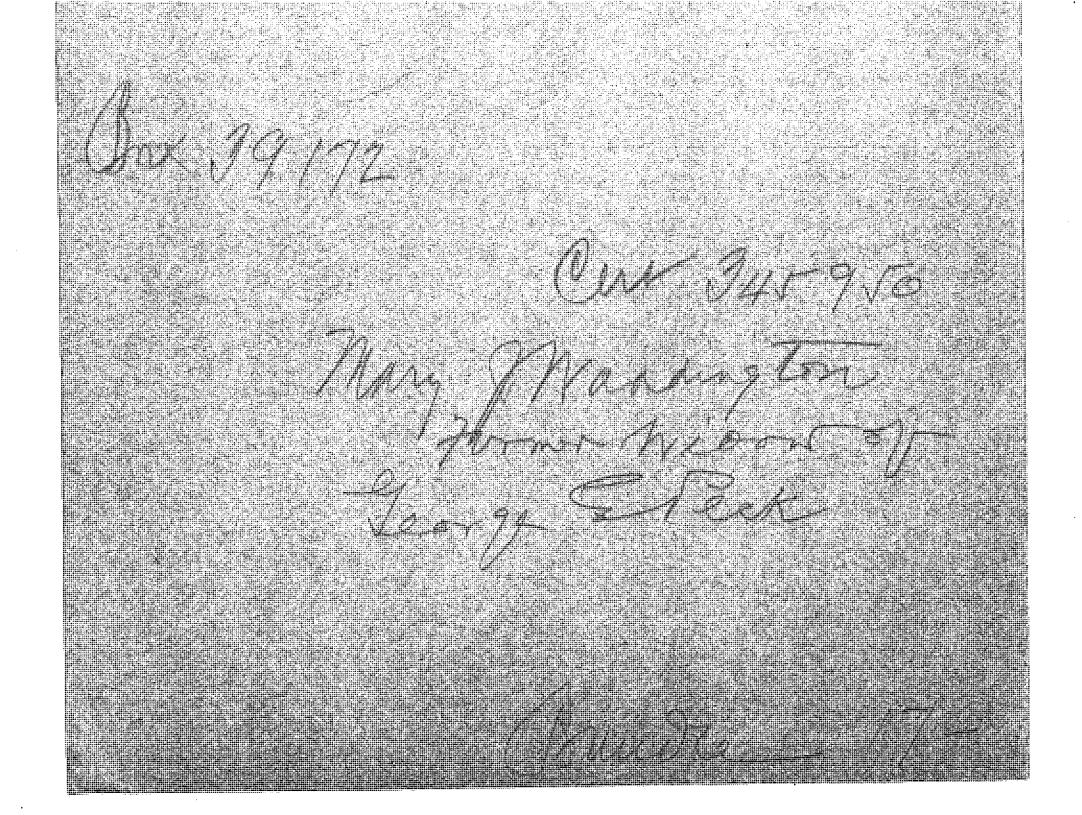
## Dear Patron:

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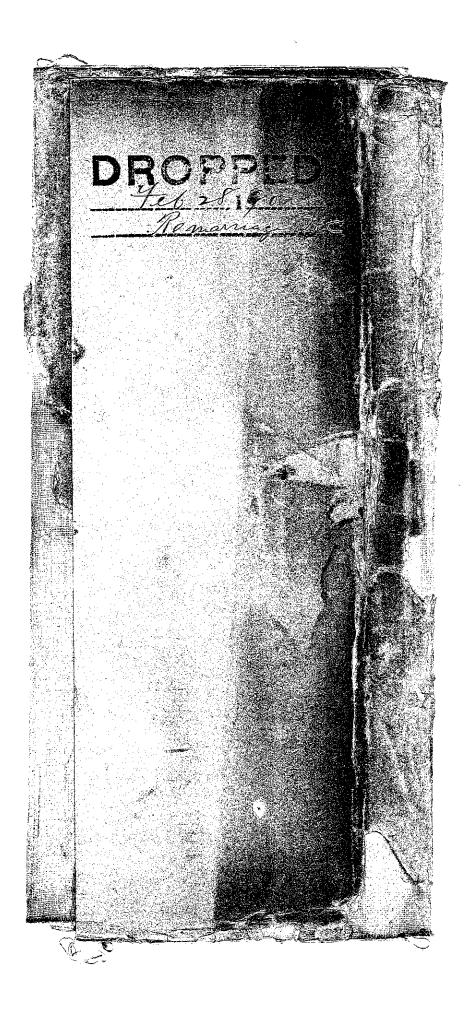
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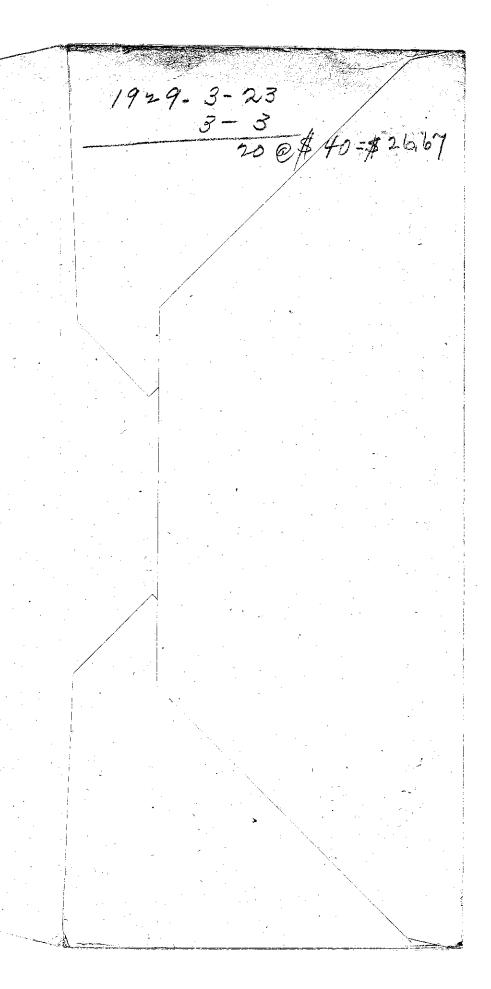
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Attorney: John A Keefe
P.O. 4 Pemberton Square
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July 10, 1931.

Mrs. Bertram E. Sherman, Sr., 387 Rutland Avenue, Vest Englewood, N. J. WIDOW DIVISION W. C. 345950 George J. Peck D, 39 Mass. Inf.

## Dear Medam:

In reply to your letter of recent date you are advised that in your claim for reimbursement in the case of Mary J% Waddington the there should be furnished a statement from Wilbur E. Henderson, Mortician, showing by whom the credit of \$150 and the balance of \$175, on his bill was paid. This evidence is necessary for the reason that the undertaker's receipted bill on file is made out to the estate of the pensioner and does not show by whom either the credit or the balance was paid.

Respectfully,

E. W. Morgan, Director.

Sidow Division T. C. Dal. 950 Coorgo I. Pock. I. 50 Hoos. Inf.

April 19, 12.00.

Tr. Wilbur M. Donderson, 10 Park Place, Duront, N. J.

Dear Sir:

To sid in the exjudication of a claim for reinbursoment in the case of Mary J. Waddington, who died March 25, 1925 at Yest Anglesson, New Jersey, please state by when the dredit of Albo on your bill and the belance of 175 was gaid. Your bill on The is made out to the catate of the pensioner and while receipted, loos not show by when either the crois or the balance was poid.

The courtest of your proupt reply will be ruch appropriated.

Mindly seturn the carbon copy of this letter with your answer in the enclosed penalty envelope, which requires no postage.

Very trely yours,

le Ve Morgan, Acting Carrissioner.

Widow Division W. C. 545,950 George E. Peck, D, 50 Mass. Inf.

April 191 1000.

Mrs. Jermie H. Sherman, 387 Ruthand Averne, West Englewood, N. J.

Door Indus:

In your claim for reinbursement in the case of Mary J. Waddington, you are informed that the enclosed contificate should be signed by Mrs. Grace G. Duffley and returned.

Very truly yours,

E. V. Horgan, Acting Corrissioner,

MT-sc

Widow Division W. C. 345,250 Wary J. Waldington George W. Pock Co.A. 39 Mass.Inf.

October 16, 1929.

Mrs. Jourie E. Sharmas, 2017 Rutland Avenue, West Laglewood, New Jersey.

Dear Meiana

In your claim for reinburgement in the above dited case, you stould furnish a statement from Milbur &. Hondarson, unfortator, showing by when the credit of \$150, and final payment, on his bill was orde, and if made by any person other than yourself much person about sign the enclosed responsibility certificate. The undertator should furnish a fully itemised bill showing all charges, and if it does not include livery and constary expenses, bills for some should also be furnished, showing by many paid, or that you are hold responsible for payment.

It is noted that the bill of Dr. Prost is receipted to Mrs. 3. 2. Shorman. You should state whether you are Mrs. 8. 2. Shorman, and if not, she should sign the enclosed certificate, which should be returned.

Your truly yours,

Earl D. Church, Commissionur.

MO

B. E. SHERMAN & SONS

INCORPORATED 1925

FUEL OIL



OIL BURNER

186 MAIN STREET OPPOSITE R. R. STATION

Hackensack, N. J.

Sept. 6th, 1929

Disbursing Clerk Bureau of Pensions Washington, D. C.

Dear Sir:

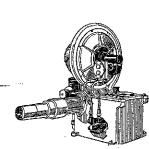
Enclosed please find application for reimbursement of pension of Mary J. Waddington for your consideration.

Yours very truly,

Olslay R. Sherman.

WRS: MAB

encl.





MRS. BERTRAM E. SHERMAN, SR. 387 RUTLAND AVENUE West Englewood, N. J.

May 5 ! 1980

In hoyan Dear Sie-

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Rechedfully ymac Jennie In Sheeman

MARY J WADDINGTON

55% WELLINGTON ST

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WALTHAM MASS

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CIVIL WAR DIVISION Wid.Ctf.345,950.
Mary J. Waddington, formerly widow of George E. Peck
D.39 Mass.Inf.

JCB/GYL
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON, D.C.
WARCH 21,1917.

JOB Exr.

R. R. FLYNN,

STATE HOUSE,

BOSTON, MASS.

SIR:

In this claim for remarried widow's pension, the evidence indicated in paragraphs No. 3 and 5 should be furnished.

- 1. The claimant's sworn statement showing the full name of each person to whom she has been married since the soldier's death; the date of each marriage; and the date of death or diverce of each husband.
- 2. The claimant's sworn statement, or that of some person having the requisite knowledge, showing whether shor husband,

, served in the Army or Navy of the United States, and, if so, the designation of such service, or services, and whether a claim for pension has been filed based thereon, and if so, the number of such claim.

4. The fact and date of death or diverce of each person to whom the claimant has been married since the soldier's death should be proved:— In case of death, by a certified copy of the public record, or, if no such record exists, by the sworn statement of the attending physician, or if that is not obtainable, by the sworn statement of witnesses who have knowledge of the fact; in case of divorce, by a certified copy of the decree of the court.

5. The sworn statement of witnesses having knowledge of the facts, showing whether the claimant was ever divorced from Edmund Waddington and, if not, whether they lived together as husband and wife up to the date of death of said husband.

