. .

APPLICATION FOR ACCRUED PENSION.

(WIDOWS.)

| | State of Massachusetts, Country of Middlesep 55: |
|-------|--|
| | On this fourteenth day of March , 1962, personally appeared |
| | anna Robins, who, being duly sworn, declares that she is the lawful |
| | widow of Stube & Robbinson deceased: that he died on the & Anday |
| | widow of Sull f Notband, deceased; that he died on the & day of Gubuany, 19/2; that he had been granted a pension by Certificate No. 1035-234 |
| | which is herewith returned (or if not, state why not) |
| | ; that he had been paid the pension by the Pension |
| | Agent at Boston Mass up to the 4th day of December , 1911; |
| | after which date he had not been employed or paid in the Army, Navy, or Marine service of the |
| | |
| | United States, except ; that she was married to the said Suke J. Dobbin on the 25 day |
| | of Hibmory , 1877, at acloin , in the State |
| | of Massachusetts; that her name before said marriage was annou Boundt |
| | ; that she had (or had not) been previously married; that her husband |
| | 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. |
| | |
| | Street, City of June of Cast action, County of Modellesey, State of Mass. Suke Rollins |
| | Exal action, mars. |
| | , , , |
| | (Widow's signature.) Anno Robbins |
| | Also personally appeared 6 02a & Mobbins, residing at Actor |
| | Mass, and Ella B. Reed, residing at |
| | Actor Mass, who, being duly sworn, say they were present and saw |
| | Anna Rubbins sign her name (make her mark) to the foregoing declaration; |
| | that they know her to be the lawful widow of Luke of Robbins, who died |
| | on the day of Hibrary, 1912; and that their means of knowledge |
| | that said parties were husband and wife, and that the husband died on said date, are as follows: |
| | |
| | Eve have lived close neighbors with them for a good |
| | many years and attended Stuke & Rollins |
| | |
| | |
| | as to execution " (comments to execution " |
| 5 | A. Cuddy, Cla S. Reed. |
| | Chief, Law Division |
| Dist. | Sword to and subscribed before me on this 14th day of March , 1962, |
| | 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, direct or indirect, in the above claim. |
| | (Signature.) Horace I, Seittle |
| | Cofficial characters Lestice of the Peace |
| | berlifueate on file 6 11 10 10 10 10 10 10 10 10 10 10 10 10 |
| 6 | serrequeste on file |
| | S. A. CUDDY, |
| | The state of the s |

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION. State of Massachusetts County of Middlesex On this 231d day of . Flanary , A. D. one thousand nine hundred and Alwans personally appeared before me, a Notarib Priblic within and for the courty and State aforesaid, Luce to Robbins, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of actou State of Massachusettis; and that he is the identical person who was ENROLLED at GCCTORU as a control of the State rank, and company and regiment in the Army, or vessels if in the Navy.)

(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 Cool war, Civil or Mexican.) war, and was HONORABLY DISCHARGED at 302/102 (State name of war, Civil or Mexican.)
at 302/102 , on the 200 day of august , 186/ That he also served Ince years M Embany E 26th Regiment Marsagement of all other services, if any.)
Marsagement of the Committee of Emrolled at action Sept. 2, 186. and dumpairy discussed at Both May October 18-1864 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 7 inches; complexion, Ruday; color of eyes, Bus; color of hair, Light; that his occupation was Carefully; that he was born Sestment 6, 1836, at active marketinette That his several places of residence since leaving the service have been as follows: action Mars, by color of each change, as nearly as possible.) That he is _____a pensioner. That he has _____ heretofore applied for pension ____ (If a pensioner, the certificate number only need be giver. 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 Gast action country of Middlesex State of Massachusello Attest: (1) Also personally appeared Daniel & Farrar, residing in actor, mass, page Mr Hagg , residing in Caclan, Masal, , 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 Lufe J. Robbins, 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 40 years and 35 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. SUBSCRIBED and sworn to before me this 23 sk day of January and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and withesses before swearing, including the words and the words . [L. S.], added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Sala C.

(Official character.)

