DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Miesalesery \ 88.
On this 15th day of august., A. D. one thousand nine hundred and Secure,
personally appeared before me, a Justing the feure within and for the county
and State aforesaid, Otto Mo Geess. , who, being duly sworn according to law,
declares that he is 70 years of age, and a resident of Stow Meass.
county of Widslessy, State of Wassachusetto; and that he is the
identical person who was ENROLLED at New York under the name of
John Brown, on the 29 day of Warch., 1862
as a Seamun, in W.S. Gundout Front Denry. (Here state rank, and company and regiment in the Army or vessels if in the Navy.)
(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 Cisil war, and was HONORABLY DISCHARGED
at Royal S. C., on the 15 a day of Column 1878
,
Seemel Continued in V. S. Nauy from Mourch 1862: to
15 de day of October 1878.
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, feet 9.3/4 inches;
complexion, Haza; color of eyes, & Blue; color of hair, Brazum; that his occu-
pation was selemen; that he was born . April 26 4, 1837,
at Tuskee Bushemake Finland
That his several places of residence since leaving the service have been as follows:
Continues residence in Stow Messachusetts.
(State date of each change, as nearly as possible.)
That he isa pensioner. That he has heretofore applied for pension
Certificate Ma 44 88.
/(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 West action , county of Medelsey ,
State of Massachusetts Atto M. Coop
0000 000
Attest: (1) Thunus a Symus. (Claimant's signature in full.)
(2) Harold F. Stewens_
Also personally appeared Hounes a Stewns, residing in Stru Mouss
and Harold F. Stemms, residing in Cheststown Wass, 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
and their acquaintance with him of 20 years and 10 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 acceptor S. A. Cuddy: Frances A. Slaven
Chief, Law Division. Harold Fr Stevens.
Aug 7 Chief, Law flavors, (Signatures of vitnesses,)
per JTH 8 21 07 (Signatures of vitnesses.)
SUBSCRIBED and sworn to before me this 154 day of Gugust, A. D. 190, 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 in Finitand , erased,
[L. S.] and the words April 264, added;
and that I have no interest, direct or indirect, in the prosecution of this claim.
Certificate filed to
cover date. (Signature.)
cover date.
S. A. CUDDY, Justing the form

Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

Certificate of Death

FROM THE RECORDS OF DEATHS IN THE TOWN OF Slow MASSACHUSETTS, U. S A. Sept 12, 1912 1. Date of Death, -Otto M Geers 2. Name, -(Maiden Name, 3. Sex, and whether Single, Married Married, or Widowed, -4. Color, -Years 4 Months /7 Days Age, Disease or Cause of Death Residence, Occupation, Place of Death, -10. Place of Birth, Name of Father, - -Name of Mother, (Maiden Name) Birthplace of Father, -14. Birthplace of Mother, -Brookside Cemetry 15. Place of Interment, - that I hold the office of Town Clerk of the Town of ______ County of Middlesex and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths in said Town are in my custody, and that the above is a 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 30 th

Commonwealth of Massachusetts

PENSION DEPARTMENT BOSTON

DECLARATION FOR WIDOW'S PENSION.

