Widow's Application for Accrued Pension.

State of Connecticut Country of New London 55.
State of Connecticut, Country of New Landen, 55; On this 3th day of September, 19/1, personally appeared
Adelaide T. Thimas, who, being duly sworn, declares that she is the lawful widow of
of August, 1911; that he had been granted a pension by Certificate No. 1058356
which is herewith returned (or if not, state why not)
; that he had been paid the pension by the Pension
Agent at Boston up to the 4th day of June, 1911;
after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States,
she was married to the said Edwin G Thomas on the 33% day
of November, 1870, at town of Presting, in the State of
Omneticut; that her name before said marriage was Adelaid T. Chune
; that she had not) been previously married; that her husband
(had not) been previously married; that she hereby makes application for the pension which has accrued on
aforesaid certificate to the date of death.
That she hereby appoints, with full power of substitution and revocation, Seorge & Vitches of Novels
her true and lawful attorney to prosecute this claim, the fee to be
as prescribed by law.
That her residence is Massafrag street, City of
, County of New Lindly, State of Omnecticut
and her post-office address is Nowich Com- P. F. D. no- 73
Adelarde & Phone
[Widow's Signature.]
Also personally appeared R. M. Montomery, residing at Nowich Cam., and Byrul Monthium residing at
who, being duly sworn, say that they were present and saw
and saw sign her name (make her mark) to the foregoing declaration;
that they know her to be the lawful widow of Solumi & Thurse, who died,
on the 25 th day of Jugust , 1911; and that their means of knowledge
that said parties were husband and wife, and that the husband died on the said date, are as follows:
Have been neighbors and how know
both Colum to Thimes and his rif Adelaid,
F. Thimes for twenty years. Hack seen
them both frequetty Downster of M. Thomas death,
A Luneard on the heurhlas : 2 los
PENSIO DE ONTE ONTE ONTE ONTE
Misan mothing
[Signatures of Witnesses.]
1911 0.1

DECLARATION FOR INVALID PENSION

Act of June 27, 1890, as Amended May 9th, 1900.

NOTICE—This application may be sworn to before a JUSTICE OF THE PEACE, NOTARY PUBLIC, or before a Clerk of Court.

	County of Worcester \$5:
	A. D. nineteen hundred and two
personally appeared before me, a wat	re of the Jace
within and for the County and State aforesai	d, Edwin & Thomas
aged 56 years, a resident of the city	
a	Wass, who, being duly sworn
according to law, declares that he is the identi-	
who was ENROLLED on the State day of	of July 1864, in los 61
and regiment, if in the Army, or vessel, if in the Navy.	Here state rank, company
in the service of the Unite	d States in the war of the rebellion and served at
least ninety days, and was HONORABLY D	DISCHARGED at Meadville, Mass
on the 27 day of October, 18	64. That he is partially unable to
earn a support by manual labor by reason of	Hout disease and
Meunatism.	Here name the disease or injuries from which disabled.
7	
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	. U. 8
	Op
	habits, and are, to the best of his knowledge and
belief, of a permanent character. That he ha	applied for pension under application
No. That he is not a	pensioner under Certificate No
number only need be given. If not, give the number of the former a	
That he has wet been employed in	the military or naval service otherwise than as
stated above. That he was not employed in the	he military or naval service prior to July 8
1864. That he has not been employed in t	he military or naval service prior to wy 8, he military or naval service since Oct 27
	he purpose of being placed on the pension roll of
	he Act of June 27, 1890, as amended by Act of
	ull power of subsection,
	REMONT STREET, BOSTON, MASS.,
1 11 11 1	s claim, and he directs that the sum of ten dollars
be paid to said Attorney. That his Post Office address is 55 But	esit St. Moncostos
Control Water to	De la la se
County of 100 Claud	State of Mass -
	Signature of Claimant,
1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Registrar. true copy of the certificate received for record. this is a Attest,

