



## Commonwealth of Massachusetts.

PENSION DEPARTMENT,  
STATE HOUSE, BOSTON.

APPLICATION FOR ACCRUED PENSION.  
(WIDOWS.)

State of Massachusetts, County of *Middlesex* ss:  
On this *23<sup>d</sup>* day of *October*, 190*0*, personally appeared  
*Susan M. Lawrence*, who, being duly sworn, declares that she is the lawful widow of  
*Samuel A. Lawrence*, deceased; that he died on the *Sixth* day  
of *September*, 190*0*; that he had been granted a pension by Certificate No. *985-835-*  
which is herewith returned (or if not, state why not)

; that he had been paid the pension by the Pension  
Agent at *Boston* up to the *1<sup>st</sup>* day of *June*, 190*0*;  
after which date he had not been employed or paid in the Army, Navy, or Marine service of the United  
States, except \_\_\_\_\_; that  
she was married to the said *Samuel A. Lawrence* on the *twenty fourth* day  
of *July*, 1864, at *Stow*, in the State of  
*Mass.*; that her name before said marriage was *Susan M. Proctor*  
; that she ~~had~~ (or had not) been previously married; that her husband  
~~had~~ (or had not) been previously married; that she hereby makes application for the pension which had  
accrued on aforesaid certificate to the date of death; and that her residence is No. \_\_\_\_\_  
Street, City of *Town of Stow*, County of *Middlesex*, State  
of *Mass.*, and her Post-office address is *Stow, Mass.*

*Henry H. Warren*  
*Charles A. Conant* (Widow's Signature.) *Susan M. Lawrence.*  
(Witness to Mark.)

Also personally appeared *Henry H. Warren*, residing at *Stow*  
*Mass.*, and *Charles A. Conant*, residing at  
*Stow, Mass.*, who, being duly sworn, say that they were present and saw  
*Susan M. Lawrence* sign her name (make her mark) to the foregoing declaration;  
that they know her to be the lawful widow of *Samuel A. Lawrence*, who died  
on the *Sixth* day of *September*, 190*0*; and that their means of knowledge  
that said parties were husband and wife, and that the husband died on said date, are as follows:  
*by an intimate acquaintance of more than twenty years.*

*Henry H. Warren*  
(Signature of witnesses.) *Charles A. Conant*

Sworn to and subscribed before me on this *22<sup>d</sup>* day of *October*, 190*0*,  
and I certify that the affiants are reputable persons; that they know the contents of their depositions, and  
that their statements are entitled to full faith and credit. I further certify that I have no interest, direct  
or indirect, in the above claim.

(Signature.) *J. H. Stevens*  
(Official character.) *Justice of the Peace*

Certificate on file to cover date  
of execution.  
Record Division

3-173.

Eastern

Div.

H. H. L., Ex'r.

Orig. No. 1222, 081

Samuel A. Lawrence

## Department of the Interior,

Co. D., 53 Reg't Mass Vol Inf

BUREAU OF PENSIONS,

Washington, D. C., May 6, 1899

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,

Samuel A. Lawrence

Box 46 Stow

Middlesex Co Mass

J. H. Thompson

Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Yes. Wife name Susan M. Lawrence, <sup>maiden</sup> Susan M. Proctor

No. 2. When, where, and by whom were you married? Answer: July 24, 1864 at Stow

By Rev Charles H. Wheeler

No. 3. What record of marriage exists? Answer: Town Clerks record (Stow)

No. 4. 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.

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Two. Eugene B. Lawrence and Bertha F. Lawrence

Eugene Born Feb 25, 1865

Bertha " Mar 15, 1866

Date of reply, May 12<sup>th</sup>, 1899.

Samuel A. Lawrence

(Signature.)

Widow Division.  
W.C. 508259  
Susan M. Lawrence  
widow of  
Samuel A. Lawrence  
E, 5th Mass.Inf.

3-1865

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON

May 7, 1923.

Mrs. Susan M. Lawrence  
Stowe  
Massachusetts.

Madam:

Please give the full designation of the organization in which Samuel E. Lawrence, served during the World War, and state whether you are receiving compensation from the War Risk Insurance or Veterans Bureau in addition to the pension which you are receiving from the Bureau of Pensions, and if so the number of the claim the rate you receive each month, the full name of the person on account of whose service compensation was granted, and his relationship to you.

Forward your answer in the enclosed envelope which does not require postage, and return this letter.

Respectfully,

*Washington*  
Commissioner.

E.J.C.



Did any member of your family serve in the World War? *Yes*

If so, state here their names and the service rendered by each, and whether living or deceased

*Capt. John K. Lawrence A.E.F. 1st Div. 28th Inf.*  
*Capt. Samuel E. Lawrence, U.S. Marine Corps.*

Have you applied for or are you in receipt of compensation by reason of service of any member of your family in the World War?