0-809

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

| State of Mass. |
|--|
| County of Middlesox 88. |
| On this Sixth day of September, A. D. one thousand nine hundred and eleven, |
| personally appeared before me, a furtice of the Pence within and for the county |
| and State aforesaid, Luke. Mobbins , who, being duly sworn according to law, |
| declares that he is 75 years of age, and a resident of Action |
| county of Middle Sep, State of Mass.; and that he is the |
| identical person who was ENROLLED at Locuell Mass. under the name of |
| Luke & Robbins on the 18th day of October 1861 |
| as a Corporal , in Co. E 26 Regiment Mass. Vol. Infantry (Here state Gank, and company and regiment in the Army, or vessels if in the Navy.) |
| |
| at Boston, on the Bush day of October 1864 |
| That had been a factored in the E Sixth Region My |
| That he also served as a Corporal in to E Sixth Regiment M. V. & (Here give a complete statement of all other service, it any.) emulled on the 15th day of april 1861 and discharged at Buston |
| enabled on the 13th day of april 1861 and discharged at water |
| August 2 1861 |
| 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, 3 feetinches; |
| complexion, readily; color of eyes, blue; color of hair, light; that his occupation was barnester; that he was born sept. 6th, 1836, |
| at Action, 1850, |
| *************************************** |
| That his several places of residence since leaving the service have been as follows: |
| Action from date of learning Region to 1868 Concord 1868 - 1883 (State date of each change, as nearly as possible.) |
| |
| That he is a pensioner. That he has heretofore applied for pension Certificate number 1. 035, 234 |
| (If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.) |
| (m) + 1 |
| 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 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 he makes this declaration for the purpose of being placed on the pension roll of the United |
| 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 beneard function RFD, county of Middleser, State of Mass. |
| 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 bound function RFD, county of Middlessex, |
| 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 bound function RFD, county of Middlesser, State of Mass. Attest: (1) Directly Prockers (Claimage's signature in full.) |
| 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 bound function RFD, county of Middleser, State of Mass. Attest: (1) Press Prekend (Chaimate's signature in full.) (2) Hammond Taylor |
| 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 bound function RFD, county of Middleser, State of Mass. Attest: (1) Prices Prickense (Claimage's signature in full.) (2) Hammond Taylor Also personally appeared by the Read , residing in Action |
| 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 bound function RFD, county of Middleser, State of Mass. Attest: (1) Prekend (Claimage's signature in full.) Attest: (2) Hammond Taylor Also personally appeared by such linkard, residing in Actor persons whom I |
| 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 bound function RFD, county of Middlesex, State of Mass. Attest: (1) Depute Prickend (Chaimagh's signature in full.) (2) Statement Taylor residing in Action persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were |
| 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 bound function RJD, county of Middlesex, State of Mass. Attest: (1) Depute Prekend (Claimage's signature in full.) Also personally appeared by the signature of full. Also personally appeared by the signature of full. Also personally appeared by the signature of full. |
| 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 bound function RTD, county of Middleser, State of Mass. Attest: (1) Roberts Also personally appeared function and Languar residing in Action, 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 Luke Laborius, 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 50 years and 50 years, respectively, that he is the identical |
| 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 beneval functions R.F., county of Middleser, State of Mass. Attest: (1) Character Representation of the United Character in full.) Attest: (2) Shammund Faylor, residing in Action, persons whom I certify to be respectable and extitled to credit, and who, being by me duly sworn, say that they were present and saw Luke Robbins, 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 So years and so 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. |
| 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 beneard functions RFD, country of Middlesser, State of Mass. Attest: (1) Opposed Freekensel (Claimagt's signature in full.) Attest: (2) Strammond function for the purpose of being placed on the pension roll of the United States of Claimagt's signature in full.) Also personally appeared function for residing in function for persons whom I certify to be respectable and extitled to credit, and who, being by me duly sworn, say that they were present and saw function for the they have every reason to believe, from the appearance of the claimant and their acquaintance with him of for years and for 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. Validity accepted |
