	43 · 11 · 11 · 11 · 11	
- WY MAN		Mal Ex'r.
C.J. 1316,972	openiment of th	e Interior.
Arthur A. Hart		**
co 13 1 mon 160. 4 rty	REAU OF PE	NSIONS,
,	Washington, D. C. June	16 , 1904
Sin: To aid this this an in proventing in your name, or sure that it is provented below.		
You will please a turn this circums us		hich requires no postage.
Mr. Arthur A. Start	D. L.	Commissioner.
Muddlesex Ci - 7	than -	
1. When were you bear and a A	Dicember 29, 18	3 3
2. Where were you laser a discourse and a	fra Camaa Co	n. G.
3. When did you onlist: An wer	Sift 30	
4. Where did you enlast to sweet B	aldwinsvilla, Ono	ndaga Co. M. y
5. Where had you if the common patient		
5. Wint was your part of the other, or on		
7. What was year or near to an abilition	~ P	
S. When were you discharge it was were		
9. Where were you discharged a stasswer,		
10. Where have you "that shee alkalangers	Give state, as nearly as possible, of	any changes of residence.
Fra h. Y. till Dec, 1864,	Question Cortland Co. 19	Nec. 1864 & Mar. 1869,
Bolton, Noveester Co. Mass. Mur.	sty to July 1873, West Cu	Non muldlesex Con mass.
11. What is your pres of separation " An	none.	
13. What is your head ? Answer for	Control inches. Your	weight? // 2.
11. What is your pres in semiperious from The color of your year from Small Small Sear in mission 12. What is your fall same? Small Sear in mission 12. What is your fall same? Small Sear in mission writer	The color of your hair? Grac	Your complexion? 17 No., describe them.
12 What was a state of music	a of right was du	aufunges in night hand
		nanner in which you are
accustomed to sign it, in the presence		
WITNESSES: (1Daniel W.J., 2. Kate C. Tho	Anthur A	Hart 20
		1984
OK IAN.		1900.00 /
WITNESSES: Waniel WJ	Kompson Jun	8/17 10014
(2. Kate C. Tho	sign bre.]	, 190.27

Commonwealth of Massachusetts.

- CERTIFICATE OF DEATH

DEATH.
Cown of Action August 8 1911 190.
J. Horace. F. Taille, hereby certify
that I have examined the Records of Deaths in said Town and find recorded
therein the death of Arthur Alongo Hart
The record is in the following words and figures, to wit:
Date of Death, July 29 1911
Name & Surname of Deceased, Altry Hongo Hart
Name & Surname of Husband,
Name & Surname of Husband, Sex, 2 nale Color, estate Condition, married
Age, ZZ Years, Z Months Days
Disease or Cause of Death, Apoplery
Residence, Actor (West)
Place of Death, Actor (West)
Place of Burial, 'M Hope bem West Action
Occupation, Retired
Place of Birth, Da. New York
Name & Birthplace of Father, foundails Hart from Comm
Name & Birthplace of Mother, Harissa Dickenson Conn
I, Horace. F Juttle above named, depose
and say, that I hold the office of Town Clerk of the Town of Actor
in the County of Meddleses
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 Deaths in said Town, as certified by me.

Witness my hand and seal of the said Town

on the day and year first above written.

I CERTIFY, that I have carefully examined the said Company, and find him incapable of performing the duties of a soldier because Form 12, p. 269, Med. Dept. Gen. Reg.)

Discharged, this

probable case for pe where the soldier

of disability.

nonths said soldier has been unfit for duty

hair, and by occupation

when enlisted a

0

days.

on Form 12, p. 269, Medical Dept. Gen Reg.)

