claim has this day been rejected on the ground that the evidence on file does not show that the claimant needs the regular personal aid and attendance of another person and he has been so advised.

Commissioner

THE SECRETARY OF THE INTERIOR
WASHINGTON

Invalid

May 19, 1927.

COPY FOR INFORMATION
OF Pension 000

Mr. Isaac S. Ford,

South Acton, Mass.

My dear Mr. Ford:

I have your letter of May 14th, and in reply am enclosing a memorandum submitted by the Commissioner of Pensions, showing the status of your claim.

Very truly yours,

(Signed) Hubert Work.

OFFICE OF
THE CHIEF CLERK
MAY 21 1927
H
BUREAU OF PENSIONS

Enclosure.

INTERIOR DEPT.
RECEIVED
MAY 16 1927
OFFICE OF
THE SECRETARY.

South Acton Mass
May 14 1927

Honorable Hubert Work.
I have made application for an increase. asking for the $172 per month I am under medical aid have not been able to earn any thing since last September. I received no reply. so I apply to you for papers.

Very Sincerely
Isaac S. Ford
Box 31
South Acton
Mass

DEP'T OF THE INTERIOR
RECEIVED
MAY 16 1927
TO BUR. PENSIONS
SEC'Y'S OFF.-APPTS., MAILS & FILES.

DEP'T OF THE INTERIOR,
PREPARE MEMO.
MAY 16 1927
FOR THE SECRETARY
SEC'Y'S OFF.-APPS., MAILS & FILES.

OFFICE OF
THE CHIEF CLERK
MAY 16 1927
H
BUREAU OF PENSIONS

Ford

Engle

I.C.1079498
Isaac S. Ford
Co. E, Coast Guard Maine Inf.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

May 17, 1927

Memorandum

Referring to the letter of Mr. Ford dated May 14, 1927.

Mr. Ford is pensioned at $65 per month under act of July 3, 1926.

He filed a claim for increase under section two, act of May 1, 1920, on January 11, 1927.

A call for an additional statement from Dr. Frank E. Tasker was made on the claimant January 12, 1927. This statement was filed January 28, 1927.

The claim has this day been rejected on the ground that the evidence on file does not show that the claimant needs the regular personal aid and attendance of another person and he has been so advised.

WINFIELD SCOTT

Commissioner.

mmc

East. Div.
I.Ctf. 1079498.
Isaac S. Ford.
Co. E, Coast Guard Me.Inf.

February 11,1910.

Mr. H. D. Phillips,

Washington,

D. C.

Sir:

Relative to the above entitled pension claim, you are advised that the power of attorney in your favor, filed therein on the 4th instant, is inoperative for the reason that there is nothing pending or unadjudicated in the case.

Very respectfully,

Commissioner.

Not G 2

UNDER ACT OF JUNE 27, 1890

(3-1639.)

Horace H. Bremer

INCREASE.

Cert. No. 1079.498

Isaac S. Ford

P. O.,

County,

State,

Application filed May 15, 1908

Service, E Me. Court Gds

Bd Waltham Mass

Atty Richardson, ntofs

JB.

Attorney,

P. O.,

County, , State,

(181 50m.)

E 1

3-1647.

Act of Feb. 6, 1907.

ACT OF MAY 11, 1912. CIVIL WAR.

Cert. 1079.498

Name, Isaac S. Ford
South Acton
Mass.

Application filed May 23 1910
Service, E. Mc Codst Gds.

~~May 9, 1910. Circ letter to Clmt for proof of date of birth.~~

ACT OF MAY 11, 1912, A. L. W.
CIVIL WAR.

~~Jan 5/16~~
~~Clmt for proof of Age. Gck~~

0-2

Dme

Congressional
Parsons

3-1647

Act. of May 1, 1920

Cert. 1079498

Name, Isaac S. Ford

Application filed Jan. 11, 1927

Service, E. Me. Coast Gds

Jan 12 '27 Chit letter add aff of Dr. Tasker. J P Im Dr

Jan 12 '27

Hon. E. N Rogers advised of above call. J P Im Dir

May 17, 1927 - Memorandum for Secy - see carbon copy J.A.E (Inv. Div)

Rejected

O-2

3-1647

Act. of May 1, 1920

Cert. 1079498

Name, Isaac S Ford

Application filed Jan 4, 1928

Service, E Me Coast Gds Inf

Jan 25 1928 Hmt. form a letter for ad. med. ev. from Dr Clark Jr. (I.S.)