All sworn statements should be made before some officer authorized to administer oaths for general purposes.

Persons testifying should state their ages, post-office addresses and means of knowledge of the facts to which they testify.

Copies of records should be over the signature and official seal of the person having custody of the record. If such person has no seal of office then the correctness of the copy should be sworn to.

Do not fail to inscribe on each paper furnished the name and service of the soldier and the number of the claim to which it relates.

Very respectfully,

G. M. SALTZGABER,

Commissioner.



200 WILBUR E. HENDERSON .: MORTICIAN :-PARLORS: 12 PARK PLACE, DUMONT, N. J.

Model Service of Lank Expenditure

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LADY ASSISTANT WHEN DESIRED	Waltham, Mass.	
M Ziner	af & for Mary	1 Waddington
√ To	GEORGE A.	CLARK. DR.

FUNERAL DIRECTOR AND EMBALMER

FUNERAL HOME, 29 SPRUCE ST.

OFFICE TELEPHONE 0155.W 29 SPRUCE ST.

RESIDENCE TELEPHONE 0077 22 SPRUCE ST.

## COMPLETE AUTO EQUIPMENT

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Widow Division

#### 3-2014

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS WASHINGTON

IMBURSEMENT

responsible for the payment of any portion of the accrued pension to which I may be entitled for services rendered, supplies furnished, or money expended during the last sickness and burial of Many Maddington late a pensioner under certificate No.

(This need not be sworn to.)

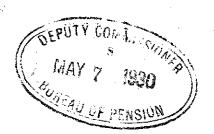
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Many Maddington

(This need not be sworn to.)

Many Maddington

(This need not be sworn to.)



TELEPHONE 129 ENGLEWOOD

WEST ENGLEWOOD, N. J., Chril 19 29

MA B.E. Hurman.

327 Rulland Cuc -

TO WILLIAM B. PROUT, M. D. 88 WEST FOREST AVENUE

FOR PROFESSIONAL SERVICES

® 3.00

RECEIVED PAYMENT.

1000

OFFICE HOURS
1-2 P. M.; 7-8 P. M.
THURSDAY 7-8 P. M. ONLY
SUNDAY BY APPOINTMENT ONLY

BILLS RENDERED MONTHLY

TELEPHONE DUMONT 410

RESIDENCE 187 S. WASHINGTON AVE. BERGENFIELD, NEW JERSEY

WILBUR E. HENDERSON

MORTICIAN

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The balance 2/e 150 or

Thank you

Thank you

Thank you

No. 345, 950

Renewal

# United States of America



### BUREAU OF PENSIONS

It is hereby certified That in conformily with the laws
of the United States - Mary J. Waddington former
Widow of George E. Peck
who was a Frivate, Co. D. 39th Regiment Massachusetts Infantry
and Private, Co. G, 12th Regiment Veteran Reserve is entitled to
ttlt - Teal to dollars have month to

	twell in day of October
one thou	sand nine hundred and seventeen
	the Independence of the United States
	vica the one hundred and forty-second
	Rolling I flower .
	Secretary of the Interior.

Countersigned,

Matthe pulse

9-4107

Commissioner of Rensions.

mŝ

No. 345, 950

Renewal

# United States of America



#### BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws
of the United States - Wary J. Waddington former -
Widow of - George E. Peck,
who was a Private, Co. D. 39th Regiment Massachusetts Infantry
and Private, Co. G. 12th Regiment Veteran Reserve is entitled to
a pension at the rate of - Twelve - dollars per month, to
commence October 31, 1916, and Twenty-five Dollars per month
from October 6, 1917—and to continue during her widowhood.

Your pension is increased to \$25 per month from October 6, 1917, by the Act of Congress approved on that date.

ATTACH THIS SLIP SECURELY TO THE FACE OF YOUR PENSION CERTIFICATE.

Commissioner of Pensions.

Countersigned, J

Mathan pelos

6-4107

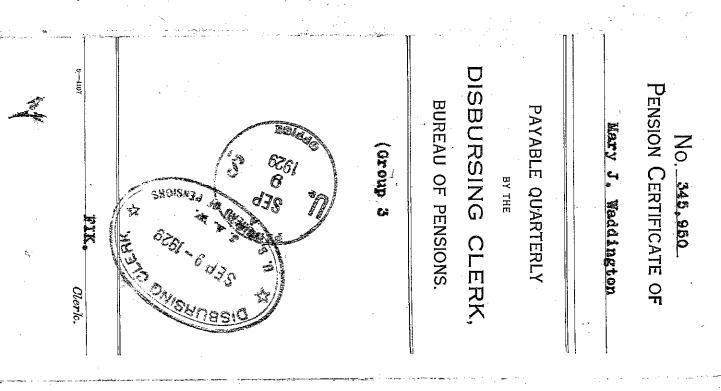
Companissioner of Rensions

ms

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

Sec. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate, which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.



#### READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

3 - 044

### APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF Massachusells	
COUNTY OF Suffice Ses:	
On this third day of Sectourly, A. D. 1929, before me,	the undersigned, personally appeared
Junio M. Sleurina, aged 57 years, a resident of	
County of Bugue, State of New Jussey, who	<b>5</b>
application for, and claim is hereby made for, reimbursement from the accrued pension for expens	es paid (or obligation incurred) in the
last sickness and burial of Mary . Doddington , who was a pension	oner of the United States by certificate
No, and who DED / March 23 , 1929, at 387	Eutland Comme
and was buried at Mr. Hope Cemetary - West acton Mass Trans	Le, rg.
That the answers to questions propounded below are full, complete, and truthful to the be	
belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pe	nsion is suppressed or withheld.
1. What was the full name of the deceased pensioner?	addington
2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child,	dependent relative, etc.)
widow of George Edward Pl	- <b>/</b>
3. If decedent was pensioned as a soldier or sailor—	
(a) Was he ever married? (Answer yes or no.)	
(b) How many times, and to whom?	6 - 6
(c) If married, did his wife survive him? (Answer yes or no.)	
(d) If so, is she still living? (Answer yes or no.)	
(e) If not living, give full names and dates of death of all wives	
· · · · · · · · · · · · · · · · · · ·	
(f) Was he ever divorced? (Answer yes or no.)	
(g) If so, is the divorced wife still living? (Answer yes or no.)(If living	g, a copy of the decree of divorce must
be filed.)	
(h) If not living, give her full name and the date of her death	
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.)	
5. Is any such child still living? (Answer yes or no.)	
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and	
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (An	2
	•
8. If so, give the name of each company in which a policy was carried and the amount in which a	
0. When we she have false a remail in each malian?	
9. Who was the beneficiary named in each policy?	
10. What was the relation of each beneficiary to the pensioner?	
11. Were the premiums paid by the deceased pensioner?	· ·
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person wh	
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
	• •

TE THE CHECKESOU DETRICHED TOWNS WITH MINIBLE PART OF	state, or personal property?	Pan		
15. If so, state the character and value of all such prop		2		
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16. What was the assessed value (last assessment) of the	e real estate?			
17. How was the pensioner's property disposed of?		•		
18. Did pensioner leave an unindorsed pension check?	(Answer yes or no.) 223			
19. What was your relation to the deceased pensioner?.				
20. Are you married? (Answer yes or no.)	no - brel	73		
21. What was the cause of pensioner's death?			·	
2. When did the pensioner's last sickness begin?	at death	<del></del>		-:
3. From what date did the pensioner become so ill as death?			on constantly	unt
24. Give the name and post office address of each physi				
pour B. Prout I	Med. Francist Co.	e di C	7	
		· V) July		A.
25 State the names of the names by whom the name				<i>U</i>
25. State the names of the persons by whom the pension	· ·	•		
	· · · · · · · · · · · · · · · · · · ·			
6. Where did the pensioner live during last sickness?	at the land of	Plan A T		
7. Has there been paid, or will application be made for	<i>//</i>			
•	•	any part or the expenses	or the pension	$\mathtt{oner}$
last sickward and burial by any State county and		$\sim$		
last sickness and burial by any State, county, or	•			
The following is a complete statement of all the exp	enses of the last sickness and burial of	f said deceased pensione	er:	
The following is a complete statement of all the exp (Each charge entered below should be supported by an itemized hind should show, over his signature, by whom paid, or who is held respond	penses of the last sickness and burial of il of the person who rendered the service or furnishments of the	f said deceased pensione		
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Also appeared LLW - Aelia Estalia who, being duly sworn, make the following statement,	**	ey know the claimant herein a	nd that their answers to
he following questions are true:	· .		
1. Did pensioner (if a soldier or sailor) leave a widow or	r a minor child under age	of sixteen years surviving?	
	no		
2. When did the pensioner die? Zuw	de 23sd.	1929	
3. Did pensioner leave any property? If so, state its c		<del>~</del> / .	7 F
4. Our means of knowledge of the above statements ma	ade by us are: We knew	the deceased pensioner for	5 years and Like
familias with her cir	constances.		1 % 1°
	1. 		
Name Deslare R. Sherma	Name X	Elles Dolia	Horston
P. O. Address frat luglumd )	9. O. Add	ress 31 Ronal	Rd Arlin
Subscribed and sworn to before me, this the	hd day of left	tember	A. D. 19 <b>29</b> ;
and I certify that the contents of the foregoing applica	1		nt and witnesses before
swearing, that I have no interest, direct or indirect, in	the prosecution of this el	aim, and I further certify that	the reputation for credi-
bility of the witnesses whose signatures appear above is	a gova		
Chief, Rosord Divi	A A	2 9 Ro	Ω
CL. 28 to 22.	$\mathcal{O}_{\mathcal{V}}$	(Signature)	7
[L. S.]  Chief, Robord Diversity  STATEM	Pole	College Vulle	en de
The property of the second of	on 30	State St. Bros	ton, Mass
The Sand	/2/	(P. Ö. address	)
STATEM	IENT OF ATTENDING	PHYSICIANS	
Give pensioner's name in full 1	, Woddington	- -	
Give date of commencement of pensioner's last sickness	· Now A3.	1929	
Give date of pensioner's death 23			·
From what date did the pensioner require the regular a		other person constantly until d	eath?
- Trav 23,1929	•		
During what period did you attend the pensioner?			•
State nature of disease from which pensioner died	FA # # # # # # # # # # # # # # # # # #	mlase.	
,	- aver 110-		
Give name of any other physician who attended the pe		Time	1 = 66
dive hame of any tends physician who better one pe	3400 250440000		
Does your bill include a charge for all medicine furnish	hed the pensioner during	last sickness?	. 1
Has your bill been paid; if so, by whom?			
mas your sin soon para, a so, s, washing			The state of the s
Give the name of each person who acted as nurse, and	mention any other facts v	rithin your knowledge which wo	uld be helpful in adjust-
ing this claim for reimbursement:			
ing this train for removingement.	•		
I certify that the foregoing statement is correct.		_	~
July 30 , 1929		William B. From	AHD
		•	Attending Physician.