/// -	
STATE OF / Musbachus of	[Act of April 19, 1908.]
11)	88:
COUNTY OF Mill alebey	
On this through day	of DEplember, A.D. one thousand nine hundred and tweeless
	justile of the peace
nd for the county and State aforesaid	La Doullia Geers. 72
ears, a resident of	How county of Will closery, State
Massachusetts	who, being duly sworn according to law, makes the following declaration in order to
otain pension under the provisions of the	ACT OF CONGRESS APPROVED APRIL 19, 1908.
That she is the widow of	()TTD 1/2 Gazze
	under the name of Works Brown, who was
(Enrolled or commissioned.)	o gu f , at
a seamon in	on the day of Warch, 1862,
onorably discharged April /	(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
That he also served benth	, raving served ninety days or more during the late civil war.
	riere give a complete statement of all ther services, if any.)
That he was not in the military or r	naval service of the United States otherwise than as stated above.
That she was married under the na	me of Dydie Whitmun
said soldier at Story	9746
Hebrung.	day 18 79 by GR Bent.
at there was no legal parrier to the man	rriage; that she had been previously married; that the soldier had one
en previously married,	been previously married; that the soldier had and
(If there was a prior	marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)
/	Sancreft Whitenun Jan. 5- 1870
d that neither she for said soldier marrie	od othornia th
That the said soldier died & Etha	to otherwise than as stated above.
at she was not divorced from him and the	not she has not ment in the state of the she has not ment in the state of the she has not ment in the state of the state o
That the said soldier left the followi	ing-named children who are now living and under sixteen years of age, to wit:
(If the so	oldier left no children, the claimant should so state.)
11-ma Children	, born , 1 , at
	born , 1 , at
<i>y</i>	,,,
louse, Boston, her true and lawfu	BICKNELL, Deputy Commissioner of State Aid and Pensions, State al attorney to prosecute her claim (Without fee);
That she has A heretofore	applied for pension (If prior application has been made, the number thereof, the service on which
That she has the heretofore was based, and the name of the sold er should be	applied for pension (If prior application has been made, the number thereof, the service on which
That she has the heretofore was based, and the name of the soldier should be That her post-office address is	applied for pension (If prior application has been made, the number thereof, the service on which
That she has the heretofore was based, and the name of the soldier should be That her post-office address is	applied for pension. (If prior application has been made, the number thereof, the service on which estated.) State of Massachusetts.
That she has produce heretofore was based, and the name of the soldier should be That her post-office address is unty of Millell Lee	applied for pension. (If prior application has been made, the number thereof, the service on which estated.) State of Massachusetts.
That she has produce the soldier should be that her post-office address is anty of Millianty of	applied for pension. (If prior application has been made, the number thereof, the service on which estated.) State of Massachusetts.
That showhas: Production heretofore was based, and the name of the soldier should be That her post-office address is anty of William Heretofore test: (1) Margaret O'Cone	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. Claimants signature in full.)
That she has product heretofore That she has product heretofore That her post-office address is anty of William Heretofore (2) Margaret O'Cone	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. Claimants signature in full.)
That she shase of the solder should be That her post-office address is anty of Mullipsel (2) Margaul O Care Also personally appeared	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. Claimants signature in full.) Hull Guss , residing in
That sho has Alar heretofore was based, and the name of the soldier should be That her post-office address is anty of Also personally appeared Also personally appeared Also personally appeared	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) Hull Guryant Claimants not provided the service of which the service of
That showhas and the retrue and lawfur That showhas are of the soldier should be That her post-office address is annuty of Miniffer address is any of Margaret O Correction (2) Margaret O Correction of the soldier and the showhas a shown as a	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) Hy H Gers , residing in , and Massachusetts to be respectable and entitled to credit, and who, being
That showhas the first heretofore was based, and the name of the soldier should be That her post-office address is many of William Heretofore (2) Margaret O Community of William Heretofore (3) Margaret (3	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) Hydright (Claimants signature in full.) residing in persons whom I certify to be respectable and entitled to credit, and who, being and saw Angles (that they have every reason to believe, from the
That sho has a the first of the solder should be That her post-office address is anty of Mangaulf O Court (2) Mangaulf O Court (3) me duly sworn, say they were present timant, sign her name (or make her meanance of said Disidant and their account of the said Disidant and Disi	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Maskachus the Claimants signature in full.) How House with the service on which control the service on which the service on which the service on which the service on which the stated.) State of Maskachus the service on which control the service on which the stated.) State of Maskachus the service on which the stated to service on which the stated the service on which the service of th
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Also personally appeared (2) Margaul O Court Also personally appeared (2) Margaul O Court (3) Margaul O Court (4) Margaul O Court (5) Margaul O Court (6) Margaul O Court (7) Margaul O Court (8) Margaul O Court (9) Margaul O Court (10) Margaul O Court (11) Margaul O Court (12) Margaul O Court (13) Margaul O Court (14) Margaul O Court (15) Margaul O Court (16) Margaul O Court (17) Margaul O Court (18) Margaul O Court (applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) Hydright (Claimants signature in full.) residing in persons whom I certify to be respectable and entitled to credit, and who, being and saw Angles (that they have every reason to believe, from the
Also personally appeared Also personally appeared That sign her name (or make her me pearance of said Decign and their access in the said of the solders in the said of the solders in the said of the solders in the said of the said o	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) He service on which is stated. Claimants signature in full.) The service on which is stated. The service on which is stated. State of Massachusetts. Claimants signature in full.) The service on which is stated. The service on which is stated. The service on which is signature in full. The service on which is stated. The service on which is stated. The service on which is service on which is signature in full.) The service on which is signature in full. The service on which is signature in full. The service on which is signature in full.) The service on which is signature in full. The service on which is signature in full. The service on which is signature in full.) The service on which is signature in full. The service of the service of the service on which is signature in full. The service of t
Also personally appeared Also personally appeared Medium Mouse Medium Mouse Also personally appeared Medium Mouse Mouse Mouse Mouse Mouse Mouse Mouse Mouse Mouse	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) The Hollington Claimants signature in full.)
