

A. Declaration for Original Invalid Pension. A.

To be Executed before a Court of Record or some officer thereof having custody of its seal.

State of Massachusetts
County of Middlesex } ss.

On the date hereinafter mentioned, personally appeared before me Clerk of a Court of the County of Middlesex a court of record, within and for the County and State aforesaid Forrestus D.H. Hoar resident of the County of Middlesex State of Mass. who being duly sworn according to law, declares that he is the identical Forrestus D.H. Hoar who was enrolled on the 25 day of August 1862, and served in Company "E" of the 6 Regiment of Mass Vols commanded by Capt Aaron Le Handley and was discharged at the 31 day of June 1863; that his personal description is as follows: Age 57 years; height 5 feet 7 inches; complexion ; hair ; eyes, . That while a member of the organization aforesaid, in the service and in the line of his duty, at Suffolk in the State of Virginia, on or about the day of 1863, he from exposure contracted chronic Diarrhoea (Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows: (Here state the name or number, and the localities of all hospitals in which treated, and the dates of treatment.)

That he has not been employed in the military or naval service otherwise than as stated above he re-enlisted in the same Co + Regt on July 8-64 and was discharged Oct 27-64 for 100 days (Here state what other service, if any, was rendered, prior or subsequent to that stated above, and give the dates at which it began and ended.)

That since leaving the service this applicant has resided in West Acton Mass (Here state in detail the different places in which he has resided, from discharge to present date.)

That prior to his entry into the service above named he was a man of good, sound physical health, being, when enrolled, a Mason. That he is now Greatly disabled from obtaining his subsistence by manual labor by reason of the injury or disability, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution, MILO B. STEVENS & CO., of WASHINGTON, D.C. their successors or legal representatives, his true and lawful Attorneys to prosecute his claim. That he has not received nor applied for pension. That his Postoffice Address is West Acton County of Middlesex State of Mass

Claimant's Signature: Forrestus D.H. Hoar

Attest:

GENERAL AFFIDAVIT.

State of Massachusetts }
County of Middlesex } ss.

In the matter of the claim for Pension of Forestus D. R. Hoar
late of Co E. 6th Regt Mass Inf
(Character of Claim.)
(Name of Claimant, the Name and Service of Soldier.)

Personally came before me, a Notary Public in and for the
(Justice, Notary, Judge, Clerk or Deputy Clerk.)
County and State aforesaid, Forestus D. R. Hoar
(Here write the name of the Affiant, or of each Affiant, together with the Postoffice address.)

person of lawful age, who, being duly sworn, declare in relation to the aforesaid claim, as follows :

That he contracted chronic diarrhoea on or about
May 15 - A. D. 1863 at Windsor near Suffolk
Va... our Regt being sent out from our camp
in Suffolk, and sleeping on the ground without
shelter for about ten days. He has not
been in the service of the United States since
October 24 - A. D. 1864 he was not treated in
hospital while in the service but took such
remedies as were suggested by Comrades
after he returned from the Army he
was treated by Dr Harris Cowdrey of Acton
Mass. who is now dead. he was then
treated by Dr Freeland of Pittsburg Mass. who
is also dead - receiving no regular medical
treatment except from Dr Chas. B. Sanden of
Acton

~~Further declare that~~ ~~no interest in said claim, and~~
~~not concerned in its prosecution.~~

§§ If either affiant signs by X mark, two persons who write their
names MUST sign here as witnesses thereto.

1 _____
(Name of one witness to X mark.)

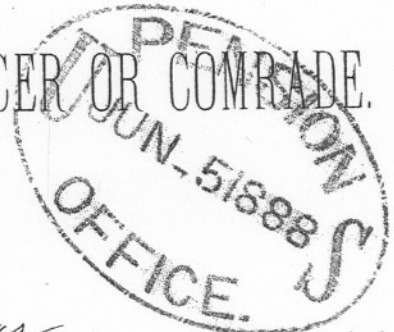
2 _____
(Name of other witness to X mark.)

Signature of
Affiant, or of
each Affiant

Forestus D. R. Hoar

(SEE THE OTHER SIDE.)

AFFIDAVIT FOR COMMISSIONED OFFICER OR COMRADE.



STATE OF Massachusetts }
COUNTY OF Middlesex } SS.

