

No.

WAR DEPARTMENT, RECORD AND PENSION OFFICE.

Respectfully returned to the Commissioner
of Pensions.

Marion S. Lee

Co. *E*, Regt *26 Mass. Inf.*
was enrolled *Sept. 21*, 186*1*
and *Nov. 0*, *Aug. 21*, 186*5*

Re-enrolled Jan 1, 64.

From *Co.*, 186*1*, to *No. 0*, 186*5*
he held the rank of *priv.*

and during that period the rolls show him
present except as follows: *Oct. 31, 64*

*Wounded in battle at
Manassas, Va. Sept. 19, 64
"A. Lee's," and immediately
coming to June 30, 65-*

The medical records show him treated as

follows: *as Wounded. State*

Regt. Co. E, 26 Mass. Inf.

wounded in battle Nov. 0,

action at Winchester, Va.

Sept. 19, 64. Wounded,

Oct. 26, 64. S. S. W. Lee

thick: Sept. 27 to Oct. 30

164 Regt. S. S. W. Lee

thick by shell, Manassas

Oct. 26 to Nov. 19, 64 and

Dec. 24, 64 to present.

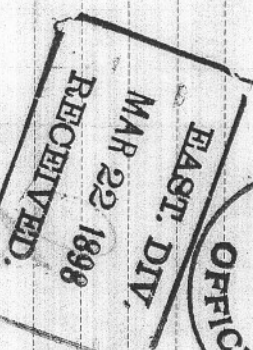
May 19, 65. Wounded May

12 to Aug. 22, 65. Three

months left by Court.

July 22 to 28, 65. Present.

*Present: Aug. 1st 19
1865. S. S. W. Lee. 1865
Aug. 17 to 18, 65. (wounded)
present) Wounded at Battle
May Aug 18/65
clothing additional
found.*



By authority of the Secretary of War.

John W. Smith

Per *m*

Date *MAR 21 1898*

(COMMISSIONER OF PENSIONS.)

Write nothing to the left of this line.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 1,204,209
 Name and rank of claimant. Warren L. Steele, Rank, Private
 Company E. 26 Reg't Mass. Inf. Boston Mass. State,
 Claimant's post office address West Somerville, Mass. [Post-office address of the Board.]
33 Curtis St. [Date of examination.] April 11th, 1898.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Shell wound of left leg, deafness of left ear, impaired eye sight, weakness of throat and lungs.
 and that he receives a pension of _____ dollars per month.

If a pensioner, fill in the amount, if not, erase the whole line.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for Original
Salesman in furniture store. Lost no
time from work as work is light.
Deafness of both ears - poor vision,
and shell wound of left leg -

Upon examination we find the following objective conditions: Pulse rate, 74;
 respiration, 17; temperature, 98.7; height, 5 feet 6 inches; weight, 125,
 pounds; age, 53 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Shell wound of Left Leg - on the posterior
portion of left leg, in mid-calf line, 2 1/2 inches
below knee. There is found a cicatrix -
oblong in shape 1 inch by 3/4 inch. Scar
is well healed up - non-tender & very
slightly depressed - shell struck him
here - did not penetrate - simply
glanced over surface - no fracture -
no disability has resulted - a
flesh wound - Rate 4/8
Deafness of Left ear - Both right ear -
covered, applicant can hear ordinary
conversation, with left ear, at 6 feet.
Hearing of left ear, normal -
Right ear - applicant cannot hear
ordinary conversation at 6 feet,
with right ear, with left ear
covered - Can hear loud
conversation at 3 feet - Slight
deafness of right ear -
Throat - Throat is found normal -
no dyspnea, congestion or enlargement
of any part - Tongue clean
moist. No evidence of catarrh -
No pulse in brachial artery of throat -

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Edw. M. Harding Pres. N. B. Brautty Sec'y L. T. Collier Treas.

N. B. - Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 1.204,209
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. Warren G. Cole, Rank, Private.
 Company E. 20 Reg't Mass. Inf., Boston Mass., State,
 Claimant's post-office address West Somerville Mass., [Post-office address of the Board.]
33 Curtis St., [Date of examination.] April 11th, 1898.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: Shell wound of left leg, deafness of left ear impaired eyesight, weakness of throat and lungs.
 and that he receives a pension of _____ dollars per month.