#### NOTICE

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

The Act March 2, 1895 (28 Stat. L., 964), provides-

That from and after the twenty-eighth day of September, eighteen hundred and minety-two, the accrued pension to the date of the death of any person entitled to a pension having an application therefor pending, and whether a certificate therefor plant of any person entitled to a pension having an application therefor pending, and whether a certificate therefor person pensioned, or of any person entitled to a person parsion having an application therefor pending, and whether a certificate therefor pension on account of his disabilities or gervice, be paid, first, to his widow, second, if there is no widow, to his child remained the age of axteen years at her death. Such accrued pension shall not be called or children under the age of axteen years at his death, third, in a case of a widow, to her minor children under the age of axteen years at her death. Such accrued pension shall not be considered a part of the sasets of the estate of another deceased person nor be liable for the payment of the debts of said estate in any ease considered a part of the sasets of the estate of auch deceased person nor be liable for the payment of the debts of saiden in any ease and in the case of the estate of an estate of an estate in any ease and in the case of his last amy to reimburse the pensions that in the test of the sole and exclusive benefit of the widow or children. And it no widow or child curvive anch pensions and pensions that in the case of the sasets of the estate in the estate of the estate of the estate of the pensions and pensions that it is a case of pensions at any pensions and pensions are allowed except as may be necessary to reimburse the person who borre the expense of their last sickness and burial, if they did not leave of a dependent mother, father, and the person pensions are an except to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

\* \* \* and no part of any accrued penalon shall hereafter be used to reimburse any State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased

#### SNOITOURTENI

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor lishle for the payment of the debts of such

Persioner, not bension is not a part of the sestes of the case of a personent, nor lishle for the payment of the debts of such pensions.

A corrued pension is not payable as reimbursement in the case of a person pensions of age survive.

B. Accured pension is not payable as reimbursement in the case of any pensions who left sufficient assets to meet the expense of age survive.

Co. Brills of not reimbursement should be accompanied by the following evidence:

Teccipled to said elaimant; but it paid in part only the creditor should rote on each bill, over their such assets of last sickness and bursial.

A Application for reimbursement should be accompanied by the following evidence:

(a) Brills of all expenses of last sickness and bursial.—If paid by the creditor should rote on each bill, or the parties to whom said bills are due should arote on each bill, or the payment. If the bill be for medical treatment it must about the dates due should be parties to whom said bills are due should be dates between which the carvices were rendered, and show the dates of visits or treatment it must show that the services was rendered to the pensioner on account of whom reimbursement, and the late of the following receipted to the service was rendered for the pensions of the dates of the pensions f the pension of the pensions of the pensions of the pension of the dates of the pensions of the pension of the dates of the pensions of the pension of the pension of the pension of the dates of a set to mance duplicate when the secure duplicates when the pension of the pension of the deceded by the made.

(b) The pension of the pension of the pension of the pension of the pension of the pension of the pension of the pension of the pension of the pensi



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....Division

# DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., Sep. 25 , 1917.

No. Claim,

Cert. No. 345950 - Widow.

Claimant, Eary J. Waddington, formerly widow of Soldier, George E. Peck
Co. D, 39th Mass. Inf., and
Co. G., 12th Reg't V.R.C.

Respectfully, returned to the Chief of CIVIL WAR DIVISION with information that the records of the Boston Agency show that Mary J. Peck was last paid on September 11, 1900 to September 4, 1900.

No further data shown.

Chief of FINANCE Division.

13P

Sec. B 8/24/17 Cuthbert
Exr. 2 1 C - 100
(iv. Wal Division, Sept- 10, 1917
DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.
No. Wid. Cy. 345950
Name, George & Peck
Service, 9 . V /2 Mass In
Post office, Mary I Plad gungleu- Attorney, Wallham
Post office, Mass.
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Has Belle & M. Leon
(19/2) M here
OT
State of Suffork Co, Mass,
1 11 11 MARIA
State of Suffer Commissioner  filed as Special Commissioner  on March 30-1917?
State of Suffork Co Madd, filed as Special Commissioner
State of My NK Co Madd, filed as Aperial Commissioner on March 30-1917?  Did he affect his official sealing of the commissioner of the commissione
State of My NK Co Madd, filed as Aperial Commissioner on March 30-1917?  Did he affer his official sealer of Div.
State of My NK Co Madd, filed as Aperial Commissioner on March 30-1917?  Did he affect his official sealing of the commissioner of the commissione
State of Malk Co Mall, filed as April and Chief, W. Wal Div.
State of MINK Co MADD, filed as Decial Commissioner  on March 30-1912  Did he affir his official sedize of the Div.  Chief, Wal Div.  Law Division, SEP 14 1911, 191
State of MINK Co MADD, filed as Decial oministration on March 30-1912?  Did he affir his official sedil?? March Div.  Chief, Wal Div.  Law Division, SEP 1 1 1911, 191
State of MANA CO MAND, filed as Decial Commission  on March 30-19/2?  Did he affect his official sedil? March Div.  Chief, W. Wal Div.  Law Division, 3EP 14 1011, 191  LAW CLERK  LAW CLERK
State of MINK Co MADD, filed as Decial oministration on March 30-1912?  Did he affir his official sedil?? March Div.  Chief, Wal Div.  Law Division, SEP 1 1 1911, 191

#### DECLARATION FOR REMARRIED

Section 2, Act of September 8, 1916. STATE OF 19/6, personally appeared before me, a who, being duly sworn by me according to law, declares of age, and that she was born. served therein during the Civil War. That he also served. married to said soldier been previously married: that he had... Joslon Mase, said soldier (or sailor) died\_\_ she was divorced from him. \_formerly pensioned as the widow of said soldier (or sailor), the number of her pension certificate that her pension or right to pension terminated because of her marriage the Army, Navy, or Marine Corps of the United States marry again after the death of the soldier (or sailor), except to Communication named above\_. after the death of the soldier (or sailor), name of husband, date and plant That she makes this declaration for the purpose of being placed on the pension roll of the United States, as a remarried widow, under the Second Section of the Act of Congress approved September 8, 1916. She hereby appoints, with full power of substitution and revocation, R. R. FLYNN, Commissioner of State Aid and Pensions, State House, Boston, her true and lawful attorney to prosecute her claim without fee. and esses. CONSTANT ABY (L. s.) Subscribed and sworn to before me this. hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words. Charles of the state of the sta eased, and the words. added: hat I have no interest, direct or indirect, in the prosecution of this claim.

MASS

BOSTON

filed in the Burcau of Pensions for

the proper

Corps, during the Civil War. Declaration and testimony in support of ounty, or city officer under his official scal, unless term of office must be certified by general purposes. some officer authorized If such officer is not required , his official character, signaφ

pension under the second section of the Act of September

who remarried and is again a widow, who desires to claim

This form is ONLY to be used by or in behalf of a widow

NSTRUCTIONS

officer or enlisted man of the

1916, above quoted,

on account of the service of an

Army, Navy, or Marine

to be

WIDOW'S PERSION.

Act of September 8, 1916. Section 2,

FOR REMARKIED

DECLARATION



To amend an Act entitled "An Act to increase the pension of widows, minor children, and so forth, of deceased soldiers AND SAILORS OF THE LATE CIVIL WAR, THE WAR WITH MEXICO, THE VARIOUS INDIAN WARS, AND SO FORTH, AND TO GRANT A PENSION TO CERTAIN WIDOWS OF THE DECEASED SOLDIERS AND SAILORS OF THE LATE CIVIL WAR," APPROVED APRIL NINETEENTE, NINETEEN HUNDRED AND EIGHT, AND FOR OTHER PURPOSES.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SEC. 2. That any widow of an officer or enlisted man who served in the Army, Navy, or Marine Corps of the United States during the Civil War whose name was placed or shall hereafter be placed on the pension roll, under any existing law, and whose name has been or shall hereafter he dropped from said pension roll by reason of her marriage to another person who has since died or shall hereafter die, or from whom she has been heretofore or shall be hereafter divorced upon her own application and without fault on her part, shall be entitled to have her name again placed on the pension roll at the rate allowed by the law under which she was formerly pensioned, and the law or laws amendatory thereof, unless she be entitled to a greater rate of pension under the provisions of section one of this Act, such pension to commence from the date of filing her application in the Bureau of Pensions after the passage of this Act: Provided, however, That where the pension of said widow on her second or subsequent marriage has accrued to a helpless or idiotic child, or a child or children under the age of sixteen years, she shall not be entitled to renewal under this Act unless said helpless or idiotic child, or child or children under sixteen years of age, be then a member or members of her family and cared for by her, and upon the renewal of pension to said widow, payment of pension to said child or children shall cease: And provided further, That the provisions of this Act shall be extended to those widows, otherwise entitled, whose husbands died of wounds, injuries, or disease incurred during the period of their military or naval service, but who were deprived of pension under the Act of March third, eighteen hundred and sixty-five, because of their failure to draw any pension by reason of their remarriage, and to any person who was lawfully married to an officer or enlisted man, who served in the Army, Navy, or Marine Corps of the United States during the Ovil Warsand was honorably discharged therefrom and has since deceased, and who, having remarried since his death is again a widow to that been diversed from her last husband upon her own application without fault on her part and who, otherwise entitled, was barred by reason of such remarriage from receiving pension under any existing law.

on under any existing law.

Sec. 4. That no claim agent or attorney shall be recognized in the salgudication of claims under the first section of this Act, nor shall any claim agent or attorney be recognized in the adjudication of example under the second section of this Act for renewal of pension previously allowed, and in claims for original pension under section 2 of this Act ho greater sum than \$10 shall be allowed for services in preparing, presenting, or prosecuting such claim, which sum shall be payable only upon the order of the Commissioner of Pensions under such rules and regulations as he may deem proper to make.

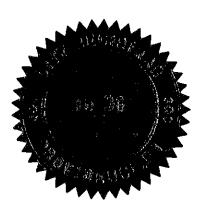
### MARRIAGES Registered in the City of Providence, R. I.

DATE OF MARRIAGE.	Full	NAMES OF GROOM AND BRIDE.	RESIDENCE OF EACH AT TIME OF MARRIAGE	of each in years.	CoLor of each,	Occupation of Groom,
September 5	Edmur Mary	d Kaddington Jane Peck	Providence	-57 49	<i>Y</i>	Musician
	()	For the Year ending	December 31st	. 1900.	WOIS NIT	T Sal
BIRTH-PLACE OF EACH.	PARENTAGE OF EACH.	NAMES OF PARENTS OF EACH.	No. of M riage: 1st, etc., of ea	2d, Name	and official St	tation of Person by whom married.
England Sandwich n H	E a	Matthew + Lydia Albert + Huldah Mc	ulton 2 Wi	a I,	homa Umner	s F May



### REGISTRAR'S OFFICE.

	Charles	royidence,	a	aril 16	19/5.
I,	Charles	V. Chap	un	, City Re	gistrar of
the City of Providence,	State of Rhode	Island, here	by certify the	at the abov	e is a true
copy of the Record of the and Mary Jane Page 60	e Marriage of	Idmuna	d Nadd	mgton	
and Mary Jane	Pech	as 7	recorded in B	Book No	19.
Page U60	, of the Reco	ords of Marrie	ages in said (	City of Pro	vidence, of
which I am the legal o					
Witness my	hand and seal. Charl	a V.Clu	rfin		Registrar.