Also personally appeared Also personally appeared and they was based, and the name of the soldier should be That her post-office address is anty of Minglian Address test: (1) Also personally appeared Also personally appeared and they were present timant, sign her name (or make her me pearance of said Decident and their access identical person she represents being if attorney values as to execution.	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Wassachusetts. State of Wassachusetts. Claimants signature in full.) The Heart of the foregoing declaration; that they have every reason to believe, from the quaintance with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. Id Marguet O Cossell (Signatures of witnesses.)
That she has the first heretofore That she has the solder should be That her post-office address is anty of test: (1) Also personally appeared Also personally appeared The duly sworn, say they were present amant, sign her name (or make her make identical person she represents labely as to execution. S. A. Cuddy, Chief, Law Division.	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Wassachusetts. State of Wassachusetts. Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw for the prior application; that they have every reason to believe, from the quaintage with her of great persons in the prosecution of this claim. Id Magant O Cosmill Signatures of witnesses.)
Also personally appeared That short say they were present timant, sign her name (or make her me pearance of said Deiglant and their acceptance) as to execution. S. A. Cuddy, Chief, Law Division, Subscribed and sworn to before	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Maskachustta. State of Maskachustta. State of Maskachustta. Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw Antia (the prior application), the nark) to the foregoing declaration; that they have every reason to believe, from the quaintance with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. Id Margaett Connection (Signatures of witnesses.)
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That she has the first heretofore was based, and the name of the soldier should be That her post-office address is unty of May Lee (2) Margaret O Court (2)	applied for pension. (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw for the foregoing declaration; that they have every reason to believe, from the quaintance with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim.
Also personally appeared The duly sworn, say they were present amant, sign her name (or make her more identical persons her represents language of attorney values of attorney values of a Cuddy, Chief, Law Division, Subscribed and sworn to before and I hereby come	applied for pension. (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw for the foregoing declaration; that they have every reason to believe, from the quaintance with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim.
Also personally appeared The duly sworn, say they were present aimant, sign her name (or make her more identical persons her represents language of attorney values of A. Cuddy, Chief, Law Division, Subscribed and sworn to before and I hereby come	applied for pension. (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw for the foregoing declaration; that they have every reason to believe, from the quaintance with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim.
Also personally appeared That she has a few forms of the soldier should be thest: (1) Margaret O Constituted Also personally appeared The duly sworn, say they were present aimant, sign her name (or make her more identical person she represents attorney values S. A. Cuddy, Chief, Law Division, Subscribed and sworn to before and I hereby co	applied for pension. (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw for the foregoing declaration; that they have every reason to believe, from the quaintance with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim.
Also personally appeared The duly sworn, say they were present aimant, sign her name (or make her more identical persons her represents language of attorney values of attorney values of attorney values of attorney values of the solid or t	applied for pension (If prior application has been made, the number thereof, the service on which is stated.) State of Wassachus III. State of Wassachus III. And Wassachus II. And Wassachus III. And Wa
Also personally appeared The duly sworn, say they were present aimant, sign her name (or make her more identical persons her represents language of attorney values of attorney values of attorney values of attorney values of the solid or t	applied for pension (If prior application has been made, the number shereof, the service on which stated.) State of Wassachusetts. State of Wassachusetts. State of Wassachusetts. Claimants signature in full.) The Heavy Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw for the foregoing declaration; that they have every reason to believe, from the quaintrage with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. The Heavy County (Signatures of witnesses) The methis the contents of the above declaration, etc., were fully made known and applicant and witnesses before swearing, including the words padded; and the words padded is and the words padded; and the words padded is and the words padded; and the words padded is an and the words
Also personally appeared That sign her name (or make her make identical person she represented lating of attorney values of at	applied for pension (If prior application has been made, the number shereof, the service on which stated.) State of Wassachusetts. State of Wassachusetts. State of Wassachusetts. Claimants signature in full.) The Heavy Claimants signature in full.) The persons whom I certify to be respectable and entitled to credit, and who, being and saw for the foregoing declaration; that they have every reason to believe, from the quaintrage with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. The Heavy County (Signatures of witnesses) The methis the contents of the above declaration, etc., were fully made known and applicant and witnesses before swearing, including the words padded; and the words padded is and the words padded; and the words padded is and the words padded; and the words padded is an and the words
Also personally appeared That was pased, and the name of the soldier should be That her post-office address is unty of Margaul Contest: (2) Margaul Contest amant, sign her name (or make her more address) pearance of said decidant and their access identical person she represents satisfied as to execution. S. A. Cuddy, Chief, Law Division. Subscribed and sworn to before and I hereby contest. [L. S.] interest, direct of the soldier should be represented and I hereby contest.	applied for pension (If prior application has been made, the number thereof, the service on which stated.) State of Massachusetts. State of Massachusetts. State of Massachusetts. Claimants signature in rull.) The Heavy of September of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. The this time with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. The time with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. The time with her of 20 years and 10 years, respectively, that she is to be, and that they have no interest in the prosecution of this claim. Signatures of witnesses.) The time words years and the words years and applicant and witnesses before swearing, including the words years and the words years and the words years and years and applicant and the words years and applicant and witnesses before swearing, including the words years and the words years and years and applicant and witnesses before swearing, including the words years and the words years and years and applicant and witnesses before swearing, including the words years and years and years are fully made known and applicant and witnesses before swearing, including the words years and years are fully made known and applicant and witnesses before swearing, including the words years and years are fully made known and applicant and witnesses before swearing, including the words years are fully made known and applicant and witnesses before swearing, including the words years are fully made known and applicant and witnesses before swearing with her years are fully made known and applicant and witnesses before swearing witnesses.

