

[Act of June 27, 1890.]

# DECLARATION FOR INVALID PENSIONS.

To be Executed before any Officer authorized to administer oaths for general purposes, having a Seal.

State of Maryland, County of Lees, ss:

ON THIS 5<sup>th</sup> day of March, A. D. one thousand eight hundred and ninety..... personally appeared before me..... J. M. Alexander Notary Public

within and for the County and State aforesaid..... George Jones

aged 50 years, a resident of the..... Town of Lees

county of..... Lees State of..... Maryland who, being duly sworn

according to law, declares that he is the identical..... George Jones who was enrolled

on the 25<sup>th</sup> day of August, 1862, in..... Louise Mass

as Private Vol. - Comp. Co. C Regt. Mass 2<sup>nd</sup> Mass Inf. Mass

in the war of the Rebellion, and served at least ninety days, and was honorably discharged at..... Louise

..... Mass, on the 3<sup>rd</sup> day of June, 1863

That he is..... permanently unable to earn a support by reason of..... Reumatism

from which disabled.] his from earning full time

at his occupation as Stone Cutter

That said disabilities are not due to his vicious habits, and are, to the best of his knowledge and belief, permanent. That he has..... not..... applied for pension under application No..... That he is a pensioner under certificate No.....

[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 June 27, 1890. He hereby appoints

**ROBINSON WHITE, of Washington, D. C.,**

his true and lawful attorneys to prosecute his claim, and he hereby promises and agrees to pay his said attorneys the sum of ten (\$10) dollars for his services herein, which sum he authorizes and requests the Commissioner of Pensions to pay out of the pension which may be granted him under this application.

That his post-office address is..... Lees

county of..... Lees State of..... Maryland

.....

Attest:

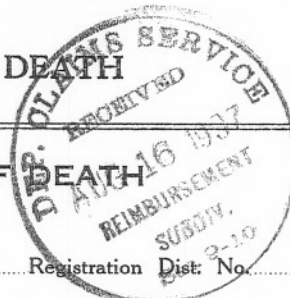
J. M. Alexander

George Jones  
(Claimant's Signature.)

**MARYLAND STATE DEPARTMENT OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
2411 N. CHARLES STREET, BALTIMORE.

No 2358

**CERTIFIED COPY OF CERTIFICATE OF DEATH**



**STATE OF MARYLAND—CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**

County Cecil Registration Dist. No. 96  
Village or City Port Deposit No.        St.        Ward         
[If death occurred in a hospital or institution, give its NAME instead of street and number]  
Length of residence in city or town where death occurred 88 yrs. 5 mos. 1 ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.

**2. FULL NAME** Martha Hall Jones

If U. S. Veteran, specify WAR       

(a) Residence: No. Port Deposit St.        Ward.         
[Usual place of abode] [If non-resident give city or town and State]

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

5a. If married, widowed, or divorced  
HUSBAND of George Jones  
(or) WIFE of       

6. DATE OF BIRTH (month, day, and year) Jan. 9, 1849

7. AGE Years 88 Months 5 Days 1 If LESS than 1 day,        hrs. or        min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) Apr. 1935 11. Total time (years) spent in this occupation 72

12. BIRTHPLACE (city or town) Port Deposit  
(State or country) Md.

FATHER 13. NAME William Hall

14. BIRTHPLACE (city or town) Port Deposit  
(State or country) Md.

MOTHER 15. MAIDEN NAME       

16. BIRTHPLACE (city or town)         
(State or country)       

17. INFORMANT Mrs. George Holm  
(Address) Port Deposit, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Hopewell cem Date June 12, 1937

19. UNDERTAKER Lee A. Patterson  
(Address) Perryville, Md.

20. FILED 6/12, 19 37 L. F. Sanders  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH June 10 -, 19 37  
(month) (day) (year)

22. I HEREBY CERTIFY, That I attended deceased from       , 19       , to June 9, 19 37  
I last saw h. er alive on June 9, 19 37 death is said to have occurred on the date stated above, at 1.15 A.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1920

Other Contributory Causes of importance:  
Arterio - Sclerosis 1917

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 19       

Where did injury occur?        [Specify city or town, county, and State]  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? No

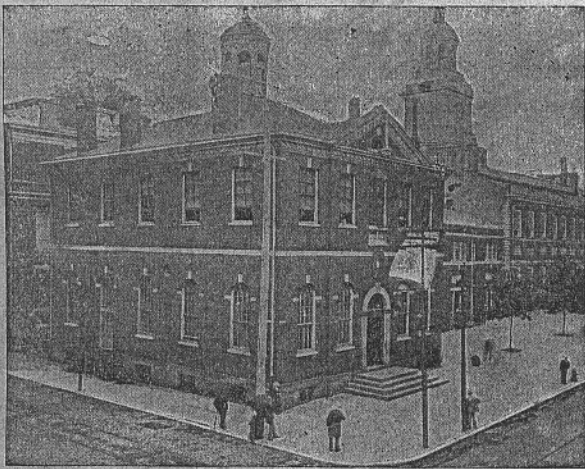
If so, specify         
(Signed) C. I. Benson, M. D.  
(Address) Port Deposit, Md.

**TO WHOM IT MAY CONCERN:**

This is to certify that the above is a true copy of a certificate on file in the office of the Bureau of Vital Statistics. Items in red ink represent amendments made after filing of the original certificate.

