3-361. No. 811913 # ACT CAF JUNE 27 ACT OF MAY 9, 1900. MENDED BY 8 PENSION. WIT S foldie Leonard L HACE 4 aimant Pank Coptan sonda +, stay Massachusel Begiment 180" ing 6 90 Hand \$2 additional \$8 per month, commencing ohild, as follows: Commencing Sixteen Born. Commencing Sixteen. Bori Sixteen Commencing. Born SOUTHERN Commencing..... Sixteen Born Commencing. Sixteen Born Sixteen Commencing Born Commencing. Sixteen. Bor Sixteen. Commencing ... Payments on all former certificates covering any portion of same time to be deducted. All pension to terminate... ----, 190, date of ----RECOGNIZED ATTORNEY. udal0 10. Agent to pay. 25 Articles filed, 189..... PROVALS M. Gullentery Submitted for-13, 1904, ... Examiner. Approved for admisse duller 24,1890 as amended bylle May 9, 1900 4-190 4 ull) ch 17, 1904 w The soldier was _____ pensioned at \$ /2 actlun per month for Inlisted Alecen 10 , 1864 1 Soldier's app'n filed Elt's app'n under other laws ______ -10, 186 2 honorably disch'd 186 marc Former marriage of Lott Reenlisted K ma 18670 Death of former M honorably disch'd Clt's marriage to soldier Died 904 quest 1904 Mat remarried Declaration filed. 20 M. C. writes. laimant.

REPRODUCED AT THE NATIONAL ARCHIVE ACTS OF JUNE 27, 1890, AND MAY 9, 1900. FOR WIDOW'S PENSIO DECLARATION Ag-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 char-acter shall be certified by a Clerk of a Court of Record, or a City or County Clerk. iddlesex State of Massach County of . 99: <u>M</u> one thousand nine hundred and On this day of uc personally appeared before me, a within and for the Potter, of Cor race Deveny Marte years, a aged County and State aforesaid (Insert name of applicant.) udo 15 N .County of .. State of resident of. (Name of town or city.) who, being duly sworn according to law, declares that she is the widow of Ner , who enlisted under the name of d D. on the day oldier enlisted. (Name under whie Mon in Company , in th (Letter of Company.) ren Comment 18 as a in the (No. of Reg Volunteers, and served at least ninety Mays in the late War marc Uame of State, and whether Infantry Cavalry, or Artillery.) of the Rebellion, in the service of the United States, who was HONORABLY DISCHARGED (Date of Discharge.) ai of death; cause need not be stated.) and died That he was other ursigemployed in (Date Regi С the military 80 The Regi which & began and ended Breve that stated bove, an D That he was never employed in the military or naval service of the United States after the. 1a , 1867 day of That she was married under the name of (Dage of soldier's last discharge) Ne onard to said. (Name of soldie were , A. D. 1006, by 11er day rember the Muss, there being no legal barrier to such marriage; that she had mon been previously married; that her said husband had not been previously married. Darah at Cluton died y 128,1876, Mas Tru arried, to state, and give date of death or divorce of fo died May That she has not remarried 'since the death of the said Leonard sailor.) (Name of soldier or That she is without other means of support than her daily labor and an actual net income not exceeding \$250 per year. That the names and dates of birth of all the children of the soldier, now living, and under sixteen years of age, are as follows : ldien Childrey 0 the 0 no n Ma ere en That she has not abandoned the support of any one of her children, but that they are still under her care or e. That no prior application for pension has been filed by herself or the soldier Was maintenance. a per (If prior application has been filed, wither by soldier or widow, so state, giving number assigned to it.) That she makes this declaration for the purpose of being placed on the pension-roll of the United States, under the provisions of the acts of June 27, 1890, and May 9, 1900. She hereby appoints, with full power of substitution and revocation, Harl rda ben of to prosecute her claim, the fee to be TEN her true and lawful attorney s, payable as prescribed by law. DOLLA County of That her POST-OFFICE ADDRESS is. (Name of por , State of. ENSIC B ATTEST: AIIG (Claimant's Signature-FULL name.) 16 1904 OFFIC (Two witnes who write sign here.)

SFLOIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

REPRODUCED AT THE NATIONAL ARCHIVES

GENERAL DAVIT. AFFII State of Massachment er County of P , 55: in Janno Irac 13 In the matter DA an О, ORE 1 day ON erler D. 19.44, personally appeared before me THIS of 6 in and for the aforesaid County, duly authorized to administer 3 aged. years, a resident of oaths 1 and State of in the County of. ausel ea whose Post-office address e is known to be reputable and entitled to credit, and who, being duly sworn, deelared in relation to aforesaid well TUS Marri case follows 0 86 8 on Mark. 6 9 R a a knowled state ho he gains f the fa hich h ould 8 marri reviouse 24 Raid truch. la Da Mana 11 icley a 1au X 11 D m arry here m m con a 110 rel 1 n ie 11 11 who two 1 en No 10 ozec ara U not 2 ince Turch 0 11 11 a an myea P on oud wa 2 n ther M sured! ð mone 0 ston m le D 1021 1 eg in n P 1 sie anh N the S 11 10 M 5a ea an and Mar red 22 0 0 m CI n 11 M U, La 2 P NO P re NC 2 10 no R 0 the why 2 lan Za in 0 veco and 0 PA CI anor 14 llas ntwo De lu UZ ap

Act of June 27, 1890.

BOSTON.

3-402. 448706 Department of the Interior, Certificate Sotte BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

3-1081

REPRODUCED AT THE NATIONAL ARCHIVES

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

Commissioner of Pensions.

6-0

If so, please state your wife's full name and her maiden name. First. Are you married? Grace Windle Shace Rice Orther Answer. . Second. When, where, and by whom were you married? Rev. C. M. Bowers. 86 le linton Mass. l Answer. What record of marriage exists? Third. ible Record and Your Clerk's record of Stow, Mass Jamily Answer. Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce Calkins Potter died in Stow, Mass. May 21, 1880. arah Answer. children living? If so, please state their names and the dates of their birth. Fifth. Have you any ura E. Gotter Underwood. aug Answer. rie Volter Mg alice otter Dudler ard Date of reply, Mul (Signature.) 0-8 5301b750m1-98 ve-ramed pensioner who was last paid SIR: I have the honor to report that the deatl niked States Vension Agency WIDOW. ACT OF JUNE 27, 1890 name dropped to be thus reported at dropping is death, state date of been dropped because of Inited States Pension nsioner Maar en Clatte PENSIONER DROPPED. to diel-H L. 6, 80" NI OCT 16 1905 PHILADELPHIA, PA tificate No. 5 81, 0.02 Commissioner of Pensions. no Mendela dienternand OTE.-Every

NEIGHBORS' AFFIDAVIT.

For the testimony of EMPLOYERS OR NEAR NEIGHBORS of soldier (other than relatives), showing his present physical disability, as required under the provisions of the Act of June 27, 1890.

Wi Jawa State of Massachuset ester Compty off. 0 In the matter of the application for pension of gt. I 20 a A. D. 1 904, personally appeared before me Tu day ON of esa in and for the aforesaid County duly authorized to administer No 8. 6 aged .. years, a resident of. oaths Clenn inno and State of in the County of Kergh whose Post-office address, is 61 years, a resident of. a aged and State of. 1. in the County of. 1T m whose Post-office address is ... well known to me to be respectable and entitled to credit, and who being duly sworn, declare in relation to the We have been well and personally acquainted with aforesaid case as follows: That ... 9 56 ler years respectively, and that - 5 years, and for C Wina 1 cu a 10 nn n ien oriand 11 0 1 1 des a P. to 2 ea 0 2 e 11 a 21

INSTRUCTIONS-read carefully. The state: 1st. witnesses in ust

REPRODUCED AT THE NATIONAL ARCHIVES

The witnesses must state: Ist. Their respective ages and occupation; the length of time they have known the soldier, and how long during that pe-riod they have employ-ed, worked with or for him, or lived in the same neighborhood with him and how near to him. 2d. If they have em-ployed or worked with him they should state where it was and at what business; or if they know him as neighbors only they should state about what distance from him they live; how frequently they see him and con-verse with him, and how untimate they are with him, and from what dis-ease or disability he is suffering with at present, and whether at any time he is obliged to stop work by reason of his al-leged disabilities. In this connection, if the withewith him or worked with him or he is obliged to stop work by reason of his al-leged disabilities. In this connection, if the witnesses have been his employers, or have worked with him or for him, they should state about what pro-portion of a sound, ablebodied man's work he is able to do-whether 'A, 'A, 'A, 'A', 'A', or as the case may be; what his actual earnings are, and whether or not the wages paid him are lees in amount, and how much less on account of his inability to labor than is paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities are, and describe fully and clearly the symptoms as they ap-pear to them in his case; in fact, describe his phy-sical condition fully, and show whether or not he is suffering from a men-tal or physical disability of a permanent char-acter, not the result of his own vicious habits, and the extent which he is incapacitated from the performance of manual labor, or the degree he has been unable to earn a support since the filling of his claim.