### Deaths Registered in the City of Providence, R. I.

DATE OF DEATH.	NAME OF THE DECEASED.	AGE.  Yrs. Mos. Days	PLACE OF DEATH. STREET AND NUMBER.	Sex Col.	Condi- tion.	Occupation.	PLACE OF BIRTH.	PARENTAG	_ ion
Feb 1	Edmund Waddington	628/1	3.03 Benezit	mw	m	Piano Seacher	England	e   e	rchives

### For the Year Ending December 31st, 1906

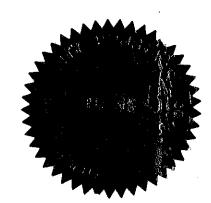
Names of Parents.	PLACE OF BURIAL.	DISEASE OR CAUSE OF DEATH.	Physician.	Undertaker.
Marthew & Maria	Laurence Mars	Bronchitis Ar vally Cerebral Embolism	Godding C M	Knowles HBSons
		O		S - 48 E
		· (		ST SO 5



CITY REGISTRAR'S OFFICE.

I, Charles & Chapin, City Registrar of the City of Providence, State of Rhode Island, hereby certify that the above is a true copy of the Record of the death of Edmund Waddington, as recorded in Book No. 22, , Page 228, of the Records of Beaths in said City of Providence, of which I am the legal custodian.

Witness my hand and seal. Charles V. Chafin City Registrar.



## The Commonwealth of Massachustts



### PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

#### AFFIDAVIT.

State of Massachusetts,	(SS)
County of Juffolls	
In the matter of the claim, for	narred Andow #345950
of Mary J. Staddyn	gton famuly widow of
g O Ge	orge Ef Tech T
of Company , , , 2 Regiment.	Mass Infrytoo E 3 I Mass Inf
Personally came before me, a	ijal Commissionerin and for
aforesaid County and State	
in the County of Middlesus	
	, State of Masse, who being
duly sworn, declare in relation to aforesaid of	Lux claim, as tollows:-
thaty years an	
	d knoband
Dre know from	
that she was	margied but onde
after the deal	
ghid that his	
furband was t	
That she lived	
Edmind Stadde	
date of her n	
until one odea	thy afra was not
dward from	Mm
ν	NSION
	QE. L
······································	(IV A S.)
	1917
	OFF
Me further declare that we have	no interest in said claim, and Monot concerned
in its prosecution.	
	Affiant's Signature, Gaze & Deffley
)	$\langle A \rangle$
· \	P. O. Address, 152 Stympton 88
	Waltram har
Attest—when any affiant signs BY MARK two persons sign here.	Affiant's Signature, Ethel la Cithum.
•	P. O. Address, Gendal Green Mass.
5-21-1912. 5,000.	OVER

Sworn to and subscribed before me this day by the above-named affiant; and I certify that I read said affidavit to said affiant, and acquainted with its contents before executed the same

I further certify that I am in no wise interested in said claim, nor am I concerned in its prosecution.

Witness my hand and official seal this sign here. Sign here. Served Compassioner

Figure House

Figure House

APR

MASS.

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

CLAIM FOR

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Grack, Buffley

Stol C. Hithau

PENSION DEPARTMEN"

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Claimant Mo	ery & OceA	/ /	Soldier	Jeorge E.	Teek,	· ·
12.0. 1762 Wass	hinston A. Co			Private	$\chi_{\chi}$	9,
1 111	$\mathcal{A}$	<i>/ / / /</i>	LUGILIA	39 Man. Vol.	1/1	A 10:1. V
County Juffol	State	4	Regiment_	09 Mass. 101.	ruf , track	J. ( ).
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for fr		(Sixteen, Born, Bo		3.) Commencing	· (wien	≘Z., 18 / C. ¥
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# WIDOW'S DECLARATION FOR PENSION.

. For To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or a Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

1 .	)	
S. S.	ss.	
County of	7//	
On this 10 - May		Done thousand eight hundred and
$I(\mathcal{U})$	peared before me	
Till		for the County and State aforesaid
Mary . J.	yes yes	rs, who, being duly sworn according
to law, makes the following declara approved June 27, 1830, granting pension	•	6
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đ	on f	he day of
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, and served at least	ninety days in the war of the rebel	ion, and was honorably discharged at
on the		of
and who died at	ou Mass on	the day of
March	18 <i>92</i>	
`*		·····
(That he was a pensioner of the United	States under Certificate No.	, or, he was an applicant for invalid
Pension No);	5	*
That she was married under the	ne name of than.	Moakton to said
Timpe . E. Veen	on the	day of Detalogs
3F 6/ C / / /	Frosk at Hai	Chase Illass.
there being no legal barrier to such ma	₽'	ishand had been previously magnial
a a a a a a a a a a a a a a a a a a a		
(If either have been previous	ously partied, so state, giving days of death or divo	that she
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has to present date remained his widow :	,	
has to present date remained his widow; children, yet surviving, under sixteen ye	that the following are the names an	
children, yet surviving, under sixteen ye	that the following are the names an	d dates of birth of all his legitimate
children, yet surviving, under sixteen ye	that the following are the names an ears of age.	d dates of birth of all his legitimate
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Inder Act of Congress, approved June 27, 1890

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JOHN A. KEEFE, Att

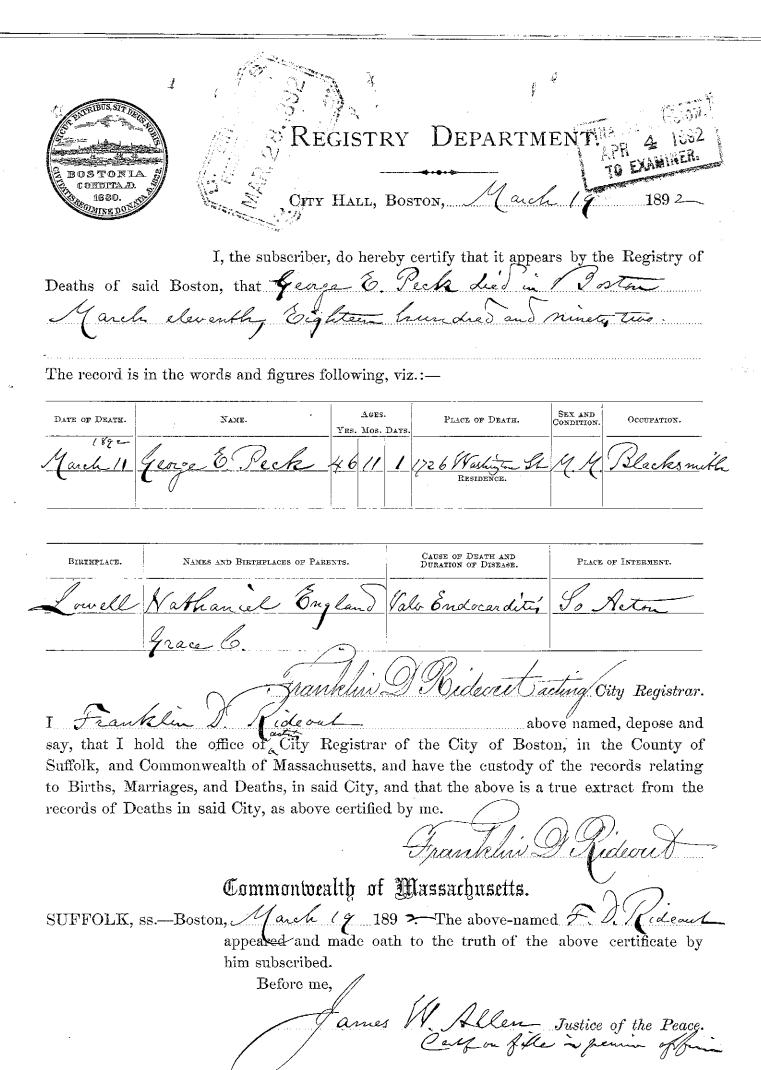
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## Claimant GENERAL AFFIDAVIT.

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NTY OF Suffalk	S8.	Ac	t, June 27, 18 <b>9</b> 0.
In the matter of the claim for Midous	Texteris.	No.	
Mary I Jeck Hidres	if heave.	E. Peca	
of Company 7 Res	iment. Make	atter :	Volunteers.
Personally came before me, a./	2. 4 . 60	in and for afor	
State, Mary J. Sect	Claimans	262	years,
J; (/		, aged	years,
· · · · · · · · · · · · · · · · · · ·	n the County of	uffalk:	, State of
, who being o	uly sworn, declare≠ in re	Plation to aforesaid case	e, as follows:
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affidavit	* 1	d acquainted her with i			
affiant affiant	. 4	known to me; that whe courther certify that the words			
		made doctory and the state of			
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<u>.</u>	SEAL HERE.	Any erasures or interlinea- tions in the foregoing affida- vit should be certified by the Magistrate, in his jurat, as having been made before ex-		Magistrate's Signatur	
		having been made before ex-	Juste	Official Character.	Jeace
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N	OTE.—This may be swor	rn to before a CLERK OF COURT,	NOTARY PUBLIC, or J	USTICE OF THE PEACE.	If sworn before a
	or Justice, then the ome which follows:	cial character and signature of su	en omder snomd de ves	thed by cermicated or m	te Cierk of Court, on
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Ì,			Clerk of the		Court, in and for
aforesa	id County and State,	do certify that		•••••	Esq.,
· · · · · · · · · · · · · · · · · · ·	_	the foregoing affidavit, was,			
in azd	for said County and S	State, duly commissioned and	d sworn; that all hi	is official acts are en	titled to full faith
No stad one	dit, and that his sign:	ature thereunto is genuine.			
	Witness my hand and	the seal of said Court, this		day of	189
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	[L. S.]			a.	
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Jur	y Illy	is in	A Ch	N A	<b>4</b> 7 ; ;
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T. H. BALL, Law Statione. 49 Court Street, Boston.



Deutl S-Mel 11, 1892

Act, June 27, 1890.

AFFIDAVIT OF FILED BY JOHN A. KEEFE, Atty. 4 PEMBERTON SQUARE, BOSTON, MASS.

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Vol. 2/27
Page 282

Commonwealth of Massachuseits.

Secretary's Department,

Boston, March 19th 1892.

I hereby certify That the MARRIAGE of Frozza & Peck
of Lovel aged 25 years, and Dary & Moulton
of Jandwith A. H. aged 20 years, solemnized at Walkam
on the 15th day of Och. in the year 1870, by Pur. Lo. O. Tash
appears of Record in this Department by duly attested Returns of the
of the Lows of Hallham for that year.
First manage of both parties.
Western Services Communication Assets of the

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

Secretary of the Commonwealth.

W.m. W. Olin

M-Oct 15, 1870 - Frist of each

Act, June 27, 1890.

Midowy Jewion
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Nature of Claim }
No
Claimant, Mary J. Pick
widow of Geo. ( Seck)
Late
Mass, Inf. alon "G" 12th V. R. C. Vols.
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Cest of Marriage of
en la la la la la la la la la la la la la
Claimant to Soldier
F1LED- BY
JOHN A. KEEFE, Atty
4 PEMBERTON SQUARE,
BOSTON, MASS.
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Vol. 288
PAGE 277
No. 127

Commonwealth of Massachusetts.

## Secretary's Department,

Boston, *Banh* 19th 1892.

