

South Royalton, Mass.,
Sept. 4th 1907.

J. L. Davenport Esq.,
Acting Commissioner,
Bureau of Prisons,
Washington, D.C.

My dear Sir:

I wish to state informally that I am well acquainted with George L. Towns the applicant for Prisons named in the enclosed documents, that he is a man of veracity and of excellent reputation, that I have reason to believe that the age which he alleges is his correct age, that I know that the age which he alleges at the present time corresponds with his age as given in his discharge papers. These papers dated June 13th 1865 give his age as 22 years. This was over 42 years ago and would make him at least 64 years of age at the present time.

Very respectfully yours

Fred W. Cross
Notary Public.

Sept 4 - 1907

This is to certify that George L. Towns who served in Company H, 3rd New York Cavalry in the War of the Rebellion and now draws Pension under act of June 27th 1890 (Certificate Number 115402) has this day appeared in person before me and made oath to the following facts:

1st That he is unable to furnish public record of his birth, the town clerk of his native town having informed him by letter that "Prior to 1857 the records of births were very poorly kept."

2nd, That he was not baptized in infancy, hence cannot furnish baptismal record.

3rd That his father's home in North Hudson, N. Y. was destroyed by fire together with all the family records in 1903, hence that no family record is available.

— over —

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. This blank can be used for the testimony of either one or two persons.

STATE OF MassachusettsCOUNTY OF Middlesex

ss.

Jan 4-1902

In the matter of the claim for Pension No. 115402 increase
of George L. Townslate of Company 20 52 Regiment, N. Y. Cavalry Volunteers.Personally came before me, a Justice of the Peace in and for aforesaid County
and State, Claimant, aged 56 years,

and _____, aged _____ years,

resident of Waltham, in the County of Middlesex, State ofMassachusetts, who being duly sworn, declare in relation to aforesaid case, as follows:

On the 19th day of April A.D. 1900, in the pattern making room of the J. L. Thompson Manufacturing Company at Waltham Mass. I sustained an injury to my left arm. As I am left handed the injury is more troublesome to me on that account. While working at a lathe turning out a Core box pattern and holding a gauge in both hands the gauge caught in a knot or hard place in the wood. The gauge was jerked out of my right hand and bent my left hand down and broke the wrist. The wrist pains me at times now and I have lost three quarters of the use of it.

The accident was in no way due to vicious habits. The piece of wood on which I was working was thirty-three inches in diameter and was making six hundred revolutions a minute.

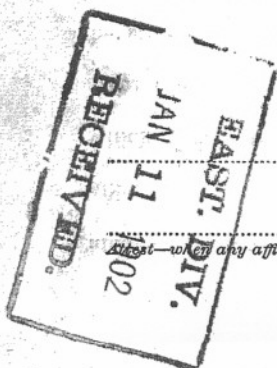
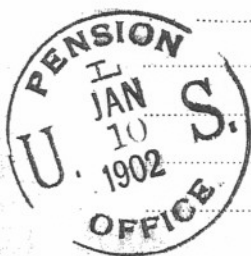
I am a sober temperate man and have been in the employ of the above named company twelve years. I was laid up with the injury eight weeks.

George L. Towns
No. 52 Bedford Street
Waltham.
Mass.

My trouble with varicose veins commenced in the army about 1865, brought on by continuous marching. I have to wear bandages all the time and the varicose veins occasion me much inconvenience now.

George L. Towns

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



Affiant's Signature, _____

P. O. Address, _____

Affiant's Signature, _____

P. O. Address, _____

State of Massachusetts }
County of Suffolk }

Feb 6 - 1871

I, George L. Town, late Private Co. "H" 5th Regiment N. Y. Cav. Vol. being sworn according to law declare that on or about July 3^d 1863 at Look Mountain Md. while on the march to Virginia in the night, my horse stumbled and fell, throwing me upon the pommel of the saddle, causing a Hernia or Varicoel on my left side.

And that I have not been treated by any physician, since my discharge, but have worn a suspension bandage most of the time.

