Coler, Law B.

File acceptaces fassible

CLARATION FOR WIDOW'S PENSION -AMENDED BY ACT OF SEPTEMBER 8, 1916, AND ACT OF MAY 1, 1920. , County of Middlesex , 19. 20, personally appeared before me, a On this. .day of. within and for the County and State aforesaid, Susan A. Hall who, being duly sworn by me according to law, declares that she is... years of age and that , 1845 , at ... That she is the widow of. at Camp Chase under the name of. E 26th Massachusetts Vet. Volunteers (Here state company and regiment, if in the Army; or vessels, if in the Navy.) , 1865, having served ninety and was honorably discharged..... days or more or was discharged for or died in service of a disability incurred in the service and in the line of duty during the Civil War. That he also served. (Here give a complete statement of all other military, naval, or coast guard service, if any, at whatever time rendered.) That she was married to said soldier (or sailor) under the name of Busan a. Wetherbee by Rev. West action that she had not been previously married; that he had not been previously married (Here state all prior marriages of either, and give the names and dates and places of death or divorce of all former consorts.) and that neither she nor said soldier (or sailor) was ever married otherwise than as stated above. (If any former husband rendered military or naval service, here describe same and give number of any pension claim based thereon.) That said soldier (or sailor) died November 18, , 1 920, at N. E. Descroness Hospital mass.; that she was not divorced from him; and that she has Boston remarried since his death. That the following are the ONLY children of the soldier (or sailor) under sixteen years of age, NOW living, namely: ., 1... .., born. That the above-named child...... of the soldier (or sailor) { is are }now receiving a pension, $\left\{ egin{array}{l} \mbox{is a} \\ \mbox{are} \end{array}
ight\}$ member.....of her family and..... and that such child...cared for by her. That she has not heretofore applied for pension, the number of her former claim being. a pensioner, the number of his pension certificate being ///0/160 that said soldier (or sailor) was...... That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the ACT OF APRIL 19, 1908, as amended by the ACT OF SEPT. 8, 1916, and ACT OF MAY 1, 1920. That she hereby appoints.... M. Elliott Waggaman & Co., Washington, and lawful attorney to prosecute this claim. (Signature of first witness.) fires Subscribed and sworn to before me this... ..day of... 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... (SEAL) or or or plant eq SE WIGO PAS OF SE ENGO: Act of Many 1 (SEAL) Ver of act of May as to execution,

GENERAL AFFIDAVIT.

State of Massachusetts \	
County of	
ounty of	
In the matter of claim for Susan A. Hall, Wid. of Delette H. Ha	11,
Co.E.26" Mass. Vet. Vol.	
(Full name and relationship of claimant, and name and service of soldier.)	
Personally came before me, a	in and for
foresaid County and State, Susan A. Hall, aged_	
esiding atWest Acton,, County of	, State
f Mass. , and	aged
years, residing at, County of	
tate of, who, being duly sworn, declare in relation to	the aforesaid
ase as follows: As to the members of her family who served in	
War nearer then cousins or nephews with the name, relation	nship and
service she states in full as follows:	
	2. 8. 1
Howard Wesley Hall Grandson 317 Fiel Battalion	a rignal
Battalion	Co. C.
As to whether the claimant Susan A. Hall ever applied for	or received
compensation for the service of any relative who was in	the World War
she states in full as follows:	
That she never did apply for or rece	we
compensation for the service of any relative who	was
in the assorld War.	-44/6
the state of the part of the state of the st	DEC
She further declare athat she has me interest in said case and	21
Shefurther declare sthat_she_has_no interest in said case, andi oncerned in its prosecution.	S. S
If either affiant sign by X mark, two persons who write their names MUST sign here as witnesses thereto.	CE.
Lat. 18, was and 1 hereby marthy that the noncours of Modroscons and was a mineral	120028-00
(Name of one witness to X mark.) Signature of Susan A. Hall	
Affant, or of	
(Name of other witness to X mark.)	- d
	10

Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

CERTIFICATE OF MARRIAGE

FROM THE RECORDS OF MARRIAGES IN THE TOWN OF Actor

MASSACHUSETTS, U. S. A GROOM. Color-White Residence Residence Occupation Occupation Place of Birth Place of Birth Name of Father Name of Mother Suc No. of Marriage Place and Date of Marriage depose and say, that I hold the office of Town Clerk of the Town of County of Atellalesep 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 true extract from the Records of Marriages in said Town, as certified by me. WITNESS my hand and the Seal of said Town, on the

1. "/			H
East	3-389.	and the same	·
Marin No. 1335	1-05		, Ex'r.
Deletter il Wal		nt of the Inte	erior,
by. £ 26, Mas	Dod In BUREA	U OF PENSIONS	ò,
	Washington,	D. C., May 25	, 190.5
	r, at your earliest convenience, future use, and it may be of Very respectfully,		elow? The
Mr Delette 14	Wall	V. Wa	rues
PO, Cup 62 1	Vest actor	Con	nmissioner.
	Mass.		
	ried man? If so, please state yo		aiden name.
VEST action.	and by whom were you married Per Mr Luc of marriage exists? Answer:	e of westford	Mass
No. 4. Were you preate of the marriage, and	viously married? If so, please the date and place of her deat your answer include all former	th or divorce. If there was	
3	•		11104 (110 100g & 24g 1100 (100 100 100 100 100 100 100 100 1
No. 5. Have you and orth. Answer: Busto	y children living? If so, please Me Lo, Hall B am Hall	e state their names and the description Sept. 13-16	
w a	Janey 10 tel	a wyr/22-1	
Λ			
Date of reply,	e 6th, 190.5	Delette H. H.	eller
	. υ−2	(Signature.)	(0, 10
			0,190
			FIC

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,

DELETTE H HALL WEST ACTON MASS ACT MAY 1110160

Commissioner.

The name of organizations in which you served? No. 2. What was your post office at enlistment? No. 3. State your wife's full name and her maiden name. No. 5. Is there any official or church record of your marriage? If so, where? Answer. 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. 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. State the names and dates of birth of all your children, living or dead.

CHARLES B. STONE 53 TREMONT STREET TELEPHONE ONNECTION

BOSTON, MASS., May 13, 1905.

This may certify that on the twelfth day of May, I905 an old family bible which was published in I840 and had the appearance of age and wear was shown me by Delette H. Hall and I saw recorded therein the names of his father and mother Enoch Hall and Emeline Hall and nine children among them was the name of Delette H. Hall, born March 20, 1843. The records were plainly written and showed no signs of any alteration or changes.

Shat. B. Stone Justice of the Peace

Sworn to before me this 13th day of May, 1905.

Louisa C. Evans

SPECIAL COMMISSIONER, PENSION DEPARTMENT, STATE HOUSE,

BOSTON, - - - MASS.