I hereby certify That the BIRTH of have formed Ceck
hild of JENN C. and Mary J.
Til 91
orn at the bury on the 20% day of June in the year
, appears of Record in this Department by duly attested Return of the
Sight of the cely of the busy for that year.

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

UM W. Clin.
Secretary of the Commonwealth.

Act, June 27, 1890.

Widows Pension
Nature of Claim Command
No
Claimant, Mary J. Puck
widow of Geo. & Peck
LateCo. 2 39th Reg't.
Mass. Inf they G" 12th U. R. C. Vols.
AFFIDAVIT OF
Cert of Birth of flill
FILED BY
JOHN A. KEEFE, Atty. 4 PEMBERTON SQUARE, BOSTON, MASS.

152

## GENERAL AFFIDAVIT.

you can remember.	according to the requirements whether from personal observa	s in the case i	n which your testi	mony is to be used; al	so state how you know what	
persons. State of	Mass	*************************			•	
COUNTY OF	Suffort	K	ss .	1/0	Act, June 27	, 1890.
In the matter	of the claim for Mie	Lowel.	enewy	$\mathcal{N}^{\underline{-}}$		
of Mary	102	••	ow of	George C	5. Seck	
late of Company	B.	39 Regim	ient, Mar	you duft	Volunteers.	
Personally ca	me before me, a Jul	tice o	f the	Leace in a	nd for aforesaid County	
and State, Na	nison. D/. L	ittlefik	ld	, aged	50 years,	
and		<i>l</i>	***************************************	aged	years,	
resident & of	Y Toston	, in t	the County of	Suffol	, State of	
d1	Wass, w	ho being duly	y sworn, declare	in relation to afo	oresaid case, as follows:	
That we	e ever acq		1		Toldies in	
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# APPLICATION FOR ACCRUED PENSION.

(WIDOWS.)

State of Mass, County of Suffolk ss:	-
On this day of March, 1882, personally appear	red
Man. J. Oeck , who, being duly sworn, declares that she is the lawful widow	
	day
of March 1867: that he had been granted a pension by Certificate No. //8.40	7
which is herewith returned (or if not, state why not) Ketained to file with	<i>-</i>
that he had been paid the pension by the Pension	sion
Agent at Bostone Wass up to the 4th day of Wasch, 189	1;
after which date he had not been employed or paid in the Army, Navy, or Marine service of the Un	
States, except;	that
she was married to the said Levrge. 6. Jeca on the	day
of October, 1870 (at Waltham in the State	e of
Mass; that her name before said marriage was Mary, 4.	· ·
Moulton; that she had not) been previously married; that her husb	and
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. 1762 Maxhum	g hrs
Street, City of County of County of	tate
of Mass, and her Post-office address is the same	<del></del>
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(Willow's signature.) " allowing & Segis	<del></del>
Also personally appeared Pertian E. Sherman, residing at Tooken	<u>.                                      </u>
Mass personally appeared and Emma a Puss, residing	gat
1 Toskon Mass, who, being duly sworn, say that they were present and	•
May. J. Sign he name (make her mark) to the foregoing declarat	
that they know her to be the lawful widow of Heorge . E. Peck, who	
on the day of March, 1892; and that their means of knowledge	edg <b>e</b>
that said parties were husband and wife, and that the husband died on said date, are as follows:	
From an intimate acquaintance of both	
harties for years.	
+ Bestrante Chenn	
	_
Omma a. Cues	
Sworn to and subscribed before me on this	72.
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, d	irect
or indirect, in the above claim. (Signature.)	
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Stat	e of	, County of	
I	•	, Clerk of the	Court of the
Count	y and State aforesaid, do hereby cert	tify that	
is	, duly	commissioned and qualified; that his comm	mission was dated on
the	day of, 18	8 , and will expire on the day	of,
18	, and that his signature within write	tten is genuine.	. <del>-</del> 1
	GIVEN under	my hand and the seal of said Court this	day
	- of	, 188	
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When the amount of accrued pension is large, the following evidence of marriage should accompany the application for accrued pension:

- 1. A duly verified copy of a church or other public record; or
- 2. The affidavit of the clergyman or magistrate who officiated; or
- 3. The testimony of two or more eye-witnesses of the ceremony.

If, prior to the marriage of the widow and the pensioner, either of them had been married to another party, the death of said party, or divorce from the same must be proved.

This application and the blank voucher herewith should be properly executed and forwarded to the Commissioner of Pensions.

It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.



APPLICATION FOR ACCRUED PENSION WIDOWS,

JOHN A. KEEFE, Atty

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### TION FOR AN ORIGINAL DISABILITY PENSION

Under Act of Congress approved June 27, 1890.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or a Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record or a City or County Clerk.
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who was ENROLLED as a Crivate on the day of the Regiment of Mass On fautry
and served at least ninety days in the war of the Rebellion,
and was honorably DISCHARGED at Washington D. Co. on the 3121
day of July ,18 6 5; that his personal description is as follows: age 45
years; height 5 feet 9/2 inches; complexion light; hair dank
eyes dank That he is suffering from the following disabilit un which are of a permanent
Character, viz.:  Left inquival hermo head desease  Gere state folly the name or lature of the disease or injury which disables you from performing manual labor. If an injury, state the exact logation.)  Moreover, lung disease and Kidney diverse
and total desability to perform any manyalla
That the said disabilit. Let are not the result of any vicious habits of the claimant, and (it or they)
incapacitatelim from the performance of manual labor in such a degree as to render him unable to (incapacitate or incapacitates.)
earn a support.
That he is receiving an invalid pension of \$ per month under certificate
No. 118 Hd for estate the exact disability for which you are pensioned, copying it word for word from your certificate.)
to which he hereby refers.
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 been employed in the military or naval
service otherwise than stated above in his original Clarin
(Here state what the service was, wbether 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
day of July 18.65 and that his occupation
(Greenate of your last discharge.)
4
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 Freeman Donnono
of Bortm Mast his true and lawful attorney to prosecute his claim,
and to receive therefor a fee of ten dollars.
That he has heretofore applied for a pension, but his claim has to been allowed, the No.  (If you have a claim for pension pending under the old law, give number of the claim.)
of the classifier No. 18 40 ; that his residence is 1762 / Yashungton of
Soston Maso and that his post office address is 1762 taskington &1
Dotton Mass
Trousell Call
(Signature of Claimant.)
(Two witnesses who can write, sign here.)

at the National A	retives appeller appeared of the grant Contract of the grant of the gr
A 2 1 mm 1	onally appeared residing
(1)	and flance Menual residing
(()07	persons whom I certify to be respectable and entitled to credit,
who, bein	ng by me duly sworn, say that they were present and saw Lorge S. Lee
	the claimant sign his name (make his mark) to the foregoing declaration; that they have every rea
1 · 1	e from the appearance of said claimant and their acquaintance with him, for years,
	years respectively, that he is the identical person he represents himself to be; and that they less
no interes	st in the prosecution of this claim.
	charl & Pear
***************************************	
	Jennie In Shiaman
	ts sign by mark, two persons who can write sign here.)  (Signature of Affiants.)
Sv	worn to and subscribed before me this day of A.D. 189
and I her	eby certify that the contents of the above declaration, &c., were fully made known and explained to
applicant	and witnesses before swearing, including the words
***************************************	erased, and the words added;
that I hav	re no interest, direct or indirect, in the prosecution of this claim.
[L. s.]	1 Olaver O. Richarder.
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Qu.	17 97 Clerk of the Musico of the 12-
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<b>^</b>	· MAN
in XB	
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ORIGINAL DISABILITY CLAIM

PENSION.

Under Act of Congress, June 27, 1890.

/ Applicant.

Enlisted....

Discharged...

F. EMMONS, BOSTON, MASS.

FILED BY

T. H. BALL, LAW STATIONER, 49 Court Street, Boston. SOLD BY

Special George E. Cook loi 2" 39th Ref. Mars Inf. Ch. Mo. 118407 act June 27, 1890 -Boston, Mass. Mr. 9, 1891 In the above entitled claim the claimant is in a critical condition and in danger of immediate death. Irespectfully ask that his case be made special I herewith file a Statement of Henry F. Leonard, M. J. showing the claim auts physical condition. The claim was filed by me Nov. 7.189. Very respectfully Grunous -R-Hoshington D. C.

Reproduced at the National Archives	—126.]
There of I	NVALID PENSION.
claimant, Herrie E	Poell
P.O., Ditchere	/ Rank, $/$
County, Coverence	Company,
State, Mass	Regiment, 3-9" May 11
Attorney, De ouce 1300	tin mass. Fee 8
Rate, \$ per month, co	mmencing Oct 13. 1880,
Disabled by Left Lugiun	e Kepina
Submitted Nov (0 77 , 18 80, 09	- Transcar
Approved for Left organial Stamia	Approved for left ingunal herma
10000/80- 1101Emylt	Total & from ON 13. St
	old De Famale Mil
, 18 , Reviewer.	Mrs. 11 , 1880, Med. Referee.
Discharged July 3 1", 1865.	Certificate s <del>urrendere</del> d , 18 .
Original application filed Dre & ", 1865.	
Increase application filed Left 24", 18%.	
Pensioned aug &", 1872; from	Oug 1", 1865; at \$ 6 \ per month
for Left. Lug Her	nica.
	in a second of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of
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WAR OF THE RESELLION.			ACT OF JULY 14, 1863
5 you	INVALID PENSION	ORIGINAL.	A & s
Claimant, Con	ae 6. Se	eK	
P. O.,	Abria	, / Rank,	ivate 8
County, Mon	cestal	Company,	al .
State	Mass	. Regiment, $39$	Mass. Val
State,	/	, -	
	SUBSEQUENT SEE	RVICE.	
From,	18 , to	, 18 , in	
From	18 , to	, ,	
Morney, Junge J	Tarker, Me	ilford, s	llass.
Fee, \$ 10.00	(No Contract.)		vidence filed since July 8, 1870.
Discharged (taken from	V. Seuli se fa	ch), Ou	Uly 61, 18 65.
Rate of pension, \$	per month, from	1868	
		0	
Disabled by Left M	guindl Ne	znia.	
Brief for Admij	Story submitted	uly 27	, 1872.
		Trest th	Ex'r.
Sha	eucher 8, 1865, al	7. 134. 6	sultino of
Declaration filed	enner 0, 1865, al	deging disaomity from	a while
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Mu. Mey 18	<i>0                                    </i>		<i>V</i> *
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	THE ADJUTANT CONTR	AT REPORTS—	

# DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the Court, as to the official character and genuineness of the signature of such officer must be attached. Neglection of the signature of such officer must be attached. Neglection of the signature of such officer must be attached.
STATE OF Mayachusett
COUNTY OF Mountain 88.
personally appeared before me blesh Pot
aforesaid, Longe & Occh
Huchburgh, County of Processes State of
Mass - , who, being duly sworn according to law, declares that he is a pensioner of the
United States, enrolled at the Sustain Pension Agency at the rate of
dollars per month, certificate No / Hor reason of disability from
incurred in the Military service of the United States while as Sivate in
(Military or Naval.)  (Here state rank, company, and regiment, if in the Army; vessel,
if in the Navy.) acts - 39 mark of 12 m. C.
That he believes himself to be entitled to an increase of pension on account of the above
Mentioned information which a leading to the disability for which already pensioned, that should be de-
scribed. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place,
and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment should
be given as nearly as possible.) Here much pain in the
region of injury. He weare
a trusk constantly We is
much in capacitated and thinks
himself entitled to a much
higher rate of pension -
that he hereby appoint with full power of substitution and revocation
Frank: F. Noble & Boston Mari-
-
his true and lawful attorney, to prosecute his claim.  His Post Office address is Stellburg Mass —
His Post Office address is Colored Mass —
nece and a lots a
Williem V. Vo sow George Gignature of Claimant.)
Milder Banks -