| 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 bound function RFD, county of Middlesser, State of Lass Claims is eignature in full.) Attest: (1) Repeated Repeated County of Chairmaght's eignature in full.) Also personally appeared County Pickard residing in Actor persons whom I certify to be respectable and extitled to credit, and who, being by me duly sworn, say that they were present and saw Lake Acollins 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 Powers and Powers, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim. Validity accepted as to execution |
| 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 beneard, function Rod, county of Middlesser, State of Lass. Attest: (1) Charles Prickensol (2) Hammond Taylor, residing in Actor, persons whom I certify to be respectable and extitled to credit, and who, being by me duly sworn, say that they were present and saw Like they have every reason to believe, from the appearance of the claimant and their acquaintance with him of Log years and Log 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. Validity accepted as to execution S. A. Cuddy. |
| 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 beneard function RJD, county of Middlesser, State of Lass. Attest: (1) RDD RDD RDD RDD RDD RDD RDD RDD RDD RD |
| 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 bound function PTD, county of Middlesser, State of Mass. Attest: (1) Paris PTSekerral (Claimage's eigensture in fell.) Attest: (1) PTSEkerral (Claimage's eigensture in fell.) Attest: (1) Paris PTSekerral (Claimage's eigensture in fell.) Attention PTSekerral (Cla |
| 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 bound. Juntain R.J., county of Middlesser, State of Lass. Attest: (1) Process Prochemos Chamber of Chamber of State of Lass Prochemos Chamber of Chamber of State of Lass Prochemos Chamber of Chamber of State of Chamber of Chamber of State of Chamber of Chamber of State of Chamber o |
| 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 believed functions of the United State of Mass. Attest: (1) Provided Taylor (Chambylis signature in fell.) Also personally appeared functions of the claimant of the United States of the Community of the United States of the Community of Middlesson (Chambylis signature in fell.) Also personally appeared functions of the Claimant of the Community of the Com |
| 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 bound. Juntain R.J., county of Middlesser, State of Lass. Attest: (1) Process Prochemos Chamber of Chamber of State of Lass Prochemos Chamber of Chamber of State of Lass Prochemos Chamber of Chamber of State of Chamber of Chamber of State of Chamber of Chamber of State of Chamber o |
| 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 believed, functions R.J., county of Middlesser, State of Mass. Attest: (1) Repeated Repeated (Claimaght agreeter in fall.) Also personally appeared Repeated Repea |
| 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 because functions of the Law Problems. Attest: (1) Problems Problems functions of the Law Problems. Also personally appeared functions of the action persons whom I certify to be respectable and extitled to credit, and who, being by me duly sworn, say that they were present and saw fully sword that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of forward years and forward that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of forward 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. Validity accepted as to execution S. A. Cuddy, Chief. Law Division. Subscriber and sworm to before me this full day of Attender A. D. 1961. POFFICE Find and worm to before me this full day of Attender A. D. 1961. OFFICE Find and the words generated and the words generated and the words generated. L. S.] and that I have no interest, direct or indirect, in the prosecution of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of this claim. **Correct Find and State of the shows declaration of the shows declaration. **Correct Find and State o |
| 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 beautiful functions. P.J., county of Middlesser. State of Mass. Attest: (1) Chamas Prekens Lucker (Chamas Fisignature in full.) (2) Statement Taylor (Chamas Fisignature in full.) Also personally appeared Cycur Lucker Taylor (Chamas Fisignature in full.) (2) Statement Taylor (Chamas Fisignature in full.) Also personally appeared Cycur Lucker Taylor (Chamas Fisignature in full.) (3) The mass and Company of the Chamas Taylor (Chamas Fisignature in full.) (4) Chamas Taylor (Chamas Fisignature in full.) Also personally appeared Cycur Lucker Taylor (Chamas Fisignature in full.) (5) The mass and Company of the Chamas Taylor (Chamas Fisignature in full.) (6) The chamas Taylor (Chamas Fisignature in full.) (7) The chamas Taylor (Chamas Fisignature in full.) (8) The chamas Taylor (Chamas Fisignature in full.) (8) The chamas Taylor (Chamas Fisignature in full.) (9) The chamas Taylor (Chamas Fisignature in full.) (9) The chamas Taylor (Chamas Fisignature in full.) (10) The chamas Taylor (Chamas Fisignature in full.) (11) The chamas Taylor (Chamas Fisignature in full.) (12) The chamas Taylor (Chamas Fisignature in full.) (13) The chamas Taylor (Chamas Fisignature in full.) (14) The chamas Taylor (Chamas Fisignature in full.) (15) The chamas Taylor (Chamas Fisignature in full.) (16) The chamas Taylor (Chamas Fisignature in full.) (17) The chamas Taylor (Chamas Fisignature in full.) (18) The |



Town Clerk's Office.