9	COMMONWEALTH OF MASSACHUSETTS RETURN OF A DEATH FULL NAME Lithur Leonard Potter Place of Death*						
RECORD	Date of Death. JMMC	PHYSICIAN'S CERTIFICATE					
E BINDIN RMANENT FULL	SEX COLOR SINGLE, MARRIED, Midowed, or Maiden Namet Husband's Namet	I HEREBY CERTIFY that I attended deceased during last illness, from					
RESERVED FOR InkThis is a per Names to be in	BIRTHPLACE & Maine NAME OF FATHER BIRTHPLACE OF FATHER & MAIDEN NAME OF MOTHER MAIDEN NAME OF MOTHER DERION	Contributory: (Signed) IPO (Address) Hudson Mus					
MARGIN FILL OUT WITH I	BIRTHPLACE OF MOTHER \$ OCCUPATION Actired INFORMANT \$ PLACE OF BURIAL OR REMOVAL!	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. Former or How long at Place of Death?					
	UNDERTAKER ADDRESS	DENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number. † In case of married or divorced woman, or widow. ‡ State or country; also city; town or county; if known.					

COMMONWEALTH OF MASSACHUSETTS. TOWN CLERK'S OFFICE, CLINTON. TRANSCRIPT FROM THE RECORD OF MARRIAGES. Clinton, august - 30 - 1904 atter and Grace Rice (Wendal I hereby certify that the marriage of is recorded on the records of the Town of Clinton, Mass., Vo! 2, Page 15, as follows: Date of Marriage September 15-1886 BRIDE Grace nar GROOM. Color Color Residence. mon Residence Age. 55 Age 0 1 Tears. Occupation arms Occupation Number of Marriage. Number of Marriage. Birthplace. Cast Birthplace. nyland Father's Name Cundrew. Father's Name. Mother's Name,.... ydia Mother's Name Salle A true conv. an. Town Clerk. WORCESTER, ss. On this day of189 , personally appeared the above named , Clerk of the Town of Clinton, and made oath that the above statement subscribed by him is true. Before me, Justice of the Peace.

No.

Form	~	
FORM	G.	

Commonwealth of Massachusetts.

[EXTRACT FROM THE REVISED LAWS, CHAPTER 29.]

SECTION 13. The clerk of each city and town shall forthwith make certified copies of the records of all * * * deaths recorded during the previous month if the * * * deceased was a resident of any other city or town in this Commonwealth or in any other state at the time of said * * * death, and transmit them to the clerk of the city or town of which such * * * deceased person was a resident at the time of said * * * death, stating if practicable the name of the street and number of the house, if any, where such * * * deceased person so resided; and the clerk of a city or town in this Commonwealth so receiving such certified copies, or certified copies of * * * deaths from the clerk of a city or town without the Commonwealth, shall record the same.

Blank t	to be	used	in e	ompl	lance v	vith	th	e f	oregoing
FILL	OUT	WITH	INK,	ALL	NAMES	то	BE	IN	FULL.]

Copy of the Record of a
DEATH
recorded in the books of the Town of
during the month of decing 18 80 190.
1. Date of Death,
2. Name, Sastah (f. (Balkins) Potter
(If a married or divorced woman Maiden Name, Saruh Up, Calkins
or a widow give Name of Husband, Luther Leonard Potter
3. Sex and Color,
4. Single, Married, Widowed or-
-Divorced;
5. Age,
(Disease or Cause of Death, Parralysis
6. Duration of Sickness,
(By whom certified, L. L. Potter
7. Residence, Muls
8. Occupation,
9. Place of Death, Stow Muss
10. Place of Birth, East Port lbe
11. Name of Father, Abasu
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment, Brock Side leemetery Stor
I certify that the foregoing is a true copy.
Attest:

Sept- 6 1 1904.

