

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts			
STANDARD CERTIFICATE OF DEATH			
1 PLACE OF DEATH		(City or town.)	
West Acton (No. Central St.; Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME		Registered No. 9	
James Edward Richardson			
[If married or divorced woman or widow give maiden name, also name of husband.]			
3 RESIDENCE			
West Acton			
PERSONAL AND STATISTICAL PARTICULARS			
4 SEX	5 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	
M.	W.	Married	
7 DATE OF BIRTH			
Oct 10, 1889 (Month) (Day) (Year)			
8 AGE			
77 yrs. 4 mos. 10 ds. If LESS than 1 day, hrs. or min.?			
9 OCCUPATION			
(a) Trade, profession, or particular kind of work: Care taker			
(b) General nature of industry, business, or establishment in which employed (or employer):			
10 BIRTHPLACE (State or country)			
Groton			
PARENTS			
11 NAME OF FATHER			
Sherman Richardson			
12 BIRTHPLACE OF FATHER (State or country)			
Groton			
13 MAIDEN NAME OF MOTHER			
Lydia Ann Blood			
14 BIRTHPLACE OF MOTHER (State or country)			
Boston			
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) Mrs James Richardson			
(Address) W Acton			
16 Filed Mar 12, 1917			
Horace F. Tuttle REGISTRAR			
MEDICAL CERTIFICATE OF DEATH			
17 DATE OF DEATH			
Feb 20, 1917 (Month) (Day) (Year)			
18 I HEREBY CERTIFY that I attended deceased from Feb 16, 1917, to Feb 20, 1917, that I last saw him alive on Feb 20, 1917, and that death occurred, on the date stated above, at 7:15 P.M.			
The CAUSE OF DEATH* was as follows:			
Chronic valvular disease of heart			
Arterio sclerosis			
(Duration) yrs. mos. d.			
Contributory Chronic Cystitis (SECONDARY)			
(Duration) yrs. mos. d.			
(Signed) H. Hamblen M.			
Feb 22, 1917 (Address) Maynard			
* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.			
19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, & RECENT RESIDENTS).			
At place of death yrs. mos. ds. In the State yrs. mos. ds.			
Where was disease contracted, if not at place of death?			
Former or usual residence			
20 PLACE OF BURIAL OR REMOVAL			
Mt Hope W Acton			
DATE OF BURIAL			
Feb 23, 1917			
21 UNDERTAKER			
O. S. Fowler			
ADDRESS			
Maynard			

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

JAMES E. RICHARDSON,  
WEST ACTON, MASS.  
70572 ACT MAY.



- No. 1. Date and place of birth? Answer. *Oct. 10, 1839 Groton, Mass.*  
The name of organizations in which you served? Answer. *Co. B. "Old 6th" Mass. Infy.  
Co. R. 6th. N. Hamp. Infy. Co. C. Veteran Reserve Corps.*
- No. 2. What was your post office at enlistment? Answer. *First Enlistment Groton Mass. 2nd: Rindge N. H.*
- No. 3. State your wife's full name and her maiden name. Answer. *Sara Rebecca Richardson (Stevens.)*
- No. 4. When, where, and by whom were you married? Answer. *Feb. 20, 1864. Peterboro. N. Hamp. Minn.  
Rev. L. L. Eastman. Methodist Episcopal Church.*
- No. 5. Is there any official or church record of your marriage? Answer. *Cannot say (Have marriage certificate.)*  
If so, where? Answer. *Probably Peterboro. N. H.*
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *No.*
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. *No. previous marriages.*
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *Happily yes. Celebrated  
Golden Wedding Anniversary. 1914.*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
- |  |                       |
|--|-----------------------|
| <i>Lothie Stevens Richardson. (Dickerman).</i> | <i>Jan. 20, 1866.</i> |
| <i>Everett Ames Richardson.</i>                | <i>Feb. 4, 1868.</i>  |
| <i>Florence Adele Richardson (Johnston).</i>   | <i>Oct. 31, 1870.</i> |
| <i>Grace Annie Richardson.</i>                 | <i>Feb. 2, 1873.</i>  |
| <i>James Linwood Richardson.</i>               | <i>Nov. 2, 1876.</i>  |
| <i>Frank Percy Richardson.</i>                 | <i>Sept. 1, 1879.</i> |
| <i>Julia Katharine Richardson.</i>             | <i>Feb. 6, 1886.</i>  |
- All living.*

Date *March 18, 1915.*

(Signature) *James E. Richardson.*  
c 6-272



[Record continued]

GROOM'S FATHER AND MOTHER.

