

AFFIDAVIT.

State of Massachusetts.

County of Middlesex

SS.

In the matter of the claim for an Invalid Pension by Abram G. R. Hale
of Stow in the County and Commonwealth aforesaid,
late a Private
of Company "A" 45th, Regiment Massachusetts (9 months) Vols.:

Personally came before me, a Justice of the Peace in and for
aforesaid County and State, James J. Joshi, citizen
of Hudson, in the County of Middlesex, State of Massachusetts,

whom I believe to be reputable and entitled to credit, and who being duly sworn, declares in relation to
aforesaid claim, as follows: I have personally known said Abram G. R. Hale
for twenty-five years last past. Before his enlistment, I
knew him to be a well man. On his return from the military
service in which he had been engaged I knew that he was sick
and greatly reduced by Chronic Diarrhoea. I know he
assumed he was treated for this ailment by Dr. Winslow
W. Bigelow then of Bolton, an adjoining town, and have every
reason to believe such was the case. Dr. Bigelow was an
Asst. Surgeon in the Army and is now deceased. I know
that the applicant - said Hale - had no health to enable
him to engage in laborious, manual labor of any kind,
and that some three or four years after his discharge he
was nearly two years a low student in my office.

At that time I know he was the victim of Chronic
Diarrhoea and had no health upon which he could
rely and such seems to be his case at the present.
His constitution, I am satisfied, was shattered and
undermined by his service in the Army. I have often
spoken to him about applying for an Invalid Pension, be-
lieving, then and at the time, as I do now, that he is
entitled to one. I have assisted various persons to obtain
Invalid Pensions and feel that this is a meritorious ap-
plication which should receive favorable consideration
from the authorities of the "Pension Bureau".

I further declare that I have no interest in said case, and am not concerned
in its prosecution.

Signature
of
Affiant.

James J. Joshi.

Attest—when any affiant signs by MARK, 2 persons sign here.

(OVER)



Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts, }
County of Middlesex, } ss.

In the matter of the claim for widow's pension
of Julia H. Hale, widow of Abram G. R. Hale late of

of Company A. , 45th Regiment Massachusetts Vols.:—

Personally came before me, a Notary Public in and for
aforesaid County and State, James T. Joslin and
resident of Hudson
in the County of Middlesex, State of Massachusetts, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

I became acquainted with the above named soldier while attending
Groton Academy, Groton, Mass., he being also a student there, in the
year 1854. I have known him intimately from that time until his death
and can state positively that he was never more than twice married, the
second marriage being to the above named Julia H. Hale with whom he
lived up to the time of his death, on the 6th day of December, 1905.



I further declare that I have no interest in said claim, and am not concerned
in its prosecution.

Affiant's Signature,

P. O. Address, Hudson, Mass.

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature,

P. O. Address,

ACT OF JUNE 27, 1890.

BOSTON,

3-402.

Certificate No. 306432

Name Abram G. Hale

Department of the Interior,


BUREAU OF PENSIONS.

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

SIR:

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

Very respectfully,



Commissioner of Pensions.

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

Answer. Yes. Julia H. Hale maiden name Julia H. Kimball

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

Answer. Cambridge Mass. Aug. 30 1872 by Alexander McKensie Combridge

Third. What record of marriage exists?

Answer. Clerks office city of Cambridge

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

Answer. Susan W. Zerner

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

Answer. Yes. Harry H. Hale born December 25- 1876

and Mabel F. Hale born April 4 1885-

Date of reply, June 3, 1898



(Signature.)

0-8

5301b750m1-98

VOL. 245
PAGE 138
No. 195

Commonwealth of Massachusetts

Office of the Secretary.

Boston, June 12, 1906.

I hereby certify That the **MARRIAGE** of Abraham G. R. Hale, of Cambridge, aged 38 years (2d mar.), and Julia H. Kimball, of Cambridge, aged 26 years (1st mar.), solemnized at Cambridge, on the 30th day of Aug. in the year 1872, by Rev. Alexander M. Kenzie, appears of record in this office by duly attested Return of the Clerk of the City of Cambridge for that year.

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

Wm M. Olin

SECRETARY OF THE COMMONWEALTH.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Abraham Garland Randall Hale*, Male Color, *W*

Date of Death, *December 6* 189*5*; Age, *71* Years, *3* Months, *20* Days.

Maiden Name, { If married, widowed or divorced. }

Husband's Name,

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~,

Occupation, *Attorney at Law*

*Residence, { If out of town, also state fully. } *Gleasondale*

Place of Birth, *Stow*

*Place of Death, *Gleasondale*

Name of Father, *Calvin Hale*

Birthplace of Father, *Stow*

Maiden name of Mother, *Hannah Randall*

Birthplace of Mother, *Manchester Mass*

Place of Interment, (Give name of Cemetery), *Brookside Cemetery*

Dated at *Stow Dec 29 1905*
on _____ 189*5* { Signature and place of business of Undertaker }



PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † _____ Age, _____ Y. _____ M. _____ D.