During the last two

2 mm 1 1 1 2 mm	3389.		0	~ 1	
Div.			Att	Ex'r.	
thur A. Hart	epartm	ent of t	the Ir	rterior,	9
B 1 - Man Arte	BURE	AU OF F	PENSIC	NS,	
0.13, 1 Regit 160, Arty	Washingto	n, D. C. 21	111/1	190	1
Will you kindly answer, at your eanformation is requested for future use, a	arliest convenien	nce, the question of great value	ns enumerat to your fam	ed below? Thilly.	
m. Arthur A. Start,			Oa	Commissioner.	
middlesex & n	1023 -				
No. 3. What record of marriage extremely for the fublished record of the No. 4. Were you previously marriate of the marriage, and the date and me previous marriage, let your answer	xists? Answer: Hast fum ied? If so, plea place of her d	Marria ily, ho i see state the na leath or divorce	ge certification for the second secon	former wife, t	she
No. 5. Have you any children liv					
Minnie Rache William Park Emma Jane	& Harh	(now How	er) bom	march	/. F
Emna Jane	Hash			Dec 2	HE
				(1)	
Date of reply, June 17	, 190.	1 -	1	1 80	,
	v-2	Arl	(Signature)	A, O Cax	2

This Certifies That on the 1st day of annauguin the year of our Lord one thousand leight hundred and Lixty three, Culture a. Hart of Ira, Cayaga (mounty and Harriel . Sacker of Freetown, took. County were of me united in manuage ut the Residence of K. L. Hurt. in Tue town port. Janty according to the saws the State of n. Cork Ow. a. Calpun Vitnesses Home My wincen Catherine Mig atman

I he above is a true copy of the certificate It How. we low & within a task. Leinem V. Hach

. ston.

sectice The Juca



Commonwealth of Massachusetts

PENSION DEPARTMENT, STATE HOUSE, BOSTON.

The same area and a same area	IDAVIT.
State of Massachusetts,	
County of Luffith 88	? .
In the matter of the claim for	1121.82
or tarthur to Hoard	
of Company B , / Regiment	W. J. tertillery Vols
I'ersonally came before me, a	in and for
aforesaid County and State, Louisa	// •
720	, resident of Cambridge
	, State of Mass. (who being
duly sworn, declare in relation to aforesaid claim	
	hea in 1875, the
I doning white ballie ar	
" Harthur Ho.	Cark, Ira, N. y. son
of Were diala Plant +	Clauses Dicherson
Non december 29 th	1833.
	Means to be germine
+ I believe is it.	Annual con an annual contract to the contract
	/
	<u> </u>

	14.0
I further declare that I have	— no interest in said claim, and and concerned
	J 1. E
I further declare that I have	- no interest in said claim, and am not concerned Afflant's Signature, Longe & Emans
I further declare that I have	Afflant's Signature, Lonnes Le Evaus P. O. Address, SPECIAL COMMISSION DE PARTIE
I further declare that I have	P. O. Address, Special State House
I further declare that I have	Afflant's Signature, Lonnes & Evans P. O. Address, SPECIAL COMMISSION OF PARTY.

[OVER.]