CERTIFICATE ON FILE



of N

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

	State of Massa cliusetts
.,	County of Middlesry 88.
	On this 2 1st day of Fibruary, A. D., one thousand nine hundred and Sevin,
	personally appeared before me, a further fthis Prace within and for the county
	and State aforesaid, Drestly W. Hall , who, being duly sworn according to law,
	declares that he is 63 years of age, and a resident of west acta-
	county of Zunoldles vy , State of Zunsacleus th; and that he is the
	identical person who was ENROLLED at Lowell Might under the name of
	Driette J. Sall , on the gan day of deficulter 1861,
	as a Trivate in Company & 26 mars bolunten bulante
	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 Cewil war, and was Honorably Discharged
	at hour force da (State name of war, Civil or Mexican.) on the day of January, 18 by
	(Hefe give a complete statement of all other services, if any.)
	folimiters Infantry and was discharged at - windersten Va
	april 14 0885
	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, fire feet 9/2 inches; complexion, fair, sight from; that his occu-
	pation was form in that he was born March 20 1883
	at Bollo- mass
	That his several places of residence since leaving the service have been as follows:
	date I discharge to Instal date at west achin ma
	date of discharge to Instul- Date at- West arling Ma (State date of each change, as nearly as possible.)
	That he is a pensioner. That he has heretofore applied for pension
	That the rumber this frusion certificate is = /110160
	(If a pensioner, the certificate number only need egiven. 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.
	He hereby appoints F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State
	House, Boston, his true and lawful attorney to prosecute his claim (Without fee);
	That his post-office address is west-are , county of middles y
:	State of marsachustto of elter of the
	(Claimant's signature in full.)
	Attest: (1)
	(2)
	Also personally appeared Edwin C. Parker, residing in West aclai
	and Sligabith S. Brker, residing in west action, 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 Delette H. Hall , 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 40 years and 3 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.
C	A. Guddy Edwin C. Parkin
ď į	ate. Chief. law Duck 80. 1.14 8 P. 6
	(Signatures of witnesses.)
	Char Street of Street and sworn to before me this 2/8t day of February D 190
r	and I hereby certify that the contents of the above declaration, etc., were fully
	madicoknown and explained to the applicant and witnesses before swearing,
	-including the words , erased,
1	Chief, Law Division. (Signatures of witnesses.) Chief, Law Division. (Signatures of witnesses.) Chief, Law Division. (Signatures of witnesses.) (Signatures of witnesses.)
	allen Brooks Parker
	Lustrez Has Bacz
	100- 1 Justile & the race

East Div.	3-417.		<i>h</i>
Clamin No /335495	o		MML Extr.
Delette He. He all	Department	of the ?	Interior,
60, 9, 26, Mass Vos Sup	BUREAU	OF PENSI	CONS.
***************************************	Washington, D	. C., May 2	_5,1905
SIR: To aid this Bureau in preven in your name, or on account of your se			
below. You will please return this circular	r under cover of the inclose	d envelope which r	equires no postage.
	Very respectfully,		
Mr. Delette le Yall	7	2/7	Vary
P.OGJ 62 West acti	Ty.	Van de la constant de	Commissioner.
Man	12 m		
	march 20 -	1843	
1. When were you born? Answer	12 01-	Mass	
2. Where were you born? Answer.	0 8 11.1/19	1861-m	ustericinto U.S. Lenoido
3. When did you enlist? Answer.4. Where did you enlist? Answer.	0 0000	Ma	22
5. Where had you lived before you en		est acto	n Mess
6. What was your post-office address:	()	vest acto	m Mass
7. What was your occupation at enlis	4	agner	
8. When were you discharged? Ans	0.//- 12/	1865	
9. Where were you discharged? Ans	swer. Wincho	sler Va	
10. Where have you lived since dischar	ge? Give dates, as nearly a	as possible, of any c	hanges of residence.
	Answer. Wooden	12 mas Mas	Aartiner
11. What is your present occupation?	7		1 0 /
12. What is your height? Answer. The color of your eyes?	feet / O i The color of your ha	7 4	Your complexion?
	permanent marks or scars of Name D, H. Ha		A Lucial
//		0	
13. What is your full name? Please v			er in which you are
accustomed to sign it, in the pre	sence of two witnesses who	can write.	C'A
	6/ 1 th	42000	20 2
	Devel	c 06, 169	1900
2	. 0		1 PICE
(1. Quagene L.	Hall	Munord	4
WITNESSES: (2. Odgar 76)	Hall Dat	e: 1/W/W6?	, 190.0
Witnesses who can	write sign here.]	V_{0-2}	

From 171/2 West acton mass Nov. 26.19 Commissioner of Pensions FINANCE DEVISION DINGTON D. 6. BUREAU OF PENSIONS) ear Sir: My husland, Delette H. Hall who served four years in the Civil War as a prosts and Commissary Sergt Co. E 26 & Regit. Massachusetts Vet. Volunteer passed away Nov. 18. 1920_ Kindly, send me two application blanks for widows pension_ and information I may need.

also kindly advise me in regard_ the quarterly pension of husband due the first week in December am lentitles to any or all of this ? Avere form hindly send me two copies of the blank forms required and oblige Pension Certificate Mrs. Susan a Hall #/110160