Acton, Mass., May J 1904

L. Levely certify that I have examined
the Records of Births of the Town of Actor
and find recorded therein the birth of
Luke. L. Robbins
The record is in the following words and
figures to with Children of Luther and Lucinda. Robbins
Luke. L. Robbins Formin Actor Supp. 6. 1836

Allest Horace F. Twille
Town black of Actor Mass.



| 0 | 0 1 |
|---|---|
| State of Massa | durest, County of Muddlesex, Si |
| ON THIS 30 th da | y of September ; A. D. 199/, personally appeared before me, |
| | in and for the aforesaid County, duly authorized to administer oath |
| 1/7 | aged 65 years, a resident of Octor |
| in the County of | cellenes and State of Muss, |
| whose postoffice address is | East actin |
| | eclares as follows: that Smalling in the m |
| a Salotanda | 1 1894 while at work for |
| Danie m | fa Co. OT WEST Concerne |
| I was Lola | ing an iron peelly for |
| Fur Santon | |
| The Laure | - Deging and and also In |
| hub of the | peely T glassees and |
| -/) | ud Said accident was |
| | esed by my neglect of |
| la ana | |
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| | The part of the second of the |
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| | |
| The declarant hereby appropriate | oints, with full power of substitution and revocation, PATRICK O'FARRE |
| | attorney, and authorizes him to present and prosecute this claim, to recei |
| | or money that may be issued or paid upon his foregoing application, and |
| | |
| and an acts necessary t | effect the purpose of said appointment. |

EXAMINATION.

| | State of Massachusetts |
|---|--|
| | County of Middlesos 55: |
| Doctor's name | |
| and P. O. address. | Charles 13. Landers M. D., whose P. O. address |
| | is action County of miscales State of Massachuseus |
| | being first duly sworn, says that his age is now 48 years, and that he is a regular practicing physician |
| Name of Soldier. | of 23 years standing, and that he has this day examined carefully one Luke . |
| | who, he is informed, was late a provide in Company & |
| | 26 Reg't Wass. Vols., and finds him afflicted as follows: - I have been |
| | the family Physician of said Luke J. Robbins, applicant |
| Doctor: Here | Since about 18 49, and Know him & be a Sufferen |
| give a full and clear diagnosis of | From Chronic diarrhea Menmatism and Malaria and |
| the disability up- on which pension is claimed as you | 11 1 |
| find it now upon examination, and | upon A give treatment for these diseases, and he is still |
| | under my care and tratment for those deseases or |
| ional and physi- cal signs of each | |
| disease. | his service in the Conny. |
| | |
| | and he further says that the said Luke J. Roblins is incapacitated for the performance |
| 77 | of manual labor by reason of aforesaid disabilities in about the following degree This applicant |
| Here state in about what de- gree claimant is | Cannot reasonable be subjected & food more the |
| disabled IN YOUR JUDG- | oul-half the amount of manuel labor that would |
| MENT. That is state about hou much of the time he is not able to work—¼, ½, ¾, ½, or total. | be Expedice of a person in fuel healte |
| %, or total. | and the affiant further says that he is in nowise interested in the prosecution of this claim for pension. |
| | Charles 13. Sanderg. M.D. |
| | Affiant's signature. |
| | Subscribed and sworn to before me, this 14 day of March 1892 |
| Cest | The affiant is a credible witness, and the person he represents in the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written of the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written of the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written of the foregoing affidavit. I am not interested in this claim. Witness my hand and seal the day and year above written of the foregoing affidavit. I am not interested in this claim. |
| <u></u> | fice word office would move |

GENERAL AFFIDAVIT.