Vol. 308 Page 190

The Commonwealth of Massachusetts

Office of the Secretary.

Boston, October 9, 1912.

All m m
I hereby Certify That the MARRIAGE of Otto M. Geers,
of Boston, son of Christopher and Esther (),
aged 41 years (First mar.), and Bydia austin Whitman,
of Stow, daughter of Timothy and Lydia (),
aged 39 years Secondmar.), solemnized at Stow, on the
27th day of Feb. in the year 1879, by G. R. Bent, Clergy-
amam, appears of record in this office by duly attested Return
of the Clerk of the Town of Stow for that year.

WITNESS THE GREAT SEAL OF THE COMMONWEALTH hereunto affixed at the date first above written.

SECRETARY OF THE COMMONWEALTH.

U. 10 S

W. and N	g gmax			
VV. and iv	Co har is	-389.		
	Div	, , , , ,		7m Ex'r.
Inv. Co	7. No. 4488			
n. Geeh	ala John Brown	Departmen	ct of the L	nterior,
U.,	Snavy		J OF PENSI	
		Washington, 1	o. c., July	13,1907
		ur earliest convenience, t	he questions enumer	ated below? The
information		use, and it may be of gr Very respectfully,	eat value to your fa	mily.
n. Cel	to m. Ge		W.W	Wins
S	2-1 00	7		Commissioner.
1		in,		
Mid	dlesey Co	mass.		
No. 1.	Are you a married man	n? If so, please state your	wife's full name, and	her maiden name.
Answer:	Jes .			-
No. 2.	When, where, and by	whom were you married?	Answer: Ston	- Mass
H	el 27 # 18	79.		
No. 3.	What record of marri	age exists? Answer:	Perveled in	Tour
	Alin Ston	Mouss		
	. //	married? If so, please s	tate the name of you	ir former wife, the
date of the	marriage, and the date	and place of her death	or divorce. If ther	e was more than
one previous	s marriage, let your an	swer include all former c	onsorts. Answer:	No.
				~~~
No. 5.	Have you any childre	en living? If so, please s	state their names and	the dates of their
birth. Answ				
Controlled to the	One ad	ofted Son		
Bons	March, 14.	Le 1883		
104	t il le	/		
<i>Ou</i>	1 80 Jeus			
191				
Barte of	reply, Villy 2	44, 190 >	7/1/2 1/1	0 - 266
UL a	11	/	JUG 0/6 2	TEEN
26 0.	0	<b>0−2</b>	(Signature.)	
-0:				
FIC				