Herny Gates, Clerk.

CLINTON, MASSACHUSETTS. TOWN CLERK'S OFFICE. TRANSCRIPT FROM THE RECORD OF DEATHS. 1204 Clinton, august 30 189 Class yman I hereby certify that the death of is recorded on the records of the Town of Clinton, Mass., Vol ..., Page ..., as follows: Date of Death april 28-1876 earer Occupation . Place of Birth man . ing Name Inale hite Name of Father. Sex Name of Mother ida Months ...Daus. Vears irrase Cause of Death Birthplace of Father Birthplace of Mother Residence Place of Interment. Place of OF ames ass A true copy. Attest: Town Clerk. WORCESTER, ss On this.,189....., personally appeared ...day of. ..., Clerk of the Town of Clinton, and made oath the above named that the above statement subscribed by him is true. ...Justice of the Peace. Before me,

PENSI other claim Aniled States Pension Raen BOSTON, MASS. JUL 16 1904 Certificate No. 44 8 10 6 Invalid. Pensimeonand B. Patter Soldier 80 h. S. C. U.S o (me The Commissioner of Pensions SIR: I have the honor to report that the above-named pensioner who was last paid at \$17 to June 4, 1904 has been dropped because of EPORTED DEATH. Unknown. better herew Very respectfully, United States Pension Agen

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

GENERAL AFFIDAVIT.

REPRODUCED AT THE NATIONAL ARCHIVES

NOTE.—Write the affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, according to the requirements in the case in which your testimony is to be used; also state *how* you know what you say to be true; whether from personal observation or otherwise. This blank can be used for the testimony of either one or two persons. ned STATE OF County 11 MMI a 1 In the the matter of claim on 0. io Ó d Regiment late of Company ... ((Volunteers. On in and for aforesaid County thi Personally came before me 7 4 and State aged years, and. aged years, resident 00 of in the County of State of al ho being duly sworn, follows: declares in relation afpresaid case, as an 0 ter 6)a a 0 0 PIN 2.20 M lo 66 1 0 C n 6 lo 4 ou 220 2200 further declare have no interest in said case, and and not concerned in that...C its prosecution, and ______ not related to said claimant. Affiant's Signature P. O. Addre izele 0 Attest-when any affiant signs BY MARK two persons sign here. Affiant's Signature,

P. O. Address,

I Leonard Le Potter of Stow in the leounty of Mid--dlesex, Commonwealth of massachusetts on oath depose and day that while in the service of the United States as Scientenant of las. E. 80 the Regt. ab . S. Colored Sufartry, in the face of the year 1863. at Port Heudson, Louisiana I was taken with what appeared the a bilious attack and for sometime I mas sick, but kept ouduty. I took an emetic and such other simple means as I thought would help me but there appeared to be a heavy load on any stomath that I could not got sid of. At last the diarnhoea set in and that partly relieved me and I was able to heat it off and do dety with the Reginant mas ordered to Borna barra about april 20//864_ when I broke down and map completely prostrated. My life max despaned of and our surgeon Ar, Scoon advised me to get leave of absence. Politained leave to go home by special order no. 113. Diept Kulf dated may 2/864. I overran my time and reported to my requirent in July with 2 Doctors certificate one from Dr. Babb at Catthort Maine & one from Dr. in charge of castle Saiden Mew York -The certificates mere catisfactory and & went on duty but was still sick for some time. The dianhoea has remained to this day + I suffer Severly from it - also I mas severely injured at chreulport, Louisiana in the month of Der. 1865 - as near as & recollect, while on duty as afficer of the Day - I was going sugrounds at midnight and was thrown violently one the bommel Amy saddle and unhorsed and severely nigured in the texticles . I was

at midnight and mas thrown violently on the bommel Amy saddle and unhorsed and severely nigured in the texticles. I was swelled & a turible size and sick in my juacture for come time - Dr. Scoon prescribed for me and partially reduced the swelling and fually it have back to the original state but settled in my kidneys and back and fam almost a cripple on that account . In the miter after the chois comes I am mable to do ampling on account of this throuble. I have a sharp pain running through my privates that is almost unerduable and the Same effect is produced in a cold stome in Rummer . When I left the service I was completely aufit formy former business and was obliged to seek some out of doors employment. I purchased a fame and have trues to run that luct at no time since leaving the survice have I been able to do orbat mould be called a days mork and now I am only alle to do mall chores about the house that those all of the time . I entered the service at Eastort marine , Dec. 7/1861- as 200 Leientenant Foras muetered out September 1862. I then joined Ulmaris Brigade march 6/1863, at new York as 1th Lieut. Lo. E. So the Regt M. S. C. Jufautry, was promoted Captain July 17/1865, and brever major May 21/1866. + mas mustered out March 1/1867 in Compliance with Special Order no 36 Hd 2r Dept, Sulf x. Leonard & Jetter