I was not in any general hospital, but was treated by Dr. Armstrong Surgeon of the Regiment at different times until I was discharged; at Regimental Head Quarters. I did not do any active duty with my company after I was injured but was detailed at Regimental and Brigade Head Quarters to do light duty.

And that I am wholly unable to find the whereabouts of any of my company or regimental officers excepting Dr. Armstrong Surgeon of my Regiment.

I do not know who the Surgeon was who examined me at enrollment and there is no physician that I know of with whom I was acquainted prior to and at my enlistment, and therefore am unable to furnish medical testimony concerning my physical condition at and prior to my enlistment.

That I was discharged from Co. "H" 5th N. Y. Cav. Vol. in which I enlisted, that I have not been in the military or naval

Adjutant General's Office,

Washington, D. C.,

Apr 15, 1867.

Sir:

I have the honor to acknowledge the receipt from your Office of application for Pension No. 119 970, and to return it herewith, with such information as is furnished by the files of this Office.

It appears from the Rolls on file in this Office, that George L. Purvis was enrolled on the 16 day of Aug, 1862, at Cum Print in Co., 65 Regiment of 5 N York Volunteers, to serve 3 years, or during the war, and mustered into service as a Pl on the 26 day of Aug 1862, at Altamont Dept, in Co., 5 Regiment of N York Car Volunteers, to serve 3 years, or during the war. On the Muster Roll of Co. H of that Regiment, for the month of Sept 19 July 1865, he is reported Pl Discharged under Provision of GO 83 June 10/65.

I am, Sir, very respectfully,

Your obedient servant,

J. M. Purvis

The Commissioner of Pensions,
Washington, D. C.

Assistant Adjutant General.

Memoranda

Name of applicant

Address



M. B. W.

Form 3229 a

VETERANS ADMINISTRATION

MEMORANDUM

From Field Examiner
 To Chief Attorney
 Subject TOWNS, George C - 2576287
West Acton, Mass.

Date November 6, 1936

Mr. Towns is 92 years of age, owns his own home and is still able to be active about his place of residence. When contacted he was interviewed in a work shop in the rear of his home. He is in remarkable possession of his faculties. He has no sons or daughters living and his wife has been dead for a number of years. He employs a housekeeper to look after his home to whom he pays \$25.00 a month plus room and board for the housekeeper.

He negotiates his own checks and takes care of all his financial affairs himself.

W. H. Major
 W. H. MAJOR
 Field Examiner

[Handwritten signature]

[Handwritten signature]



VETERANS ADMINISTRATION
Form 2008
Rev. Aug. 1939

APPLICATION FOR BURIAL FLAG

This Form must be used when application is made for a regulation burial flag whether the deceased died in a Veterans Administration Facility, Contract Hospital, or elsewhere.

Louns
XC2576287
6/11/40 SB

The undersigned hereby makes application for a regulation burial flag to drape the casket of _____

George L Town
(First name) (Middle name) (Last name)
an honorably discharged veteran of the Civil War,
or a person honorably discharged after serving at least one enlistment in the United States Army, Navy, Marine Corps, or
Coast Guard, or for disability incurred in line of duty, and whose rank and organization was _____
(Strike out service not applicable)

Died April 25 1940 at West Acton and will be buried
(Date) (Place)
on April 27 1940 at West Acton
(Date) (Place)

IF AVAILABLE, STATE THE FOLLOWING:

Date of enlistment August 16 1862 Date of discharge August 16 18
Date of birth June 4 1843 C-No. _____ Serial No. G. A. R.
Last known address Honestead St West Acton
Next of kin Grandson Address Honestead West Acton

(See par. 1 of instructions.) I am the Commander A. L. Edward Family Post 284

I agree, if flag is issued, to comply strictly with paragraph 2 of instructions.

I certify that to the best of my knowledge and belief the statements made above are correct and true; that a flag has not been previously applied for or furnished for the deceased; that I have carefully read paragraphs 1 to 3 of the instructions, and that this application is not submitted in violation of section 35 of the Criminal Code, which provides a fine of not more than ten thousand dollars, or imprisonment for not more than 10 years, or both, for presenting any claim against the Government of the United States, knowing said claim to be false and with intent to defraud.