In the Pension Claim of Forrestus D. K. Hoar personally came before me
Name of Claimant.
Notary Public in and for aforesaid County and State. Joseph E. Morin
Justice, Notary, Judge, Clerk or Deputy Clerk. Name of Affiant.
late a Private in company E of the 6th Regiment of
Rank of Affiant.
Mass — Volunteers, and now a resident of Aclovi
County of Middlesex State of Mass.
Give City, Village or Town; if in the city, give name of street and No. of house.

reputable and entitled to credit, and who, being duly sworn, declares in the aforesaid case as follows:

That Forrestus D. K. Hoar late a Private in Company E
Name of Claimant. Rank of Claimant.
of the 6th Regiment of Mass — Volunteers of the war of 1861, while

in the military service of the United States, in the line of his duty, and without fault or improper conduct of his,
on or about the 15th day of May 1863, at Windsor near Suffolk

in the State of Pa we were quarantined the rail road, sleeping
on the ground without shelter, immediately after that
he was sick with chronic diarrhoea frequently going to
the rear and looking thin and pale, he was suffering with
State time and place of disability, and if by wound in battle, state name of battle
if by accident, state the circumstances; and if by sickness, state the cause and nature of the disease and a full description thereof.

said disease as long as we were together which was
about the first day of June 1863. In my former affidavit
in this case I was mistaken in regard to date.

AND I FURTHER CERTIFY That I am disinterested, and that I make the above statement from
personal knowledge. from being in the same company with
State how you know these facts to be true. If present, in command or otherwise, when the disability was incurred, so state.
him

Joseph E. Morin
Affiant sign here.

If the affiant signs by X mark, two persons, who write their names, MUST sign here as witnesses to such signature.

Name of one witness.

Name of other witness.

[SEE OTHER SIDE]

West Acton Mass

June. 22

1888



Sir

Your letter

came to hand in due season
I looked at my discharge
paper and find I was mus-
tered out of my nine months
service 3rd March day of
June 1863 the man you
enquire about I D K Hoar
was taken with his complaint
about the middle of May
at Winchester Virginia

where we lay without
any shelter. he gave out
with the same, not able to
do duty, I worked with him
3 years ago and it troubled
him then this I can take
my oath on I remember being
on guard duty halting him
to give the pass ^{word} one night
I cannot stop to give it
don't hinder me I am going
to the rear and he went
I think this is not enough I
don't know what more I
can say we belonged to
the same Company Capt same
Regiment 6 Mass Vol
Joseph C Morin

AFFIDAVIT FOR COMMISSIONED OFFICER OR COMRADE.

STATE OF Massachusetts }
COUNTY OF Middlesex } SS.

In the Pension Claim of Frederick D. Hoar personally came before me
Name of Claimant

a. Notary Public in and for aforesaid County and State Joseph M. Robbins
Justice, Notary, Judge, Clerk or Deputy Clerk. Name of Affiant.

late a. Corporal in company E of the 6th regiment of
Rank of Affiant.

Mass. Volunteers, and now a resident of West. Acton
Give City, Village or Town; if in the city, give name of street and No. of house.

County of Middlesex State of Mass. well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in the aforesaid case as follows:

That Frederick D. Hoar late a. Private in Company E
Name of Claimant. Rank of Claimant.

of the 6th Regiment of Mass. Volunteers of the war of 1861, while

in the military service of the United States, in the line of his duty, and without fault or improper conduct of his,

on or about the 15th day of May 1863, at Windsor

in the State of Vt. We were sent out near
State time and place of disability, and if by wound in battle, state name of battle

Windsor to guard a lot of a rail road we had no
tents and camped out while on the trip. Hoar
was taken sick with diarrhoea he was not able to
If by accident, state the circumstances; and if by sickness, state the cause and nature of the disease and a full description thereof.

do much duty afterwards. I noticed his absence from
the company but can not say where he was some
of the time he was on the sick list but stuck around camp

AND I FURTHER CERTIFY that I am disinterested, and that I make the above statement from
personal knowledge being present and in the same company
State how you know these facts to be true. If present, in command or otherwise, when the disability was incurred, so state.

Joseph M. Robbins
Affiant sign here.

If the affiant signs by X mark, two persons who write their names, MUST sign hereas witnesses to such signature.

Name of one witness.

Name of other witness.

[SEE OTHER SIDE.]