



## Commonwealth of Massachusetts

## CITY OF LOWELL

City Clerk's Office May 31, 1913

## CERTIFICATE OF RECORD OF BIRTH

Name of Child..... Charles B. Saunders

Date of Birth..... February 19, 1844..... Sex..... Male..... Color, White.....

Place of Birth..... Lowell, Mass..... Lowell  
(Number and Street)

Residence of Parents, Lowell..... Charles Street, Lowell, Mass.....

Name of Father..... John H. Saunders..... Occupation..... Soap boiler.....

Maiden Name of Mother..... Nancy R. -----

Birthplace of Father..... -----

Birthplace of Mother..... -----

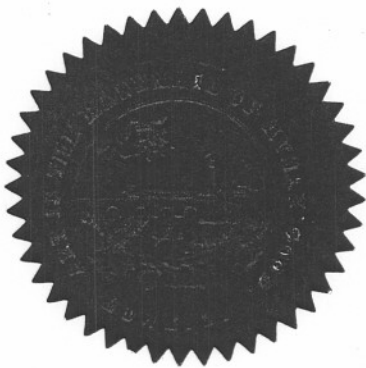
I certify the foregoing to be a true extract from the Records of Births in the City of Lowell.

WITNESS my hand and the seal of the said city of Lowell on the day and year first above written.

*Stephen Flynn*

City Clerk.

NOTE—By a decision of the Commissioners of Pensions, December 6, 1864, this certificate need not be sworn to. The seal of a city is sufficient without further attestation.



FORM R-301

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Middlesex State Mass Registered No. \_\_\_\_\_  
City or Town Acton No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara A. Sanders maiden name Butterfield  
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Acton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and State)  
Length of residence in city or town where death occurred \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. How long in U. S., if of foreign birth? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced  
HUSBAND of Charles B. Sanders  
(or) WIFE of

6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

7 AGE 36 Years Months 2 Days 13  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) Name of employer \_\_\_\_\_

9 BIRTHPLACE (City) Lowell  
(State or country) Mass

10 NAME OF FATHER Augustus Butterfield

11 BIRTHPLACE OF FATHER (City) Lowell  
(State or country) Mass

12 MAIDEN NAME OF MOTHER Ester

13 BIRTHPLACE OF MOTHER (City) Bedford Vt.  
(State or country)

14 Informant \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Filed \_\_\_\_\_  
(Month) (Day) (Year) \_\_\_\_\_  
REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 11 1877  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw h. ✓ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:  
Cholera Bitch

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) \_\_\_\_\_, M.D.

(Address) \_\_\_\_\_

Date \_\_\_\_\_ (Month) (Day) (Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lowell Mass  
(Cemetery) (City or town)

20 UNDERTAKER \_\_\_\_\_

DATE OF BURIAL \_\_\_\_\_

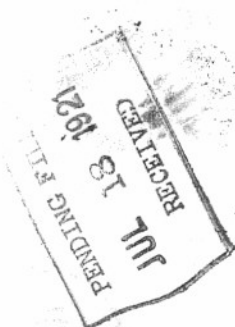
ADDRESS \_\_\_\_\_

Official position \_\_\_\_\_ Date of issue of permit \_\_\_\_\_ Permit No. \_\_\_\_\_

A true copy of record Attesty of Tattle Town Clerk of Acton  
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. 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 and extracts from the laws on back of certificate.





## Commonwealth of Massachusetts

## CITY OF LOWELL

City Clerk's Office June 11 1921

## CERTIFICATE OF RECORD OF DEATH

Name of Deceased Lizzie S Sanders Age 59 Yrs. 9 Mos. 8 DaysDate of Death Sept 10 1913 Date of Record Sept 13 1913Sex, F Color, White Condition MarriedResidence and place of Death  
(the same unless specified) 475 Westford St (Lowell Gen. Hosp.)Maiden Name, Lizzie S Taylor Husband's Name, Charles B SandersOccupation, At Home Birthplace, Acton MassName of Father, Moses Taylor Maiden Name of Mother, Elizabeth StearnsBirthplace of Father, Acton Mass Birthplace of Mother, Acton MassDisease or Cause of Death Septicaemia ( Appendicitis )Place of Burial or Removal Acton Mass

I certify the foregoing to be a true extract from the Record of Deaths in the City of Lowell.



