WITNESSES:

[Witnesses who can write sign here.]

Bureau of Pensions, Washington, D. C., Sir: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud your name, or on account of your service, you are required to answer fully the questions enumerated	3-447.	
BUREAU OF PENSIONS, Washington, D. C., James 29., 1902. Sir: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud your name, or on account of your service, you are required to answer fully the questions enumerated low. You will please return this circular under cover of the inclosed envelope which requires no postage. Very respectfully. When were you born? Answer. When were you born? Answer. When did you enlist? Answer. Where did you enlist? Answer. Where had you lived before you enlisted? Answer. What was your occupation at enlistment? Answer. When were you discharged? Answer. When were you discharged? Answer. Where have you discharged? Answer. The color of your hair? The color of your hair? The color of your hair? Your complexion? Dath. Are there any permanent marks or sears on your person? If so, describe them.	P - Am	C. Ex'r.
BUREAU OF PENSIONS, Washington, D. C., January 22, 1901. Sir: To aid this Bureau in preventing any one falsely personating you, or otherwise committing fraud your name, or on account of your service, you are required to answer fully the questions enumerated low. You will please return this circular under cover of the inclosed envelope which requires no postage. Very respectfully, When were you born? Answer. When did you enlist? Answer. Where did you enlist? Answer. Where had you lived before you enlisted? Answer. What was your occupation at enlistment? Answer. When were you discharged? Answer. When were you discharged? Answer. Where hay you lived since discharge? Give dates, as nearly as possible, of any changes of residence. What is your present occupation? Answer. What is your height? Answer. The color of your eyes? The day and the plant of the color of your eyes? The color of your hair? Answer in the supplement in the supplement in the supplement in the supplement. What is your full name? Please write it on the line below, in ink, in the manner in which you are	hw. Oig. No. 1355920, Department of the Int	erior,
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The soldier desires to be addressed at	Commanding the Reg't.

* See Note 1 on the back of this.

†See Note 2 on the back of this.

[A. G. O. No. 100 & 101—First.]

(DUPLICATES.)

LIBRO 3 FOLIO 38

789 1987 NAV



CERTIFICATE OF BIRTH.

Issued under Revised Laws, Chap. 29, Sect. 14.

OFFICE OF THE CITY CLERK,
NEWTON, MASSACHUSETTS.

CITY HALL, WEST NEWTON, 22 December 1906

I certify that the following is a true copy from the records of this office, as obtained by deposition:

No
Date of Birth, anwary 14, 1845
Name of Child, Bownan Galusha Lalistury
Sex and Color, Male - and by White Condition, as wine, etc.)
Place of Birth, † Newton of the state in such and all bounded and the bounded of the state of th
Name of Father, and many of the Assert Assert Salisbury believe and the
Name of Mother, (Maiden name) Eliza and Sting
Residence of Parents,
Occupation of Father, Juckman
Birth-place of Father, Hamburg n. Of
Birth-place of Mother, Newton mass
Received for Record, 22 Necember 1906.
Sinct Mingebury
† Give City or Town.
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Commonwealth of Massachusetts

PENSION DEPARTMENT BOSTON

DECLARATION FOR WIDOW'S PENSION.

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		nder the name of	Zown	an y Da	lisbur, at
(Enrolled or comm	issioned)	on the 22	day of	July	7864
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				l other services, if any.)	
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een previously married,	(If there was a prior ma	arriage of either, the date an	d place of death or d	livorce of former consort or	consorts should be stated.)
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nd that neither she nor	said soldier married	otherwise than as state		the	- 1 (h)-
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Commonwealth of Massachusetts. UNITED STATES OF AMERICA.

Certificate of Dea	th
FROM THE RECORDS OF DEATHS IN THE TOWN OF Southorn MASSACHUSETTS, U. S. A.	
1. Date of Death, March 25, 1911	
2. Name, Bowman Talushia Sa	lesbury
(Maiden Name,	
3. Sex, and whether Single, Male, Married	
Married, or Widowed, -	
4. Color, While	
5. Age, Color Years 2 Months 1	// Days
6. Disease or Cause of Death Myocardetis	
7. Residence, Southborough	
8. Occupation, Jardenes	
9. Place of Death, Southown igh	
10. Place of Birth, Newton Mass.	
11. Name of Father, Jonas J. Salesbury	
12. Name of Mother, Olega a Tang	
13. Birthplace of Father, - House burg M. Y.	
14, Birthplace of Mother, - Lewton Wass.	
15. Place of Interment, Stow Wass.	
1. Chas H. Newton de	pose and say
that I hold the office of Town Clerk of the Town of South 5	regli
County of Morcestey and Commonwealth of Massachus	setts; that the
records of Births, Marriages and Deaths in said Town are in my custody, and that the true outroot from the Records of Deaths in said Town as certified by me	he above is a
a true extract from the Records of Deaths in said Town, as certified by me. WITNESS my hand and the Seal of said Town, on the Literature.	g-first
day of March 19/1 Clas H Men	
Chas H Neu	Town Clerk.

UNITED STATES OF AMERICA COMMONWEALTH OF MASSACHUSETTS



City of Newton

CERTIFICATE OF MARRIAGE

OFFICE OF THE CITY CLERK
CITY HALL, WEST NEWTON, Apr. 4. 1911

I certify that the following is a true copy from the records of this office:

	Libro Folio 93	
No. 32	/	
Date of Marriage, Ale	ril 22, 1874	O 1
Name and Surnames of Groom,	Gowman Galu	sha Salisbury
Name and Surnames of Bride,	Eliza Elviras s	Sypher
Residence of each at { (Groom)	Kewton he	alie
Age of each in years, (Groom)	() P . +	Bride) White
Color, (Groom) Occupation, (Groom)	bo. I	Bride)
Place of Birth of each, (Groom)	ewton Mars. as Is Salisbury	P 1 / 1/1/1/1
Name of Parents, (Groom) MA	. 1 %/. 1	Bride) Calbard II, Sypher Bride) Elizabeth V. Shrow
Which Marriage - (Groom)	Trist P. T.	Bride) Birst
Name, residence and official station of person by whom married,	} lev Lewt	ou mars.
Where married,	Kewton, his	
Date of registry,	April 21, 1874	
	Trans	Muant City Clerk.