Father's Name *William Richardson*

" Residence *Cady Mass*

" Age\* *Color*

" Occupation *Farmer*

" Birthplace *Andover Mass*

Mother's Name *Agatha M Richardson*

" Residence

" Age\* *Color*

" Occupation

" Birthplace *New Hampshire Mass*

BRIDE'S FATHER AND MOTHER.

Father's Name *William Stevens*

" Residence

" Age\* *Color*

" Occupation *Mason*

" Birthplace *Schoharie N.Y.*

Mother's Name *Sarah Eliza Stevens*

" Residence

" Age\* *Color*

" Occupation

" Birthplace *Greenfield N.H.*

THE STATE OF NEW HAMPSHIRE.

I hereby certify that the above marriage record is correct to the best of my knowledge and belief.

*Edward J. Farrar*

Clerk of *Hampshire N.H.*

Date *Sept 11.5-1917*

\*If deceased, give age at death.

*East-Taffrey N. H.*  
*July 21 1866*

*I Theo. Manscom Late Capt. of Co. K<sup>th</sup> N.H.Vols do hereby certify that James E. Richardson was Orderly Sergt. of said Co., and that he was wounded near Spotsylvania Court House Va. May 12<sup>th</sup> 1864 while in the line of his duty. His wound rendered him unfit for duty while in the service of the United States*

*I was present with the Co. in said Battle*

*Theodore Manscom*  
*Late Capt. Co. K<sup>th</sup> N.H.Vols*

*State of New Hampshire*  
*County of ~~Rockingham~~ <sup>Cheshire</sup> ss. July 23 1866. Personally appeared Theodore Manscom, above named, late Captain of Co. K<sup>th</sup> N.H.Vols, and subscribed and made oath to the above statements before me and I hereby certify that I have no interest whatever in the application or names*

STATE OF NEW-HAMPSHIRE }  
COUNTY OF CHESHIRE, ss. }

I, EDWARD FARRAR, Clerk of the Supreme Judicial Court of New-Hampshire, in and for the County of Cheshire, hereby certify, that *David A. Wood* whose name is subscribed to the annexed certificate was, at the date thereof, a Justice of the Peace for said County of Cheshire, and that the signature thereto, purporting to be his, is, in my belief, genuine.

In testimony whereof, I have hereunto set my hand, and affixed the seal of said Court, this *twenty fourth* day of *July* A. D. 18 *66*



# Examining Surgeon's Certificate.

Petersburgh, N. H. Sept 28th 1865.

Applicant's  
service.

I hereby Certify, That I have carefully examined  
James E. Richardson late a Sergeant in Co (K)  
4th Regiment N. R. E.

in the service of the United States, who was discharged  
at Washington D. C., on the 15th day of July  
1865, and is an applicant for an invalid pension, by reason of  
alleged disability resulting from a wound.

In my opinion the said James E. Richardson  
is one half incapacitated for obtaining his subsistence by  
manual labor from the cause above stated.

Judging from his present condition, and from the evidence  
before me, it is my belief that the said disability will be removed  
in the service specified in the line of duty.

Probable  
duration.

The disability is permanent.

A more particular description of the applicant's condition

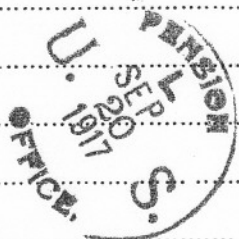
Particular  
description.

is submitted: He was wounded at Spotsylvania Court House in his right  
hand by a minnie ball. The ball passed through right angle of mouth  
forcing out the lower front teeth and was imbedded in jaw on opposite side and  
was removed by an incision on outside. The jaw is contracted so that the upper  
and lower do not meet, which prevents a proper mastication of his food. It cannot  
be remedied by artificial teeth. There is also great <sup>debility</sup> general weakness of his body. He is  
incapacitated from obtaining his subsistence by manual labor and is in pain.

Albert Smith, M. D.

Examining Surgeon.

Groom James E. Richardson  
Bride Sara H. Stevens  
Residence of Groom Rindge N. H.  
" Bride Springfield Mass  
Age of Groom 23  
" Bride 19  
Color of Groom White  
" Bride White  
Occupation of Groom Soldier  
" Bride Seamstress  
Birthplace of Groom Groton Mass  
" Bride Greenfield  
No. of Marriage of Groom  
" Bride  
Groom Widowed or Divorced  
Bride " " "  
Intention Filed  
By whom Married L. L. Eastman  
Residence Peterboro N. H.  
Official Station\* Clergyman  
Date of Marriage February 20th 1864  
Place Peterboro N. H.