April 25, 1940
(Month) (Day)

(Signature) Daniel O. Cornell
(Address) 312 Elm St West Acton

Flag issued 4-25-40
(Date)

Dropped on Voucher No. 2028

Approved _____

(Signature of Postmaster or Supply Officer)
Wm. J. Morris
(Veterans Administration)

Veterans Administration Facility,
Bedford, Massachusetts
(Station)

RECEIPT OF FLAG ACKNOWLEDGED: Signature Daniel O. Cornell 4-25, 1940

FORM R-301

MARGIN RESERVED FOR BINDING OF ACTON

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.

200m-10-39, No. 8477-4

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH <i>Madison</i> (County) <i>Acton</i> (City or Town) No. <i>Homestead</i> St.	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		(City or town making return) Registered No. <i>24</i>
2 FULL NAME <i>George L Towne</i> (If deceased is a married, widowed or divorced woman, give also maiden name.)	(If death occurred in a hospital or institution, give its NAME instead of street and number)		(If U. S. War Veteran, specify WAR) <i>World</i>
(a) Residence. No. <i>Homestead</i> St. (Usual place of abode)	(If nonresident, give city or town and state)		
Length of stay: In hospital or institution..... (Specify whether)	years months days.	In this community <i>26</i> yrs. mos. days.	
3 SEX <i>M.</i>	4 COLOR OR RACE <i>W.</i>	5 SINGLE MARRIED WIDOWED or DIVORCED <i>Widowed</i> (write the word)	18 DATE OF DEATH <i>April 25</i> 19 <i>40</i> (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of <i>Lucille M. Swindell</i> (Give maiden name of wife in full)	(or) WIFE of..... (Husband's name in full)		19 I HEREBY CERTIFY. That I attended deceased from <i>May 30</i> , 19 <i>39</i> , to <i>April 25</i> , 19 <i>40</i> . I last saw him alive on <i>April 25</i> , 19 <i>40</i> , death is said to have occurred on the date stated above, at <i>5:20 A.M.</i>
6 Age of husband or wife if alive..... years	7 IF STILLBORN, enter that fact here.		Immediate cause of death <i>Senility</i> <i>Myocarditis</i> Due to..... Due to <i>Nephritis chronic</i> Other conditions..... (Include pregnancy within 3 months of death)
8 AGE <i>76</i> Years <i>10</i> Months <i>21</i> Days If less than 1 day Hours Minutes	9 Usual Occupation: <i>Cabinet maker</i>		PHYSICIAN Underline the cause to which death should be charged statistically.
10 Industry or Business:	11 Social Security No. <i>none</i>		Major findings: Of operations..... Date of..... Of autopsy..... What test confirmed diagnosis? <i>Chemical findings</i>
12 BIRTHPLACE (City) <i>Swanton</i> (State or country) <i>Vermont</i>	13 NAME OF FATHER <i>Nahum Towne</i>		20 Was disease or injury in any way related to occupation of deceased?
14 BIRTHPLACE OF FATHER (City) <i>Brown Point</i> (State or country) <i>New York</i>	15 MAIDEN NAME OF MOTHER <i>Mehitable Barnes</i>		If so, specify..... (Signed) <i>Ernest E. Albers</i> M. D. (Address) <i>South Acton</i> Date <i>April 25, 1940</i>
16 BIRTHPLACE OF MOTHER (City) <i>Unable to learn</i> (State or country)	17 Informant <i>George L Towne</i> Relation, if any <i>grandson</i> (Address) <i>30 John St. Rockland Mass.</i>		21 <i>St Hope Mass Acton</i> Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL <i>April 27</i> 19 <i>40</i>
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: <i>Ernest E. Albers</i> (Signature of Agent of Board of Health or other) <i>Agent</i> April <i>26</i> 19 <i>40</i> (Official Designation) (Date of Issue of Permit)		22 NAME OF FUNERAL DIRECTOR <i>G. W. Fowler</i> ADDRESS <i>Maynard</i> Received and filed <i>April 30</i> 19 <i>40</i> <i>Dorace J. Little</i> A TRUE COPY ATTEST: (Registrar)	