If so, give number of the claim for compensation

Name *Susan M. Lawrence*

(OVER)

6-6461

Number of pension certificate *508259*



M LAWRENCE  
STOW MASS  
259 JULY 26 WID

3-1081

PROP REPORT—PENSIONER

Cert. No. \_\_\_\_\_

SEC. W

RECORD DIVISION

\_\_\_\_\_, 192  
above-described case a declaration filed  
vision indicates that said pensioner died  
\_\_\_\_\_, 19\_\_\_\_

Chief, Record Division.

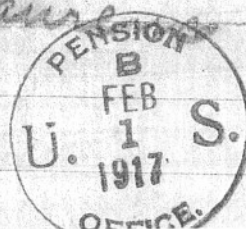
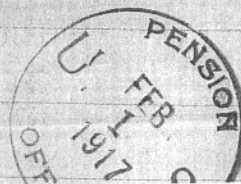
FINANCE DIVISION

AUG 8 1927

\_\_\_\_\_, 192  
ne of the above-described pensioner who  
aid at the rate of \$ 50 per month  
4 1927, 19\_\_\_\_, has this day  
ped from the roll because of death

7 18, 1927

*S. Randall*  
Chief, Finance Division.



*Low  
yp*

Stow Mass. Feb. 1. 1917

Dear Sir,

I am receiving the \$12.  
dollars per month pension,

My voucher is 508259,

What are the requirements  
to receive the increase, namely  
\$ 20 per month?

Kindly let me know at your  
earliest convenience.

Respectfully

Susan M. Lawrence

Stow May. 23, 1928.  
Commissioner—

Dear Sir—

I am the grandmother  
of Samuel E. Lawrence,  
and have never received  
compensation in any way—

Respectfully

Susan M. Lawrence



SUSAN M LAWRENCE  
STOW MASS  
508259 JULY 26 WID

3-1081

**DROP REPORT—PENSIONER**

\_\_\_\_\_ Cert. No. \_\_\_\_\_  
Pensioner \_\_\_\_\_  
Soldier \_\_\_\_\_  
Service \_\_\_\_\_  
Class \_\_\_\_\_ SEC. W

**RECORD DIVISION**

\_\_\_\_\_, 192  
In the above-described case a declaration filed  
in this Division indicates that said pensioner died  
\_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Chief, Record Division.

**FINANCE DIVISION  
AUG 8 1927**

\_\_\_\_\_, 192  
The name of the above-described pensioner who  
was last paid at the rate of \$ 50 per month  
to JUL 4 1927, 19\_\_\_\_, has this day  
been dropped from the roll because of death

July 18, 1927

O. Randall  
Chief, Finance Division.

6-2249

GOVERNMENT PRINTING OFFICE

3-405.

PENSIONER DROPPED.

No. 728, 611  
U. S. Pension Agency,

BOSTON, MASS.

Sept 30, 1900.

Certificate No. 985,835

Class Act June 27, 1890,

Pensioner Samuel A. Lawrence

Soldier \_\_\_\_\_

Service Priv. E 5" Mass. V 9.

Hon. Commissioner of Pensions: NOV 3 1900

SIR: I have the honor to report that the  
above-named pensioner who was last paid  
at \$ 6, to June 4, 18 1900  
has been dropped because of REPORTED DEATH.

Date Sept 6 1900

Very respectfully,

A. J. Holt

Pension Agent.

NOTE—Every name dropped to be thus reported at once,  
and when cause of dropping is death, state date of death  
when known.

12745b50m12-99

✓

Act of June 27, 1890.

A

DECLARATION FOR WIDOW'S PENSION.

A

STATE OF Mass. } ss.  
 COUNTY OF Middlesex  
 On this 12<sup>th</sup> day of September, A. D. one thousand eight hundred and ninety 1900  
 personally appeared before me, a Justice of the Peace within and for the county and  
 State aforesaid, Mrs Susan M. Lawrence, aged 53 years,  
 a resident of Stowe, county of Middlesex  
 State of Mass., 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.

That she is the widow of Samuel A. Lawrence, who was  
Enrolled under the name of Samuel A. Lawrence  
 [Enrolled or commissioned.]  
 at Stowe Mass. on the fifteenth day of July, 1864  
 as a Private in Capt. David L. Brown's Company, Co. (E) 71<sup>st</sup>  
 [Here state rank and designation of organization or name of vessel.] Regt. of Mass. Volunteers  
 and honorably discharged the sixteenth of Nov. 1864, having served ninety days or more during the late  
 war of the rebellion. That the soldier was as sergeant in the military or naval service of the United States except as stated above.  
Served also in company D 53 regiment of infantry of Mass.  
Enl'd the 2nd of Sep. 1862; discharged 2nd of Sep. 1863  
 [If any other service it should be stated in full.]

