Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies were made.

COMPLETE FILE ENCLOSED

BEST AVAILABLE COPY.

THE NATIONAL ARCHIVES

CERT. NO. 818416

PENSIONER: GEORGIANNA A.

WIBOW OF

VETERAN: LINCOLN E. WEBBER

CAN NO: 62576

SUNDLE NO. / /



REGISTRY DEPARTMENT OF THE CITY OF BOSTON.

DEATHS.

I, the undersigned, hereby certify that I hold the office of -City Registrar of the City of Boston, as created by

	the following facts appeared	May 4.1	_		1	70. <i>–</i>	7/8	2		
DATE OF DEATH. NAME AND SURNAME OF					ON: SUPPOSED AGE. PLACE OF DE		PLACE OF DEAT	ATH, AND RESIDENCE.		
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elired	Chelsea,	0.3	Names.	· · · · · · · · · · · · · · · · · · ·		//	Birthplace	e		1114
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Painter		Aulia	Broth	bu		nu	bung	1 mi	Jan Jan	
DISEASE	OR CAUSE OF DEATH.	DIACE O	T DUDIN						The American	S. Salara
(Prim	ary or secondary cause.)	TEACE O	F BURIAL.						A RECORD	
Town prices	ary or secondary cause,)	James	emele							
Har prieu	ary or secondary cause,)	Janie C	emela.	7						
Tobar prieu	money	Buston,	emele. nass							
By annexation, the Recor	rds of the following-named cities an	Buston,	emele. nass	Edu	and		m	Glene	City Re	egistra
By annexation, the Recoregistrar of Boston:— Roxbury, annexed Jan	rds of the following-named cities as nuary 6, 1868. Charlestown,	annexed)	Mass f the City	Edu	und	of Acts of			City Re	
By annexation, the Recoregistrar of Boston:— Roxbury, annexed Jan Dorchester, "Jan	rds of the following-named cities as	annexed January 5,	Mass f the City	Edu By Cha City Registra	apter 314 r shall h	of Acts of ave the sam	1892, "tl	he certificates or a	City Reattestations of either the City Registrat	r Assista
By annexation, the Recoregistrar of Boston:— Roxbury, annexed Jan Dorchester, "Jan	rds of the following-named cities as nuary 6, 1868. Charlestown, nuary 3, 1870. Brighton,	nd towns are in custody of annexed January 5,	t the City	City Registra	r shall h	of Acts of	1892, "tl	he certificates or a	attestations of eithe	r Assista
By annexation, the Recoregistrar of Boston: Roxbury, annexed Jan Dorchester, "Jan South Boston, "Ma	rds of the following-named cities as nuary 6, 1868. Charlestown, nuary 3, 1870. Brighton,	annexed January 5,	t the City	City Registra	r shall h	eve the sam	1892, "tl te force ar	he certificates or a	attestations of eithe	er Assista
By annexation, the Recoregistrar of Boston:— Roxbury, annexed Jan Dorchester, "Jan	rds of the following-named cities as nuary 6, 1868. Charlestown, nuary 3, 1870. Brighton,	nd towns are in custody of annexed January 5,	the City 1874.	City Registra	tts.	eve the sam	1892, "tl	he certificates or a	attestations of eithe	r Assista
By annexation, the Recording South Boston, "Man Man WIFFOLK, 88.	rds of the following-named cities as nuary 6, 1868. Charlestown, nuary 3, 1870. Brighton,	annexed January 5, " Commonwealt	the City 1874.	City Registra	r shall h	eve the sam	1892, "tl te force ar	he certificates or a	attestations of eithe	or Assista
By annexation, the Recordegistrar of Boston: Roxbury, annexed Jan Dorchester, "Jan South Boston, "Ma	rds of the following-named cities an nuary 6, 1868. Charlestown, nuary 3, 1870. Brighton, rch 6, 1804. West Roxbury	annexed January 5, " Commonwealt the above-name	the City 1874.	City Registra	tts.	eve the sam	1892, "tl te force ar	he certificates or a	attestations of either f the City Registran	or Assist

Dlaim For.
Mid. Arig. 1,067,233
Biorgianna a. Webber



PRESENT CLAIM, ACT OF MAY 11, 1912.

Im 6, 1913

Age shown by evidence ______ years; date of birth alleged

_Claimant does ____ write.

Moreover 10,1915.

Mon. Join W. Weeke.

Inited States Sende.

My dear Section: -

Berlying to your latter of the 4th instant. roselved the 5th relative to the pension case Invalid Certificate Number 780,043, of Lincoln E. Webber. who screet in Company B.11th Massachusetts Infantry and Those address is Eyde Park, Massachusetts. I have the bonor to inform you that the records of the War Department show that the soldier enlisted May 29,1864 in the 9th Unattached Company Massachusetts Militia Infantry and was discharged August 11.1864; that he also enlisted September 5.1864 in Company B. Lith Messachusetts Infentry and was discharged June 9.1865. Said records also show that he was absent without leave I month and 18 days, which was deducted leaving his pensionable service 10 months and 20 days, therefore the ellowence of the claim under the act of May 11,1912, filed May 25,1912 at \$15.50 for age 64 years and said service was proper.

The soldier has now attained the age of 66 years and his claim for increase under which now being considered with a view to its final adjudication , and you and the claiment will be further advised of the result.

Tery truly yours.