0.	W. and N. Div. 3-447.
0	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Mary o	n Grow John Brown Department of the Interior,
Otto Z	n. Leers a John Brown & The
	US havy Seureau of Pensions.
	Rashington, D. C., July 13, 1907
	Sir: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud your name, or on account of your service, you are required to answer fully the questions enumerated
belo	You will please return this circular under cover of the inclosed envelope which requires no postage.
0	Very respectfully,
m.	Otto In Geers, Il War
	ment at
(	Commissioner.
	Inddlesey Co., Mass.
	01.0014 1827
	When were you born? Answer. Of 1837
2.	Where were you born? Answer. Hinland
	When did you enlist? Answer. March 29 th 1862
	Where did you enlist? Answer. Nein youk.
	Where had you lived before you enlisted? Answer Finland
	What was your post-office address at enlistment? Answer. Jack more:
	What was your occupation at enlistment? Answer.
8.	When were you discharged? Answer. Oet 1241878.
	Where were you discharged? Answer. Tout Royal S. Co.
10.	Where have you lived since discharge? Give dates, as nearly as possible, of any changes of residence.
	Slow Mass
	What is your present occupation? Answer. Humes:
12.	What is your height? Answer. 6 feet 10 inches. Your weight? 210 lbs
	The color of your eyes? The color of your hair? Bestun Your complexion?
	Are there any permanent marks or scars on your person? If so, describe them.
	Cost of arms on sight fore arm.
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.
60	Naton (a)
- /	IIIL C
[7]	26 0
10.	1901 DH Slee
W	PARTIES ES: Date: July 24 190.7
W.	2. If the selections

#### ACT (F MAY 11, 1912.

#### DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION

· . Tak	State of Massachusetts
	County of Moiddlesey
	On this 21 day of May, A. D. one thousand nine hundred and timeline,
	personally appeared before me, a - Asstire of the Texase - within and for the county
	and State aforesaid, -Otto M. Geers , who, being duly sworn according to law,
	declares that he is -75- years of age, and a resident of
	county of - Mielellesey, State of Messa chusetts; and that he is the
	identical person who was enrolled at
	Lohn Brown, on the 29th day of Mearch, 1862
	as a Seaman in VS Sunboat Fort Henry
R.	(Here state rank, and company and regiment in the Army; or vessels, if in the Navy.)
(IBE	Bir il
NON	in the service of the United States, in the war, and was Honorably Discharged (State name of war, Civil or Mexican.)
E	at on V3 Steam Ship Towhotenon the 25 in day of May , 1865
ICAJ	That he also served Continuously is the V. S. Nasy, untill Oct 15-18-78 (Here give a complete statement of all other services, if any.)
TIF	
CERT	Tog. sings, with Low tested season. The mast field is one against the most of seasons and the cost of
_	That he was not employed in the military or naval service of the United States otherwise than as stated
GIVE	above. That his personal description at enlistment was as follows: Height,5 feet/ inches;
CO.	complexion, Heave; color of eyes, Blue; color of hair, Brown; that his occupation was - Sterler; that he was born - Clark 15 4, 18-32,
H	in Finland
FA	- Market All Markett and the control of the control
OT	ern Warrell Expert Select of the exercise is not restrict at land common which have a feet and maneric present or landing of existing from its tensor and existing event that have no been department to the expert ment and been been stored the
DO N	That his several places of residence since leaving the service have been as follows:
	linel dischare from the V & Somme
PENSIONER,	(State date of each change as nearly as possible.)
SIO	That he is a pensioner under certificate No. 4.488
EN	That he has applied for pension under original No. 4-4-8-5 That he makes this declaration for the purpose of being placed on the pension roll of the United
A F	States under the provisions of the act, of May 11, 1912.
IF	That his post-office address is West action , county of Midelleser,
	State of Massachusetts
	the state of the first of the state of the s
	Attest: (1) - Edward 76 Cocre of
	Attest: (1) Leances le Glevens aleas Lohn Broken
	(2) Slances and Levens
	Subscribed and sworn to before me this 21 st day of May, A. D., 1912,
	and I hereby certify that the contents of the above declaration, etc., were fully
	made known and explained to the applicant before swearing, including the words 20 Grased.
	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	alluct,
	CAN CAN CONTRACTOR OF CONTRACT
	May 2 18 (Signature.)
	a significant of the line of the
	(Omeial character.)