WITNESS, the seal of the City of Lowell.

  
CITY CLERK.

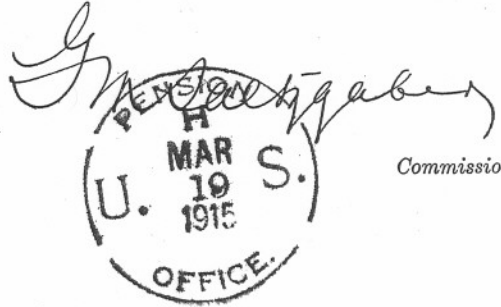
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

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,

CHARLES B SANDERS  
LOWELL MASS  
118851 ACT MAY  
475 WESTFORD ST



Commissioner.

- No. 1. Date and place of birth? Answer. February 19 1844 Lowell Mass  
The name of organizations in which you served? Answer. Co B 13<sup>th</sup> N.H. Vols. private - Corporal  
1<sup>st</sup> Lieutenant Co D 30<sup>th</sup> U.S. Colored Troops
- No. 2. What was your post office at enlistment? Answer. Salmon Falls N.H.
- No. 3. State your wife's full name and her maiden name. Answer. Lizzie Sophia (Taylor) Sanders
- No. 4. When, where, and by whom were you married? Answer. Acton Mass Sept 4 1878, by  
Rev. Franklin P. Wood of Acton Mass - dead.
- No. 5. Is there any official or church record of your marriage? Probably in Town Clerk's Office Acton Mass  
If so, where? Answer. —
- 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. —  
Clara Augusta (Butterfield) Sanders, married June 4 1871, died August 11 1877, no former marriage
- 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. She was not married previously, my marriage 1<sup>st</sup> time
- No. 8. Are you now living with your wife, or has there been a separation? Answer. She died Sept 10 1913  
never separated
- No. 9. State the names and dates of birth of all your children, living or dead. Answer. By my first wife  
Walter Barton Sanders born Oct. 1875 - dead  
Clara Butterfield Sanders " Aug 11 1877 - dead  
By my last wife  
Ralph Barton Sanders born Dec 4 1883  
Richard Stearns Sanders " June 26 1886  
Helen Elizabeth Sanders " Nov 8 1888  
Rachel Tyler Sanders " Dec 20 1892 - dead

Date March 18 1915

(Signature) Charles Barton Sanders



BOSTON,

3-402.

Certificate No. 118151Department of the Interior,  
Name, Charles B. Sanders BUREAU OF PENSIONS,Washington, D. C., January 15, 1898.

SIR:

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.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes: Lizzie Sophia (Taylor) Sanders.

Second. When, where, and by whom were you married?

Answer. September 4<sup>th</sup> 1878 Acton Mass. Rev. Franklin P. Wood  
Acton Mass

Third. What record of marriage exists?

Answer. Town Records of Acton Mass.

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.

Answer. Yes: Clara Augusta (Butterfield) Sanders died August 11<sup>th</sup> 1877  
in Acton Mass, buried in Lowell Mass

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Children by my present wife - Ralph Barton Sanders December 4<sup>th</sup> 1883  
Richard Stearns Sanders, June 26<sup>th</sup> 1886, Helen Elizabeth Sanders  
November 8<sup>th</sup> 1888, Rachel Tyler Sanders December 20<sup>th</sup> 1892  
all recorded in the town of Acton MassDate of reply, March 11<sup>th</sup>, 1898
Charles B. Sanders  
(Signature.)