If a pensioner, fill in the amount; if not, erase the whole line.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for Original
 [Original, increase, restoration, &c.]

Subsistence in furniture store. Loss of time from work as work is light. Deafness of both ears - poor vision, and shell wound of left leg -

Upon examination we find the following objective conditions: Pulse rate, 74; respiration, 17; temperature, 98.7; height, 5 feet 6 inches; weight, 125 pounds; age, 53 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Shell Wound of Left Leg - on the front of left leg, in mid-thigh line, 2 1/2 inches below knee. There is found a cicatrix - oblong in shape 1 inch by 3/4 inch, scar is well healed up - somewhat tender & very slightly depressed - shell struck here - does not penetrate - simply glanced over surface - no infection - no disability has resulted -

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Deafness of Left ear - with right ear covered, applicant can hear ordinary conversation, with left ear, at 6 feet. Hearing of left ear, normal - Right ear - applicant cannot hear ordinary conversation at 6 feet, with right ear, with left ear covered - Can hear loud conversation at 3 feet - Slight deafness of right ear - Throat - throat is found normal - no dryness, congestion or enlargement of any part - Tongue clean & moist. No evidence of catarrh - No rupture or weakness of throat

Edw. M. Harding Pres. H. O. Braudt Sec'y L. T. Willie, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

Act of June 27, 1890.

DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

State of Massachusetts, County of Suffolk, ss:

On this 13th day of August, A. D. one thousand eight hundred and ninety-

Eight, personally appeared before me, Robert L. Lawin

a Notary Public within and for the County and State aforesaid

Warren L. Teale, aged 55 years, a resident of the City

of Somerville County of Middlesex

State of Massachusetts who, being duly sworn according to law, declares that he is

the identical Warren L. Teale who was ENROLLED on the 21st

day of September, 1861, in Private

Co E-26th Massachusetts Infantry in the service of the

United States in the war of rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

10-re-enlist, on the 31st day of December, 1863,

That he has been employed in the military or naval service otherwise than as stated

above Re-enlisted - E-26th Mass Infantry January 1, 1865

discharged August 21st 1865

That he is unable to earn a support by manual labor by reason of Shell

wound left leg - Deafness -

Impaired eye - Slight Debility

That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. 1204209 That he is not a pensioner under ~~Certificate~~ No.

(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 June 27, 1890.

He hereby appoints, with full power of substitution and revocation,

EDWIN WINWARD, of **BOSTON, MASS.,**

his true and lawful attorney to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That

his POST OFFICE ADDRESS is 33 Curtis Street, County of

West Somerville, State of Massachusetts

Warren L. Teale
(Claimant's Signature.)

1. _____

2. _____

(Two witnesses who can write, sign here.)

ATTY FILED.



GENERAL AFFIDAVIT.

NOTE.—Write the affidavit just as you would write a letter, stating all the facts, circumstances, dates and places, as near as you can remember, according to the requirements in the case in which your testimony is to be used; also state *how* you know what you say to be true; whether from personal observation or otherwise.

STATE OF Massachusetts }
COUNTY OF Middlesex } ss.

In the matter of the claim for Widow's Original Pension
of Loella R. Teele, widow of Warren L. Teele,
late of Company E., 26 Regiment, Mass. Infantry Volunteers.

Personally came before me, a Special Commissioner in and for aforesaid County
and State, Loella R. Teele, aged 67 years,
and—, aged— years,—
resident of West Somerville, in the County of Middlesex, State of
Massachusetts, who being duly sworn, declare S in relation to aforesaid case, as follows:

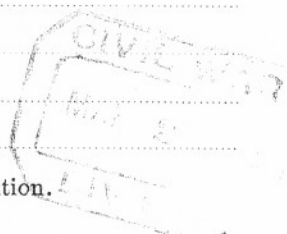
My marriage to Warren L. Teele was my first marriage and his
first marriage, we lived together from the time of our marriage
to the time of his death and were never divorced. Since his
death I have not remarried.

In my declaration for pension my first name was erroneously
spelled "Lowella". It was an error on the part of the person
who made out the declaration.