| State of Massachusetts, County of Middlesex, 55: |
|--|
| De le matter of the Claim In Pensim N. 930776 of Luke J |
| Robbius late of Co. E, 26 Massachusetto Infantary |
| ON THIS 11th day of October, A. D. 190/, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, Seace W. Flagg aged 54 years, a resident of Colon |
| |
| in the County of Middlesex and State of Massachusells |
| whose Post-Office address is East acton, Massachusetts and Damil & Wetherbee aged 57 years, a resident of acton |
| in the County of Middlesex and State of Massachusetts whose Post-Office address is East action, Massachusetts |
| |
| well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for |
| himself, in relation to aforesaid case, as follows: [NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.] |
| I , I paar W. Flagg , aged 54 years , a resident of actor . County of middlesex |
| State of Maseachusette on oath declare: |
| That I have been acquainted with Luke J. Robbins late of Go. E |
| 26 Mass. Infantay, since 1871 and I form him to be an honest |
| industrious man. He has always been since the above date |
| a man of good sober, mul peaceable habits. I have seen |
| him nearly every day for 30 years, saw him the day his |
| Lunger was injured in 1894, immediately after the accident |
| I further declare that I have no interest his said case and |
| I futher declare that I have no interest his said case and |
| I futher declare that I have no interest his said case and not concerned in its prosecution. |
| I futher declare that I have no interest his said case and not concerned in its prosecution. |
| not concerned in its prosecution. |
| J. Damie J. Witherbre, agod 57 years, a resident of actm, Commity of Sliddlesex, State of Massachusetto, on oath Leclare: |
| J. Damie J. Witherbre, agod 57 years, a resident of actm, Commity of Sliddlesex, State of Massachusetto, on oath Leclare: |
| J. Damiel J. Witherbre, aged 57 years, a resident of actm, Commity of Alliddlesex, State of Massachusetto, on oath Lucle J. Robbins late of Co E. 26 Mass. Infantay, since 1850 and that he is a |
| J. Damiel J. Witherbre, aged 57 years, a resident of actm, Commity of Alliddlesex, State of Massachusetto, on oath Lucle J. Robbins late of Co E. 26 Mass. Infantay, since 1850 and that he is a |
| J. Damiel J. Witherbre, aged 57 years, a resident of actm, Commity of Alliddlesex, State of Massachusetto, on oath Lucle J. Robbins late of Co E. 26 Mass. Infantay, since 1850 and that he is a |
| J. Damiel J. Witherbre, aged 57 years, a resident of actm, Commity of Alliddlesex, State of Massachusetto, on oath Lucle J. Robbins late of Co E. 26 Mass. Infantay, since 1850 and that he is a |
| J. Damie J. Witherbre, agod 57 years, a resident of actm, Commity of Sliddlesex, State of Massachusetto, on oath Leclare: |
| I further declare that I have no interest his said case and not concerned in its prosecution. J. Damie J. Witherbre, a god 57 years, a resident of actin, County of Middlesex, State of Massachusetto, on oath declare: That I have been acquainted with Lufe J. Robbins late of Co E. 26 Mass. Infantsy, since 1850 and that he is a man of good minal habito, does not use tobacco or intoxicating liquids, that his finger was injured in the year 1894 of the said Robbins came to me the day he was injured to have me take him to the Doctor's and |
| I further declare that I have no interest his said case and not concerned in its prosecution. J. Damie J. Witherbre, aged 57 years, a resident of actin, Commity of Middlesex, State of Massachusetto, on oath declare: That I have been acquainted with Lufce J. Robbins late of Co E. 26 Mass. Infantay, since 1850 and that he is a man of good minal habito, does not use tobacco or intoxicating liquins, that his fringer was injured in the year 1894 of the said Robbins came to me the day he was injured to have me take him to the Doctor's and |
| J. Damil J. Mitherbe, agod 57 years, a resident of actin, Emity of Alliddlesex, State of Massachusetto, on oath declare: That I have been acquainted with Lufe J. Robbins late of E. 26 Mass. Infantay, since 1850 and that he is a man of good much halto, does not use tobacco or intoxicating ligious, that his fringer was injured in the year 1894 the said Robbins came to me the day he was injured to have me take him to the Doctors and O further declare that I have no interest in said case and I are not concerned in its prosecution. |
| J. Damil J. Mitherbe, agod 57 years, a resident of actin, Emity of Alliddlesex, State of Massachusetto, on oath declare: That I have been acquainted with Lufe J. Robbins late of E. 26 Mass. Infantay, since 1850 and that he is a man of good much halto, does not use tobacco or intoxicating ligious, that his fringer was injured in the year 1894 the said Robbins came to me the day he was injured to have me take him to the Doctors and O further declare that I have no interest in said case and I are not concerned in its prosecution. |
| J. Damil J. Mitherbe, agod 57 years, a resident of actin, Emity of Alliddlesex, State of Massachusetto, on oath declare: That I have been acquainted with Lufe J. Robbins late of E. 26 Mass. Infantay, since 1850 and that he is a man of good much halto, does not use tobacco or intoxicating ligious, that his fringer was injured in the year 1894 the said Robbins came to me the day he was injured to have me take him to the Doctors and O further declare that I have no interest in said case and I are not concerned in its prosecution. |
| J. Damil J. Mitherbe, agod 57 years, a resident of actin, Emity of Alliddlesex, State of Massachusetto, on oath declare: That I have been acquainted with Lufe J. Robbins late of E. 26 Mass. Infantay, since 1850 and that he is a man of good much halto, does not use tobacco or intoxicating ligious, that his fringer was injured in the year 1894 the said Robbins came to me the day he was injured to have me take him to the Doctors and O further declare that I have no interest in said case and I are not concerned in its prosecution. |
| I further declare that I have no interest his said case and not concerned in its prisecution. J. Damil J. Witherber, agod 57 years, a resident of actin, Emily of Middlesex, State of Massachusetto, on outh declare: That I have been acquainted with Luke J. Robbins late of too E. 26 Mass. Infantay, since 1850 and that he is a man of good much habito, does not use tobacco or intoxicating liquids, that his frigue was injured in the year 1894 of the said Robbins came to me the day he was injured to have me take him to the Doctor's and Turther declare that I have no interest in said case and I are not concerned in its prosecution. Witness to liquature |