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

<u></u>		and the same of th	
State of Ma County of Mids	11		
County of Mids	dlesex 88.		
		one thousand nine hundred and	even
on this day	ro mo a untine	L. Leace within and f	or the county
and State of crossid	12 theres (1. Hrys	, who, being duly sworn acco	ording to law.
declared that hair 7.3	wears of are and a resident of	f test actions	
county of Manager	State of	mass; and cler h. F. under	that he is the
identical person who was	ENROLLED at Lescons	der F. F. under	r the name of
Central (on the	e 13 day of Site ion	1861.
as a Private	in 100 '	npany and regiment in the Army, or vessels if in the	ark
Volumes	Lunt autill	22	
in the service of the Unit	ted States, in the Cive	war, and was HONORABL	Y DISCHARGED
at Washingto	on the	Civil or Mexican.) A day of Manage	, 1862
That he also served			
	(Here give a complet	te statement of all other services, if any.)	
That he was not employed	ed in the military or naval ser	vice of the United States otherwise	than as stated
1 0		as follows: Height, Juic feet pe	
		; color of hair, dark ;	
pation was a seco	: that he	was born due 25	1833
at low new!	ork . Enoudage .	-17	
That his several nla	ges of residence since leaving th	ne service have been as follows:	True tud.
1 11 de 186 5	t. thee town 1. 9	undi It & Rollon	musical
- wanto occino	(State date of each change, a	as nearly as possible.)	
	nus 1273 &		
That he is now a	pensioner. That he has	heretofore applied for pension	***************************************
(If a pensioner, the cer	tificate number only need be given. If not, g	$\mathcal{J}_{m{\cdot}}$ (ive the number of the former application, if one wa	s made.)
That he makes this	declaration for the purpose of	being placed on the pension roll	of the United
	ons of the Act of February 6, 19	7. Commissioner of State Aid and I	Panaiana Stata
	and lawful attorney to prosecute		Cholons, Suite
That his nost-office	address is thest we	ton , county of me	takes.
State of Massa		, county of	,
		8/1/mi 24) (a	2 (
Attest: (1) Emm	That	(Claimant's signature in full.)	
` ,	J. Hart		
Also personally apr	peared (Lynny, soft	art, residing in shest	ucton mus
and Eddie	Hart residing in	Medford muss, pe	rsons whom I
certify to be respectable	and entitled to credit, and	who, being by me duly sworn, say	that they were
present and saw Lu	then U. Hach	the claimant, sign his name (or n	nake his mark)
*		on to believe, from the appearance of	
		15 years, respectively, that he	
person he represents hin	aself to be, and that they have a	no interest in the prosecution of this	claim.
		E	21+
	00,	Erma S. 200	
07 P1.30 40		Ella (Signatures of witnesse	21
1876	3	-	
SUBSCRIBE		22 day of Tebruary	
		contents of the above declaration, end to the applicant and witnesses b	
	including the words		erore swearing,
[L. s.]	and the words	. / /	, added;
[7, 8,]		irect or indirect, in the prosecution o	200,1100)
216 /			/ 1/ 190
Con fall at	Tureau fleusion	us from J. Orago	~ V
wh Washin	Gereau Stension	ustice of the	Leuce-
6-803	1	(Official character.)	0 %
5 - 500		, Targan ave, 1	nearow. The

	3-447.		. /
ARMY Division.	American - mb	Just	Ex'r.
O. J. No. 1316, 972	D-1 300		ior,
Archur Astart Co. B. I Reg't U.S. Arly	BURBAU OF		
	Washington, D. C.		
SIR: To aid this Bureau in preventing an in your name, or on account of your service, y below.			
You will please return this circular under	cover of the inclosed env Very respectfully,	elope which requires no	postage.
Mr. Arthur A. Start Mast actou	Ov	Wase	- issioner.
Muddlesey Ce - M	ass -		
1. When were you born? Answer.	cember 29.	1833	
2. Where were you born? Answer.	a, Cayuga	Co n, y.	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. When did you enlist? Answer.	Sept. 30, 1861		••
4. Where did you enlist? Answer. Bax	Edwinsville, (Onondaga Co.	ny
5. Where had you lived before you enlisted?	Answer Ira. h.	4 x Freetown	n h.T
6. What was your post-office address at enlist	ment? Answer Fr	cetown h'	y
7. What was your occupation at enlistment?	Answer Fan	mes/ "	
8. When were you discharged? Answer		862	
9. Where were you discharged? Answer		50 LOC	
10. Where have you lived since discharge?	//		ogidonao
Ina n. y. till Dec, 1864, B		_ '	
Bolton, Horcester Co, mass mue 18th			
11. What is your present occupation? Answ	er. none.		
12. What is your height? Answer. five The color of your eyes? gray fair Are there any permane	feet five inches.	Your weight?//	5lbs.
The color of your eyes? gray	The color of your hair?	gray Your com	plexion?
fair Are there any permane	nt marks or scars on you	r person? If so, descri	be them.
Small Scar on misids	of right wish	- Little finges on	sight 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 w	vrite.	PENSION GO
	Arthur	A. H.	1UN C
	lysvaw-	01,001	1904
WITNESSES: { 1Daniel WJ.	Compson (1	CEICS.
WITNESSES: { 1Daniel W.J. } 2. Aate b. Thor [Witnesses who can write sign	Date:	0-2	., 190.4