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	3.4	The state			ano Laurtient	o ha rasmastable	and entitled to cre	
	being by me duly sworn, sa	w they worn		<i>U</i> .	/. ·	. & [ ]	to be	
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	his name (or make his ma							
	claimant and their acquaint		n, that he is th	ne identical p	erson he repr	esents himself to	be; and that the	y have no in-
	terest in the prosecution of		4	-		÷	•	
	William	0.13 5	own				***************************************	
	Miss.	OB and	60	_		•		
	(If witnesses signs by mark to	wo persons who	can write sign	here.]	<u> </u>	[Signatures of	witnesses.]	
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		, , ,	olone	10	The .	. Ch	land.	* * * * * * * * * * * * * * * * * * *
	Sworn to and	a supscribed be	erore me this	. f G	day	01	A A	. D. 188 <b>4</b>
	and I here	eby certify the	at the conten	ts of the abo	ve declaration	ı, &c., were full	y made known a	nd explained
. ·	to the app	licant and wit	nesses before	swearing, in	cluding the v	vords	**************************	***************************************
	[L. S.]			erase	d, and the	words		***************************************
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	in the pros	ecution of this	elaim.					
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# Claim for Anvalid Pension.

State of Ma/zachusells	,		* * * * * * * * * * * * * * * * * * *	
Mrycula	County.			
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On this went from	day of 1117 C12	A. D. 1865 pe	ersonally appeared before	re
me(1) a freeigh Justice of M	Pilice	Court, within and for	or the County and Stat	te
aforesaid, (2)	Otech age	decenty C	Ze years,	a
resident of (3) in t	he State of	rafs who	being duly sworn accord	1-
ing to law, declares that he is the identical (2)	George E.	Week who	enlisted in the service	of
the United States, at Comound (Mo	hon the £ Coftee	Couli day of	July	
in the year 1863 as a (4) Mrivate	in company G	commanded by Captain	Milas clas	CO
in the (6) in the war of I861, and was honorably discharged	10 1		Mall Vols. 6. April 16867- of Gul	 
in the year 1865; That while in the service afores			the following (8	37
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24 0 1 1 1 1 1 1	that he lay is		about 8	
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And the said applicant declares that he has not	- / •	ed or abetted the existing	soliged to wear rebellion in the Unite	za tran
States.	1.00 h	12 3		1.
He hereby constitutes and appoints	9. Var Re	2 of Mil	foul (M	a ss
his attorney, with power of substitution, to prosecut			*	
ing his said attorney to do all necessary and lawfu	l acts and things whatso	ever in the premises, exc	ept drawing the money	ζ,
which will be hereafter provided for.		<i>t</i> ×		
	(9) Jeo		ek	
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Also personally appeared Mines	a resident of	a resident of	Mor	
whom I certify to be respectable and entitled to e				
saw him sign his name to the foregoing declaration			• '	
the appearance of the applicant, and their acquainta			represents himself to be	θ,
and they further state that they have no interest in				
	(10)	red L Personal du D. Pirk	lee 2	••
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#### INSTRUCTIONS.

- INSTRUCTIONS.

  Claumant's Name. First Name written in fell.

  Post Office Activess.

  Rank of the Soldier. Private or as the case may be.

  Letter of his Company.

  Number of his Regiment.

  Number of his Regiment belonged. If the service was in the Regular army, this blank should be filled with the word and letters, Inflatar U.S. A., or Cavalar, U.S. A., or as the service may have been.

  Here give a particular and minute account of the wound or other injury, and state how, when, and where it occured; where the applicant has resided since leaving the service, and what has been his occupation.

  Signature of Claimant.

### act. June 27. 1890 PHYSICIAN'S AFFID

TAKE NOTICE. - This Affidavit should, if possible, be in the handwriting of the Affiant; the marginal instructions should be carefully observed before writing out the statement. All the facts in possession of Affiant, as to the origin and continuance of the disability, should be fully set forth, and the dates of treatment should be specifically given. If the Affidavit is prepared from memoranda in possession of the physician, that fact

	should be stated.
	In the matter for the Claim for Pension No. Ct 118 467
NOTES.	of Heorge 6. Jack
NOTES.	Claimant's name.
<del></del>	late of Company 2, 39 th Regiment, Mass. Ind - Volunteers
The Physician	Company and registers of service if it is a
Affidavit should so forth:—	
·	I, Physician's name. a resident of Andra
lst. If he kne the soldier pric	$\mathbf{w}_{\parallel}$
to enlistment, h	County of Suffich, State of Massachusel, on oath declare:
should state th	18
length of time h	
timately; and wha	at
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dition, whether a	
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2d. If he treated	
soldier while in the	e / /
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geon, or while sol	
dier was home or	
furlough he should so state, giving the	
nature of the dis-	
ability, with the	
date, place, and duration of treat-	
ment.	
3d. If he has	(3-7 4 8)
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should state the date of first treat-	
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I further decl	lare that I ha	ve been a practi	tioner of	medicine for/	/2 years	, and that I	have no	
interest, either di					- 1			
My Post-offic	e address is	78/I sim	unt.	4-13 ml	m, Mas	<u> </u>		
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		2		1	Affiant's Signature	÷.		
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	ere added be	efore execution,	and tha	t I have no	interest, direct	or indirect.	, in the	
E.s.)	rosecution of 1	this claim.			_			
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NOTE,—This may the official character and	d signature of such	officer should be veri	ied by certific	ate of the Clerk of C	ourt on the form which	h follows:—	e Laberta de la constitución de la constitución de la constitución de la constitución de la constitución de la La constitución de la constitución	war in Armen
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Widow Division

#### 3-2014

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS WASHINGTON

#### REIMBURSEMENT.

I certify that I hold Mrs. Jennie M. Sherman
responsible for the payment of any portion of the accrued pension to which I
may be entitled for services rendered, supplies furnished, or money expended
during the last sickness and burial of Mary J. Waddington,
late a pensioner under certificate No. 345,950.
(This reedingt be sworn to.)
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In Shuman (wider of Boutian & Skuman In Clarke till was paid by her Deffly
In Clarke till was paid by him Deffly
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Hoping this mute with your ugun
( Marine )
Jennie by Sheeman
Jennie he Sheeman

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location

of a disease or injury, the entrance and exit of a missile, an amputation, &c. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate. Insert character and number of claim. Pension Claim No. whereas for original, increase or restoration.] Name and rank of claimant. Reg't Mass Claimant's post- / We hereby certify that in compliance with the requirements of the law 🗽 have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Left Ingrund Herma, Neart Discuss Dripey Cause of disa- in the service, viz: Hapensioner, fill in the amount; and that he receives a pension of if not, erase the whole line. Aollars per month. He makes the following statement upon which he bases his claim for Ere give the claimant's statement as briefly and as compactly as possible. had shemm We find the following objective conditions: Pulse rate, ; temperature, <u>98.8;</u> height, inches; weight Here give a full description of the disabilities, in accordance with press RC sel He is, in entitled to a rating for the disability cansed by List by Heart Jucies and result for that caused for that caused by Pros. 6 6. Williams, Sec'y. = N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(3726—5,000.)

BOARD. P. S .-- Write your Post-office address plainly and in full. DATE OF EXAMINATION Use this blank requested Post office, County, special, rected

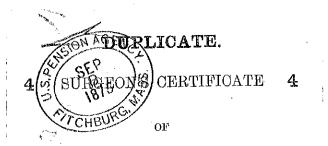
Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

Provided further, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

OF

Brennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

	State: Massachusetts County Mendelle
	State: Massachusetts County: Verrester Post Office: Filtchburg Sift 1875
	hereby certify, That have carefully examined
Pensioner's ser-	George E. Bek , who was a private les. D.
vice.	George E. Bek , who was a private les. D. 39th Mass. Regt in the war 1861
Be particular to give Certificate No.	and was granted an Invalid Pension under Certificate No. 118407
Agency where to be paid.	to be paid now at the Agency in Hulchburg
	by reason of alleged disability resulting from Herma in Left and
	, which he states to have been received in the
	line of duty while he was in the military service of the United States.
State whether disability continues; and, if so, its present degree.	In roug opinion the said Pensioner's disability, from the cause of aforesaid, continues at Three facults or any dollars furnit
	A more particular description of the Pensioner's condition is
	subjoined:
Particular de- eription.	Height, 5Ful 9; weight, 165; complexion, dark; age, 50; respiration, 17; pulse, 68 Pensioner has direct in princial herria on left
	age, graning; respiration, pulse, bulse,
	Plusimer has direct in grund herria on refl
	sible hutestine escapes à large volume into
	persture on monal of trues - to retained in
	has much in aversed since fewsim was
	has much in aversed since fewsim was
	granted. I rate dissocility at six dollars
	for month or items fourths.



#### PERIODICAL EXAMINATION

Examining Surgeon

### DUPLICATE

### SURGEON'S CERTIFICATE

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

	State: Massachusetts County: Worcester
:	Post Office: Flahburgh Sept 7, 1877.
'Donelone''e	hereby certify, That e have carefully examined
remeders	George E. Teek , who was a Tris Co. D
	99 Mass Right in the war 1861 and was
Be particular	granted an Invalid Pension under Certificate No. 118, 407, to be paid now
ate Ro. Agency where	at the Agency in Soston, Mass, by reason of alleged
	disability resulting from Left Inguinal Herrica
	which he states to have been received in the line of duty while he was in the military
	service of the United States.
State whether fatility con- noss; and, if ), his present	In propinion the said Pensioner's disability, from the cause aforesaid, continues at
egree.	A more particular description of the Pensioner's condition is subjoined:
Particular des-	Height, The 9; weight, 160; complexion, dark; age, 33;
ription,	respiration, pulse, 78
	Tensioner has a large and painful
•	ingunal herma met side. The
	adiforminal ring is much delated, and
1 +	hernial contents cannot be fully
	retained by trus,
	The Scrotum is filled with fluid,
	and litt testis enlarged.
. *	
	Lonce Clust
	Examining Surgeon.
	$oldsymbol{v}$

#### PERIODICAL EXAMINATION

00 2, 39 Rog't, Mass.
No. 118, 407

DATE OF EXAMINATION,

Gens 7-1877 George Jewess

Examining Surgeon.

