

3-402.

Certificate No. 723.674

Name John S. Manley

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,

*W. C. Evans*

Commissioner of Pensions.

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

Answer. Yes - Louisa M. Manley - Louisa M. McQuaide

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

Answer. May 6<sup>th</sup> 1880 At Maynard Mass by Rev. S. E. Milliken

Third. What record of marriage exists?

Answer. In the Town of Maynard State of Massachusetts

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. No - Never had

Date of reply, June 4<sup>th</sup>, 1898

*John S. Manley*  
(Signature.)

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PENSIONER DROPPED

United States Pension Agency,

Concord, N. H.

AUG 6 1909, 190

Certificate No. 723.674

Class Act June 27, 1890.

Pensioner John S. Manley

Soldier

Service Co K 4 Mass A A

The Commissioner of Pensions.

SIR: I have the honor to report that the above-named pensioner who was last paid at \$ 12, to Jan 4, 1909 has been dropped because of non reported death March 9 1909 at Leambridge port VT

Very respectfully,

*J. A. Patton*  
United States 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.

# DECLARATION FOR AN ORIGINAL DISABILITY PENSION

Under Act of Congress approved June 27, 1890.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Mass  
County of Middlesex } ss.

On this Nov day of Nov A.D. one thousand eight hundred and ninety-

personally appeared before me

of the John S. Manley a COURT OF RECORD within and for the County and State aforesaid  
aged 44 years, who, being duly sworn according to law, declares that he is the identical John S. Manley

who was ENROLLED as a Pirate on the 16<sup>th</sup> day of August 1865, in Company "K" of the 4<sup>th</sup> Regiment of Mass Heavy Artillery

and served at least ninety days in the war of the Rebellion, and was honorably DISCHARGED at Readville, Mass. on the 1<sup>st</sup> day of June, 1865; that his personal description is as follows: age 44

years; height 5 feet 8 1/2 inches; complexion light; hair dark; eyes hazel.

That he is suffering from the following disability of which is of a permanent character, viz.:

"Melancholia"

(Here state fully the name or nature of the disease or injury which disables you from performing manual labor. If an injury, state the exact location.)

That the said disability is are not the result of any vicious habits of the claimant, and it (disability or disabilities.) (it or they)

incapacitate s him from the performance of manual labor in such a degree as to render him unable to earn a support. (incapacitate or incapacitates.)

That he is not receiving an invalid pension of \$            per month under certificate No.            for            (is or is not) (rate of pension)

(Give cert. No.) (Here state the exact disability for which you are pensioned, copying it word for word from your certificate.)

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

(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the

1<sup>st</sup> day of June 1865, and that his occupation has been that of a Shoemaker That he is now totally

disabled from obtaining his subsistence by manual labor by reason of the disability above described, and he therefore makes this declaration for the purpose of obtaining a disability invalid pension under the Act of Congress of June 27, 1890. He hereby appoints with full power of substitution and revocation himself

of            his true and lawful attorney to prosecute his claim.

That he has not heretofore applied for a pension, but his claim has not been allowed, the No. (If you have a claim for pension pending under the old law, give number of the claim.)

of the claim being No.           ; that his residence is Brooks St Waynard Mass and that his post office address is Box 57 Waynard Mass

Albert E. Proctor  
Oliver E. Wapson  
(Two witnesses who can write, sign here.)

John S. Manley  
(Signature of Claimant)