ARMY OF THE UNITED STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

		(To be used, in dupfleate, in all cases of discharge on account of disability.)	no ofe no
		Continuer a Hart, of Capt	ain K. W., Vellett
		Company, (B) of the M. act Re	egiment of United States
		Volunties was enlisted by Case R. 29 Pett	of of
		the MA Regiment of N. Y. art at Baldwy	is ville My
		on the 2 3 day of Silet 1861, to serve the	Cyears; he was born
		in Cayuga Co. in the State of New York is the	enty light
		years of age, five feet five inches high, dark comple	xion, Va Keyes,
		Mark hair, and by occupation when enlisted a	During the last two
		months said soldier has been unfit for duty 30. days. (Here consult directions on Form 12, 1	p. 269, Medical Dept. Gen Reg.)
	W.		
,	oly,	Onite Miles	11111
(Se	20	STATION: Camp Vrany Ml Mi DATE: Jan 4 1862 advisor	Markey L
S.	8	DATE: Jany 4 1862 agril	Jommanding Company.
Ja.	41	- Ott 1 H	ust !
&	•	I CERTIFY, that I have carefully examined the said Curthus a	of
2	M	Captain / Defitted Company, and find him incapable of performing the d	luties of a soldier because
Z.	9	of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)	culus Misusa
o h	h	of the Lungs	
KI	L		
b)	'n		48 1-
2	1		Thousands.
			Surgeon.
		DISCHARGED, this 17 th day of Lawy 186	2, at bashington
		" Sa	Barly men
			Commanding the Post
		Note 1.—When a probable case for pension, special care must be taken to state the degree of disability	ity.
		Note 2.—The place where the soldier desires to be addressed may be here added.	

Town-

County-

State-

[GOV. PRINT. OFF., Oct., 1861.]

(DUPLICATES.)

Commonwealth of Massachusetts.



___ CERTIFICATE OF DEATH.__

· ·
Cown of Action August. 8 1911 190.
J. Horace F Tuille, hereby certify
that I have examined the Records of Deaths in said Town and find recorded
therein the death of Arthur Alongo Hart
The record is in the following words and figures, to wit:
Date of Death, July 29 1911
Name & Surname of Deceased, Author Alengo Hart
Name & Surname of Husband,
Sex, male Color, estate Condition, married
Age, Years, Months, Days.
Disease or Cause of Death, Apoplery
Residence, Actor (Nest)
Place of Death, Actor (West)
Place of Burial, Mt Hope Cem West Action
Occupation, Retiged
Place of Birth, Ma New York
Name & Birthplace of Father, Noalschiel Hart Avon Comm
Name & Birthplace of Mother, Clarissa Dickenson Conn.
I, Horace. F. Tuttle above named, depose
0 -
and say, that I hold the office of Town Clerk of the Town of
in the County of Meddleses
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 Deaths in said Town, as certified by me.
Witness my hand and seal of the said Town
on the day and year first above written.
Horace. of Jutte
Town Clerk.
*

ARMY Div. Sull Ex'r.
arthur A. Mart Department of the Interior,
Co.B., Reg't Mis. Arty act of June 27, 1990 Washington, D. C. June 10 1904
Washington, D. C. Jack 190. 190. 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,
Mr Archer A. Start, DI Was Commissioner.
Middlerey Co Mass -
No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name. Answer: Harnet Philetta Hash maiden name Hagnet Skilette.
No. 2. When, where, and by whom were you married? Answer: Jan. 1. 1863 at Freetown, Cortland Co. New York by Per. a. Galpin
No. 3. What record of marriage exists? Answer: Marriage certificate in my possessulse published record of the Hast family, no town record
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:
Mymie Rachel Hash (now Hoar) bom march 1, 1865
William Garker Harh " Och 8, 1868
Emma Jane Hash " Dec 24 1874
IUN S
Date of reply lune 17, 1904 Arthur A, Sackfice.
(Signature.)