IN THE CASE OF AN APPLICANT FOR INCREASE OF Do. of Certificate, 118.409 nt is hereby certified That Seerce 6. of Captain Silos May S. Company, formerly a Free in the 39 Regiment of Mines, bal, in the war of 1861 ruho is now paid at ... <sub>-n</sub> Agency at the rate of Six dollars per month, on account, as he states, of Left Inquire while in the line of duty in the military service of the United States, on or about the 15 day of Dugor, 1864, at a place called Fronty Seterileurs, in the State or Territory of Cinquin ere specify the is still suffering in consequence of said Inquirial Nermio The disability originates entirely from the injury or disease on account of which he was originally pensioned, as follows: Height, 5 gar 9; weight 165; complexion, inguenol k any offers medicalela find his fisability, as described above, to be equal to, and entitling him to Eight Dallary por month Examining Surgeon.

The Surgeon will forward his report of examination direct to the Pension Office whether the pensioner is thought to be entitled to increase or not.

· . •1

## Gramining Surgeon's Certificate

IN THE CASE OF AN ORIGINAL APPLICANT.

	The set Assets
	No. of Application,
•	
	State: Missa Seresetts County: Forcester
	Post Office: Fitebourg hard 41872.
	My hereby Certify, That My have carefully examined
	George E. Ress , late a prin
Applicant's ser	To 2 Steg't, Thisla Inisetts
	in the service of the United States, who is an APPLICANT for an
. •	invalid pension, by reason of alleged disability resulting from
	In June
Degree of disa- bility.	
	is there for the incapacitated for obtaining his subsistence
	by manual labor from the cause above stated.
Origin.	Judging from his present condition, and from the evidence before us, it is our belief that the said disability did originate
	in the service aforesaid in the line of duty.
Probable dura- ion.	The disability is Three Joursts
	A more particular description of the applicant's condition is
	subjoined:
Particular de- cription.	Height, 5/1 Jin sweight, 160; complexion, dark
	Otge, I pulse, hormof respiration,
• .	- George & Leds States Part While
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	- Letersburg ba. he received and lengue
	producing a herrica in left ingui -
•	not region.
	The inquired opening is larget
	Spennolie Evol tender, so much ev that
	The pressure necessary to retain the inter
	times in abdomen comme be borne.
	Applicans suffer from continual poin
	and winderness in hyporasme rejecun
	Living Surgeon.
	Examining Surgeon
	V

IN CASE OF

Co. D. 39 Rog't, Druss

APPLICATION FOR PENSION.

No. 17/6/

DATE OF EXAMINATION,

Musch, 4, 1872 Alfred Miller George Jewetts Examining Surgeon.

> Hitchburg Mass.



### SURGEON'S CERTIFICATE

OF

Biennial, Innual, or Semi-annual Examination, on which the Pensioner draws his Pension.

	State: Mass County: Worcester
	State: Mass County: Worcester
•	Post Office: Titelburg, Sept 5, 1873.
Donatanada da	1/ε hereby Certify, That αε have carefully examined GEOVGE & PECK, who was a Priv. Co. D" 39th Regt Ms. Vols in the war 1761
rensioners ser-	39th Reat Ma Wels in the man 1861
Be particular to ive Certificate	and was granted an Invalid Bension under Certificate No. T. S. H.D.
Agency where to e paid.	and was granted an Invalid Bension under Certificate No. I. S. A.D. to be paid now at the Agency in Boston
-	by reason of alleged disability resulting from <u>left inguinal</u>
	Merria, which he states to have been received in the
	line of duty while he was in the military service of the United States.
State whether isability contin- es; and, if so, its	In our opinion the said Pensioner's disability, from the cause aforesaid, continues at three fourths or six dollars for month
resent degree.	aforesaid, continues at white fourther or six crowns for morning
	A more particular description of the Pensioner's condition is
Dantianian da	subjoined:
cription.	Height, 5ft 9 in; weight, 160; complexion, dark
	Age, 29 ; respiration, 16 ; pulse, 68
-	The disabilitie from left inquinal
	The disability from left inquinal hernia continues. He is obliged to
	usear a truss
•	We rate the disabilities at
	the butter - Sind dollars by month
	mue-four one, - gog ou our fri, rousous,
	Alped Miller
-	
	Examining Surgeon.

OF

### PERIODICAL EXAMINATION

IN CASE OF

Jo E. Feck.

co.D., 39 th Reg't, Mb. Vals.

No. 1 1 5 40 %

DATE OF EXAMINATION,

Sept. 5th 1873,

A. Miller

Gra Jawett,

Examining Surgeon.

M An

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# Gramining Surgcon's Certificate.

Salery Mass. Feb. 27 ", 1866.

-	The South to That of home and the comming
	I herebry Certify, That I have carefully examined Seage E. Peck., late a Private in Company 5. of the 12th.
Applicant's	Reg Vot. Res. Cooks. (forwerly of 39 th Reg. Mass. Infantry Dolunturs)
	in the service of the United States, who was discharged
	at Washington De, on the 31" day of July
	1865, and is an applicant for an invalid pension, by reason of
	alleged disability resulting from Herria
	In my opinion the said Learge & Peck.
Degree of disability.	is three parts (34) incapacitated for obtaining his subsistence by
	manual labor from the cause above stated
	Judging from his present condition, and from the evidence
Origin.	before me, it is my belief that the said disability was contracted
	in the service aforesaid in the line of duty
Probable auration.	The disability is permanent
,	Ab more particular description of the applicant's condition
	is subjoined: Early in July : 64. while building breastworks before Peterslung in lifting lags .
Particular description.	experienced coveres in left grown hest day, somes worse I upon examining discount swelling
•	in grown - Now a large direct herrie seen, which descends at once into scrotim, when
	trus removed. The abdominal very is large . I the truss only imperfectly and tools the hermin than
	tried several instruments with poor success. Reports pain at sent of rufture many all time &
	That the is usuable to labor It is doubtless, a very disabling respleix
	David Choate Va D.
	Examining Surgeon.

Feorge E. Peck.

Applicant for Pension

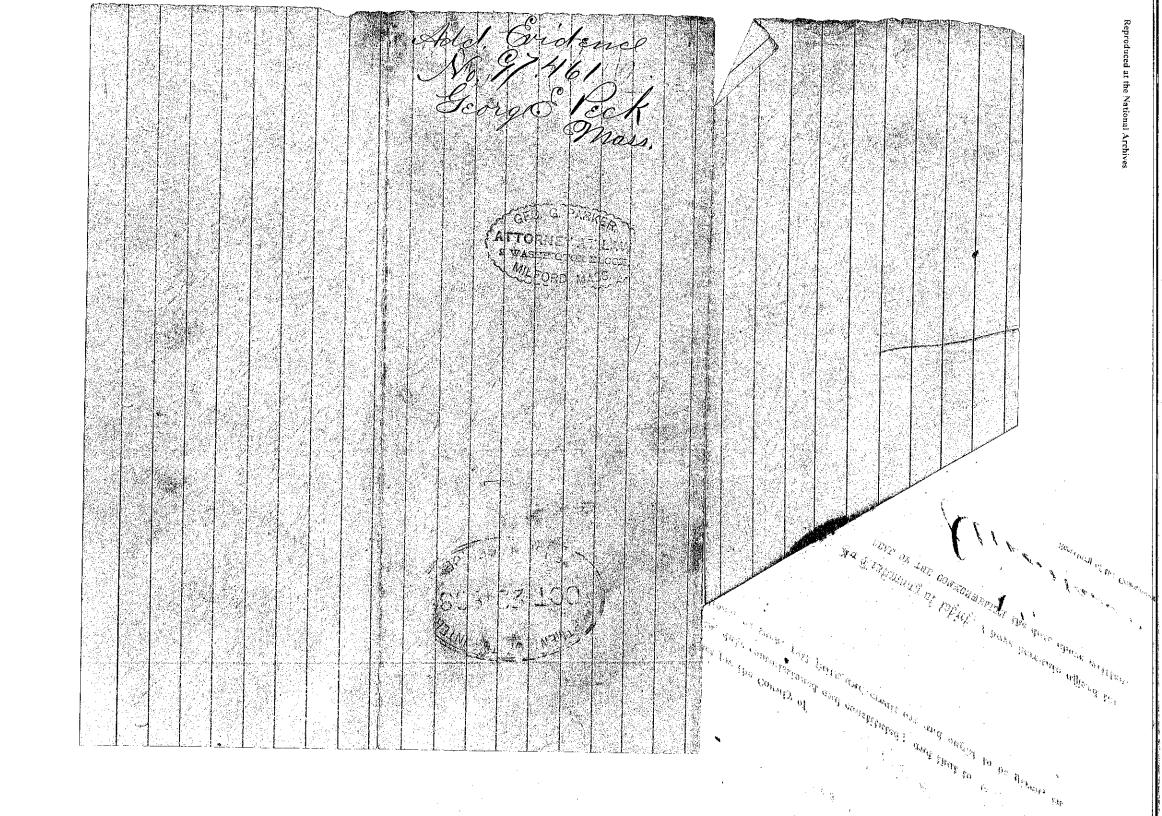
Eeorge S. Parker Attorney.

Not ordered.



George E. Cech 39" Help. vols 9 12 21. R. C

Mueby certify that I examined Ged E. Prihl of Schon Map	
- examined Ged G. Ps the of Schon Map	/
in presence of the ofoard of b motimen	Z_
. July 1863 and Jound Run, per from	ر_ا
any defect or infirmily that would	5
any defect or infirmly that would in any way disqualify him for the duties of a soldier.	
the duties of a Loldier.	
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North SS Im 19 1867	
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Commonwealth of Massachusetts.	
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Secretary's Office, Boston, Octo 1868	
	1 67522 C
J Hereby Certify, That at the date of the attestation	19100
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cutto	070
hereto annexed  within I Move e	2007 1
	1-1-3
Justice of the Peace for the County of	
and commissioned and constituted; and that to	
said Commonwealth, and credit are and ought to be given, in acts and attestations, as such, full faith and credit are and ought to be given, in and out of Court.	
In Cestimony of which, 1 have hereunto affixed the	
SEAL OF THE COMMONWEALTH the date above written.	
Elizastana.	
Secretary of the Commonwealth	
다 하는 사용 전에 가장 수 있다. 이 경기 등에 가장 하는 것이 되었다. 	
	NASSA (VAR) ECO COMPANIO VICENCE (VAR)

# Alljutant General's Office,

Washington, D. C., Jel. 28, 1872

Siv:		
I have the honor to acc	knowledge the receipt from	n your Office
of application for Pensi	on Po. <b>JJ46</b> ], a	nd to return it
herewith, with such information	m as is furnished by th	e files of this
Office.		
It appears from the	Bolls on file in this	Office, that
Colward a Spice	was entertied on the	
day of	b-iato -	m 00
Beginnent		
serve) <u>year</u>	ov during) the war, a.	nd musicied into
186, uto Cafel	res day of	30 th
18b, ato Margel	a, in Oo , _	
Regiment of	Oth CoMontees, ro-	Call of Ca. M
years, or during the war	on the Source Se	u House
at that Oxideatment, for in	e monuro of	
1864, he is reported In	w Kelingin F.	uly Cy.
J. N. Shalland of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		
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Tam, Gir, verry	bedient) servant	
Gour of	veryeni j sovernozej	
•	Assa	istant Adjutant General.

The Commissioner of Pensions, D. C.

With Mills

Trans ontited officially by the War Depart ment

March 1th 18 12. sealed and under The signature

of Thomas In. Vincent. Sail doft General.