## The Commonwealth of Massachusetts

#### PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

#### AFFIDAVIT.

State of Massachusetts, county of Mielalisch	'S.
In the matter of the claim for hense	of Otto Mo Geers.
of CompanyRegiment	Vols.:
	e of the Pewer in and for
	aged 75 and
	resident of Stow
in the County of Mulflus Gund William It blank aged 62. duly sworn, declare in relation to aforesaid cla	Yours of Stow State and County im, as follows:
That he down hustre	nd Braneroft Whilman
	erice. Angel that it is impossible
	coses that the suilor Otto 16 Geers.
	rassied as he mas a Russian
by birth and joined the /2	Pussian Muchant Service at the
age of diftern and contin	wed in that service for seven
years when he Enlisted	I in V.S. Vary in which he
Sered Seventien years	3. That her flist aggreentance
	ter his final discharge from save
Service. When she marrie	I him he claimed tolet he had are
wen premously murred the	I she lived with him until his deal.
Cinel seur had helisem to de	Guntie Gus
	Stow, mass.
The soid Names & Desnis	and William H Clark Duclare
1	ily arguerated with the said
	on the last 35 years and 18
	wither to be exclible persons.
and have no cloubt that	the above statements are
true in Every particula	
71	
Me further declare that Me	no interest in said claim, and are not concerned
in its prosecution.	
and the second s	Affiant's Signature, Maney Lewis.
	2
	P. O. Address, Storo. Mass.
	Affiant's Signature, William to Colont
Attest-when any affiant signs we MARK two persons sign here.	Amant's Signature, White and I will
NOV -	P. O. Address, Stow Mars
5-91-1919 5000 [U 27 S.]	[County]
5-21-1912. 5,000.	[OVER]

RIGINAL NAVY INVALID .....per month, commencing Rates, \$ .... Fee, \$ / O O Q Agent to pay. Articles filed .... If hand Approved for O 16, 1886, all , 1882 Car 1 Declaration filed Vot in military or naval service since Oct 15, 18> BASIS OF CLAIM. Richmond while. same not having been lever

hiladephia Och 1/ 1871. This is to show that yohn Brun late Captain of the Hold on bound the U.S. S. Richmond received thorngun by which his forcer is partielly disabled in the ing of duty on board said Hip two of his metacufal loves being frækund by an accident which working at the Compress I would state also that descharged his duty during about one your on board said Alup after this accident occurred and that he is a good feithful man

OFFICE OF
HEIRS OF JOSHUA BENNETT,
No. 25 KILBY STREET.

OFFICE HOURS:

9 to 10 A. M. and 1 to 2 P. M.

BOSTON, //a/ 5 " 188

This certifies that
Othe M. Geers trourder in the seighis
Home after discharge from U. S. Navy
and remlister again joing U. S. Steam
Ship "Hartfant" under the name of John
Brown. I have known John Brown and
Oth Geers as the same ferson for
ten fems or more.

Let Suft, Old Sailor's I taine
Brother Mores.

This certifies that I have known John Brown and Otto M Geers as the Same person for 20. Twenty years or since 1865—
Collark in Sailors Home in 1865—

## GENERAL AFFIDAVIT.

	State of Mapachusetts, Country of Middledey, 85.
	In the matter of Otto Melers who shipped by the name
	of John Brown applicant for a Justion
è	ON THIS 26 day of Cluy LAT A. D. 1889, personally appeared before me, a
	The District Court of Countal Middlesydn and for the aforesaid County, duly authorized to administer oaths,
	Otto M Georgia age 52 years, a resident of Stole
ER.	in the County of Middlesel and State of Majorchusetts
$L_{J}$	well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:
HUJ	that I was in the naval serves of the limited.  [Note.—Affiants should state how they gain a knowledge of the facts to which they testify.]
	States on board the Store Shipe Mew Hampshire
H .	in Fort Royal Bay South Carolina in December
SEPH	1877. and while in the discharge of my duty
SE	ou suit ship at work printing the fremast
20	The Slague plant broke and I fell to the deck
to	a distance of twelve feet, und Smick on
ect	my feel all spruised, my right with
direct	aid viewed my left foot, and was placed
9	on the sick list on board tand ship and
evidence	under the change of the surgeon therest and
vid	mental for the sufury for about the month.
9 71	Mas Duce Hat well and mow I anve wis
ai	and am Suffering great pain in the light
urn	auxela, und it houseles me un walking and
Retu	frederite My steeping mynds, and anable)
	The add Many the wast firming.
	man I was nout well with white your our
	Service Oct 1. 10 10, will will to agree
	Serve on white sup of construction of many
	my my my me me mid de to to the
	Post Office address is flesh William IIIII to fluid
	further declares that no interest in said case and not concerned in its prosecution.
=	Oth M Jooss John of rouse
	[If affiant signs by mark, two persons who can write sign here.] [Signature of affiant.]