DECLARATION FOR PENSION

ACT OF MAY 1, 1920

The Pension Certificate Should Not Be Forwarded With the Application

State of Massachusetts, County of Middlesex ss:
 On this 16th day of December, 1926, personally appeared before me, a Notary Public
 within and for the county and State aforesaid, George L. Towne, who, being duly
 sworn according to law, declares that he is 83 years of age, and a resident of Acton
 county of Middlesex, State of Massachusetts; and that he is the
 identical person who was ENROLLED at Crown Point, N. Y., under the name
 of George L. Towne, on the 16th day of August, 1862
 as a Private, in C. H. 5th Regt. Cav. N. Y. 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
 (State name of war, Civil or Mexican.)
 war, and was HONORABLY DISCHARGED at Winchester, Va., on the 13th day of June, 1865
 That he also served.....
 (Here give a complete statement of all other services, if any.)
 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 Farmer
 that he was born June 4, 1843 at Crown Point, N. Y.
 That he requires the regular personal aid and attendance of another person on account of the following disabilities:
old age, rupture, after effects of a major surgical op-
eration for rupture and appendicitis
 (State in this space the nature of any and all disabilities.)
 That since leaving the service he has resided at Waltham 16 yrs; Royalston 7 yrs; Acton (two periods) 27 yrs
 and his occupation has been Carpenter That he has..... applied for pension under original
 No. 115,402 That he is a pensioner under Certificate No. 115,402

That he makes this declaration for the purpose of being placed on the pension roll of the United under the provision of
 the Act of May 1, 1920. Pensions, State House, Boston, his true and lawful attorney to
 prosecute his claim (without fee)
 (1) Edw. M. Cross
 (Signature of first witness.)
30 Royalston, Mass.
 (Address of first witness.)
 (2) Katie A. MacCharles
 (Signature of second witness.)
West Acton, Mass.
 (Address of second witness.)

George L. Towne
 (Claimant's signature in full.)
West Acton, Mass.
 (Claimant's address in full.)

Subscribed and sworn to before me this 16th day of December, A. D. 1926 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....., added;
 and that I have no interest, direct or indirect, in the prosecution of this claim.

Validity accepted
 as to execution
 Chief, Record Division



Edw. M. Cross
 (Signature.)
Notary Public
 (Official character.)
30 Royalston, Mass.
 (Post Office address of officer.)

RECEIVED BY THE DIVISION OF PENSIONS

AFFIDAVIT OF ATTENDANT

IN CLAIMS FOR THE \$72 RATE UNDER THE ACT OF MAY 1, 1920.

In the matter of the pension claim of George L. Towne No. 115402
State of Massachusetts, County of Middlesex, ss:

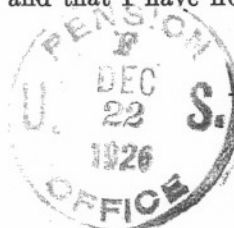
On this 16th day of December, 1926, personally appeared before me,
a Notary Public within and for the County and State
aforesaid Annie M. Towne, aged 69 years,
whose post-office address is West Acton, Mass., who states
in relation to the aforesaid claim as follows:

[The affiant should state fully the kind of aid and attendance rendered pensioner.]

I am the wife of George L. Towne, to whom I was married June 3rd 1903. For eighteen years my husband has been suffering from a rupture, and for the past three years he has been unable to perform regular manual labor. Two weeks ago, viz. Wednesday, Dec. 1, 1926, his rupture assumed an acute form and became complicated with appendicitis, the appendix having forced its way into the rupture. On Saturday, Dec. 4th 1926, he was removed to Waltham Hospital where he was operated on that night for rupture and appendicitis. He is now at his home in West Acton, Mass. under my personal care, and owing to his age (83 years) weakness, and the effect of his operation, he is likely to require care almost hourly from now on.

Annie M. Towne
(Affiant's Signature.)

Subscribed and sworn to before me this 16th day of December, 1926;
and I certify that the contents of this affidavit were fully made known and explained to the affiant before the oath was administered, and that I have no interest, direct or indirect, in the prosecution of this claim.