That she was married under the name of Susan M. Proctor to said soldier  
 at Stowe Massachusetts on the 24<sup>th</sup> day of July, 1864,  
 by Rev Charles Wheeler; 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 Sept. 6<sup>th</sup>, 1890, at Stowe, Mass.;  
 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.

That the said soldier left the following-named children who are now living and under sixteen years of age, to wit:  
 [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  
**HENRY D. PHILLIPS, OF WASHINGTON, D. C.**  
 her true and lawful attorney to prosecute this claim. That her Post-office address is Stowe  
 county of Middlesex, State of Mass.

Attest: (1) Thomas S. Hubbard Susan M. Lawrence  
 (2) John S. Fletcher [Claimant's signature.]

ATTY FILED





State of Massachusetts. County of Middlesex S.S.

On this 23<sup>d</sup> day of October A.D. 1900  
 personally appeared Susan M. Lawrence  
 Samuel A. Lawrence, who being duly sworn  
 declares that all the Real Estate owned by her  
 or in which she has any interest is situated in the  
 Town of Stow and consists of 12. acres of land  
 with the buildings thereon, and two stables  
 valued at Twenty five Hundred Dollars.  
 and that she is possessed of personal property  
 consisting of Two houses, valued at Seventy-five dollars,  
 and Two cows worth Seventy dollars, and the full  
 amount of her income will not Exceed Six dollars  
 a month since the Sixth of September 1900.  
 and no person is bound for her support.

Susan M. Lawrence.

Sworn to and subscribed before me this 23<sup>d</sup>  
 day of October. A.D. 1900

Wm. Stevens

Justice of the Peace,  
 Filed from April 22, 1894  
 to May 8, 1901.

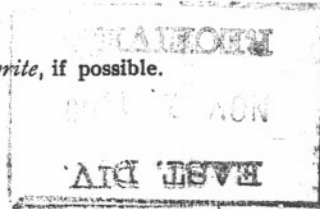
JOE DAGUE.

Plaint

Defendants.



Get good, reliable witnesses, who can write, if possible.



State of Massachusetts } ss.  
County of Worcester

In the matter of Susan M. Lawrence, wife of John C. Lawrence, Mass. vol. for Pension.

Personally came before me, a Justice of the Peace in and for  
aforesaid County and State. Henry H. Warren and Charles A. Bonant.  
(Names of witnesses, two or more.)

of Stow County and Commonwealth aforesaid  
who being duly sworn, declares each in relation to aforesaid case as follows:

That we have been intimately acquainted with Susan M. Lawrence for more than twenty years and know that she is possessed of real estate situated in Stow the value of which will not exceed Twenty five hundred Dollars and personal property the value of Two hundred Dollars and that her income from all sources will not exceed Seventy five Dollars a year aside from this she has no other means of support and that to our knowledge she has no interest in any other property and that no person is bound for her support.

Henry H. Warren ✓  
Charles A. Bonant ✓



As per



## Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Samuel Augustus Lawrence Sex, Male Color, \_\_\_\_\_  
 Date of Death, September 6<sup>th</sup> 1900 ; Age, 59 Years, 5 Months, 24 Days.  
 Maiden Name, { If married, widowed } \_\_\_\_\_  
 or divorced. \_\_\_\_\_  
 Husband's Name, \_\_\_\_\_  
 Single, Married, Widowed or Divorced, Married Occupation, Carpenter  
 \*Residence, { If out of town, } Stow Mass  
 also state fully. \_\_\_\_\_  
 Place of Birth, Ashby "  
 \*Place of Death, Stow "  
 Name of Father, John W. Lawrence  
 Birthplace of Father, Ashby "  
 Maiden name of Mother, Emily Gates  
 Birthplace of Mother, Stow "  
 Place of Interment, (Give name of Cemetery), Brookside Cemetery Stow  
 Dated at Stow Signature and place of business of Undertaker, { O. C. Fowler  
 on September 9<sup>th</sup> 1900 } Maynard Mass

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Samuel Augustus Lawrence, 59 Y. 5 M. 24 D.  
 Place and Date of Death, † died at Stow Mass September 6<sup>th</sup> 1900  
 Disease or Cause of Death, § Spinal Disease & nervous shock  
doubtless caused by accident thrown  
from carriage  
 Duration of sickness, \_\_\_\_\_

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence  
 of  
 Certifying Physician.

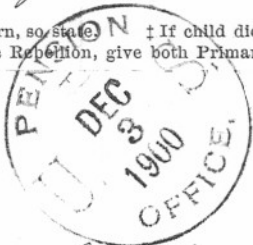
F. U. Rich M. D.  
Maynard Mass.

Date of Certificate, Sept 10<sup>th</sup> 1900

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. † If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.



I Henry Gates Town Clerk of Stow hereby certify  
 that the above is a true copy from Town records  
 of Stow Mass.

