

ACT OF MAY 11, 1912.

3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts, County of Middlesex, ss:
 On this 7 day of September, A. D. one thousand nine hundred and fifteen, personally
 appeared before me, a J. of P. within and for the county and State aforesaid,
William J. Hollowell who, being duly sworn according to law, declares that he is 70
 years of age, and a resident of No. Acton, Mass, county of Middlesex
 State of Massachusetts and that he is the identical person who was ENROLLED at Springfield
Ill., under the name of William J. Hollowell,
 on the 12 day of May, 1864, as a Private, in Co. B, 133
Regt. Ill. Inf.
(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 war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
 at Springfield, Ill., on the 24 day of Sept., 1864.
 That he also served _____
(Here give a complete statement of all other services, if any.)

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, 5 feet 9 inches; complexion, light; color of
 eyes, blue; color of hair, light; that his occupation was farmer; that he
 was born July 24, 1845, at Madison County, Ill.

That his several places of residence since leaving the service have been as follows: Jersey County, Ill. till 1874
1874 to 1900 in Lowell, Mass. from 1900 to date in No Acton
(State date of each change, as nearly as possible.)

Declaration accepted as
 a claim under the act
 of May 11, 1912. That he is a pensioner under certificate No. 914 295. That he has _____ applied for pension under original
 No. _____

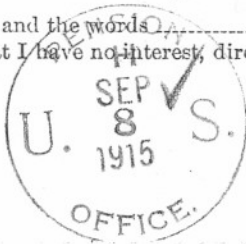
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of
 the act of May 11, 1912.

Per W. J. Hollowell That his post-office address is Box 35, No. Acton Mass., county of Middlesex
 State of Massachusetts

Attest: (1) Mary J. McLaughlin
 (2) Thomas M. Donnell

William J. Hollowell
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 7 day of Sept., A. D. 1915, 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 _____, added;
 [J. S.] erased, and the words _____, and that I have no interest, direct or indirect, in the prosecution of this claim.



George E. Northen
(Signature)
Justice of the Peace
(Official character.)
City Hall, Lowell, Mass.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

Certificate on file to cover date.

ACT OF MAY 11, 1912.

3-014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts, County of Middlesex, ss:
 On this 28th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, William J. Hollowell who, being duly sworn according to law, declares that he is 66 years of age, and a resident of Aston, county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Springfield, Illinois, under the name of William J. Hollowell, on the 12th day of May, 1864, as a Private, in Co H 133rd Illinois Volunteer Infantry.
 (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 at Springfield Illinois, on the 24th day of September, 1864.
 That he also served _____
 (Here give a complete statement of all other services, if any.)

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, 5 feet 9 inches; complexion, light; color of eyes, blue; color of hair, light; that his occupation was farmer; that he was born July 24th, 1845, at Madison County Illinois.

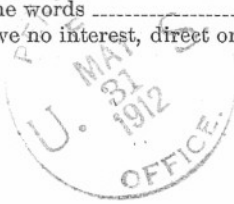
That his several places of residence since leaving the service have been as follows: Jenny County Illinois, Danvers Mass, Aston Mass.
 (State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 914295. That he has _____ applied for pension under original No. _____.
 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 May 11, 1912.
 That his post-office address is Aston, county of Middlesex, State of Massachusetts.

Attest: (1) Daniel J. Ryan William J. Hollowell
 (2) Louise H. Emerson (Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 28th day of May, A. D. 1912, 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 _____, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]



Henry H. Emerson
 (Signature.)
Notary Public
 (Official character.)

Validity accepted as to execution

S. A. Cuddy,
 Chief, Law Division.

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
 County of Middlesex } ss.

On this 7th day of Dec, A. D. one thousand nine hundred and Seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, William T. Hollowell, who, being duly sworn according to law, declares that he is 62 years of age, and a resident of Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Springfield Illinois under the name of William T. Hollowell, on the 12 day of May, 1864, as a Private, in Co H 155 reg Illinois Inf
 (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 at Springfield Illinois, on the 24 day of September, 1864. That he also served
 (Here give a complete statement of all other services, if any.)

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, five feet nine inches; complexion, Light; color of eyes, Blue; color of hair, Light; that his occupation was Farmer; that he was born July 24th, 1845, at Godfrey Madison Co Ills

That his several places of residence since leaving the service have been as follows:

Jersey Co Illinois Middlesex Co Massachusetts
 (State date of each change, as nearly as possible)
changed in 1874

That he is _____ a pensioner. That he has _____ heretofore applied for pension

No 914295

(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 North Acton, county of Middlesex, State of Massachusetts

Attest: (1) John B. Emerson William T. Hollowell
 (2) Samuel P. Byram (Claimant's signature in full.)