[Record continued over.]

\*Clergyman or Justice of the Peace.



3-464 aa.

Eastern Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Mar. 20, 1896

*Respectfully referred to the Chief of the  
Record and Pension Office, War Department,  
requesting a full military and medical history*

(Descriptive list.)

*of the soldier.*

*Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.*

*No other report on file.*

Claim No. Sept 7 1922

Name, James E. Richardson  
 Co. B. Regt N. H. Vol. Inf.

Co. B. 6 Reg't. Mass Vol. Inf  
" C. 9 " Vet. Res. Corps

W. D. Murphy  
Acting Commissioner.

Address, "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

## Record and Pension Office,

WAR DEPARTMENT.

*Respectfully returned to the*

Commissioner of Pensions.

James E. Richardson  
Co. B, 6 Reg't Mass Mil. Inf. (3 Mo. Inf.)  
was enrolled May 29, 1861,  
and M. C. Aug. 2, 1861.

From May 29, 1861, to Aug 2, 1861,  
he held the rank of Private.

and during that period the rolls show him present  
~~except as follows~~

James E. Richardson  
Co. K. 6 Regt. N. H. Inf  
was enrolled Oct. 24, 1861,  
and re-enlisted Jan. 4, 1864,  
and transferred Jan or Feb. 1863  
to Co. C. 9 Regt. V. R. C,

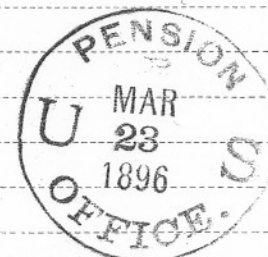
and M.O. on Ind M.O. roll  
July 15, 1865.  
From Enr. to M.O. he held  
the rank of Privt., Corpl.  
Sergt. & 1<sup>st</sup> Sergt.

and during that period  
the rolls show him  
present except as fol-  
lows:-

June 30/64, Absent wound-  
ed since May 12/64. Same  
to Aug. 31/64.  
Not home on muster roll  
Co. C. 9 V. R. Co. Feb. 28/65.

The medical records show him treated as follows :  
as James E. Richardson  
Priv. Co. K, 6<sup>th</sup> N. N., Oct. 9,  
62 to —, *Shiarskoca acuta*; as  
James E. Richardson, Sergt.  
Co., Nov. 1 & 2, 62., *Vulnus*  
*incisum*: Dec —, 62 to —,  
Shot wound by gun: as  
Priv. Co., May 16 & 17, 64.,  
Wounded in mouth: May 18  
to July 10, 64., Gun shot  
wound of mouth fracturing  
inferior maxillary bone  
left side, wounded at  
Spottsylvania, May 12, 64:  
as Sergt Co., July 7, 64.,

Wound of under jaw: as  
1<sup>st</sup> Supt. &c., July 7 to 18, 64,  
Ennoshat wound in the  
mouth, for long had July 18,  
64., 30 days, rtd. to duty  
Sep. 6, 64. Sep. 7 to 16, 64.  
(no diagnosis), rtd. to duty:  
as Jas. Richardson, Supt. &c.,  
Dec. 11, 64 to Jan. 21, 65.  
Old wound, transf'd. to  
W. R. Co., Jan. 21, 65: as  
James E. Richardson, 1<sup>st</sup> Supt.  
&c., Examined by Medical  
Board, & transferred to W.  
R. Co., in obedience to S. O.  
No. 15, Hd. Qrs. 9<sup>th</sup> A. Corps,  
dated Jan. 19, 65, diagnosis;  
L. E. H. lower jaw.  
Nothing additional found.



BY AUTHORITY OF THE SECRETARY OF WAR:

*Edmundson*  
Colonel, U. S. Army, Chief of Office.

P. M. MAR 21 1896  
 Washington, D. C., \_\_\_\_\_  
 (COMMISSIONER OF PENSIONS.)

(280)



Commonwealth of Mass. usetts.

PENSION DEPARTMENT.

STATE HOUSE, BOSTON.

DECLARATION FOR INCREASE OF INVALID PENSION.

STATE OF MASSACHUSETTS.

COUNTY OF

Middlesex } ss.

On this 13 day of Jan, A.D. one thousand nine hundred and 2 personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, James E. Richardson, aged 62 years, who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Boston Pension Agency at the rate of 8 dollars per month, by Certificate No. 70572, on account of disability from Gunshot wound in mouth incurred while serving as a 1st Sergeant Co. K. 6th Regt. N. H. Vols.

