# Commonwealth of Massachusetts.

CERTIFICATE OF DEATH.

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Cown of Allow Let 3/ 190?
2. Herace 5 Tille, hereby certify
that I have examined the Records of Deaths in said Town and find recorded
therein the death of Albert Moullon
The record is in the following words and figures, to wit:
Date of Death, Septorale, 29 1901
Name & Surname of Deceased, Albert, Moulton
Name & Surname of Husband,
Sex, Trale Color, Mr. Condition, married
Age, 73- Years, Months, 1.5 Days.  Disease or Cause of Death, 2000 2000 400
Disease or Cause of Death, The Common of the
Residence, 'Aclas
Place of Death, ACTON
Place of Burial, Mt 36 for locan Action
Occupation, Faziner  Place of Birth, Sandwich St. 36
Place of Birth, Landswich St. 36
Name & Birthplace of Father, Richard Moulton Moulton Westlanboro No
Name & Birthplace of Mother, Johnnes Palmer Soudwill No
I, Harace I Trittle above named, depose
and say, that I hold the office of Town Clerk of the Town of Actor
in the County of Middlessel
and Commonwealth of Massachusetts: that the Records of Births, Marriages
and Deaths in said Town are in my custody, and that the above is a true
extract from the Records of Deaths in said Town, as certified by me.
Witness my hand and seal of the said Town
on the day and year first above written.
Horace J. Suittle
Town Clerk.
Dr. and Let

Death of

A19.81

[Act of June 27, 1890.]



## Commonwealth of Massachusetts.

### PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

### DECLARATION FOR WIDOW'S PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,	
County of Middlesex	
On this Tourleuth day of Tebruary , A.D. one thousand n	ine hundred Mo
personally appeared before me, a fusting of the Seace	
within and for the county and State aforesaid, Hildah A	fallon
aged 70 years, a resident of the Jour of Activ	, county
of Middless, State of Massachusette	, who, being duly sworn according
to law, declares that she is the widow of Albert Moullon	, who enlisted under the name
of Albert Agullin , at Action on t	he 20 day of angust,
A.D. 1817, in & 6 Nivate Six Surface and regiment, if in military server	autry Kass. Volo?
and served at least ninety days in the late war of the rebellion, who was honor	ably discharged
Le Distriction of the second	cause of death need not be stated.]
That the soldier had not been employed in the military or naval service of	
That she was married under the name of Huldah Wal	//
Albert Aprillon on the 26th d	ay of January A.D. 1850
by Exastre Deviston, at Danie	while the Mo
there being no legal barrier to said marriage; that neither she nor her husband	had been previously married.
That she has not remarried since the death of the said	Name of soldier or sailor ]
That she is without other means of support than her daily labor; that name	s and dates of birth of all the children ion
now living under sixteen years of age of the soldier are as follows:	A FEB
, born , 18 .	, born , 18 1 26
, 18 .	, born, 18\!\!\!\!\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
, born , 18 .	, born , 18 OFFIS
That she has not heretofore applied for pension and the number of her ap	plication is Be careful to fill this part of the blank correctly.]
That she makes this declaration for the purpose of being placed on the per-	ension roll of the United States under
the provisions of the act of June 27, 1890.	
She hereby appoints J. B. PARSONS, State Pension Agent of Massac	husetts, Boston, her true and lawful
attorney to prosecute her claim (without fee); that her post-office address	
State of Massachuselle Gul	date Houtton
ATTEST:	[Claimant's signature.]

Evidence as to marriage & death filed with claim for accused prevision, etf. # 7/8755.



## Commonwealth of Massachusetts.

# PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

#### AFFIDAVIT.

6			
_	State of Massachusetts,		
	- Kallala	SS.	
(	County of Wy	01.1.1.2	· 7=77/6
	In the matter of the claim for	11	
C	of Guldah	Morrellon wid	or C
	all	ert Moulton	
0	f Company 6 , 6 Reg	11	Vols.:
		Lolary Cubli	
		01 00	Λ
a	foresaid County and State, Sub-C		aged 67 and
100		, resident of	Cynol 1
/ i	n the County of	, State of Ma	M, who being
d	uly sworn, declare in relation to afor	resaid claim, as, follows:—	
	That's was present		riage of albert
		Idah Frallace	
7		the grania	1 1
1	on the above date	1 / 1	1 -1
15			// -
-	Palso know was	. / 1	. /- / /- /
-	been premorply		that they kind
4.	wanter up to I i	he dole of h	is digital and
	Mu mend dunc	ud ore you	n the ohis
4	and the has m	to remarked	L I also Ferry
/	that his husband	'e life mas	not ricured
,	and the orly he	1 1/- 0	ons is the
1	elace where the	1 . 1	Smale and
1	ralind at 1650	and consider	37.0
	10	1110000	Julius Julius 500
1	0	mone from	any monte
/	no one living is		nac for his
6	support and ch	he Ois Odeper	dert upon
	terries for the	same.	- some records
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			(0 8.0° 0 0)
			1. 4. 19
		Δ.	00/
		··//	
	funthan daslans that &	tara minumini	l alaim and All
	further declare that	have no interest in said	I claim, and AMM_not concerned
i	further declare that		C 60 6 . 1
i			Reclierca G Elask
i		Affiant's Signature.	C 60 6 . 1
i		,	C 60 6 . 1
i		Affiant's Signature, P. O. Address,	C 60 6 . 1
10		Affiant's Signature.	C 60 6 . 1
10	n its prosecution.	Affiant's Signature,  P. O. Address,  Affiant's Signature,  re.	C 60 6 . 1
 A	n its prosecution.	Affiant's Signature.	C 60 6 . 1

Bepartment of the Interior, Moulton 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. le Moulton-Second. When, where, and by whom were you married? 127, 1850record so 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. Fifth. Have you any children living? If so, please state their names and the dates of their birth. Date of reply, May no

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Bepartment of the Interior, Name, ..... 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. Second. When, where, and by whom were you married? Third. What record of marriage exists? 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. Fifth. Have you any children living? If so, please state their names and the dates of their birth. CENTE