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

BOSTON, July 5, 1921.

I Hereby Certify That the **MARRIAGE** of Charles Barton Sanders  
 of Lowell, son of John H. and Nancy R. (Jones),  
 aged 71 years (3rd <sup>wid.</sup> mar.), and Hattie Eliza (Gates) Moore,  
 of Shrewsbury, daughter of J. Newell and Weltha T. (Fletcher),  
 aged 54 years (2nd <sup>wid.</sup> mar.), solemnized at Lowell, on the  
8th day of January in the year 1916, by Caleb E. Fisher, Cler-  
 gyman, Lowell, appears of record in this Office by duly attested Return  
 of the Clerk of the City of Lowell for that year.

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

SECRETARY OF THE COMMONWEALTH.



YEAR 1916  
 VOL. 638  
 PAGE 578  
 No. 23



## Commonwealth of Massachusetts

## CITY OF LOWELL

City Clerk's Office June 11 1921

## CERTIFICATE OF RECORD OF DEATH

Name of Deceased..... Charles B Sanders ..... Age 77 Yrs. 2 Mos. 10 Days

Date of Death..... April 30 1921 ..... Date of Record..... May 2 1921 .....

Sex,..... M ..... Color, White ..... Condition..... Married .....

Residence and place of Death  
(the same unless specified) ..... 475 Westford St Lowell .....

Maiden Name,..... ##### ..... Husband's Name,..... ##### .....

Occupation,..... Physician ..... Birthplace,..... Lowell .....

Name of Father,..... John Sanders ..... Maiden Name of Mother,..... Nancy Robbins .....

Birthplace of Father,..... Unknown ..... Birthplace of Mother,..... Acton Mass .....

Disease or Cause of Death..... Acute Dilatation of Heart .....

Place of Burial or Removal..... Acton Mass .....

I certify the foregoing to be a true extract from the Record of Deaths in the City of Lowell.

WITNESS, the seal of the City of Lowell.



*Stephen Flynn*  
CITY CLERK.

RAYMOND B. FLETCHER  
SHREWSBURY, MASSACHUSETTS

RECEIVED  
SEP 21 1921

Dept of Interior  
Washington D. C.

Sept 14<sup>th</sup> 1921

Mr. Washington Gardner Commr.

Dear Sir:

Enclosed please find

Certificate of death of Clara A. wife of Dr.  
Charles B. Sanders. As I have already  
sent death certificates of my first husband  
Edwin E. Moore. and Dr. Sanders second  
wife - Lizzie Sanders and Dr. Charles B.  
Sanders. With the enclosed I now submit  
believe it fills request you ask for -  
Kindly change my address from 24 Shaw  
Road - Swampscott to Shrewsbury Mass.  
Hoping to hear soon and thanking you.

I am Respectfully  
Hattie E. Sanders  
Mrs. Charles B. Sanders  
Shrewsbury

% R. H. Galis,

Mass.





# Record and Pension Office,

WAR DEPARTMENT.

MAY 23 1902

Respectfully returned to the

Commissioner of Pensions.

Chas. B. Saunders.

Co. B, 13 Reg't N. H. Inf.

was enrolled August 11, 1862

and discharged Feb. 24, 1864,

to accept appointment in  
the U. S. Col'd. Troops  
per S.O. 90 War Dept.

From M. S., 186, to Disch., 186,  
he held the rank of private and Corp.

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

Born in Lowell, Mass.,  
age 18 years, a machinist,  
light complexion, grey eyes,  
brown hair, 5 feet  
9 inches high  
Name is also borne as  
Charles B. Sanders.

Charles B. Sanders,  
Co. D, 30 U.S. Inf.,  
was enrolled Mch. 3,  
1864, and discharged  
July 2, 1865 upon ten-  
der of resignation per  
S.O. No. 321 War Dept.,  
dated June 24, 1865.  
Resignation based  
upon medical certifi-  
cate which shows him  
suffering from Chronic  
Diarrhea, which disease  
he contracted nine months  
since.