Commissions.

United States Senate,

WASHINGTON, D. C.

November 4, 1913.

Hon. G. M. Saltzgaber, Commissioner of Pensions, Washington, D. C.

Dear Mr. Commissioner:

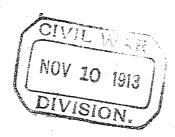
Will you kindly advise me as to the status of the claim for increased pension of Lincoln E. Webber, Esq., Certificate No. 780043, who enlisted May 9, 1864, was discharged August 11, 1864, re-enlisted September 5, 1864 and was discharged June 9, 1865? I have been advised that he was granted a pension on the basis of six months service when it seems that he served about twelve months.

Yours very truly,

M







A PENSIONER, DO NOT

DECLARATION FOR PENSIC

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION State of Masiachundla. County of Duffolk On this 20 th day of May , A. D. one thousand nine hundred and Twelve, of the 1990 within and for the county personally appeared before me, a ., who being daly sworn according to law, identical person who was ENROLLED at ... Wostin in the service of the United States, in the.... I discharget at Warmigton L 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, feet inches; complexion, Dank..; color of eyes, ... Drum.; color of hair, . Clank..; that his occu-That his several places of residence since leaving the service have been as follows: . Melsen n Millden Mass & Hyde Jonk Mass (State date of each change as nearly as possible.) That he is a pensioner under certificate No. .780.043. That he has applied for pension under original No. Oct 726. 0. 1907 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 . Utycle Tark ... , county or State of Massachustle Subscribed and sworn to before me this? I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the [L. S.] interest, OK files or

1912

MAY II,

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INSTRUCTIONS

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Howard, Printer, Washington, D. C. Geo, E,

AN

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND **建设有关系** THE WAR WITH MEXICO

Be it enacted by the Senate and House of Representatives of the United States of America in Congress

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late Giril War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making prot of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; two years, firther dollars per month; two and a half years, firther dollars and fifty cents per month; three years or over, sixteen dollars per month; two and a half years, sixteen dollars per month; three years or over, sixteen dollars per month; three years or over, sixteen dollars per month; three years or over, insteen dollars per month; one and a half years, sixteen dollars per month; one and a half years, sixteen dollars per month; one and a half years, sixteen dollars per month; one and a half years, sixteen dollars per month; one and a half years, sixteen dollars per month; one and a half years, twenty-four dollars per month; two years and served ninety days, eighteen dollars per month; one of seventy years and served ninety days, eighteen dollars per month; one one of seventy years and served ninety days, eighteen dollars per month; one year, twenty-dollars per month; two years, twenty-four dollars per month; one year, twenty-four dollars per month. That any person who served in the military or naval service of the United States during the civil war, and received an honorable discharge, and half years, twenty-over dollars per month. That an

numbered and eighty-seven; March third, eighteen hundred and ninety one, and February seventeening, eighteen hundred and ninety seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

APPROVED: MAY 11, 1912.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts
County of Nortock ss.
On this 3rd day of Newworld , A. D. one thousand nine hundred and Tune,
personally appeared before me, a Justice of the Peace within and for the county
and State aforesaid, amount to within, who, being duly sworn according to law, declares that he is years of age, and a resident of
county of, State of, State of, and that he is the
identical person who was ENROLLED at Buston mass under the name of
Lincoln & Webber, on the 9th day of may , 1864
as a Thirate, in 9th Unattached Co M. W. (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 Coul war, and was Honorably Discharged at Boston mass, on the 11th day of Gugust, 1864. That he also served 60 B 11th Regt mass vots Emvolved Sept 5 1864.
That he also served 100 B 11 B Rest Mass Softs Emveleed Sept 5 1864
and was discharged the ninth clay of June 1865 at Washington 2
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 4 inches;
complexion, Dayk; color of eyes, Duum; color of hair, Dark; that his occupation was Smuth; that he was born november 189, 1847,
at Chelsia mass
That his several places of residence since leaving the service have been as follows:
From 1865 to 1878 at Chelsra mass from 1878 to 1888 at Tall Rover 9
Since 1888 to the president of each change, as nearly as possible.) That have a some of the president of each change, as nearly as possible.) That have a some of the president of each change, as nearly as possible.)
That he is a pensioner. That he has heretofore applied for pension
(If a pensioner, the certificate humber 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 Itycle tark, country of Norfolk, State of Manachusetts P D 2 7/1.11.
Attest: (1) Fed A Kich (Claimant's signature in full.)
(2) James Mean
Also personally appeared Fria a Rich , residing in Jycle Park and James W Bean , residing in Jycle Park , persons whom I
and James W Beam, residing in Jycle Park, 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 colver William, 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 20 years and 18 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.
3
(Signatures of witnesses.)
SUBSCRIBED and sworn to before me this day of day of MOWWOV, A. D. 1909, 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
[L. s.] and the words, added;
[L. s.] and the words, added; and that Phave no interest, direct or indirect, in the prosecution of this claim.
Odlum J Chandler (Signature.)
= 6-800 Miles of the Face Official character.)



AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: Provided, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: Provided, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: Provided, further, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

803



Commonwealth of Massachiselts.

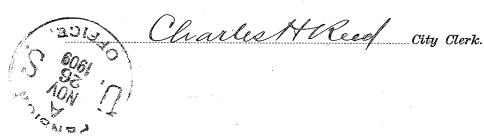
Chelsea, Nov 23, 1909.