U.S. S. Lancarter (2" rate). John Brown, Seaman, was under tralment on bound this recel from Juneary 25 the June 7=18/5, with Fracture of Februla of left leg -The scar on front of ankle was occasioned by pressure of apparatus applied in Hospital, montendes, U, producing a deep slough. I consider him perfectly no reason why he should not recute the Service Surgrow. U.S. RC.

MANT'S AFFIDAVIT. STATE OF Muls welves Mi In the matter of the original invalid pension claim No. \$ .036 for Invalual mony Fines in and for the aforesaid County, duly authorized to administer oaths Purs alres John Brown in the County of Mndellisix ....., well known to me to be reputable and entitled to credit and who, being duly sworn, declares in relation to his claim for pension as follows: My post office address is (Give present address in full.) reforme to my Clem for Tensien I desire Sent to Ager map le A. Presidt years immediately preceding my enlistment into the service of the United States on the ______2 4" ____day of Muss, 1862 I resided in the following-named places: Burny during Said

Time formal 858 in the Marchant Service as a

Give all the places in which you resided during the period above stated prior to your enlistment.) home my fether I how herry devel before he left his and my occupation was that of a Sullar Since my discharge from said service on the ..... went to Stone and my occupation has been that of a Air mil I further state that the disability for which I claim a pension arises from Sand Deft Herzol In the Second Michigan The Second The S delesoture for Pension Except in additus to open Claim was dis abled at Post Royal I, le While on board the Stern Shap how Householm in June 1878 while in jugal in the little of Rear large the fire moust the Flesh a Stay on the fire the file a clistene of about full stay of with your way and the full a clistene of about full materially addition of the chipmy premously recould by the left one From my said discharge to the present time, I have received the following medical treatment for said disease (Give the name and address of each physician employed, and the date when each commence When not releveny much husmany for which I received Some Meeting from Meeting Ship Whiteh Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases: The about yessed Frankles as about Stated for Grunble first mishened

And during all of the said time my physical condition and ability to perform manual labor has been as follows [Two witnesses who can write sign here.] Mindellisex STATE OF /// LL 18 11 Lans My COUNTY OF. Sworn to and subscribed before me this day by the above-named affiant and I certify that I read the said affidavit to said affiant, and acquainted him with its contents before he executed the same. I further certify that I am nowise interested in said case, nor am I concerned in the prosecution. The following interlineations and erasures were made before executing said affidavit: I certify that. ...... Esq., who hath signed his name to the foregoing affidavit was at the time of so doing ... county and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine. Witness my hand and seal of office, this. [L. S.] Clerk of the NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT, must add his certificate of Official character hereon, and not on a separate slip of paper. Printed and for saledy J. H. SOULE, 719 Market Space 18

CLAIMANT'S AFFIDAVII. STATE OF Muss welves to In the matter of the original invalid pension claim No. 8,036 for frauduid mony Fensus on This 28 day of Derza A. D. 1882; personally appeared before me, a In the Person in and for the aforesaid County, duly authorized to administer oaths CHO less General John Bruss aged 45 years, a resident of House in the County of Modelles 18 and State of July 3, well known to me to be reputable and entitled to credit and who, being daly sworm declares in relation to his claim for pension as follows: My post office address is

Alow hice is a history of the following pension as follows: My post office address is

Alow hice is a history of the following in the following named places:

In unal, 1862 I resided in the following named places:

Berny desired as a facility of the following the period above stated prior to your enlistment.