This Certifies the year on the sold one thousand leight hundred and Lixty three, arthur a. Hart of Ira Cayuga County County were by me united in manage at the Residence of Q. L. Dart in Freetown Cost. County according to the Laws n. York Watnesses Homer Mightman fatherine Hightman The above is a true copy of her marriage, now in the possession O. Hart. widow of arthur a. Hart. Certificate filed to William C. Hart cover date. Justice of the Juce S. A. CUDDY, Chief, Law Division.



Commonwealth of Massachusetts

PENSION DEPARTMENT, STATE HOUSE, BOSTON.

AFFIDAVIT.

State of Massachusetts,	
County of Suffolk SS	3.
In the matter of the claim for.	ension
of Agrillow Ag Hart	
of Company , Regiment	N. y tartilley Vols.:-
Personally came before me, a Shee	. 1
aforesaid County and State, Journa	le Eraus
7	resident of lambudge
	, State of who being
duly sworn, declare in relation to aforesaid clar	im, as follows:
Hart Lamily Mublis	hede in 18751 The
following white bappear	2;
"Acretime, Ao 8	Cart Ira N. y. son
of Woadiah Reart +	- Claussa (Duhiluson)
That the seemen	1833
+ I believe is consider	pre are so ve genuine
	,
	OENO
	(U, 24 ()
	1904 0,
	LEIGE.
I further declare that I have	
	no interest in said claim, and am not concerned
in its prosecution.	no interest in said claim, and an not concerned
in its prosecution.	Affiant's Signature, Louise le Evaus
in its prosecution.	Affiant's Signature, Louise le Evans P. O. Addressificate on file to cover dans MISSIONER,
in its prosecution.	Affiant's Signature, Louise le Evans
in its prosecution. Attest—when any affiant signs by MARK two persons sign here.	Affiant's Signature, Louise le Evaus P. O. Address, if icate on file to cover dammissioner, of execution. STATE HOUSE

