

Eastern Div. *15* *173.*
 Claim No. *1082766*
James Moulton
 Co. *E*; *6th* Reg't *Mass. V.I.*
Co. E, 26th " " "
 Department of the Interior,
 BUREAU OF PENSIONS,
 Washington, D. C., *October 23, 1897.*

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,

Mr. James Moulton,
East Pepperell,
Mass.

Commissioner.

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

Answer: *not married*

No. 2. When, where, and by whom were you married? Answer: *By Brandon*

Remonds of Concord Mass. Feb. 11/1868

No. 3. What record of marriage exists? Answer: *none*

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: *yes. Betsey A. Sawyer.*

died about Dec. 15th 1884 - died in Pepperell Mass.

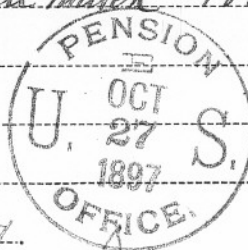
No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: *Georgie A. Moulton born Jan. 1869 - 29*

Willie A. Moulton born Feb. 1879

Abbie Jane Moulton born March 1884

1884/6

Date of reply, *Oct. 25th*, 1897.



(Signature.)

AA.

[Act of June 27, 1890.]

AA.



Commonwealth of Massachusetts.

PENSION DEPARTMENT.

NO. 29 PEMBERTON SQUARE, BOSTON.

DECLARATION FOR INVALID 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 } ss.

On this 17th day of Jan, A. D. one thousand eight hundred and ninety-four personally appeared before me, a Notary Public within and for the county and State aforesaid, James Moulton aged 53 years, a resident of the Town of Peppenc, county of Middlesex, State of Mass., who, being duly sworn according to law, declares that he is the identical James Moulton who was ENROLLED on the fifteenth day of April, 1861, in Co. C. 6th Mass. Inf. [Here state rank, company, and regiment in military service, or vessel, if in the Navy.] also Sept. 4th 1861 in Co. E. 26th Mass. and on Jan. 1st 1862 in Co. C. 26th Battalion Mass. Veteran Vol. in the service of the United States, in the war of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at Savannah Ga., on the 24th day of August, 1865. That he is partly unable to earn a support by reason of Loss of sight, Rheumatism and piles [Here name the diseases or injuries from which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That he has _____ applied for a pension under application No. 1082766. 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.

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

[If in the service prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.]

He hereby appoints J. B. PARSONS, State Pension Agent of Massachusetts, 29 Pemberton Square, Boston, his true and lawful attorney to prosecute his claim (**without fee**); that his post-office address is East Peppenc, county of Middlesex, State of Massachusetts.

ATTEST:

John W. Lynch James Moulton
Elmer E. Ducklee [Claimant's signature.]

HISTORY OF DISABILITY.

To be filled up and sworn to by Claimant.

State of Massachusetts, County of Middlesex ss:

ON THIS 3^d day of September, A. D. 1897, before me, a
Notary Public, in and for the aforesaid County, duly authorized to administer oaths,
 personally appeared James Moulton, a resident of East Pepperell
Name of claimant.
 in the County of Middlesex, and State of Mass.
 whose Post Office address is East Pepperell Mass.
 well known to me to be reputable and entitled to credit, and who being duly sworn, declares as follows:

That I am the identical person who under that name served in Co. C, 6th Reg't.
Massachusetts Vols.

I further state that I have been and now am
troubled with Blind Piles. for which I claim pension,
 I incurred on or about May 1861, at or near Relay Station Md.
 under the following circumstances, to wit: I was first troubled with piles
If said disability be disease, state fully its cause; if wound or injury, the precise manner in which received.
at the above stated time and place, caused by laying on
the damp ground. I was not able to do duty all the time. I
have been troubled with the piles ever since I am now
under care of Mr. Fred McLovejoy of East Pepperell Mass.
I further declare that the above disease is in no way
due to my habits, and to the best of my knowledge the
disease is permanent



J. W. MORRIS, of Washington, D. C., being my true and lawful attorney, is hereby authorized by
 me to prosecute this claim to completion, before the Commissioner of Pensions, on appeal to the Secretary of
 the Interior, or before the Committees of Congress, as may be found necessary or deemed by him best for my
 interest.

James Moulton
 Signature of Claimant.

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

A. & N. S. Div. - A. L. W. Exr.