COPY OF BIRTH RECORD.

I, the undersigned, hereby certify that I hold the office of City Clerk of the City of Chelsea, and have the custody of the Records relating to Births, Marriages and Deaths, in said city; and I further certify that the following facts appear on the said Records.

Name of Child,	Lincoln Webber	<i>J.</i>			
	nov 1, 1844			Color, U	hite
Condition (twin, &c.	.),				
Place of Birth,	Chelsea		······································	·	
Name of Father,	Gilbert J.				
Maiden name of Mot . Occupation of Father	ther, Julia a —	. # · · · · · · · · · · · · · · · · · ·			······································
	r,				
•	s, High St, Ish				
Recorded,	Jarly 10, 1848			······	
	IN WITNESS WHERD	gur. I nere	unto set mu hom	ed and the seal	or the said.

IN WITNESS WHEREOF, I hereunto set my hand and the seal of the said City of Chelsea, on the day and year first above written.



DECLA JATION FOR INCREASE OF PENSION Under the Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.	
Fiate of Massachentts, County of Nonfelks, 55:	
ON THIS 2d day of Wember A. D., one thousand nine	
nundred and S. , personally appeared before me, a Nolary Sublice	
within and for the County and State aforesaid Lencoln 6 Webber	
Gounty of	
Aviolate of massachustts, who	
being duly sworn according to law, declares he is a pensioner of the United States, enrolled at the	
Design duly sworn according to law, declares he is a pensioner of the decl	
month, Certificate No. 760 0 43; by reason of disability from [Here name the disability for which pension was granted.]	
That he was a Grade in Co. 3— Mass Vols.	
[Here state rank company and regiment, if in the army; vessel, if in the navy.]	
Infanly Cols	
That he believes himself to be entitled to an increase of pension on the ground that the rate allowed	
im is too low and not commensurate with extent of his present disability. He therefore requests hat he be favored with another medical examination with the view of determining his right to \$12	
hat he be favored with another medical examination with the first state of June 27, 1890. Amended May 9, 1900.	
per month, the full fate allowed theef else list	
That said disabilities are not due to his vicious habits, and are to the best of his knowledge and	
belief permanent. When the appoint with full power of substitution and revocation	an
He hereby appoints, with full power of substitution and revocation. Multiple BMMU of Sim Marie, his true and lawful attorney, to prosecute	
of the and lawful according to pro-	
his claim and receive a fee of \$	1/1/
L'avison ovreil Nyal Jake	
Sincoln & Webber	
(Signature of Claimant.)	
(Two witnesses who can write sign here.)	
(T MO MIDIESDED MITO CONT. MITO C	}

Also personally appeared Jengeanna allebrer residing	gat
Tyde Park Man and Dairy & Welson residing	at
1 Y de Park Muse, persons whom I certify to be respectable and enti-	
to credit, and who being by me duly sworn, say they were present and saw	
weoln & Webber, the claimant, sign his name (make his mark) to
the foregoing declaration; that they have every reason to believe from the appearance of said cla	im-
ant 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.	2
Distribution	
[If affiants sign by mark, two persons who write sign here.] Signatures of affiants.]	
Sworn to and subscribed before me this 20 day of November A.D. 19	υ. Κ
and I certify that the contents of the above declaration &c., were fully made known and	ex-
plained to the applicant and witnesses before swearing, including the words	
erased, and the words	
added; and that I have no inter	est,
direct or indirect, in the prosecution and this claim.	A
[L. S.] power of attorney vand Oduan / www.as	1
[L. s.] S. A. Cuddy, [Official Signature.] Chief, Law Division.	, 0
per S S [[-6-5] [Official Character.]	
I,, Clerk of the County Court in and for afore	said
County and State, do hereby certify that,	Esq.
who has signed his name to the foregoing declaration and affidavit was, at the time of so doing	18. st
in and for Said County and State, duly com	
sioned and sworn; that all his official acts are entitled to full faith and credit, and that his signs thereunto is genuine.	ture
Witness my hand and seal of office, this day of 190	
[L. S.] $Clerk\ of\ the$	
1890. 1890. Reg't. Vols	
Ser. B. Ser. B	
June June June June June June June June	
Applications FOR Ex	
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Sold Under Under Pension ce	
Pens Pons	,

PHYSICIAN'S AFFIDAVIT

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions carefully observed before writing out the statement. All the facts in possession of affiar t as to the origin and continuance of the disability sately be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