Schrig Commispioner

### Officer's Certificate to Disability of Soldier.

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	L. Berry
	Curry 1114
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	Mon 30 11 1866
	was / 1 Phi
I, commendation	do hereby certify that I am formerly Caffor Company
D-of the 34 7 Regiment of h	volunteers, and am acquainted
- O A M	y ordinocity, was and any and
with Deo, O. Tech	who was a member of my Company, and, as I am informed, is
an applicant for an Invalid Pension. That the said.	Les E. Pecks was mustered
an applicant for an Invalid Pension. That the said	A was indispersed
into service on or about the day of	Muly 1863 and discharged for disability about
the Sinday of July	186/ having become disabled from doing duty as a soldier from
on or about the Mintella day of Only	1869 while in the service of the United States.
and in the line of his duty as a soldier, in the manner	r and at the place as follows
	eteralung he received a suphimi
i www. vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv	De Maria de la la la la la la la la la la la la la
no the abouncer	mel was in the fratal
aliment ( another)	
WYYY 8 WWWWW	
•	
That the said soldier was in good health at th	ne time he entered the service, and the disability above referred to
•	
affected him while in the service and at his discharge,	as follows: Swarmy Missefrom any
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	Edward With ear B
HAAAAA Mananchungottail co	
Stato of Massachusetter so folk	7
Constant Marchan on for	C C
wherether and aworn to before me a gr	this 30 day of Neverta 1865 and 8
the Peace in ancefor sino counts on	and the state of the state of
are no intercation this claim.	Mr Mashington Me Freuk
	1 - 100
•	Justin of Peare

### OFFICER'S CERTIFICATE.

### To Pisability of Soldier.

ct of	•	 A. D	
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o	***-**		Reg't
		 Vot	unteers

#### Commonwealth Massachusetts. of

Secretary's Office, Boston, Sec. 2 1865.

I Bexeby Certify, That at the date of the attestation hereto annexed

Washington M. Franch

Justice of the Feace for the County of

Commonwealth, duly commissioned and constituted; and that to acks and attestations, as such, full faith and credit are and ought to be given, in and out of Court.

.In Testimony of which, of have hereundo affixed the SEAL OF THE COMMONWEALTH the date above written.

Secretary of the Commonwealth.

Pension Number 9/146/ R. of A., Vol 1 No. 2682

#### WAR DEPARTMENT,

### Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C., Alexander L.

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(Note. This certificate should not be detached from the accompanying papers.)

Adjutant General's Of	fice,
Washington,	3 D. C., il 26 th, 1866.
April 1980 - Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company	il 26 5, 1866
Liv.	
I have the honor to acknowledge the rec	eipt from your Office
of application for Pension No. 91, 40	[], and to return it
herewith, with such information as is furnished	by the files of this
Office	in the Ollin the
It appears from the Rolls on file George & Deck was suroli	en ins Office, inais
day of , 186 , at	in Co.
- Regiment of	Wohnteers, to
rerve years, on during the	e war, and mustered into
verve years, on during the oervice as a Dili on the 18th	day of July
Regiment of Mass Volunte	Suche to some 3
years, or during the war. On the Muster	
of that Regiment, for the worths of the	ated July 8 5
1864, he is reported Transferred to 39 th by order of Gent Harren." On Muster Out So	Masse On Va Just 35/64
by order of Gent Starren. On Mouster Out So	ll of be "b" 39 " dated
June 9/05, he is reported, Gransferred to 300	Thous vally June 1/63.
On Muster Orih Roll of Co <u>ib . 32 En</u> Mass ball at S am Sir very respectfully.	
Your obedient serve	ant 2-0
	Com Prech
The Commissioner of Pensions	Assistant Adjutant General.
Washington, D. C.	
Memoranda ?	
Pame of applicants	
Address &	

Date of Massachusetts \ County of Woreester \ On this mireteenth day of April A.D. 1870. personally appeared before me aprilie of the Peace in and for said Countie eorge Eleck of Fitelling late a Riin So. B" 12th Regt bet. Res. borps., who under outh declares that he has not been in the military or naval service of the United States since his ducharge A.D. 1865.

of Massachusetts. Commonwealth

Secretary's Office, Boston, May 2/ 18/4

I Hereby Certify, That at the date of the attestation pereto annexed

Lavid A. Merrian

wara

Justice of the Peace for the County of said Commonwealth, duly commissioned and constituted; and that to acts and attestations, as such, full faith and credit are and ought to be given, in and out of Court.

In Testimony of which, I have hereunto affixed the SEAL OF THE COMMONWEALTH the date first above written.

1 certificate

Geol Norton

A Company

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## Adjutant General's Office,

Washington, D. C.,

Mov. 16", 1868. Sir. I have the honor to acknowledge the receipt from your Office of application for Pension No. 97, 461, and to return it herewith, with such information as is furnished by the files of this appears from the Rolls on file in this Office, that was envolted on the 186 Regiment of ... Volunteers, to years, or during the war, and mustered into Regiment of) Muster S years, or during the war. of that Regiment, for the I am, Sind very respectfully, Your obedient servant The Commissioner of Pensions, Assistant Adjutunt General. Washington, D. C.

AS W SHO

Ple-457.68

Reject: ! Claiments' name not an roll an account of policies death from cause ducto service; 2-hot the wife of soldier during period of service.

The wife of soldier during period of service.

The way of policies during period of service.

# Declaration of a Widow for Restoration of Pension.

(Act of March 3, 1901, Amending Section 4708, Revised Statutes.)

State of KnodeSleyd, Country of Torrdence, 55:
On this 20 day of the August A. D. 190 a personally appeared before me, a
within and for the county and State aforesaid,
Within and for the county and State aforesaid,  Wary Wars, a resident of
County of Mordeum, State of
Medel Slaud, who being duly sworn according to law, makes the following declaration
for the purpose of having her name restored to the pension roll under the act of March 3, 1901, amending section
4708, Revised Statutes.
That she was formerly pensioned as widow of Senge Selection,
who died Clarch 1, 1892, by reason of wound or injury received or disease contracted
while serving as, in the war of (State rank and designation of organization or name of vessel.)
That she was his lawful wife during the period of his service in said war, and
(Name the war in which he served.)
that she remained his lawful wife to the date of his death.
That her pension was paid by the United States pension agent at 12/10/10/10/10/10/10/10/10/10/10/10/10/10/
from the United States nor made any other application for pension.  (If she was ever pensioned or made a claim for
pension on account of any other soldier, his name, service, and relationship should be stated.)
That her pension terminated because of her marriage to chrysol Maddingson
That said marriage took place September 5, 1900at Frencher
That said husband died Hebruary 1, 1906, at Providence
(or) That she was divorced from said husband, upon her own application and without fault on her part, on the
day of that said
husband was not) employed in the military or naval service of the United States otherwise than as stated
above
That she didmarry again after the death of the soldier except to
named above.
(If she contracted any other marriage after the death of the soldier, the name of the husband, the date and place of the
marriage, and the date and manner of dissolution of the marriage should be stated.)
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 her post office address is OD westerf W Wordene
County of Malle , State of Kladesland
ATTEST: Delis O Lass
Millian Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community of Community
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to be	espectable and out						
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forme	oing declaration; the	//				•	
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	cal person she repre	esents herself to	be; and that they	nave no interes	t in the pro	secution of thi	s ciaim
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AUU2 U	fiants sign by mark two	witnesses who write	sign here.)	(Sign	natures of with	lesses—FULL name	(MAL) (88.)
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	do hereby certify t				•	-	
expla	ined to the applican	G		ncluding the wo	ords		
	Cada	(Insert	any words erased.)	***************************************	***************************************	erased, and	the words
	per L. L. 7-2	w Division,				<u>a</u> dded	; and that
	- 112	(Ins	ert any words added.)				T w
1 hav	re no interest, direct	or indirect, in t	he prosecution of	this claim		W	10
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[L. S	s.]			NOT		FUBLIC	
			•	••••••••••••••••••••••••••••••••••••••	(Official	States, H	Nise,
					Pi	rovidenc	e. R. 1.
	To be executed be						
and o	ce of the Peace, whose fficial character shall	l be certified by a	Clerk of a Court of	Record, or a City			
is alre	eady on file in the Pe	ension Office, whe	n such fact should	e stated. •			
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STATE OF	RHODE ISL	AND., c	OUNTY OF	<u> </u>	WOE,	, ss :
Sworn to	and subscribed bef	fore me this day by t	the above nan	ned affiant, an	d I certify that I rea	ad said
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# GENERAL AFFIDAVIT.

State of	CHODE ISLAND.	County	of PROVI	DENCE.	/ §5:	/
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	STATE OF	ARADI KILAKO.	, County of	, ss:	
	Sworn to a	and subscribed before me this	day by the above named	affiant ${\cal J}$ , and I certify that I read said	
,	affidavit so said	l affiant $\mathcal{J}$ , including the word	İs		
:	217 ·		erased, and the words.		
<b>*</b> ***		2	added, and	acquainted dieuw with its	
	contents before	tuy execute	ed the same. I further o	certify that I am in no wise interested in	
	said case, nor a	m I concerned in its prosecut	ion; and that said affia	nt S e personally known to	
	me and that	tuy are credible	person.	1 11/2	
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	[L. S.]		NO'	TARY PUBLIC,	
	[4, 5,]		<b>/////////////////////////////////////</b>	(Official-Character) # 00000;	
				Providence, R. L.	

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 verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.

ADDITIONAL EVIDENCE.

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#### OFFICE

### <u>Alssessors of Taxes</u>

July 18 7956. Providence,R.I. I certify that the warmer Edmund Maddington and Many J. Waddington do not afrea when the - Weards of the Tay Department City Ether real Estate or Justinol perfection Subscribed and swom to in Providence R. J. thus

Striteenth day of July A.D. 1906

Before are Arthur 36. Armington Many Public

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STATE PENGIUN AGENT, ALL.

### DEATHS Registered in the City of Providence, R. I.

<b>DATE OF DEATH</b> 190 <b>6</b> .	NAME OF THE DECEASED,	AGE. Yrs. Mos. Days.	PLACE OF DEATH. STREET AND NUMBER.	Sex. Col. Condition.	Occupation.	PLACE OF BIRTH.	PARENTAGE. Father, Mother.
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#### For the Year Ending December 31st, 1906.

NAMES OF PARENTS.

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DISEASE OF CAUSE OF DEATH.

PHYSICIAN.

UNDERTAKER.

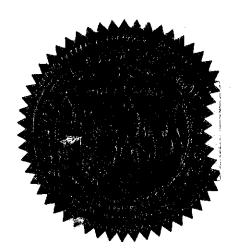
WINDLEN OF BURIAL.

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MANTHER OF PARENTS.

PHYSICIAN.

UNDERTAKER.





CITY REGISTRAR'S QFFICE.

Providence, July 13. 1906

I, Lugene Deput, City Registrar of the City of Providence, State of Rhode Island, hereby certify that the above is a true copy of the Record of the death of Lunch Mallington, as recorded in Book No. 22 - , Page 228 -, of the Records of Deaths in said City of Providence, of which I am the legal custodian.

Witness my hand and the seal of said City.

Deputy City Registrar.

Reproduced at the National Archives

Record of death,

300