Fred W. Cross
Notary Public
(Official Character.)
S. Royalston Mass.
(Address of Magistrate.)

(SEAL.)

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,

GEORGE L TOWNS
WEST ACTON MASS
II5402 ACT MAY
BOX 49

G. L. Towns
U. S. MAR 19 1915
OFFICE. Commissioner.

- No. 1. Date and place of birth? Answer. *June 4th 1843 Swanton Vt*
The name of organizations in which you served? Answer. *Co H 5th Regt N. Y. Can*
- No. 2. What was your post office at enlistment? Answer. *Crown Point N. Y.*
- No. 3. State your wife's full name and her maiden name. Answer. *Annie Mary Towns, A. M. Swindells*
- No. 4. When, where, and by whom were you married? Answer. *June 3^d 1903 Waltham Mass*
by Rev Dr C. C. Harrington
- No. 5. Is there any official or church record of your marriage? *city records*
If so, where? Answer. *Waltham Mass*
- 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. *First married to Emily F. Durkee Sept 25, 1865*
who died December 1902 at Townsend Mass
- 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. *Annie M. Swindells was*
married to George H. Wright April 25th 1883
who died April 6th 1887 *never served in*
any military or naval service
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *I am living with my*
wife Annie M. Towns
- No. 9. State the names and dates of birth of all your children, living or dead. Answer. *one only Charles H Towns born April 23*
1869

Date *March 16 1915*

(Signature)

George L. Towns

ACT OF MAY 11, 1912.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Worcester ss.

On this 17th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, George L. Towns, who being duly sworn according to law, declares that he is 68 years of age, and a resident of Royalston county of Worcester, State of Massachusetts, and that he is the identical person who was ENROLLED at Crown Point, N. Y. under the name of George L. Towns, on the 16th day of August, 1862 as a Private, in Company H, 5th New York Cavalry
(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 war, and was HONORABLY DISCHARGED at Winchester, Va (State name of war, Civil or Mexican), on the 13th day of June, 1865

That he also served: (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 farmer that he was born June 7th 1843 at Swanton Vermont

Birthplace erroneously given in his discharge as Crown Point, N. Y.
That his several places of residence since leaving the service have been as follows: Crown Point, N. Y., 1865-1870; West Astor Mass. 1870-1884; Montreal Canada 1884-1888; Thompsonville, Conn. 1888-1889; Waltham Mass. 1889-1905; Royalston Mass. 1905-1912
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 115402

That he has applied for pension under original No.

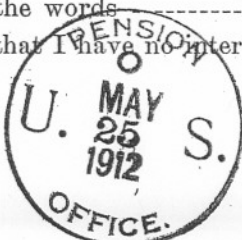
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912

That his post-office address is South Royalston county of Worcester

State of Massachusetts

Attest: (1) Ida M. Cross
(2) Frank Bradbury
(Claimant's signature in full) George L. Towns

SUBSCRIBED and sworn to before me this 17th day of May, 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words Crown Point, erased, and the words and that I have no interest, direct or indirect, in the prosecution of this claim. added;



Fred W. Cross
(Signature)
Notary Public
(Official character.)

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

3-014.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Worcester ss.

On this fifth day of March, A. D. one thousand nine hundred and seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, George L. Towns, who, being duly sworn according to law, declares that he is 64 years of age, and a resident of Smith Royalston county of Worcester, State of Massachusetts; and that he is the identical person who was ENROLLED at Corum Point, New York under the name of George L. Towns, on the 16th day of August, 1862, as a Private, in Co. "H." 5th Reg. New York Cavalry.
(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 at Winchester, Va., on the 13th day of June, 1863.
That he also served
(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 Farmer; that he was born June 4th, 1843, at Corum Point, New York.

That his several places of residence since leaving the service have been as follows:
Corum Point, N. Y. Acton, Mass. Montreal, Can. Sherbrooke, P. Q.
Thompsonville, Conn. Waltham, Mass. 4 Royalston, Mass.
(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has heretofore applied for pension No. 115402.

(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 February 6, 1907.