	State of Wassachusetts County of Bortolk, so:
	In the Pension Claim No. 780 943
	et du colo & letono, late
	3-11" mass onfanting
	Personally came before me, a public of the army; or vessel and fairing, it is the havy.)
	aforesaid County and State William H. Bernsett. M. D.
	whose Post Office address is Hyper Park Man.
	well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:
	That he is a practicing physician, and has been agguainted with the above-named soldier for
•	about drov years, and that I have trease Vineali Es
	Wester Of Hyde Lack Lack La applied decilis
	Erasures or interlineations will not be permitted unless the magistrate certify in his jurat that they were made before executing the paper.)
	and that I of mail or the Rame
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	and hervingther on a fewered debilitated
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The Physician's Affidavit must show the follow-	
ing facts: Whether or not as know the sol-	out my opnier we is remarce
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in time to y and what offerentials) or all of the arms
he kas live of ob- serving he paysi- sal serving history.	
whicher his family skyrical or as a neighbor and	
lived to him. If he know that the sol- dier was a sound	
man at enlistment, he should so state, adding, if true, that	
had he been un- sound, he would kave known it.	
If he treated plakeant while in	
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divisor of study times singuish by disseriy singwa. As wall sa	
the Natuee of Me Bigaeility and Gates of treatment.	
If he has treat- ed soldier since discharge he	
should so/state, giving the date	
mont; what his physical condi- tion was at the time with com- plets diagnosis	
THE REPORTED AND LINE OF S	
the poriod dur- ing which he treated him should be justed.	
with dates as Rear as possible.	
of prescriptions, or visits. The extent or	' CON
claimant has been unable to perfect	
ing each year from discharge or firs	- 100g
sequaintance to the present time.	
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	He further declares that he has been a practitioner of medicine foryears, and t
	he has no interest, either direct or indirect, in the claim to which this affidavit is supplement and is not engaged in its prosecution.
č.	William / Dewill M
,	Sworn to and subscribed before me this twenty Srylla day of Jacobs A.D. 194
2	and I hereby certify that the affiant is a practicing physician in good professional sta
	ing; that the contents of the foregoing affidavit were fully made known to him ber
	its execution, including the wordserased, and
	wordsadded; that I have interest, direct or indirect, in this claim, and am not engaged in its prosecution.
	Man B (lenn
	(Pacial Signature)
3	Justiel of the Ke
	(Official Character.)
	I, Clerk of the County Court in and for
8	aforesaid County and State, do certify that
V	who has signed his name to the foregoing affidavit was, at the time of so doing, a
***	in and for said County and State, duly commissioned
s	sworn; that all his official ects are entitled to full faith and credit, and that his signature th
t	into is genuine.
	Witness my hand ar d seal of office, thisday of, I
	MANAGER PARTIES AND
\$	Clerk of the
,	To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Judit the Peace, whose offic a signature shall be verified by his official seal, and in case he has none, his signature and of
ç	baracter shall be certified by a Clerk of a Court of Record, or a City or County Clerk.
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	Pension. C. Pension. Mechan Munara Munara Munara Munara Munara Munara Munara Munara
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ACT JUNE 27, 1890.

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CountyNofolk		Company B-	
Statenarsach	usetts	Regiment Il. Luces 2vl. 2	
Rate, \$per month, commencing		Kegiment.	
Pensioned for		inability to earn a su	pport by manual lab
RECOG	NIZED	ATTORNEY.	REJECTEZ
Name L. C. Wood an	d bo.		Fee, \$ 2
P. O	Wash	right D.b.	Agent to pay
	APPRO	VALS.	
ubmitted for admission,	Feley 18,	190 2 George Di Rus	eest, Examin
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and servy, freel	alleges		
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		Aggregate of disabilities shown, perman	nent in character: \$
		No merca	
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		(A)	۱ ۸
July 10 . 2 Mary	allna	Dennik	Van
19, 1900 la fill	Legal Reviewer.	Medical Examiner.	Medical Reviewer
, 190,	Re-Reviewer.	1 els. 1 , 190 m	Medical Refered
Enlisted May 9.	1004 1	orably discharged august	100
L L L		A	, 100-
		rably discharged hue	, 186
ensioned at \$per month. Last	paid to		,
PRESENT C	LAIM, AC	T OF JUNE 27, 1890.	ur
Declaration filed Willmany 8	, 1 <i>901</i> , all	eges Sheurestiru, or	leaguero Sun
and indigestion	, , , , , , , , , , , , , , , , , , , ,		
The state of the s		·	
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			·
			· ·
Claimant doeswrite.	•		22
Certificate not filed.			, M. C.

ACT OF JUNE 27, 1890. AMENDED MAY 9, 1900.

Declaration for Invalid Pension.

State of Massachuseth, country of Morfolk, 55:
On this day of Tebruary, A. D., one thousand, nine hundred
and ml., personally appeared before me a Notary Public
within and for the county and State aforesaid County Claimant's name here.
aged 54 years, a resident of Oydl Tarlo, county of Name of county here.
State of Mass., who, being duly sworn according to law, declares that he is the
identical Encoln & Mebbel who was enrolled on the
Marie Claimant's name here. Office of the Control
day of , 18. , 19.
LERY and to what State accredited in military service, or vessel, if in the Navy.
in the War of the Rebellion and served at least ninety days, and was Honorably discharged
at Warhington & on the // day of August 1864
State place where discharged.
That he is Partially unable to earn a support by reason of Allumblishing
deafness sawy and Indigestion and Therefore poorly now -
which it was incurred.
That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief
permanent. That heapplied for pension under applica ion No Has or has not If you have applied for pension state No. of claim here.
That he is a pensioner under Certificate No. 70043 That he has Or is not. Or has never.
been employed in the United States military or naval service otherwise than as stated above of the service other than as above stated, state the company regiment. &c., In which you served, and date of enlistment and discharge.
That he rendered no service in the United States army or navy prior to 9 day of 2004
1864, nor after 9 day of Mul 1865, nor at any other time than as herein stated.
That he makes this declaration for the purpose of being placed on the pension rok of the United States under
the provisions of the Act of June 27, 1890, as amended May 9, 1900. He hereby appoints L. C. WOOD &
CO., Pension Attorneys, Washington, D. C., his true and lawful Attorneys to prosecute his claim, and he
hereby agrees to allow said Attorneys the lawful fee of Ten Dollars when his pension is allowed. That his
post-office address is # 6 L) ON SON SOT , county of Malefully Name of County here.
State of Mass. Service Webber
Attest First witness sign here.
2 Value Second witness sign here.
Two persons who can write MUST sign their names on lines above as witnesses to the claimant's signature.
O.O. address Ree Sir