From M. S. to M. O. he  
held the rank of 1 Lieut.  
The medical records show him treated as follows  
(M. S. as 1 Lt. Mch. 3/64)  
and during that period  
the rolls show him present  
except as follows:

Aug. 31/64, Absent, a pris-  
oner with the enemy  
since the action of  
July 30/64 before Peters-  
burg, Va., and similarly re-  
ported to Feb. 28/65.

Apr. 30/65, Absent, pa-  
tient since Mch. 3/65.

Prisoners of War Records  
report him captured at  
Catawba, Va. July 30/64,

confined at Camp  
Agnew, Columbia, S.C.,  
(no date.) Paroled at  
N. E. Ferry, N. C. Mch. 1/65.  
Admitted to Officers Hosp.,  
Med. Dept. Mch. 5/65.

Granted leave Mch. 10/65 for  
30 days. Returned from leave  
and assigned to duty at C. P.,  
Md., Apr. 15/65, and sent to  
regt May 2/65.

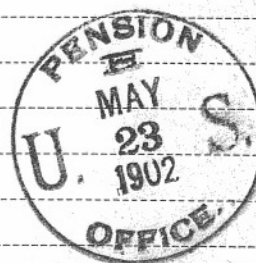
Medical Certificate dated  
Apr. 6/65 shows him suf-  
fering from Chronic Diarrhea.

He was enrolled M. S. as 1 Lt.,  
Co. F, 30 U.S. C. Inf. July 21/65, and  
M. O. Dec. 10/65 as of F. R. same  
regt to which transferred Sept. 18/65.  
Apr. 15 Adjt. Sept. 18, 1865.

Rolls do not report him  
absent.

The medical records  
show him treated as  
follows: as 1 Lieut., Co.  
D, 30 U. S. C. I. Mar. 5 to  
12/65 Disability, granted  
Leave of absence Mar. 12  
/65 per S.O. No. 119, A. G.  
O. Mar. 11/65.

No additional record  
of disability found.



BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth  
Chief, Record and Pension Office.

I, Hiram A. Oakman of Marshfield, Mass. and  
 who was Lieut. Colonel of the 30<sup>th</sup> U. S. Colored Troops,  
 and who commanded that regiment for most of the time  
 that it was in the service, depose and say that I  
 was well acquainted with 1<sup>st</sup> Lieut. Charles B. San-  
 ders who was a company officer and for several months  
 Adjutant of that regiment. That he was made  
 prisoner by the enemy at the affair at the "crater"  
~~July 30<sup>th</sup>~~ before Petersburg, Va. July 30<sup>th</sup> 1864. He  
 returned to the regiment after his exchange in the  
 spring of 1865 with health much impaired, and  
 in consequence tendered his resignation about May<sup>20</sup><sup>th</sup>.  
 Before his discharge reached him, his health apparently  
 much improving, regarding him as a valuable officer,  
 I urged him to reconsider his action. His discharge  
 reached him about the 1<sup>st</sup> of July. He, in compli-  
 ance with my request, and on my recommendation  
 was reappointed as an officer in the Regiment. He  
 consenting to remain as adjutant, and declining to  
 be appointed a Captain, though a captaincy was  
 tendered him, on the ground that his health was

Health was too poor to allow him to perform the duties of a company commander, especially, should much marching be required of the regiment.

His state of health was certainly low after his return from imprisonment, and the improvement at first was I judge more apparent than real. I have no doubt that his impaired health was the result of the hardships of his prison life. His habits were uniformly temperate and good.

I have no interest in any manner in his claim for pension

H. A. Oakman  
late Lieut. Colonel, commanding  
30th U. S. Col'd Troops

State of Massachusetts,  
County of Plymouth, ss.