ACT OF APRIL 19, 1908.

DECLARATION FOR WIDOW'S PENS.JN.

| REPRODI | State of . Mass, County of Meddlessex, 55: | |
|---------|---|--------|
| | On this occiteen the day of March A. D. one thousand nine hundred and | |
| | Livelie, personally appeared before me, a fusher of the leave, within and for the | |
| | County and State aforesaid, Mills Kobb M , aged | |
| | resident of Gast Octor , County of Michellary , State of (Name of Town or City.) | |
| | Mouse Musilia, who, being duly sworn according to law, declares that she is the widow of | |
| | Jouke J. Robbins, who enlisted under the name of | |
| | (Name under which soldier enlisted.) | |
| | 18.61., as a Confunction in Company | |
| | (Name of State, and whether Infantry, Lavalry, Artillery or name of vessel if in Navy.) of the Rebellion, in the service of the United States, who was Honorably Discharged. Queg. 2 nd. | 7,9 |
| | 18.6/, and died. Held. 8.1.19.12 | |
| | the military or naval service otherwise than as stated above. Surved. as. Priviles in 1.60. | |
| | 6. 2.6 th Pagt. Mans Vols Jum Sept. 2. 186/ 1. Nov. 7. 1864. | |
| | That he was never employed in the military or naval service of the United States after the | |
| | day of | |
| | the 25 day of February. A. D. 1877, by Per H. P. Word. | |
| | | |
| | at. Uclim. Mcss, there being no legal barrier to such marriage; that she had not | D. 11: |
| , | been previously married; that her said husband had not been previously married. furt. 2016, amount . C. | Love |
| iid in | action Sept. 29. 18.65. Learned wife. Many W. Robbins. That she was not divorced from him and [If either had been previously married, so state, and give date and place of death or divorce of former spouse.] that she has not remarried since the death of the said. 22. 1 | |
| | 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: | |
| | , born18, at | |
| | born | |
| | , born18, at | |
| | That prior application for pension has been filed by herself or the soldier. [Agr no.] [In prior application for pension has been filed by herself or the soldier. [If prior application has been filed, either by soldier or widow, so state giving number assigned to it.] | 234 |
| | 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. She hereby appoints, with full power of | |
| | substitution and revocation, | |
| | abbie M Saunders of Concord Mess. | |
| | her true and lawful attorney to prosecute her claim, the fee to be TEN DOLLARS, payable as prescribed by law. | 1 |
| | That her post-office ADDRESS is . Country of [Name of post-office.] | |
| | middlesey , State of machusetts. | 2 201 |
| | ATTEST: | W 20 |
| | 2. Ola B. Need. [Claimant's Signature—FULL name.] | |