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

5	
State of Ma	
State of Ma County of Mid	desep \88.
On this 2 2 de	ay of February, A. D. one thousand nine hundred and Seven,
personally appeared before	ore me, a fustice of the leace within and for the county
and State aforesaid,	
declares that he is 7	3 years of age, and a resident of Kest actor
county of middle	lesep, State of mass; and that he is the
identical person who wa	s Enrolled at describer 7. J. under the name of
arthur a.	Hash, on the 13 day of September 1861,
as a Private	in too G. I" Regiment new York
Volunteer	(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
in the service of the Un	to delete in the Civil war and was moved in the
at Washing	war, and was Honokably Discharged State name of war, Civil or Mexican.) on day of January, 1862
That he also served	, 01 010
That he also served	(Here give a complete statement of all other services, if any.)
	red in the military or naval service of the United States otherwise than as stated
above. That his person	nal description at enlistment was as follows: Height, fine feet fine inches;
complexion, fair	; color of eyes, grey; color of hair, dark; that his occu-
	mer ; that he was born due 29 1833
it sa new	York, (Onondago Co)
That his several pl	aces of residence since leaving the service have been as follows: Fa 7. 7.
nitic nec. 106.	4, Fuctown n. Y. until 1869, Bolton, Mass until
rest action	muss 1873 to date
That he is now a	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(If a pensioner, the ce	rtificate number only need be given. If not, give the number of the former application, if one was made.)
That he makes this	s declaration for the purpose of being placed on the pension roll of the United
	ons of the Act of February 6, 1907. ons F. A. BICKNELL, Deputy Commissioner of State Aid and Pensions, State
	and lawful attorney to prosecute his claim (Without fee);
	address is thest acton, county of middleses,
State of Massa	
	Asthur at Marl
Attest: (1) Emm	(Claimant's signature in full.)
8//	10 Ho 1-
(2) O \mathcal{U} \mathcal{U}	7. avano.
Also personally ap	peared Emma & Hart, residing in Shest action mu
and Ella J.	Hart, residing in Mudford Mass, persons whom I
certify to be respectabl	e and entitled to credit, and who, being by me duly sworn, say that they were
	thun a, tach, the claimant, sign his name (or make his mark)
	tion; that they have every reason to believe, from the appearance of the claimant
-	with him of 30 years and 15 years, respectively, that he is the identical
person he represents hir	mself to be, and that they have no interest in the prosecution of this claim.
	cover Emma & Hart
eite to	Ella Or X.t.
te on	(Signatures of witnesses.)
ficate on file to	pand sworn to before me this 22 day of Tebruary, A. D. 1907,
La Comment	and I hereby certify that the contents of the above declaration, etc., were fully
Chief,	made known and explained to the applicant and witnesses before swearing,
	including the words feel action , erased
[Ĺ. s.]	and the words medford , added ; F.
	and that I have no interest, direct or indirect, in the prosecution of this claim.
Fon Sile at	Bureau fleusions Im J. Hart
Jah Hast	Valid. (Signature)
- House	Lustres of the Jeace

Commonwealth of Massachusetts



Soldin per

PENSION DEPARTMENT BOSTON

DECLARATION FOR WIDOW'S PENSION.

STATE OF Mass	[Act of April 19, 1906.]
COUNTY OF Middlesex	\{ ss :
On thisday of	august, A.D. one thousand nine hundred and eleven
personally appeared before me, a	tice of the Cleace within
and for the county and State aforesaid,	Harrief O. Hait, aged 75
years, a resident of these	actor , county of Middlesey , State
of Mass	who, being duly sworn according to law, makes the following declaration in order to
obtain pension under the provisions of the AC	T OF CONGRESS APPROVED APRIL 19, 1908
That bit is the widow of	the Contract who was
(Enrolled or commissioned.)	er the name of and a September 186/
as a private in Captu	on the color of the color of the color
honorably discharged January 17.	18.6.2, having served ninety days or more during the late civil war
That he also served	(Here give a complete statement of all other services, if any.)
	l service of the United States otherwise than as stated above.
That she was married under the name	of Fairiet O. Garker
to said soldier at Freetown, 6	
	1863, by Tev. a. Galfin
9	ge; that she had Mot been previously married; that the soldier had Mot
been previously married, (If there was a prior mar	riage of either, the date and place of death or divorce of former consort or consorts should be stated.)
	, ^t u
and that neither she nor said soldier married of	otherwise than as stated above.
That the said soldier died Jule	(29, 1911, at Most acton, Mass
that she was not divorced from him, and that. That the said soldier left the following-	she has not remarried since his death. named children who are now living and under sixteen years of age, to wit: er left no children, the claimant should so state.)
	er left no children, the claimant should so state.), born, 1 , at
710100	
	, born, 1, at
She hereby appoints F. A. BI	CKNELL, Deputy Commissioner of State Aid and Pensions, Stat
House, Boston, her true and lawful	CKNELL, Deputy Commissioner of State Aid and Pensions, State attorney to prosecute her claim (Without fee);
House, Boston, her true and lawful	attorney to prosecute her claim (Without fee);
House, Boston, her true and lawful a	attorney to prosecute her claim (Without fee);
House, Boston, her true and lawful	attorney to prosecute her claim (Without fee);
House, Boston, her true and lawful a That she has heretofore app it was based, and the name of the soldier should be sta That her post-office address is	attorney to prosecute her claim (Without fee);
House, Boston, her true and lawful a That she has heretofore app it was based, and the name of the soldier should be sta That her post-office address is county of hiddless Sta	attorney to prosecute her claim (Without fee); blied for pension (If prior application has been made, the number thereof, the service on what ted.) Lest Actor ate of Mass.
House, Boston, her true and lawful a That she has heretofore app it was based, and the name of the soldier should be sta That her post-office address is county of Middless Sta	attorney to prosecute her claim (Without fee); blied for pension (If prior application has been made, the number thereof, the service on what ted.) Lest action ate of Mass Factor 1 - P Factor 1 -
House, Boston, her true and lawful a That she has heretofore app it was based, and the name of the soldier should be sta That her post-office address is county of hiddless Sta	attorney to prosecute her claim (Without fee); blied for pension (If prior application has been made, the number thereof, the service on what ted.) Lest Actor ate of Mass.
House, Boston, her true and lawful a That she has heretofore app it was based, and the name of the soldier should be sta That her post-office address is county of hiddless Sta Attest: (1) Humis P. Hor (2) Matherine C. J.	attorney to prosecute her claim (Without fee); plied for pension (If prior application has been made, the number thereof, the service on what ted.) Attention Thompson Claimants signature in full.)
House, Boston, her true and lawful a That she has heretofore app it was based, and the name of the soldier should be stated and the post-office address is county of Middless Statest: (1) Manual P. How (2) Matherine C. Manual Also personally appeared Manual Also personally appeared Manual	attorney to prosecute her claim (Without fee); plied for pension (If prior application has been made, the number thereof, the service on what ted.) Less action ate of Thompson (Claimants signature in full.) nie A. Hayau , residing
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The Commonwealth of Massachusetts

PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

AFFIDAVIT.

	AFFIDAVII.	
State of Massachusetts,	SS.	Act of April 19 1908.
County of Suffalk	,	#970800
In the matter of the claim for free	usion	1110000
of Fourier J. Hour	widow of a.	ethur
a. Hour.		
of Company 13 , Regiment C	First hew york Vol. St. a	Wols.
Personally came before me, a Jousti	ice of the Jeace	in and for
aforesaid County and State, Claror	r Na Feeler, as	ged 76/and
Juma Greler aged	75, residents of Houges	ield
in the County of Junfield	, State of Conn	, who being
duly sworn, declare d in relation to aforesaid c	claim, as follows:—	
f f	g A	0401
De have know	on both Cutture	Ge, Harl
and his widow	Harriel Gottar	V. Suco
before their man	riage Jan !!	863 and
have personal	Rysowledge of.	the fact
that neither had	been marker	& Joefore
	wed together as	nueveux 5
and wife from	The date of the	is death
manuly butte	I the time of he	o masa,
<u> </u>	<i>J</i>	
		7
	3	
the further declare that ive how	uno interest in said claim, and and	_not concerned
in its prosecution.	,	
PENSIA	(8 4r. li
(11 000	Affiant's Signature, Navos	
16	P. O. Address, Hodgesfulo	Com
1911 3./		C 411 0
Attest-when any affiant signs no Shark two persons sign here.	Affiant's Signature, DMn My	a E. Farler
	P. O. Address, Adgesful.	1 Com
6-14-1909. 5,000.		[OVER]

DECLARATION FOR PENSION.