State of Connecticut Bireau of Pital Statistics

Gedical Certificate of Death

1. Full name of deceased Edwin	G.Thomas					
2. Primary cause of death Cancer	of Stomac	h & L:	iver	3.	Duration 6	mo day
4. Secondary or contributory				5.	Duration	day
Remarks						
I hereby Certify that I attended as above stated.			last illness, and			
Dated August 25th	19 II	Addre	ess Norwich,	Cor	ın.	
Ander	taker's Cert	ificate	Personal and Statistical			
1. Full name of deceased Rawin	G. Thomas					
2. Place of death—Town Montvi	lle No	. (Ma	assapeag)		Street	War
3. Number of families in house	One					
4. Residence at time of death Mon	tville		Co	nne	cticut.	
5. Occupation Engineer (Rai	1 Road) Town			Sta	te or Country	
6. Condition (state whether single, man						
7. If wife or widow, give name of hush						
8. Date of death—year 1911	, month	Augus	t, day	r	25th	
9. Date of birth—year I849						
0. Age 62			•			
1. Sex Male						
2. Color White						
22, 00101			State or Country		3.5	

Cemetery.

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Place of Burial,

	1		
a a	7,		EAST. DIV.
Easten Divisi	3447. on.		Nav 9 1902
Claim No. 1, 292, 19:		of the	e Treferior,
Edwin G. Thoma	BUREAU		
o. E, 6 = Reg't Mass. 1	mil, Inf.		
	Washington, L	. C., 1/ore	enles 20, 1902
SIR: To aid this Bureau in pren your name, or on account of you below.	eventing any one falsely persona ar service, you are required to a cular under cover of the inclose	inswer fully th	ne questions enumerated
You will please return this circ	Very respectfully,	envelope wh	Ten requires no postage.
Mr. Edwin G. Th	me as	10	de la
55 Benefit	Air	10	Commissioner.
Worcesi	ter mass.		
***************************************	00104	104	5,
1. When were you born? Answe	r. July 6	10%	6
2. Where were you born? Answe	r. Kerl	ury, M	all,
	or July 8 18	64	
4. Where did you enlist? Answe	al ada. Al	Actor	Mase
5. Where had you lived before yo		toles	town Mass
6. What was your post-office addr	page at anlighment? Answer	South	Ectore mass
		Spin	ues
7. What was your occupation at		25/02/8	64
8. When were you discharged?	Answer.	'an' 100	Mass
9. Where were you discharged?			
.0. Where have you lived since dis	pour fixe (area form)	as possible, of	any changes of residence.
Norcese	er mase		
1. What is your present occupation	on? Answer.	ngin	es
2. What is your height? Answer	er 5 feet 9/2	inches. Your	weight? // O.
	The color of your ha		
hight Are there a	ny permanent marks or scars	on your person	? If so, describe them.
3. What is your full name? Plea			
	presence of two witnesses who		SION
	6 32	romas	NOV C
Haran	Sto Coloured	- /	OFFIC
WITNESSES: { 1. 00 WU	Jearly Da	te: Mor	2400, 190.2

[Witnesses who can write sign here.]

W CI
EAST. DIV.
Casteri Div. 3-389. (Old No. 3-173.) 20 N V 29 1902
Edwing, Homes Department of the Interior,
Edwing, Thomas
Co. 6. 6 Reg't Mass, mil. Inf. BUREAU OF PENSIONS,
Sir: Washington, D. C., November 10, 1902.
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,
in the same of
Mr. Edwin G. Thomas, D.J. War E
55 Benefit Ly Commissioner.
Worcester, Drass.
Morcester, mass.
No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.
Answer: Yes. Adelaide, F. Thomas, Adelaide F Church
No. 2. When, where, and by whom were you married? Answer: 107 232 1870
Treston Come, Her Elder Matterson
No. 3. What record of marriage exists? Answer Town records at Paeston On
T. Marriage Cutificale
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: 26
date and place of the death of divorce. Answer, 2
No. 5. Have you any children living? If so, please state their names and the dates of their
birth. Answer: Fred E. Thomas, June 164 1871
Follie M. Thomas, July 154 1874
DOION
Bry C
(WO'S)
(1902 to)
O. OFFIS
Var 24th 9
Date of reply, for 27 , 1902
Lodwin Schower (Signature.)
lorguante.)