| Commonwealth of Massachusetts. |
|--|
| CERTIFICATE OF DEATH. |
| Cown of Action Feb 16/1/2-190. 1. Horace F Tuttle, hereby certify |
| that I have examined the Records of Deaths in said Town and find recorded therein the death of Luke Frobbins |
| The record is in the following words and figures, to wit: Date of Death, Feb 8 1917 Name & Surname of Deceased, Lecke Tobbins |
| Name & Surname of Husband, Sex, Male Color, M. Condition, married Age, 75 Years, Months, Days. |
| Disease or Cause of Death, Carcinuma of Prostate Residence, Actor |
| Place of Death, Action Place of Burial, Action |
| Occupation, Place of Birth, Name & Birthplace of Father, Lither Robbins Actor |
| Name & Birthplace of Mother, Lewinda M. Jones Actor |
| and say, that I hold the office of Town Clerk of the Town of Action in the County of Middlesep and Commonwealth of Massachusetts: that the Records of Births, Marriages and Deaths in said Town are in my custody, and that the above is a true extract from the Records of Deaths in said Town, as certified by me. |
| Witness my hand and seal of the said Town on the day and year first above written. **Town Clerk.** |
| |

Commonwealth of Massachusetts.

CERTIFICATE OF MARRIAGE.

| Cown of Acto | n Feb 17 1912 190. | |
|---|--|--|
| J. Horace, F. Tu | ttle hereby certify that it appears by | |
| | n, that a Marriage was solemnized, between | |
| // | February in the year 1877 | |
| The record is in the following words and | figures, to wit: | |
| GROOM. | BRIDE. | |
| Name, Tuke & Nobbins | Name, Anna Barrett | |
| Color, 25 | Color, | |
| Residence, Actor | Residence, Actor | |
| Age, 40 | Age, 35- | |
| Occupation Carpenter | Occupation | |
| Birthplace, Action | Birthplace, Studyard N. H. | |
| Father's Name, Littley Robbins | Father's Name, Levi Barrett | |
| Mother's Name, Lucinda W. Jones. | Mother's Name, Julia Barrell | |
| No. of Marriage, 3d, | No. of Marriage, | |
| Place and Date of Marriage, Actor | Feb 25- 1877 | |
| By whom Married, Pec. It P. M. | Voud Actor | |
| I, Horace F. Tutte | e above named, depose and say, that I | |
| hold the office of Town Clerk of the Town of | Holon in the | |
| County of Middlesex and Common | nwealth of Massachusetts: that the records of | |
| Births, Marriages and Deaths in said Town, a | re in my custody, and that the above is a true | |
| extract from the Record of Marriages in said town as certified by me. | | |
| Witness my hand and the Seal of the said Town, on t | | |
| | Horace, F. Tuttle | |
| (SEAL) | Town Clerk. | |
| | the desired of the second of t | |
| | and the second second | |