REJECTED

O-2

JJB

G. T. Williams

Act of June 9, 1930

3-1638

INCREASE

Isaac S. Hurd

Cert. No. 1079498

P.O.,

County,

State,

Application filed Jan. 21, 1933

Service,

Attorney,

P. O.,

County, State,

CODED

3—846.
(Old No. 3—216 a.)

Davison Ex'r.

No. 1308376

Act of June 27, 1890.

6/22

ME. 1904

Feb 19/04 — War Dept for mil & med. Hist. D.
March 7/04 — To Bd. Marlboro, Mass. — Card to Atty B. R. — Identity and family to Chief D.

Isaac S. Ford.
Martin Street.
P. O. South Acton.
Middlesex Co. Mass.
Service: E Coast Gds. Me. Inf.

Enlisted: Jan. 7, 1865
Discharged: July 7, 1865
Application filed: Feb. 3, 1904
Alleges:

Any other Claim filed: No.

Numerical No.

May 3/04 — Bd of Review. D.

VT.

MASS.

R. I.

CONN.

N. Y.

N. J.

DEL.

Attorney: E. C. Richardson.
P. O. 37 Tremont Street.
Boston.

No.

VETERANS ADMINISTRATION
Pension Form 5101

SOLDIER. Cert. No. 1079498

Name Isaac L Ford

(3-730.)

INVALID. (*Series*) M 8

Cert. No. 1079498

Name, Isaac S. Ford

Rank, Pvt.; Service, Co. E Coast Guard - Me. vol. Inf.

Agency. { *Original Roll:* Boston
Transf'd , 1 , to
" , 1 , to

Issued May 13", 1904
Mailed " 19, 1904
Rate and Period, $ 0 , *from* Feb. 3", 1904

Issue. *Class* Orig. *Fee,* $ 0

Deductions:

Disability:

Entered

Issued , 1
Mailed , 1
Rate and Period, $, *from* , 1

Issue. *Class* *Fee,* $

Deductions:

Disability:

Entered

Issued , 1
Mailed , 1
Rate and Period, $, *from* , 1

Issue. *Class* *Fee,* $

Deductions:

Disability:

Entered

Issued , 1
Mailed , 1
Rate and Period, $, *from* , 1

Issue. *Class* *Fee,* $

Deductions:

Disability:

Entered

INDORSEMENTS.

July 30/08
Clint + Atty Richardson
Ntfd of Rejection of Inc, genl law claim -
WAR

Feby 11/10. H. D. Phillips as per copy
mmc

ACT OF FEB. 6, 1901 — 736.

INVALID

Cert. No. 1079498

Name, Isaac S. Ford

Rank, Private; Service, Co. E. Coast Guard, Maine Vol. Inf.

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

2 Issue. Class Reis
Entered ____ Fee, $ ____

Issued June 25, 1910
Mailed JUN 27 1910
Rate and period, $12, from May 23, 1910
Deductions: 0
Disability:

3 Issue. Class Reis
Entered ____ Fee, $ ____

Issued Feb 15-1913
Mailed FEB 17 1913
Rate and Period, $13.50, from May 31-1912
Deductions: 0
Disability: ACT OF MAY 11, 1912

4 Issue. Class Reis
Entered ____ Fee, $ ____

Issued Feb 1. 1915
Mailed
Rate and period, $15.50, from May 21. 1914.
$19 — May 21. 1918.
$22.50 May 21. 1923.
Deductions:
Disability: ACT. OF MAY 11. 1912

Issue. Class ____
Entered ____ Fee, $ ____

Issued
Mailed
Rate and Period, $ ____, from ____
Deductions:
Disability:

Accrued Pension Order
Issued OCT 2 1934

INDORSEMENTS.

May 17/27 Clmt and Hon E N Rogers advi by circulars of rej of act of May 1, 1920 claim J P In Dn

Mar. 22/28 Clmt. cir let. adv. of rej. May 1, 1920 cl. JK. (I.L.)

Sept 1st /28

Mrs. E. N Rogers H of R. Letter with cir indor rel to Eri necessary to reop rej claim. J P In D