He further declares that he believes himself to be entitled to an increase of pension for the following reasons, to wit: that the loss of teeth incurred by the injury prevents proper mastication. General Debility, Rheumatism.

He would like to go to some other place than Lowell for examination, as a soldier shot as he feels insulted to have the ex. Surgeon ask if he had his mouth open the reason he was shot in it etc, he suggest Haltham, as near by.

that he appoints J. B. PARSONS, STATE PENSION AGENT OF MASSACHUSETTS, State House, Boston, his true and lawful attorney to prosecute his claim WITHOUT FEE; that his residence is No. , in Street, in West Acton, County of Middlesex, and State of Massachusetts; that his post-office address is West Acton.

Frank H. Whitecomb James E. Richardson  
Not attested (Claimant's signature.)

Also personally appeared Frank H. Whitecomb residing at West Acton and Flint H. Boutwell residing at Sumnerburg, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw James E. Richardson, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Not attested Frank H. Whitecomb  
Flint H. Boutwell (Signatures of witnesses.)

Sworn to and subscribed before me this 13 day of Jan A.D. 1902, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the claimant and witnesses before swearing, including the words

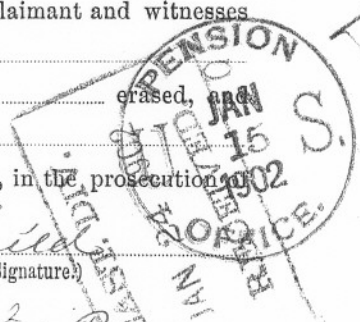
[SEAL.]

the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Record Division,

Certificate on the covering.

May 11 1893 - May 2 1907





ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts  
County of Middlesex } ss.

On this 21st day of February, A. D. one thousand nine hundred and seven, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, James E. Richardson, who, being duly sworn according to law, declares that he is 67 years of age, and a resident of West-Acton county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Groton, Massachusetts under the name of James E. Richardson, on the 20 day of May, 1861, as a Private, in Company B. 6th Regiment Mass. Volunteers  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Boston, Mass (State name of war, Civil or Mexican.) on the 24th day of August, 1861. That he also served as a Sergeant in Company H. 6th Regiment M. H. Volunteers enlisted October 24th 1861 for three years and was discharged January 3 1864 at Camp Meigs Kentucky by reason of re-enlistment; that after said re-enlistment on said 3rd day of January he was transferred to Company C 9th Regiment Wisconsin Reserve Corps  
(Here give a complete statement of all other services, if any.) That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 11 inches; complexion, Dark; color of eyes, Blue; color of hair, Brown; that his occupation was farmer; that he was born October 10th, 1839 at Groton Mass

That his several places of residence since leaving the service have been as follows: from 1865 to 1866 at Jeffrey N. H., from 1866 to 1870 at Wrentham Mass., from 1870 to date at West-Acton, Mass.  
(State date of each change, as nearly as possible.)

That he is not a pensioner. That he has not heretofore applied for pension. That the number of his previous certificate is 70572  
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is West-Acton, county of Middlesex, State of Massachusetts

James E. Richardson  
(Claimant's signature in full.)

Attest: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Also personally appeared Edwin C. Parker, residing in West-Acton and Elizabeth S. Parker residing in \_\_\_\_\_, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw James E. Richardson, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 25 years and 3 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Certificate on file to cover date.

S. A. CUDDY,  
Chief, Law Division.

Edwin C. Parker  
Elizabeth S. Parker  
(Signatures of witnesses.)

Per \_\_\_\_\_ and sworn to before me this 21st day of February, A. D. 1907, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_, erased, and the words in 6th M. H. & Edwin, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Allen Brooks Parker  
Justice of the Peace  
(Official character.)



No. 1095974-

Jane R. Richardson

Widow of James E. Richardson  
Co. H. 1st N. Y. Inf.

~~Wm. J. Galt~~  
Commissioner General

Washington, D. C.

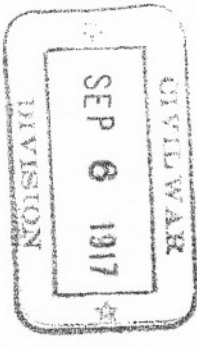
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Dear Sir: Comrade

W. H. Hall, has forwarded to me your communication in reply to your personal talk with him in Boston. relative to my claim for pension. I hasten to answer as my need is great.