On the eighteenth day July, A.D. 1871, personally appeared before me a Justice of the Peace within and for said County and State, the abovesigned Hiram A. Oakman, whom I certify to be respectable and entitled to credit; and subscribed and made oath to the foregoing statement. I further state that I have no interest, direct or indirect, in



ACT OF MAY 11, 1912.

3-014.

## DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts, County of Middlesex, ss:On this Eighth day of August, A. D. one thousand nine hundred and twelve, personally appeared before me, a Natary Public within and for the county and State aforesaid,Charles B. Sanders, who being duly sworn according to law, declares that he is 68 years of age, and a resident of 475 Westford St., Lowell, county of Middlesex, State of Massachusetts; and that he is the identical person who was ENROLLED at Rollinsford (Salmon Falls) New Hampshire, under the name of Charles B. Sanders, on the Eleventh day of August, 1862, as a private, in Co. B, 13th New Hampshire 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  
(State name of war, Civil or Mexican.)at Fort Tillinghast, near Norfolk Va. on the First day of March, 1864.That he also served as 1st Lieut. Co. D, 30th U.S. Colored Troops from first of March 1864 to Mustering out of regiment at Roanoke Island N.C. December 10th 1865. Disbanded with the regiment at Baltimore Md. December 23 1865. Was Adjutant from July 1865 to termination of regiment.  
(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 9 inches; complexion, light; color of eyes, gray; color of hair, brown; that his occupation was Machinist; that he was born February nineteenth, 1844, at Lowell, Massachusetts.That his several places of residence since leaving the service have been as follows: Springfield Mass 1866, Lowell Mass from 1866 to 1870, Acton Mass from 1870 to 1893, Lowell Mass from 1893 to present date.  
(State date of each change, as nearly as possible.)That he is a pensioner under certificate No. 118851. That he has applied for pension under original No. \_\_\_\_\_

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 May 11, 1912.

That his post-office address is 475 Westford St Lowell, county of Middlesex, State of Massachusetts.

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

(2) \_\_\_\_\_

SUBSCRIBED and sworn to before me this 8th day of August, A. D. 1912 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 \_\_\_\_\_

[L. S.]

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

Charles Boston Sanders  
(Claimant's signature in full.)Validity accepted  
S. A. Juddy  
Chief, Law Division.William Arnold  
(Signature)  
Natary Public  
(Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

475 Westford St.  
Lowell, Mass May 31 1913

Commissioner of Pensions  
Washington



Sir: I enclose to you the required Certificate of Birth, from the Public Records of the City of Lowell.

You will observe that the name is spelled with a "u", which is a common error in the spelling of my name.

In all other respects the certificate is correct.

Yours very respectfully  
Charles B. Sanders.





[3-011.]

B

## DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

B

THE PENSION CERTIFICATE SHOULD <sup>not</sup> BE FORWARDED WITH THE APPLICATION.

State of Massachusetts } ss:  
County of Middlesex

On this 22<sup>nd</sup> day of August, A. D. one thousand eight hundred and eighty-one  
personally appeared before me, a Justice of the Peace  
within and for the county and State aforesaid, Charles B. Sanders, aged 37 years,  
a resident of the Town of Acton, county of Middlesex  
State of Massachusetts, who, being duly sworn according to law, declares that he is a pensioner  
of the United States, enrolled at the Boston Pension Agency at the rate  
of 4 1/4 dollars per month, by reason of disability from the effects of seven months  
exposure and starvation in rebel prisons, with chronic (Here name the disability for which  
diarrhea and malarial poisoning, causing general nervous prostration and loss of vitality incurred  
pension was granted.)  
in the Military service of the United States while 1<sup>st</sup> Lieut Geo D. 30<sup>th</sup> U.S.C. Troops  
(Military or Naval.) (Here state rank, company, and

regiment, if in the Army—vessel, if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of the continuance of the  
(Here state the reasons for applying for increase.)