| A | 1 | |
|--|-----------------------------|--|
| | 3-173. | 2 LAST DIV. |
| Cup heggs Div. | | 19/10 72 1, Ex'r. |
| Clarino 930446 | Pepartment | of the Interior. |
| Co. C., 26 Reg't Maria | BUREAU | OF PENSIONS, |
| Sir: | Washington, D. C., | Juny 20, 18001 |
| Will you kindly answer, at your | r earliest convenience, the | e questions enumerated below? The |
| information is requested for future use, | , and it may be of great | value to your family. |
| Very r | respectfully, | |
| Hu Luke J. M. | bline | Commissioner. |
| ENSTON CHARLES | Mula 1 | |
| NAV SE C | | |
| | | rife's full name, and her maiden name. |
| Answer: 2100 Arina | Robbins | Hung Barrett |
| No. 2. When, where, and by wh | om were you married? | Answer: 4eb 25-7/877 |
| reton Mass & | Poo 1 P 11 | ooll |
| No. 3. What record of marriage | | |
| office Actor | | |
| | | the name of your former wife and the |
| date and place of her death or divorce | . Answer: yes | Mary In Robbins |
| died Nov 284/ | 8,6 | <i>J</i> |
| No. 5. Have you any children li | iving? If so, please state | their names and the dates of their |
| birth. Answer: 42 | | |
| Horale H. Robb | 12) lov 12 | u 1867 |
| Harry J. Rover | in Non 14 | 4 1868 |
| <i>f</i> | | |
| | | |
| | | |
| Date of reply, Alay 224 | , 1901 | Links & Robbins |

Commonwealth of Massachusetts.

| CERTIFICATE OF DEATH. |
|--|
| Cown of Action Feb 17 19/2-190. |
| Governor 190. |
| 1. Morace, O cuttle, hereby certify |
| that I have examined the Records of Deaths in said Town and find recorded |
| therein the death of Anna 6. Robbins |
| The record is in the following words and figures, to wit: |
| Date of Death, September 29 1865 |
| Name & Surname of Deceased, Anna & Clough Robbins |
| Name & Surname of Husband, Luke & Robbins |
| Sex, Ferr Color, W Condition, married |
| Age, 27 Years, 3 Months, 27 Days. |
| Disease or Cause of Death, Consumption |
| |
| Residence, Action |
| Place of Death, Action |
| Place of Burial, |
| Occupation, |
| Place of Birth, Saco. Maine |
| Name & Birthplace of Father, unknown |
| Name & Birthplace of Mother, Jarah Clough Jilmonton St. H. |
| I, Horace F Tuttle above named, depose |
| and say, that I hold the office of Town Clerk of the Town of Action |
| in the County of Middleses |
| and Commonwealth of Massachusetts: that the Records of Births, Marriages |
| and Deaths in said Town are in my custody, and that the above is a true extract from the Records of Deaths in said Town, as certified by me. |
| Witness my hand and seal of the said Town |
| on the day and year first above written. |
| Morrace, St. Sulles |
| Town Clerk |
| |
| |
| |

Commonwealth of Plassachusetts.

--- CERTIFICATE OF DEATH. ---

| 50 | — CERTIFICATE OF BEATH. |
|----|--|
| | Cown of Action Feb 17 1912 190. |
| | |
| | 1, Horace S. Juttle, hereby certify |
| | that I have examined the Records of Deaths in said Town and find recorded |
| | therein the death of Mary M. Robbins |
| | The record is in the following words and figures, to wit: |
| W | Date of Death, November 28 1876 |
| | Name & Surname of Deceased, Mary M. Robbins |
| | Name & Surname of Husband, Luke J. Robbins |
| | Sex, Jem Color, M. Condition, married |
| | Age, 33 Years, Months, Days. |
| | Disease or Cause of Death, Desease of Brain |
| 15 | |
| | Residence, St Clorr |
| | Place of Death, Allow |
| | Place of Burial, Atlan |
| | Occupation, |
| | Place of Birth, |
| | Name & Birthplace of Father, Jonas Blodgett. Littleton |
| | Name & Birthplace of Mother; Ann & Miliper Action |
| | I, Horace, Suttle above named, depose |
| | and say, that I hold the office of Town Clerk of the Town of Action |
| | in the County of Middlesep |
| | and Commonwealth of Massachusetts: that the Records of Births, Marriages and Deaths in said Town are in my custody, and that the above is a true |
| | extract from the Records of Deaths in said Town, as certified by me. |
| | Witness my hand and seal of the said Town on the day and year first above written. |
| | (SEAL) On the day and year first above written. |
| | Town Clerk. |
| | 1 37 D |
| | 1912 |
| | |