Also personally appeared John B. Emerson, residing in South Chelmsford, Mass and Samuel P. Byram, residing in South Chelmsford, Mass, 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 William T. Hollowell, 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 Six years and Six 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.

John B. Emerson
Samuel P. Byram
 (Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 7th day of December, A. D. 1907, 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, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Validity accepted
 S. A. Cuddy,
 Chief, Law Division,
 per JTH 12 10 07



Henry B. Emerson
 (Signature.)
Notary Public
 (Official character.)

Act of June 27, 1890.

Declaration for Invalid Pension.

State of Massachusetts County of Middlesex ss:ON THIS 26th day of June A. D. one thousand eight hundred and ninety thrubefore me, a Notary Public in and for the Countyand State aforesaid, personally appeared William J. Halliwellaged 48 years, a resident of Lowell, county of MiddlesexState of Mass, who being duly sworn according to law, declares that he is theidentical William J. Halliwell who was enrolled on the 12day of May, 1864, as Private Co. H, 13th Reg't Illinois Infantry Vols.,

in the service of the United States during the war of the rebellion, and served at least ninety days, and was

honorably discharged at or near Camp Butler, near Springfieldin the State of Illinois, on the 24 day of September, 1864.That he is Partially unable to earn a support by reason of Rheumatism

(Partially or totally.)

Here state the name and nature of every disease,

and describe every wound and injury that causes the disability, no matter whether incurred in the service or not. Liver complaint Catarh and affectionbronchical Tubes

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent.

That he has not been employed in the U. S. military or naval service otherwise than as stated above

(If in other service, here state in what organization, and when it began and ended.)

That he has not been in the military or naval service of the United States since the 24 day of sep 1864That he has not received or applied for a pension.

If now pensioned, state your rate, number of certificate, and disability

mentioned in it. If you have applied, but not received pension, state when and for what disability, and give number of claim.

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 June 27, 1890.

He hereby appoints J. W. MORRIS, of Washington, D. C., his true and lawful attorney to prosecutehis claim. That his post-office address is 26 Fifth Stcounty of Lowell, State of MassJohn W. MorrisCharles J. May

Two witnesses who can write must sign here.

William J. Halliwell

(Signature of Claimant.)

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

State of Massachusetts, County of Middlesex ss:

ON THIS 4th day of March A. D. one thousand nine hundred and four

before me, the undersigned, duly authorized to administer oaths within and for the County and State aforesaid, personally appeared, William J. Hollowell

late a Private in Company H of the 133rd Regiment of

Ills. Inf. Volunteers, aged 58 years, who being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Boston

Pension Agency, at the rate of \$ dollars per month, under Pension Certificate No. 914295

by reason of disability resulting from partial inability to earn a support by
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate
 manual labor.

That he believes himself entitled to an increase of pension for disability above stated, and hereby makes application therefor. under THE ACTS OF JUNE 27, 1890, and MAY 9, 1900

On account of an increased disability, and he thinks the rate of pension he is now receiving is unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities.

He also claims additional pension for The Trouble of Heart has increased to
If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated.
such an extent at times cannot lie in Bed never on
the left side other times cannot walk or unable
to do hard or fast work at any time

That said disabilities are not due to vicious habits and are to the best of his knowledge and belief permanent

That he hereby appoints, with full power of substitution and revocation

MORRIS & Co., of Washington, D. C., his true and lawful attorneys to prosecute said claim

His Post Office address is North Pelton County of Middlesex

State of Massachusetts

William J. Hollowell
 Signature of Claimant.

If Claimant signs by mark, two persons who can write must sign here.

FILED
 MAR 10 1904
 OFFICE

ACT OF JUNE 27, 1890.

3-402.

BOSTON,

Certificate No. 914295-

Department of the Interior,
Name, *William T. Hollowell* 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. Anne Laura Foster*

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

Answer. *June 27th 1885 Lowell Mass Geo N Howard*

Third. What record of marriage exists?

Answer. *Marriage certificate and City clerks Book*

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. *No*

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

Answer. ** Have none*

Date of reply, *June 6th*, 1898

William T. Hollowell
(Signature.)

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