Effects of said exposure and starvation in prison with chronic diarrhea  
If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the

and malarial poisoning, such as large loss of vital power, wanting in  
wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully  
the power of endurance, being unable to perform a reasonable amount of  
stated. The dates of treatment should be given as nearly as possible.)

mental or physical labor. Prominent mental symptoms are forgetfulness, easily  
exhausted by study, with confusion of ideas. Muscular weakness with in-  
ability for continued physical exercise, becoming easily exhausted,  
and I honestly believe myself fully one-half incapacitated for mental or physical  
labor from one in ordinary health, and that my present allowance is insufficient for injuries  
received by my service to the Government.

that he appoints himself, of Acton,

county of Middlesex, State of Massachusetts, his true and

lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is Acton

county of Middlesex, State of Massachusetts

Claimant's signature: Chas B Sanders

Attest: Moses E. Taylor  
George W. Tullie

(48)

9/8

State of Massachusetts, County of Middlesex: S.D.

On this 7<sup>th</sup> day of July A.D. 1871, personally appeared before me J. B. Hickey Jr., a duly authorized officer of a court of record in and for the County and State aforesaid Charles B. Sanders who being duly sworn according to law declares that he is the identical Charles P. Sanders who enlisted under the name of Charles B. Sanders in the military service of the United States at Salmon Falls, N.H., on 11<sup>th</sup> day of August in the year 1862 in Co. B, 13<sup>th</sup> Regiment N.H. vol and was subsequently promoted as Private & Lieutenant in the 30<sup>th</sup> Regiment U.S. Colored Troops February 10<sup>th</sup> 1864 and discharged from the service of the United States honorably at Roanoke Island N.C. December 10, 1865; That his personal description is as follows, Age 27 yrs, Height 5 ft. 10 in, Complexion light. Hair Auburn, Eyes Blue; That while in the service aforesaid in the line of his duty, on or about September 1<sup>st</sup> A.D. 1864 at Columbia, S.C. while a prisoner of war he contracted Chronic Diarrhoea, for which he was treated in the Prison Hospital during two months ending with his parole March 1<sup>st</sup> 1865, and by Surgeon Andrew M. Peebles and by Asst Surgeon Adam J. Barnes;

That he has resided since leaving the service at Lowell Mass. most of the time, That being unable to labor

4/9

he studied medicine and his present occupation is that of a physician; That he hereby appoints Charles R. Blaisdell, his attorney to prosecute his claim; That his residence is No 7 in Mills Block Central Merrimack street in the City of Lowell, County of Middlesex and State of Massachusetts; That he has never received or applied for a pension, and his post-office address is No 7. Mills Block Lowell Mass.

Chas. B. Sanders.

Also personally appeared Irving S. Porter residing at no 35 in Willow street in Lowell and Samuel B Wyman residing at no in Merrimack street in Lowell, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say; They were present and saw Charles B. Sanders sign his name 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.

Irving S. Porter.  
Samuel B Wyman



This certifies that I am acquainted with the Condition of 1<sup>st</sup> Lieut Chas R. Sanders, Adjutant of 30<sup>th</sup> U. S. C. Troops at the time of his discharge from Army Service Dec 1865, and that he was suffering in a considerable degree from the effects of malarial poison, starvation and exposure in a rebel prison, and from the effects of Chronic diarrhoea contracted while there producing mental and physical disturbances, such as forgetfulness, inability to apply himself to mental tasks for any length of time without complete exhaustion of nervous power: general muscular weakness rendering him able for light work only. In my opinion he was incapacitated at least one-half mentally and physically - I further certify that I have no interest in the prosecution of this claim - Charles J. Drayton M. D.  
 State of Massachusetts County of Middlesex ss  
 Subscribed and sworn to before me this 8 day of September AD 1884 and I certify that Charles J. Drayton M. D. who has signed the above Certificate is a physician in good standing and that I have no interest direct or indirect in the prosecution of this claim  
 Geo. Stevens, Justice of the Peace -