Also personally appeared Tuck County, residing
Also personally appeared, residing
at Ifde Vanh Man Walter B. Hents,
residing at Hydr Carh Mass, persons whom I certify to be respectable and
residing at 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
Claimant's name here. the claimant, sign his name (or make his mark) to
the foregoing declaration; that they have every reason to believe from the appearance of said claimant and
their acquaintance with him for the years and the
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.
1 / Urav/, ren
2 Walte B Herst
If witnesses sign by mark, two persons who can write must sign their names on lines above. Signatures of witnesses.
Sworn to and subscribed before me this day of A. D., 19.0
and I hereby certify that the contents of the above declaration, &c., were fully made known and
explained to the applicant and witnesses before swearing, including the words being filaced
[L. S.] on the Dension rolls of erased and the words Alcuring additional pension Botan me washington D. C.
added and that I have no interest, direct or indirect, in the prosecution of this claim.
Frank B. Rich.
Signature. P. 01.
Official Character.
· Commence of the Commence of

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE

The act of June 27, 1890, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for.)

A service of not less than ninety days.

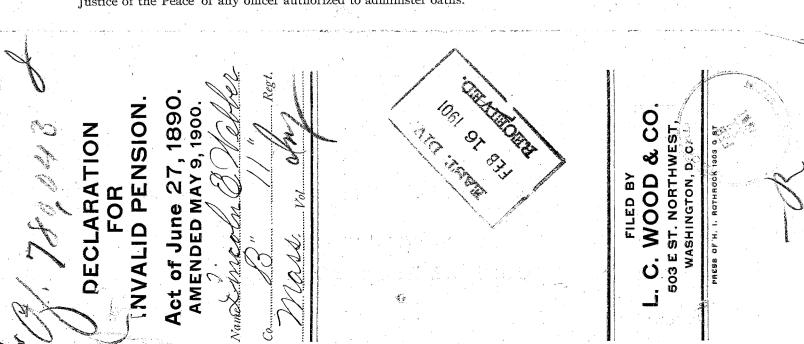
A permanent physical or mental disability not due to vicious habits. (It need not have originated in the service.)

The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.

A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Fill up the blank carefully and be particular to give the certificate number, if you are a pensioner, and if not, the number of your application, if you have made application.

Under act of July 1, 1890, all applications for pensions may be executed before a Notary Public, Justice of the Peace or any officer authorized to administer oaths.



duced at the National Archives	
3-14	₹ ∂.
LAW: Act of June 2	7.1890.
Reissue to Correct	TIF 11
Claimant, McOlu C. D	alover,
county, Hyde Park	Rank. Company,
State, Mass Per month, commencing Sef	Regiment, II" Mass, V. Jeff tecceber 4. 1895
In lieu of Ctf- da	ted June 11: 1892.
ACT OF JUN Revision under Departmental Decision of May 27, 1 and (No. 240) of A	893, and Office Orders (No. 225) of June 9, 1893,
Respectfully referred to the Medical Referee for his	appreved for reduction to
opinion whether, under the above decisions, the pensioner is entitled to his present rate of \$?	Socoooooo Accessoon PCF MONth
(Call attention to any pending claim for increase, former pension and rate	
under another law, or other essential fact.)	Love That Testerstonbaugh
Note.—If the present rate is continued on the above action, cut of	Africal 1895, Medical Referee,
Reference for Notice of Reissue under	another Law, Reduction, or Dropping.
	Section for legal notice to the pensioner that his persion
under the above act will be reduced to	
in accordance with the above opinion of the Medical Divis (If action is solely upon conclusive legal grounds, erase this clause and state le	JONgal grounds.)
July 2, 189 5	Paul Reviewer.
Final Medical Action after	Legal Notice and Hearing.
Upon all the evidence now filed in the case the medica	al action taken, 189, should
, 189,	, Medical Referee.
Final Legal Action after	r Notice and Hearing

Legal notice and hearing having been

(3-1	45 a.)
ACT OF JUN	E 27, 1890.
ANVALID	PENSION.
	E Webber
/P.O., VHyde Park	\mathcal{L}
County, norfoel	Regiment, 11 a Mass Vol. Juf.
State,	Regiment, 13 4 1890
Plate, \$1.0, per month, commencing	
Disabled by total deep ne	so of right lar
BECOGNIZED	ATTORNEY.
Name, L. L. Wood Re.	Fee, \$ 10. Agent to pay.
P.O. Oily	Articles filed,, 189
Submitted for adms. May 6, 18.	OVALS.
De Adwifein	Approved for Total deafuess of sight la
H	\$10, not affected by Kuling 2
<u> </u>	To other ratable disability?
May 31, 1892 Pool now pensioned under other laws. Last	Guss MEX The Dugrams
May 31, 1892	Medical feeferee.
" Not now pensioned under other laws. Last	c paid to, at \$
Pensioned from, 18, at \$, for
SERVICE SHOW	N BY RECORD.
Enlisted Sept. 5 u, 1864, and	IN BY RECORD. honorably discharged June 94, 1865
Declaration filed Sept. 13 ^u , 1890, alle from Alumalism, Dec	eges permanent disability, not due to vicious habits,
from Ohumalism, De	noy and cleapness in
light lar.	
11110	os Whiles

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ACT OF JUNE, 1890.