That his post-office address is Smith Royalston, county of Worcester, State of Massachusetts.

Attest: (1) George L. Towns (Claimant's signature in full.)
(2) Robert M. Clark

Also personally appeared George F. Woods, residing in Winchendon, Mass., and Robert M. Clark, residing in Royalston, Mass., 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 George L. Towns, 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 one years, and two 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.

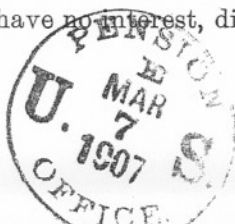
Validity accepted
S. A. Cuddy,
Chief, Law Division.

George L. Towns
Robert M. Clark
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this fifth day of March, A. D. 1907, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words _____, erased, and the words _____, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Certif. - fth in 5th



Frank B. Spallin
Notary Public
(Official character.)

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

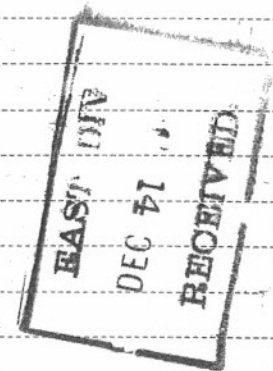
George L Town
Co. H, 5th Reg't N. Y. Cav
was enrolled Aug 16, 1862
and mustered June 13, 1865.

From M/in, 186, to M/out, 186,
he held the rank of Pvt

and during that period the rolls show him present
except as follows: Abs 29/64, present
at Brig 2 M. Dept
70 Feb 28/65 same.
Apr 30/65 1 Brig 2 M.
M. 3 Div 6.8

The name George L
Town has not been
found on the rolls of Co
H 5th N. Y. Cav.

The medical records show him treated as follows:
No record found.



BY AUTHORITY OF THE SECRETARY OF WAR:

K. A. Smith

Chief, Record and Pension Office.

Per *m.*

Washington, D. C., DEC 13 1901

(COMMISSIONER OF PENSIONS.)

3-402.

Certificate No. 15402Name, Geo. L. Towns

Department of the Interior,

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.

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

Answer. Yes. Emily F. Towns. Emily F. Durkee

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

Answer. Sept. 28 - 1865. Swanton Vt. by a clergyman.

Third. What record of marriage exists?

Answer. Supra in town clerk's office

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. No.

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

Answer. Charles M. Towns 1871Date of reply, Jan 4 -, 1898

0-8



(Signature.)

5301b750ml-98

Crown Point Sep 17, 1866.

Applicant's
service.

I hereby Certify, That I have carefully examined
George L. Town, late a Priv. in Co H
5th N York Cavalry

in the service of the United States, who was discharged
at Winchester Va, on the 13th day of June
1865, and is an applicant for an invalid pension, by reason of
alleged disability resulting from Varicocele.

Degree of
disability.

In my opinion the said George L. Town
is one half incapacitated for obtaining his subsistence by
manual labor from the cause above stated.

Origin.

Judging from his present condition, and from the evidence
before me, it is my belief that the said disability originated
in the service aforesaid in the line of duty.

Probable
duration.

The disability is not permanent.

Particular
description.

A more particular description of the applicant's condition
is subjoined: George L. Town has a varicocele
so bad that it is necessary to wear
a suspensory bandage all the time.
He cannot follow his occupation - that
of farmer - without severe pain.

George P. ...

Examining Surgeon.

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 Pension of No. 115402
of George L. Towns
late of Company 26, 54 Regiment, N. Y. Cav. Volunteers.

Personally came before me, a Notary Public in and for aforesaid County
and State, George L. Towns, aged 60 years,
and , aged years,
resident of Waltham, in the County of Middlesex, State of
Massachusetts, who being duly sworn, declares in relation to aforesaid case, as follows:

I hereby certify that I was not in
the military or naval service of the
United States prior to August 16-1862
or subsequent to June 13-1865.

George L. Towns
60 Bedford St
Waltham
Mass



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

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

Affiant's Signature, George L. Towns

P. O. Address, 60 Bedford St
Waltham Mass

Affiant's Signature,

P. O. Address,