Dated 7/30/37





FIRST SUPREME COURT OF THE UNITED STATES 1791.  
PRESENT HEADQUARTERS GRAND ARMY OF THE REPUBLIC

WILLIAM T. POWELL  
DEPARTMENT COMMANDER

CHARLES A. SUYDAM  
ASST. ADJT. GENERAL

C. F. GRAMLICH  
ASST. Q. M. GENERAL

HEADQUARTERS  
DEPARTMENT OF PENNSYLVANIA  
**Grand Army of the Republic,**  
OFFICE OF DEPARTMENT CHAPLAIN  
330 KERLINE STREET

OLIVER A. PARSONS  
SENIOR VICE COMMANDER

A. S. MOYER  
JUNIOR VICE COMMANDER

WILLIAM H. GREEN  
DEPT. INSPECTOR

EDWIN W. JACKSON  
JUDGE ADVOCATE

B. J. COLL  
CHIEF MUSTERING OFFICER

CHAS. O. SMITH  
PATRIOTIC INSTRUCTOR

ALBERT M. SMITH M.D.  
MEDICAL DIRECTOR

REV. J. W. SAYRES D.D.  
CHAPLAIN

W. H. H. LEA  
CHIEF OF STAFF

COUNCIL OF ADMINISTRATION  
LEMON BUGH  
THEO. F. TURNER JONAS H. DETTRE  
H. T. STANWOOD JOHN DOUGHERTY

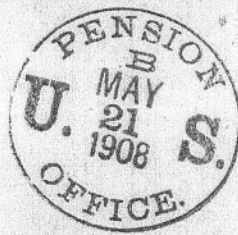
*Chester, Pa., April 21<sup>st</sup> 1908*

*This is to certify  
That. George Jones of Port Deposit Maryland  
and Martha H. Hall of Port Deposit Maryland  
were united in marriage on the 17<sup>th</sup> day of Feb. 1867  
by the Rev. Wm McCombs in Chester Pa.  
This is a copy of the Church Record*

*J. W. Sayres  
Custodian of Record*

*Sworn and subscribed to before me the 16<sup>th</sup> day  
of May A D 1908*

*J. W. Garvine  
Minister*





RETURN TO  
U.S. PENSION AGENCY  
WASHINGTON, D. C.

ACT OF JUNE 27, 1890.

3-402.

Certificate No. 729577

Name, Geo. Jones

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,

*McClay Brand*

Commissioner.

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

Answer. I am Martha Kabukuk Jones Martha Kabukuk Hall

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

Answer. On the 17th Day of February in the 4th month of 1868

Third. What record of marriage exists?

Answer. 31 Years 17 of February 1898

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. Same Wife Still living as stated Above

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

Answer. I have Harry Chalund Jones Born April 1884

Florence Edna Jones Born October 1st 1886

George Amos Jones Born August 1st 1888

*George Jones*

(Signature.)

Date of reply, June 4, 1898

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Pension Commissioner

Washington, D.C.

Dear Sir:-

Rec  
11

Please send application blanks for increased widows pensions to

Mrs. Martha H. Jones

Port Deposit, Maryland.

Pension No. 646,890

age (68 yrs.)

Born Jan. 9, 1849 at Port Deposit, Md.

She above is the widow of

George Jones who served in  
Co. E, 6<sup>th</sup> Regt, Mass. Vol, Infantry.

Civil War. (Private & Corporal)

Very respectfully  
Martha H. Jones

Sept. 7, 1917

Port Deposit, Md

Act of June 27, 1890, as amended by act of May 9, 1900.

DECLARATION FOR WIDOW'S PENSION.

STATE OF Maryland  
COUNTY OF Cecil } ss:

On this 30<sup>th</sup> day of November, A. D. one thousand nine hundred and Six personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Martha H. Jones, aged 57 years, a resident of Port Deposit, County of Cecil State of Maryland, who, being duly sworn according to law, makes the following declaration in order to obtain pension under the provisions of the act of Congress approved June 27, 1890, as amended by the act of May 9, 1900.

That she is the widow of George Jones, who was Private under the name of George Jones at Acton Mass. on the 25<sup>th</sup> day of August, 1862 as a Private in Company E. 6. Reg. Mass. Vol. Inf. and honorably discharged June 3, 1863, having served ninety days or more during the late war of the rebellion. That the soldier was in the military or naval service of the United States except as stated above.

Enrolled on the 15<sup>th</sup> day of April 1861 to serve three months and reenlisted upon the expiration of his service as above  
(If any other service it should be stated in full.)

That she was married under the name of Martha H. Hall to said soldier at Chester Pa. on the 17<sup>th</sup> day of February, 1867, by Rev Wm H McLeombo; that there was no legal barrier to the marriage; that she had not been previously married; that the soldier had not been previously married.

(If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)

That the said soldier died Nov. 11<sup>th</sup>, 1906, at Port Deposit Md that she was not divorced from him; that she has not remarried since his death; and that she is without other means of support than her daily labor and an actual net income not exceeding two hundred and fifty dollars per year.

That the said soldier left the following named children who are now living and under sixteen years of age, to wit: all of my children are above 16 years of age  
(If the soldier left no children, the claimant should so state.)

born \_\_\_\_\_, 18\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 18\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 18\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 18\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 18\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, 18\_\_\_\_, at \_\_\_\_\_

That she has not heretofore applied for pension.

(If prior application has been made, the number thereof, the service on which

it was based, and the name of the soldier should be stated.)

That she hereby appoints I do not wish any attorney her true and lawful attorney, to prosecute this claim.  
all communications are to be sent to my address.  
(If she desires to employ an attorney.)

That her post-office address is Port Deposit  
County of Cecil, State of Maryland

ATTEST: (1) Florence Jones Martha H. Jones  
(Claimant's signature.)

(2) \_\_\_\_\_