DECLARATION FOR INVALID PENSION.

To be executed before a court of record or some officer thereof having custody of its seal.

STATE OF Majsuchusetts,
County of Norfolk,

ss: On this day of Softwile, A. D. one thousand eight hundred and ninetypersonally appeared before me, a fustion of the Peacethe -record within and for the county and State aforesaid Lincoln & Wisborn aged 42 years, a resident of Hoyele Punk, county of Nortall State of Massa Ulus III, who, being duly sworn according to law, declares that he is the identic a Lin who was enrolled on the South day (Claimant's name here.) of September, 1864, in frate to B. 11 the Regiment, elefs
(Here state rank, company and regiment in Military service, or vessel if in the Navy.) To met! in the War of the Rebellion and served at least ninety days, and was Honorably Discharged at Column bican That he is purtially unable to earn a support by reason of Municipal in 1865.

(Partially or wholly.)

(Partially of Wholly.)

(Here name the diseases or injuries from which disabled.) That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent. That he has 200 applied for pension under application No. ______ That he is 120 a pensioner (If you have applied for pension state No. of claim here.) (Or is not.) (If a pensioner the Certificate number only need be given. 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, 1890. He hereby appoints L. C. WOOD & CO., U. S. Pension Attorneys, 512 F Street, N, W., Washington, D. C., his true and lawful attorneys to prosecute his claim. That his post office , county of Norfall address is Hoy, che Park State of Massachusetts Lincoln, E. Webbers

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MR	no

	Also personally appeared adva R. Juller residing at Hyde Fark
/·	(Name of first witness.)
•	and by 8 to corroll , residing at the all value
	(Name of second witness.)
	persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say they were
	present and saw directle & Weblew, the claimant, sign his name (or make his mark) to the
	foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaint-
	ance with him for 6 years and 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.
	Seli R. Fuller
-	M.E. Carrel
a menter and all and a second	(Signatures of witnesses.)
	Sworn to and subscribed before me this 5 th day of Splender, A. D. 1890, and I
	hereby certify that the contents of the above declaration, &c., were fully made known and explained to
9	the applicant and witnesses before swearing, including the words.
1 10	erased, and the words added; and that I have no
N. All	interest, direct or indirect, in the prosecution of this claim.
	Law Lliv. Filed. June 21/89 is June 15/91. Sec 4/2 (Official Character.)
	Law New Fund.
	Just 21/0/46 purt 10/96 (Official Character.)
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S	OOL Street, CAGTO, CAGT
44529	ION FOR INVALID PENSION OF June, 1890. Vols WOOD & CO. S. Pension Attorneys, 12 F Street, N. W. 4SHINGTON, D. C.

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION:

The act of June, 1890, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for).

A service of not less than ninety days.

A permanent physical or mental disability not due to vicious habits. (It need not have originated in the service.)

The rates under the act are graded from \$6 to \$12 proportioned to the degree of inability to earn a support and are not affected by the rank held.

A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not, the number of your application if you have made application.

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INVALID. (Series Lot Inno 27, 1890)						
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Act of ACT OF ASIM 19, 1900
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3- Moore Place
Orlington Mass
Widow
Lincoln E. Webber
Service B 11 - Mass Inf
Service B 11 - Mass Inf 9 Unattached 60 Mass Due
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2C-780043 af
Jun 13, 19/6 . Aftert
O CHEFF.
Application filed: Jame 3-1916
Attorney: R.R. Filymn
P.O. Boston
Mass

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Invelt. 780.043.

INCREASED TO \$40 PER MONTH FROM JUNE 4, 1928 - ACT MAY 23, 1928 Act of Feb. 6, 1907.

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Name Linevin Es-Webberz

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RECORD DIVISION.

Department of the Interior,

BUREAU OF PENSIONS.

Briefed by M. D. K.
Claim No.
Certificate No. 19 780,043,
Claimant
soldier Lineoln & Webber,
Service B, 11 Mass, Suf Additional Service Co. Masa Sq.
Additional Service Mask M.
No Claim, New Records Heb. 13/02.
No Claim, Old Records
REMARKS:
Records OU
J. C. Kniffing
Chief Division

Under Act of June 27, 1890.

(3-1639.)

(Old No. 3-217a.)

INCREASE.

Claim to
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county, Keydepark
State, Johnson
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Application filed Leber 9, 1907
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• This called the
<i>Disability,</i>
Attorney, L. C. Wood See
Attorney, Q. V. 110000
P. O., (ll)
* County,/State,
(186-100m.)

BOARD OF REVISION.

Department of the Interior,

BUREAU OF PENSIONS,

Cert. No. 760.043 Name Vincoln & Webbys

The Chief of the Galland Division is respectfully requested to transmit, with the return of this slip, all evidence pertaining to the above case, which is now awaiting final action in this Division,

Acting Chief Board of Revision.

Soar Sip 1895

Unief East Dir.