Place and Date of Death, ‡ died at _____ 189*5*

Disease or Cause of Death, § *Pneumonia with chronic Mitral Regurgitation*

Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. }

M. D.

Henry Gates Townble

Date of Certificate, _____ 189*5*

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This Affidavit should, if possible, be in the handwriting of the Affiant; the marginal instructions should be carefully observed before writing out the statement. All the facts in possession of Affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the Affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

NOTES.

The Physician's Affidavit should set forth:—

1st. If he knew the soldier prior to enlistment, he should state the length of time he knew him; how intimately; and what opportunities he had of observing his physical condition, whether as his family physician, or as a neighbor; how near he lived to him. If he knew that he was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated soldier while in the service, either as his regimental surgeon, or while soldier was home on furlough he should so state, giving the nature of the disability, with the date, place, and duration of treatment.

3d. If he has treated soldier since discharge, he should state the date of first treatment; his physical condition at the time, with complete diagnosis of the disability; and the dates and duration of all subsequent treatment.

4th. The extent or degree to which soldier has been disabled for manual labor during each year of the time he has been under treatment or observation should be shown.

5th. If the soldier is dead, the date and cause of death should be fully stated.

In the matter for the Claim for Pension No.

of Julia H. Hale, widow of Abram G. R. Hale alias, Abraham G. R. Hale,
Claimant's name.

late of Company A, forty fifth Regiment, Massachusetts Volunteers,
Company and regiment of service, if in the Army; or name of vessel, if in the Navy.

I, Norman M. Hunter, a resident of Hudson
Physician's name.

County of Middlesex, State of Massachusetts, on oath declare:—

That I am a practising physician; and ~~that I have been acquainted with said soldier for about~~
years, and that ¹⁹⁰⁵ on or about December sixth I was called to attend the
Affiant should here embody all the facts known to him in accordance with the marginal instructions.

late Abram G. R. Hale of Stow, Mass., and on my arrival at his home I found him dead. I myself had never seen the deceased previous to his death and he had no other attending physician. In the certificate of death I stated that death, in my opinion, was due to Pneumonia, basing my opinion on the information received from his widow at my only visit made at the home; I knew and had known

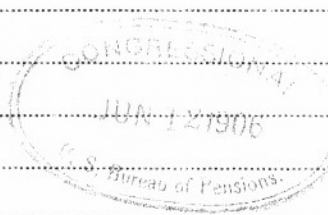
that he had been ill more or less for a few weeks previous to his death and had been taken worse a few days previous to my visit. There was no medico-legal question apparently and there was no post mortem held, as I was satisfied that death was from natural causes.

Since that time additional evidence from neighbors, etc., goes to show that probably I did not assign death to the proper cause.

The undertaker informed me that the liver was very much hardened. The deceased had suffered from attacks, more or less frequently, of which chills, headache and nausea were the main symptoms. In assigning death to Pneumonia I laid stress on the symptom of pain in the right side of the chest, which seemed to be the predominating symptom during the last few days of life.

It is my opinion that the late Abram G. R. Hale died of a mal-arial condition, complicated by valvular disease of the heart.

The latter condition was diagnosed by the late J. L. Harriman, M. D. (also late member of the local board of pension examiners) and an affidavit describing the same executed by him about a year before the deceased's death.



18
1905



Commonwealth of Massachusetts.

PENSION DEPARTMENT,
STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,

County of *Middlesex*

ss.

In the matter of the claim for *widow's pension*
of *Julia W. Hale widow of the late Abram G. R. Hale*
alias Abraham G. R. Hale, late
of Company *A*, *45* Regiment *Mass* Vols.:—

Personally came before me, a *Notary Public* in and for
aforesaid County and State, and

Jay W. Herrick, resident of *Hudson*
in the County of *Middlesex*, State of *Mass*, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

that on the sixth day of December 1905.
I was summoned to the house of the
late Abram G. R. Hale to prepare his body
for burial. In embalming the body I felt
in the region of the abdomen, as I usually
do to ascertain whether or not there are
cancer tumors or other enlargements,
I discovered that the liver was very
much hardened, which fact I subsequently
mentioned to Norman M. Hunter, M.D.

I further declare that *I have* no interest in said claim, and *am* not concerned
in its prosecution.

Affiant's Signature, *Jay W. Herrick,*
P. O. Address, *Hudson Mass.*

Attest—when any affiant signs BY MARK two persons sign here.

Affiant's Signature,
P. O. Address,



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

DECLARATION FOR WIDOW'S PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of Middlesex } ss.