late of haine Warting lin 6 Carnan Allyun 22, 1882 Remailly ameaned The motion named Lemand & Palles and made racte The finging afficiaris by him hyped is hu Befreme Sumueldeanit Pinn hotany

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Moary 12th, 1885.

SIR:

13458) V. S. ()1

I have the honor to acknowledge the receipt of your request of \overline{July} , 31%, 188% for certain information for use in the consideration of application for pension No. 46236P, and to return it herewith, with the following information from the records of this office:

was mustered into th	a service of the United States as		Regiment
of	, to date	, 186 , to serve	years,
or during the war	On the Muster-roll of Company	of that Regiment f	or the months
of		, 186 ,	
JI2 E 17 CL 7724	e Seonard S. Potter 1 Maine Goast Suard	is not bonne on	rolls of
Battalion	2 Maine Goast Suard	Volunteero on	file in
HE . GPLIE			
Severard	S. Potter, was Mour	leved in as	Siecel-
Gompany	S. Potter, was Mour 6. Maine Sarrison for 3 years.	Artillen Vols	102C
10 th 1861,	for 3 years,	•	· · · · · · · · · · · · · · · · · · ·
Boll of	Gonzoany, daled Az d publiquent-rolla	orel 30 1862, (1	First-on
file) am	d publiquent-rolla	5 to aug. 31 18	62, lepon
Pressa fores	rent,	0	
	Ususlered Out with	Company De	1pt; 10"
1862		· ~ ·	
~ /	no celeinno organ	ration books	or hospi.
al record	lo, of regiment on	Pile,	
Attention e	's invited to report	of tou. 4- 1884	- from
The Sura	ne General's Office. 1	renewith.	
0	· · · · · · · · · · · · · · · · · · ·		

I am, sir, very respectfully, Your obedient servant,

Assistant Adjutant General

THE COMMISSIONER OF PENSIONS,

Washington, D. C.

YON

404. C. J. 1883 [C.] Mar **Dopartment**,) ADJUTANT GENERAL'S OFFICE, 1.1883. Washington, April 4 STR: 7 1883, arch for certain information for use in the consideration of application for pension No. 462.368, and to return it herewith, with the following information from the records of this office: It appears from the rolls, &c., on file in this office, that Lemand D. Potter was mustered into the service of the United States as 1th Sucur of U. S. Colored Annapas, to date March 6, 1863, to serve 3 6 of that Regiment for the years or during the war. On the Muster-Rolls of Company 30% months of from Organization to april ..., 1864, he is reported May and June, absent on sick bave since mesent for duty June 30 1815 with geman Con M im June 30: 1814 15 Returned to duty & august 3, 1814; hom June laust bapt. present for duty; Musteria in December 31 41816. uly 17:18157. dalt He was muslimit March 1 :1867, at new Orleans, Denvice with Medical Certificate on which leave was granted is not on file. Leave of absence was extended 40 days by S.O. Ma 190. of May 28. Leave of absence was extended how this office. 18/1H, is as follows; Medical Certificate for Justher extension Gen. of the US2 Dear Sie, Potter of the 80° Reg. U.S. Infanty (Colored) having applied fara certificate on which to ground an application for continuance of leave I do hereby certify that I have this day caufully/examined this office absence Sind that he is suffering from chronie Dianhaa, of which he ited the past five (5) months, and in consequence thereof he is on my himion unable to travel and unfit for duty, I further declawmy belief that he will not be able to resume his duties in a less period of time than sigty (60) days, at which time I judge, from present indications he will be able to report to his command. (Sgid) Ini State of Maine East port) June 17 : 181 4 I am, sir, very respectfully, Your obedient servant,

-1.

Assistant Adjutant General.

THE COMMISSIONER OF PENSIONS, Washington, D. C.