On the certificate of my marriage my name is erroneously
spelled "Lella".

The correct spelling of my name is Loella R. Teele.

and that -----no interest in said case, and -----not concerned in its prosecution.



Attest—when any affiant signs BY MAKE two persons sign here.

Affiant's Signature, Loella R. Teele
P. O. Address, 33 Curtis St., West Somerville,
Massachusetts.
Affiant's Signature, _____
P. O. Address, _____

YEAR 1916VOL. ---PAGE ---No. 22

The Commonwealth of Massachusetts

Office of the Secretary.

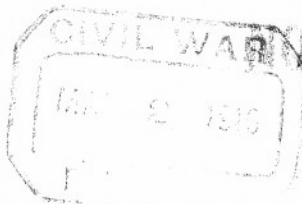
Boston, February 24, 1916.

I Hereby Certify That the DEATH of Warren Leonard Teele
 of Somerville, born at Cambridge, { son of Jonathan W.
~~daughter of~~
 and Emeline (Berned) Teele, aged 72 yrs., - --- mos., 20 days,
 who died at Somerville, on the 5th day of January,
 in the year 1916, of Lobar pneumonia,
 appears of record in this office by duly attested Return of the Clerk
 of the City of Somerville for that year.

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

Albert P. Langtry

SECRETARY OF THE COMMONWEALTH.



CIVIL WAR
 FEE

VOL. 208

PAGE 241

No. 22

The Commonwealth of Massachusetts

Office of the Secretary.

Boston, February 11, 1916.

I Herely Certify That the MARRIAGE of Warren L. Teale
 of Somerville, son of J. W. and Emeline (———),
 aged 24 years (First mar.), and Bella Russell
 of Methuen, daughter of John and Alvira (———),
 aged 20 years (First mar.), solemnized at Methuen, on the
 18th day of November in the year 1868, by Geo. W. Bosworth, Cler-
 gyman, Lawrence, appears of record in this office by duly attested Return
 of the Clerk of the Town of Methuen for that year.

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

(Albert F. Langtry)
 SECRETARY OF THE COMMONWEALTH.



3-173.

APR 12 1898

L. L. B. Ex'r.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., April 4, 1898

SIR:

Will you kindly 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 family.

Very respectfully,

Mr. Warren L. Teele
33 Curtis St

West Somerville, Mass.

W. Chas. Evans
Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Loella Russell Teele Loella Russell

No. 2. When, where, and by whom were you married? Answer: Eighteenth day of

November 1868 in Methuen Mass by Geo W. Bosworth D.D.

No. 3. What record of marriage exists? Answer: Our Marriage Certificate

Should be recorded both at Somerville and Methuen Mass

No. 4. 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: no

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Fred Warren Teele born Dec 5th 1869

Addie L. Teele, born Nov 13th 1871

Alice J. Teele, born Aug 10th 1881

Date of reply, April 8th, 1898.

Warren L. Teele
(Signature.)

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 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,

WARREN L TEELE
NEW SALEM MASS
983883 ACT MAY

G. M. Sargent
Commissioner.

- No. 1. Date and place of birth? *Answer. Cambridge Mass Dec 16th 1843*
The name of organizations in which you served? *Answer. 26th Reg Mass Vol Co E*
- No. 2. What was your post office at enlistment? *Answer. Acton Mass*
- No. 3. State your wife's full name and her maiden name. *Answer. Loella Russell. Loella R Teele*
- No. 4. When, where, and by whom were you married? *Answer. at Methuen Mass Nov 18. 1868*
By Dr Bosworth of Lawrence Mass Baptist minister
- No. 5. Is there any official or church record of your marriage? *at Methuen Mass where Mrs*
If so, where? Answer. Teale got license was obtained. Minnoway taken out at Somerville Mass where I was living at the time of marriage
- 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 only one*
my present wife who is still living with me
- 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. was single when met. were married*
- No. 8. Are you now living with your wife, or has there been a separation? *Answer. yes*
- No. 9. State the names and dates of birth of all your children, living or dead. *Answer. Fred Warren Teale born Dec 5 1869 Adeline b Teale Nov 13 1871 & Alice b Teale August 10. 1881 all living.*
P.S. my daughter Adeline is now Mrs Geo. W. Billings of Milford Mass

Date *March 15/15*

(Signature)

Warren L. Teale

VOL. 5
PAGE 16
No. 261

The Commonwealth of Massachusetts

Office of the Secretary.