Qua 31/950

CENTRAL BRANCH, NATIONA	AL HOME FOR DISABLED	VOLUNTEER SOLDIERS,	
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	NATIONAL MILITARY HOME,	OHIO 1/2 /8" 190	n 7
CE.	THE TOTAL PROPERTY.		
THE COMMESSIONER OF PENSIONS,		, in the state of	
Washington, D. C.			
	il de la companya de		
SIR:—I have the honor to report that	my dasser.	- 1200 j	
Sik:—I have the honor to report that			
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late Co., Regiment	Pensioner,	Certificate No. / / /	
at the rate of \$per month, has this day be		and the sales	V
at the rate of \$ per month, has this day be	en chomphed from	Alignotte of The M	471200
	Respectfully, yours,	And the second	
		The Michiel	
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[3—216 a.]
Chuana Ex'r. 25 607
No. 943.757
Act of June 27, 1890.
2/169, 12/2
Lincoln E. Webber
P.O. Hyde Cark,
Mass
Service: B. 11 Mass. Inf.
q Unot Co. Maso. Sef
Enlisted: Seft, 5, 1864
Discharged: JUNE 9, 1863, 1865
Application filed: $Seft / 3$, 1890.
Alleges:
4/203
Any other Claim filed: 10.
Numerical No. $445,29/$
Attorney: 2 C. Wallet
P.O. 5/2 4. Shift 11.
Recognized. Contract.
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After obtaining receipt l	pelow the Postmaster will mail this Card, without cover out postage, to address on the other side.
RECEIVED THE ABO (SENDER'S NAME ON OTHER SID	OVE DESCRIBED REGISTERED (*LETTER
Sign on dotted lines to the right.	Director & Webber-
than addressee, the name of both addressee and recipient must appear	E

BOARD OF REVISION.

N

Department of the Interior,

BUREAU OF PENSIONS,

Cert. No. J. S. J. C.

Named Lincoln 6. Webber

The Chief of the Off Division

is respectfully requested to transmit, with the return of this slip, all evidence pertaining to the above case, which is now awaiting final action in this Division.

APPD

Aéting Chief Board of Revision

Maria Commerce

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	(17)		
CENTRAL BRANCH, I	NATIONAL HOME FOR DISABI	LED VOLUNTEER SOLDIERS,	
(U. 1900	~National Military H	оме, Оню, August : 18th	, 190 0
OFF THE COMMISSIONER OF PENSIONS,			
Washington, D. C.	•		149
SIR:—I have the honor to report that	Henry Fasser,	dept.Batty.N.Y.Lt.Ar	
late B Co., 8th Regi			
at the rate of \$12.00 per month, has t	his day been Admitted to	this Branch Home.	
the rate of 5.500 the month, has t	Respectfully, yours,	I to and	
	Acceptancy, yours,	A. KAKIKATAN S	

GOVERNOR.

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Exr. (0. 0) 3 400.
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Department of the Interior,
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Chief, Div.
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S.A. CUDDY,
Chief, Law Division

Chief, Law Division.

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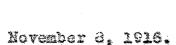
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Dust Musi Clarin ready & Brief "no

leale for claimants permanent post office address, advise attorner that said address that said address should not be given in care of another person.

Jake of fell 1

EBC Civil Var Division Wid.Crig. 1,057,233 Georgianna A. Webber, Lincoln E. Webber, Co. B. 11 Mass. Inf.



Mr. R. R. Flynn,

State House.

Boston, Massachusetts.

Sir:

Relative to the above cited claim for pension, you are advised that the claimant should state her permanent post office address, over her cun signature, and not in case of another person.

Do not fail to inscribe ppon each piece of evidence filed the soldier's name, service and the number of the claim.

Very respectfully,

F. D. Byington,

Acting Commissioner.

EBC Civil War Division Wid.Orig. 1.067,233 Georgianna A. Webber, Lincoln E. Webber, Co. B, 11 Mass. Inf.

July 3, 1916.

Mr. R. R. Flynn,

State House,

Boston, Massachusetts.

Sir:

In the above cited claim for pension, there is required the testimony of two persons who knew claimant and soldier from the time each attained marriageable age, showing whether claimant had been married more than once prior to her marriage to soldier, and whether the soldier had ever been previously married.

The date of death of claimant's former husband,

David H. Wilson, should be shown by the best obtainable

evidence, record if possible; and claimant should state,

under oath, whether said former husband ever rendered any

United States military or naval service, and, if so the full

designation of his service and whether she ever made claim for

pension as his widow.

There is further required the testimony of two witnesses having the requisite personal knowledge, showing whether claimant and soldier were ever divorced, and whether they lived Wid. Orig. 1,087,233

together as husband and wife up to the date of soldier's death.

All witnesses should state their ages, addresses and means of knowledge of the facts to which they testify.

Do not fail to inscribe upon each piece of evidence filed the soldier's name, service and the number of the claim.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

ERC Civil War Division Wid.Orig. 1.066,423 Jennett Smith, Clark G. Smith, Co. F, 30 Mass. Inf.

July 3, 1916.

Mr. R. R. Flynn,

State House,

Boston, Massachusetts.

Sir:

In the above cited claim for pension, there is required the testimony of two persons who knew claimant and soldier from the time each attained marriageable age, showing whether claimant had ever been married prior to her marriage to the soldier, and whether the soldier had been married more than once prior to his marriage to claimant.