Attest

Henry Gates, Town Clerk

Commonwealth of Massachusetts. County of Middlesex  
 I Thomas Lind Clerk of the Superior Court for said  
 County do hereby certify that Henry Gates who has subscribed the foregoing

Commonwealth of Massachusetts.

No. \_\_\_\_\_

CERTIFICATE OF MARRIAGE.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

This certificate must be delivered to the person before whom the marriage is to be contracted before he proceeds to solemnize the same.

ILLEGAL ALTERATIONS OR ERASURES IN THIS CERTIFICATE ARE PROHIBITED.

(See St. 1897, Chap. 424, Sect. 1.)

GROOM.	BRIDE.
Name, <u>Samuel Augustus Lawrence</u>	Name, <u>Susan M. Proctor</u> <small>(If a widow or divorced, maiden name also to be given.)</small>
Age, <u>23 yrs</u> Color, _____	Age, <u>19 yrs</u> Color, _____
Residence, <u>Stow</u>	Residence, <u>Carlisle Mass</u>
Occupation, <u>Carpenter</u>	Occupation, _____
What marriage, <u>First</u> <small>(1st, 2d, 3d, etc.)</small>	What marriage, <u>First</u> <small>(1st, 2d, 3d, etc.)</small>
Birthplace, <u>Arkby</u>	Birthplace, <u>Carlisle</u>
Name of father, <u>John W. Lawrence</u>	Name of father, <u>Elbridge Proctor</u>
Name of mother, <u>Emily Lawrence</u>	Name of mother, <u>Hannah Proctor</u>
Maiden name of mother, <u>Emily Gates</u>	Maiden name of mother, <u>Hannah</u>

The intentions of marriage by the parties above-named were duly entered by me in the records of the Town of Stow according to law, this Twenty third day of July 1864 ~~189~~.

A. W. Nelson Town Clerk.

Certificate of Marriage.

I hereby certify, that I joined the above-named persons in marriage, at

Stow on the Twenty fourth day of July 1864 ~~189~~.

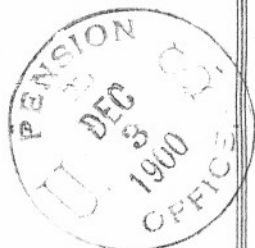
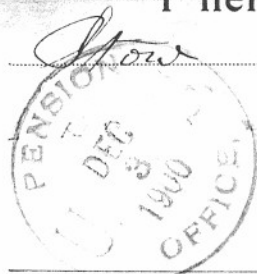
Name, Charles H. Wheeler

Official station, Unsettled Clergyman

Residence, Cambridge Mass.

This certificate, properly attested, must, between the first and tenth days of the month following, be returned to the clerk or registrar who issued the same.

If copies are made all dates and signatures should be included.



I Henry Gates Town clerk of Stow hereby certify that the above is a true copy from Town records of Stow Mass.

Attest Henry Gates Town Clerk

Commonwealth of Massachusetts Notary Public S. L.

Theodore L. Hall Clerk of the Court for said County do certify that Henry Gates who has submitted the foregoing certificate, is the

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No. 9

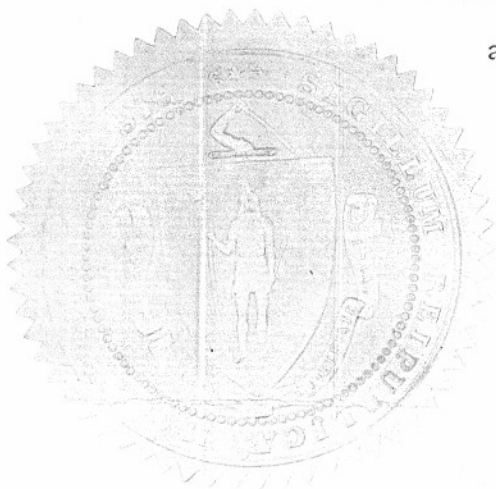
## Commonwealth of Massachusetts.

## OFFICE OF THE SECRETARY,

Boston, October 24, 1900.

I hereby certify That the **MARRIAGE** of Samuel A. Lawrence,  
 of Stow, aged 23 years, (1st mar.), and Susan M.  
 Proctor, of Carlisle, aged 19 years, (1st  
 mar.), solemnized at [not given], on the 24th day of July in the  
 year 1864, by Charles H. Wheeler, Unsettled Clergyman of <sup>Cambridge</sup>, appears of  
 Record in this Department by duly attested Returns of the clerk of the  
 Town of Stow for that year.

WITNESS THE SEAL OF THE COMMONWEALTH hereunto affixed  
 at the date first above written.



Wm M. Olin

Secretary of the Commonwealth.

Affix 10 cent Internal  
 Revenue Stamp here  
 and cancel as required  
 by law.

mgc k