612



From Mrs. Jane R. Richardson  
Box 183 -  
Mead.



evidence, our precious  
marriage certificate which  
I trust will be returned  
at your earliest convenience.  
I will also enclose a news-  
paper (Boston Globe) acct. of  
our Golden Wedding, which may  
serve to verify a bit toward  
the necessary evidence. (My dear  
husband passed away on our  
53rd anniversary.) Hoping  
for a favorable reply and  
an early one

I remain sincerely

and expectantly yours in F. C. L.

Box 139 West Astoria, Ore. Sara R. Richardson

these days of F. C. L. - and other  
reasons. I feel that I cannot  
give the statement of the clergy-  
man who performed the cere-  
mony, or of the witnesses, as  
all were strangers and we never  
saw them again, and I presume  
none are living. as all were  
quite advanced in life.  
My husband obtained the li-  
cense at the home town of his  
parents, <sup>Pindge, N. H.</sup> and we went to another  
town for the ceremony. But  
under separate cover I am  
sending you the next best

DECLARATION FOR WIDOW'S PENSION.

Act of April 19, 1908,  
Amended by Act of September 8, 1916.

STATE OF Massachusetts, COUNTY OF Middlesex, ss:

On this 12<sup>th</sup> day of March, 1917, personally appeared before me, a Notary Public

within and for the County and State aforesaid, Sarah R. Richardson, who, being duly sworn by me according to law, declares that she is 72 years of age and that she was born Nov. 8, 1844

at Greenfield, N.H.  
That she is the widow of James E. Richardson, who enlisted Oct. 24, 1861

at Rindge, N.H., under the name of James E. Richardson  
as a private, in 60<sup>th</sup> N.H. Vol. Inftry.  
(Rank.) appeared 1<sup>st</sup> Sergt.

and was honorably discharged July 1.5, 1865, having served ninety days or more during the CIVIL WAR.  
(Here state company and regiment, if in the Army; or vessels, if in the Navy.)  
That he also served with Mass. Vol. Co. B. 6<sup>th</sup> Regt. from to Oct. 24, 1861  
(Here give a complete statement of all other military, naval, or coast guard service, if any, at whatever time rendered.)  
and with Co. C, V.R.C. from to, 1865

That otherwise than as herein stated said soldier (or sailor) was not employed in the United States service.

That she was married to said soldier (or sailor) Feb. 20, 1864, under the name  
of Sarah R. Stevens, at Pittsboro, N.H.  
by Rev. S. L. Eastman; that she had not been previously married; that he had not

been previously married  
(Here state all prior marriages of either, and give the names and dates and places of death or divorce of all former consorts.)

and that neither she nor said soldier (or sailor) was ever married otherwise than as stated above.

(If any former husband rendered military or naval service, here describe same and give number of any pension claim based thereon.)

That said soldier (or sailor) died Feb. 20, 1917, at West Acton, Mass.  
that she was not divorced from him; and that she has not remarried since his death.

That the following are the ONLY children of the soldier (or sailor) who are NOW living and under sixteen years of age, namely:

(If he left no children under sixteen years of age, the claimant should so state.) No children under sixteen years of age.

born \_\_\_\_\_, l. \_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, l. \_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, l. \_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, l. \_\_\_\_\_, at \_\_\_\_\_  
born \_\_\_\_\_, l. \_\_\_\_\_, at \_\_\_\_\_

That the above-named child \_\_\_\_\_ of the soldier (or sailor) {is } now receiving a pension, and that such child \_\_\_\_\_ {is a }  
member \_\_\_\_\_ of her family and \_\_\_\_\_ cared for by her.

That she has not heretofore applied for pension, the number of her former claim being \_\_\_\_\_; that said soldier  
(or sailor) was \_\_\_\_\_ a pensioner, the number of his pension certificate being 70572

That she makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the ACT  
OF APRIL 19, 1908, as amended by the ACT OF SEPTEMBER 8, 1916.

(Two attesting and identifying witnesses.)  
(1) Florence A. Johnston  
(Signature of first witness.)  
Pease Island, Maine  
(Address of first witness.)  
(2) Bertram E. Hall  
(Signature of second witness.)  
West Acton, Mass.  
(Address of second witness.)

Sarah R. Richardson. ✓  
(Claimant's signature in full.)  
West Acton, Mass.  
(Claimant's address in full.)

SUBSCRIBED and sworn to before me this 12<sup>th</sup> day of March, 1917, and I hereby

certify that the contents of the above declaration were fully made known and explained to the applicant  
before swearing, including the words \_\_\_\_\_

[I. S.] \_\_\_\_\_, added;

and that I have no interest, direct or indirect, in the prosecution of this claim.



Bertram E. Hall  
(Signature.)  
Notary Public  
(Official character.)