Boston, January 24, 1914.

I hereby certify That the **BIRTH** of Warren L. Teel,
child of Jonathan W. Teel and Emeline Teel,
born at Cambridge, on the 16th day of December, in the year
1843, appears of record in this Office by duly attested Return of the
Clerk of the Town of Cambridge for that year.

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

Frank J. Donahue
SECRETARY OF THE COMMONWEALTH.

NO. 261

You are advised that the U. S. Pension Agent at _____
has this day been directed to pay you the sum of \$ _____ Pension
accrued to the date of death of _____, late
a pensioner by certificate number _____, as reimbursement
of the expenses of pensioner's last sickness and burial.

The amount allowable as reimbursement can not in any case exceed
the pension which has accrued from the date to which payment was
last made to the date of pensioner's death.

The inclosed voucher should be carefully filled out, signed,
executed *the records at the State House Boston* receipt

*revealed that the record in the family
Bible was correct. I enclose a letter
sent me by my brother which speaks
for its self. My residence is at
New Salem Mass altho I am here
to remain for the winter, shall return
to New Salem April 1/14 V.V. Number
of my Pension Certificate is 983.883*

Respectfully Yours

Warren Leell

*Company E 26 Mass Vol
Regiment.*



TELEPHONE 297 OXFORD



W. H. W. TEALE COMPANY
MANUFACTURERS OF
BRASS GOODS,
UPHOLSTERY AND CARPET HARDWARE
31 KINGSTON STREET

WM. J. FURLONG, TREAS.

C. W. TEALE, SMITH

BOSTON, Dec. 3d 1913

Dear Mr. Teale,
I am at the Hotel
I looked up your birth day year which was 1843
in Bureau of Vital Statistics. Since the
has the passing down all my life now.
I am in business at Thursday, and the
first year from then. I have been
to find from then. I have been
with American of that before
Yours truly
Theodore

33 Lewis St. Somerville Mass
Dec 4 1913

Mr. J. Davenport
Commissioner of Pension
Washington D.C.
Dear Sir
I shall reach

The age of 70 December 16th 1913
(present month) I had thought for some
years that I was born in 1844 but
lately at a family gathering the
questions were raised, and the matter
the matter the old family Bible was
obtained from my sister who had
it in her keeping since my parents
died that had recorded my birth
as on the 16th Dec 1843. It makes
sure that there could be no mistake

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 Franklin, ss:

On this 22 day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a veteran by reenlistment within and for the county and State aforesaid, Massachusetts, who, being duly sworn according to law, declares that he is 68 years of age, and a resident of New Salem, county of Franklin, State of Massachusetts; and that he is the identical person who was ENROLLED at Acton Massachusetts, under the name of Warren L. Teale, on the 14 day of August, 1861, as a private, in Company E, 26th Regiment, Massachusetts Infantry, 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 Boston, Massachusetts on the 21 day of August, 1865.

That he also served Reenlisting in same Regiment Sept. 1, 1864, at New Iberia La. (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 6 inches; complexion, fair; color of eyes, black; color of hair, dark brown; that his occupation was Farmer; that he was born Dec 16, Cambridge Mass., 1844, at Cambridge Mass.

That his several places of residence since leaving the service have been as follows: Somerville Mass and New Salem, Mass. Changed to this place Aug 1908 (State date of each change, as nearly as possible)

That he is a pensioner under certificate No. 983883. That he has applied for pension under original No. 983883.

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 New Salem, county of Franklin, State of Massachusetts.

Attest: (1) Lella R. Teale
(2) Alma J. Teale

Warren L. Teale
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 22 day of May, 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 and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Validity as to execution
S. A. Cuddy
Chief, Law Division
OFFICE
MAY 24 1912

Perry Marshall
(Signature.)
Justice of the Peace
(Official character.)

Certificate on file to cover date
S. A. Cuddy,
Chief, Law Division.

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