	THE TENDION CENTITIONTE CHOCED NOT BE TOWNINGED WITH THE WITHOUT
	State of Mass
	County of Middlesey \ss.
	County of
	On this 29 day of December, A. D. one thousand nine hundred and eight,
	personally appeared before me, a fustice of the Cleace within and for the county
	and State aforesaid, athur a ffort, who, being duly sworn according to law,
	declares that he is 75 years of age, and a resident of test action
	county of Middlesex, State of Mass; and that he is the identical person who was ENROLLED at 10 aldronisvelle 7. 9 under the name of Carthur, a frach, on the 30 day of September 186/.
,	identical person who was ENROLLED at 10 aldronsvelle h. I under the name of
	arthur a Frosh, on the 30 day of September 1861,
	as a ferivate, in Company B, 1st Reg. new york art
	(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 Washington D. 6, on the 17 day of January, 1862
	That he also served (Here give a complete statement of all other services, if any.)
	(1000 grive trouble out the out of the out o
	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, fine feet for inches;
	complexion, fair; color of eyes, grey; color of hair, dark; that his occu-
	pation was a farmer ; that he was born December 29 1833
	at Onondaga on 71, J.
	That his several places of residence since leaving the service have been as follows: Lycander
	1. J. with 1864, Freetown with 1869, Bolton Muss, (State date of each change, as nearly as possible.)
	(State date of each change, as nearly as possible.)
	until 1873 Since then at Stest actor
	That he is wow a pensioner. That he has heretofore applied for pension
	(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 Hest actor , county of middleses,
	State of Mass
	(Naments signature in Full)
4	Attest: (1) Jatherine Thompson. (2) Wabel I. Hart
	100 710 al a 9 21 a 4
	Also personally appeared Katherine & Thompson, residing in mediford, mass.
	and Mabel I. Hart , residing in Kilton, form. , 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 asthur a fort, 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 16 years and 30 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 Satherine Thompson.
	1. 4 4 0 11.
	(Signatures of witnesses.)
	Subscribed and sworn to before me this 2 9 day of December, 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
	including the words, erased,
Ott	for $filed$ [L. s.] and the words
a.	and the words , added; , and that I have no interest, direct or indirect, in the prosecution of this claim.
D.A	including the words, erased, filed [L. s.] and the words, added; Cuddy, Chief Law Div. including the words, added; Cuddy, Chief Law Div. Custice of the approach and without section swearing, including the words, added; cover date, added; Cuddy, Chief Law Div. Custice of the approach and without section swearing, including the words, added; cover date, added; Cuddy, Chief Law Div.
P	er ECP (Signature.)
	6-803 Power on till at Stash 10 for





[Act of June 27, 1890.]

Commonwealth of Massachusetts.

PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

DECLARATION FOR INVALID 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,	Loo
County of Middlesey	Sss.
- ,	fire , A.D. one thousand nine hundred and four
personally appeared before me, a	
within and for the county and State afore	
aged 70 years, a resident of the	town of actor , county
	of Massachusetts, who, being duly sworn according
to law, declares that he is the identical	acthur a Fast who was
ENROLLED on the thirtieth	day of September , 186/, in [Here state rank, company and
regiment in military service or vessel, if in the Nav	1st Regiment of M. J. artillery
as a private	in the service of the United States,
	red at least ninety days, and was HONORABLY DISCHARGED at
Stashington D. Co	, on the Seventeenth day of January
1862. That he is	unable to earn a support by reason of his age
	n Dec. 29, 1833
which disabled.]	
That said disabilities are not due to	his vicious habits, and are to the best of his knowledge and belief per-
manent. That he has never	applied for a pension under application No That he is
	•
	ed only be given; if not, give the number of the former application, if one was made.]
That he makes this declaration for t	he purpose of being placed on the pension-roll of the United States under
the provisions of the Act of June 27, 18	90.
That he has Never beer	n employed in the military or naval service otherwise than as stated above.
[If in the service prior or subsequent to that a	hove described, state what the service was, and the dates when it commenced and ended.]
TALLER TO DEPOS	NS, Deputy Commissioner of Pensions, State House, Boston, his true and
	^
lawful attorney to prosecute his claim (v	ton county of Middlesey
State of Massachusett	ton , county of middlesey
A Typner ·	1.0 -1 30 -1
ATTEST:	Agthur A. Hart [Claimant's signature.]
	2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

MAY S. 1904 S.