Accident had my regular home long further throther leaves of desired desired the following further throther leaves of desired before the following the period above stated prior to your enlistment. since my discharge from said service on the 15 day of alone Status Status Bernstot John Bank Bernstot John Mine Buston Buston British Bernstot John St. When resided in Give the name of each place with date of any change of residence. The present time middlesey to must, where I have remained my occupation has been that of a Hours Light first for which I claim a pension arises from In the Alexand Insurable of the area of Months and Control of the area of the ar Give the name and address of each physician employed and the date when each commenced and ceased to treat you. If any of them are in the him ter of 1834 780 laces mader his lever allians 2 on 3 hos the Other, not releveny much his efit; bulled upon Minthe rend on Still tutiony his prescriptuis los white at the doldiers home Oranbled with Blued hurring for which I received Some Budien from the Merenny Ship Walush
Since the origin of the disability for which pension is chimed. I have suffered with the following acute diseases: Hum had no all the dangers of the time when such attacks occurred, their character and violence.) with the about munici Granbles for which I was treated by Dr. Mules Greated us above Atulia for Fromble first minhered

N-66/GW1

ADDRESS BUREAU OF NAVIGATION, NAVY DEPARTMENT,
AND REFER TO NO.



WASHINGTON, D. C.,

January 28, 1913.

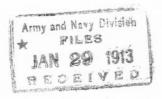
Subject: Pension call (A.& N.Div., Wid.Orig. 994548) of Jan. 23, 1913, relative to Otto M. Geers, alias John Brown.

- 1. Respectfully returned to the Commissioner of Pensions.
- 2. The Chief of Bureau directs me to state that the records of this Bureau show that one John Brown enlisted in the navy March 29, 1862, at New York, for three years, as seaman, served in the U.S.S. "North Carolina," "Fort Henry," "Mita," "Ohio," and was discharged April 15, 1865, as quartermaster; reenlisted May 25, 1865, at Boston, Mass., for three years, as seaman, served in the "Ohio," "Powhatan," "Vermont," and was discharged October 1, 1868; reenlisted December 8, 1868, at Boston, Mass., for three years, as seaman, served in the "Ohio," "Richmond," and was discharged November 11, 1871, as captain of hold; reenlisted January 25, 1872, at Boston, Mass., for three years, as seaman, served in the "Ohio," "Lancaster," "Vermont," "Portsmouth," "Lancaster," and was discharged July 27, 1875, as captain of hold; reenlisted October 18, 1875, at Boston, Mass., for three years, as seaman, served in the "Ohio," "Colorado," "Hartford," "Franklin," "Wabash," "New Hampshire," "Colorado," and was discharged October 15, 1878.
- 3. The records show that the above-named man held continuous service certificate number 509.

U. JAN S.
1913

OFFICE

Commander, U.S.N.



Form No. 61, Commissioner of Pensions Your letter of the Slaman. Drown from the records on file in this Office, worth from that date, to libril Slaman Carolina 1,1862; on the Fort Henry "from april 2,1862, to november 30,1863; on the "nita" from november 30, 1863, to Sepril 4, 1865, and on the Ohio "from april 5, to Sepril 15, 1865, when he may 25, 1865, and served on the "phia" from that plate, to September 30, 1865; on the "Prowhatan" from October 1, 1865, to September 14, 1868, and on the "Vermont" from September 15, to October 1, 1868, when he was discharged.
That a John Brown enlisted, as a Seaman, for three (3) years, we cember 8, 1868, and served on the "Ohio" from that date, to, January 13, 1869; pn the Richmond from January 14, 1869, to november 11, 1871, when he was plischarged. That a John Brown enlisted as a Seaman, for three (3) years, January 25, 1872, and served on the Ohio" from that plate, to march 31, 1872; on the Ports mouth "from Opril 1, To June 27, 1872, and on the Lan-Caster" from June 28, 1872, to July 27, 1875, when he was discharged. That a John Brown enlisted October 14, 1875, as a Seamon, for Three (3) years, and served on the Dhia" from that date, to October 27, 1875; on the "Colorado" from October 28, 1875 to December 1 1875; on the "Hartford" from December 8, 1875; to September 10, 1877; on The Franklin from September 11, to October 3, 1877; on the Wabash "from October 4, to november 14, 1877; on The new Hampshire" from hovember 15, 1877, to Detaber 11, 1878 and on the Colorada from October 12, to October 15,1878, when he was plischarged. The papers inclosed in your letter are here with returned. Very respectfully, your ofedient servant