On this seventh day of June, A.D. one thousand nine hundred 05
personally appeared before me, a Notary Public

within and for the county and State aforesaid, Julia H. Hale

aged 59 years, who, being duly sworn according to law, makes the following declaration in order

to obtain the Pension provided by Acts of Congress granting pension to widows: That she is the widow of

Abram G. R. Hale, alias Abraham Hale, who, under the name of Abram G. R. Hale

was enrolled in Company A. of the 48th Regiment of Mass.

on or about the 26th day of September 1862, who was discharged on or about the 7th

day of July 1863, who died on the sixth day of December 1905, at

Storrs in the State of Massachusetts his death resulting from disability

contracted in the service aforesaid (that he was a pensioner of the United States under certificate No. 306453,

or, he was an applicant for invalid pension No. _____); that she was married under the name of

Julia H. Kimball to said Abram G. R. Hale on the

30th day of August A.D. 1872, at Cambridge, Mass. by

Alexander McKimball there being no legal barrier to such marriage; that neither she

nor her husband have been previously married were husband previously married
[If either have been previously married, so state, and give date of death or divorce of former spouse.]

to Susan W. Tower who died May 7, 1867.

that she has to present date remained his widow; that the following are the names and dates of birth of all his legitimate children yet surviving who were under sixteen years of age at the father's death, viz.:

_____ of soldier by _____	, born _____	18 _____	, at _____
_____ of soldier by _____	, born _____	18 _____	, at _____
_____ of soldier by _____	, born _____	18 _____	, at _____
_____ of soldier by _____	, born _____	18 _____	, at _____

That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance
[For such children as are not under her care claimant should account.]

that no prior application has been filed by herself or said deceased, except as above stated; that she has not in any manner engaged in, or aided or abetted, the rebellion in the United States.

That she hereby appoints, with full power of substitution and revocation, J. B. Parsons, Deputy Commissioner of Pensions, State House, Boston, Mass., her true and lawful attorney to prosecute the above claim without fee.

That her residence is No. _____ Street, in Sturson Mass.
and that her Post-Office address is Glendon Mass.

ATTEST: _____
[Claimant's signature.] Julia H. Hale

[If claimant signs by mark, two persons who can write sign here.]

AFFIDAVIT.

State of Massachusetts,

County of Middlesex

ss.

In the matter of the claim for Widow's pension
of Julia H. Hale, widow of the late Abram G. R. Hale late of

of Company A, 45th Regiment Massachusetts Vols. :—

Personally came before me, a in and for
aforesaid County and State, Julia H. Hale and

, resident of Hudson

in the County of Middlesex, State of Massachusetts, who being
duly sworn, declare in relation to aforesaid claim, as follows:—

that I am the widow of said Abram G. R. Hale alias, Abraham G. R. Hale, having been duly married to him on August 30, 1872. I was the only person present at the time of his death, which occurred very suddenly on the 6th day of December, 1905. My husband has been an invalid ever since I have known him. His principal disabilities were malarial poisoning, chronic diarrhoea, heart disease and inguinal hernia. The first two mentioned disabilities he contracted, so he repeatedly told me, while serving in the late Civil War. I have previously made affidavits as to his condition, covering a period from the date of my marriage to him up to the year 1890, which are on file in the office of the Pension Commissioner. During recent years these disabilities have increased materially and he has had more frequent and more severe attacks of malaria and diarrhoea (as well as an increasing disability from disease of the heart) than formerly. About three weeks before his death he suffered a severe chill followed by sweating and nausea as a result of which he was confined to his bed and thereafter was unable to undertake any continuous work, gradually losing strength, which fact was especially noticeable after each chill of which there were several, until the time of his death. He also complained of loss of appetite and of being very weak. His tongue was heavily coated and his breath very foul. These symptoms were essentially the same as in previous attacks. During the last two nights of his sickness he suffered severe pain (although he had complained of pains before) which he said were in the region of the abdomen and, on the night immediately preceeding his death, he called for an abdominal band which he had used occasionally when suffering from local pains. He seemed better in the morning of the 6th of December 1905 (on which date he died) but, upon recommendation of Mr. Nathaniel Southard, a nurse who attended him during these last two nights, I sent a message by him, when he left early in the morning, summoning Norman M. Hunter, M.D., of Hudson, Mass. This physician, however, did not arrive until some time after my husband died. At about 10 A.M. I bathed his face and hands in warm water. When I had finished I removed the basin of water to a table near by. As I turned away, I asked him if he did not feel more comfortable after the bath. He made no answer and, having set the basin down, I turned around to look at him and discovered that his head had fallen back upon the pillow, his eyes had closed and his face had become blanched. I seized his arm and felt of his pulse but there was scarcely any vibration. I had heard him utter no sound whatever as he expired. When Dr. Hunter came I related to him the facts substantially as I have above, although not so much in detail as his stay was very brief, his examination of the body having very soon satisfied him that life was extinct.

In reference to obtaining proof of the death of Susan W. Hale, my husband's former wife, who died at Bridgeville, Delaware, on the ninth day of May, 1887, as he stated to me on more than one occasion, I have written to the Town Clerk of that place, asking for a copy of the record showing the date of her death and learn that there is no such record, owing to the fact that it was not obligatory in that state at that time to keep such records. I have also communicated with the Town Clerk of Petersham, Mass. to learn whether there is any mention of her death on the records of that town. He states that there is none.