The date of death of soldier's former wife, whose name should be given, should be shown by the best obtainable evidence, record if possible.

There is further required the sworn statements of two witnesses having the requisite personal knowledge, showing whether claimant and soldier were ever divorced, and whether they lived together as husband and wife up to the date of soldier's death.

Witnesses should state their ages, addresses and

Wid.Orig. 1,066,423

means of knowledge of the facts to which they testify.

Do not fail to inscribe upon each piece of evidence filed the soldier's name, service and the number of the claim.

Very respectfully.

Commissioner.

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LAW OFFICE OF EDW. W. BRIDGHAM

BANK BLOCK, BATH, ME.

STATE ATTORNEY FOR SAGADAHOC COUNTY

Oct. 20, 1916.

Civil War Division Wid. Orig. 1,067,233. Georgianna A. Webber Lincoln E. Webber Co. B, 11 Mass. Inf.

Commissioner of Pensions,

Washington, D. C.

My dear Sir:-

In re: Georgianna A. Webber Wid. Orig. 1,067,233.

At the suggestion of Georgianna A. Webber, I am sending to you affidavits, death certificates, etc., as per your request of July 3, 1916, as written to Mr. R. R. Flynn.

I trust that you will find these papers satisfactory, and if there is any more evidence that you desire in this matter, kindly advise me, or Mrs. Webber, and I will be only too glad to assist you.

I am not interested in this matter as an attorney.

Youns very truly,

EWB/PMM

My H Britghau

3151 76 100

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

DELABINEM OF THE HATELES	
3.888 M.O. 99/16 - 07	
JUN 7 1916 , 191	
Certificate No. 780 043	
class 40t of May 11. 1913.	2
O	
2Soldier	
\mathbf{a} \mathbf{a} \mathbf{a} \mathbf{a}	
Service Sv. J. 11 Mass, Luf	
	e Principal
41	dans.
The Commissioner of Pensions.	500
Sir:	
I have the honor to report that the name of	Ģ
E	
the above-described pensioner who was last	ere i
~ 10	Š.
spaid at \$ 12 -, to March 4, 4/6	
has this day been dropped from the roll be-	soli D Me
cause of Alath April 30 1916	,
LINCOLN E WEBBER	
HYDE PARK MASS	
700040	
70-1W A I	
5 66 DAVIDSON ST	

Very respectfully,

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

Reproduced at the National Archives





ACT OF MAY 11, 1912.

AMENDED BY ACT HARCH 4, 1913.



→=={BUREAU;OKPEA\S\O\S\;={~

It is hereby certified That in conformity with the laws of the

United States ______ Lincoln E. Webber ______ who was a Private Co.B, 11th. Regiment Massachusetts Infantry ______ is entitled to a pension at the rate of

Fifteen and one half dollars per month from November 1, 1913 ______

Nineteen dollars per month from November 1, 1917 and

Twenty-two and one half dollars per month from November 1, 1922 ______

Given at the Department of the Interior this

Twenty-fourth day of November

one thousand nine hundred and thirteen

and of the Independence of the United States

of America the one hundred and thirty-eighth

Secretury of the Interior.

Countersigned,

Commissioner of Pensions.

 \sim

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

SEC. 4145—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge or receive as a pledge, mortgage, sale assignment or transfer of any right, claim, or interest in any pension, or pension, or extrinition to be some as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of amisdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall relain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

Pression Character of Distance Pression B. Webber

Lincoln B. Webber

Myshe

Surreamy Charter

Surreamy Sension

Boston

Boston





CONGRESSIONAL.

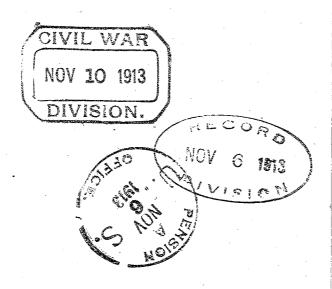
NAME OF CLAIMANT:

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P. C	۱. ۲	
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	•	

NAME OF SOLDIER:

These slips are exclusively for the use of Senators in Congress, and when used by any other person will not receive consideration.

Senators will greatly aid the Bureau of Pensions in giving them an early answer, if they will fill and use these slips in making calls in pension cases.



	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, &c. The absence of a member from a session of a board and the reason therefor, if known, and			
,	The absence of a member from a the name of the absentee, must be ind			
Insert character and number of claim.	State above whether for original increase, or restorate	Pension Claim N		
Name and rank of claimant.	Company B // Reg't Ma	s Hosto	, Rank moute n Drane, State,	
Claimant's post- office address.	Hyde Park, Ma	ss Anty	ffice address of the Board.] 2 Date of examination.]	
	We hereby certify that in compl	iance with the requireme	nts of the law we have carefully	
Cause of disa-	examined this applicant, who states to in the service, viz:	hat he is suffering from	the following disability, incurred	
bility.	mght ear.		7	
If a pensioner, fill in the amount; if not, erase the whole line.	and that he receives a pension of		dollars per month.	
	He makes the following statemen	t upon which he bases his	[Original, increase, restoration, &c.]	
Here give the claimant's statement as briefly and as compactly	and agmo po	windo trine	from willing	
as possible.	mely great in or	california-	- Cumor war	
	and thing with	oright En		
	Upon examination we find the frespiration, / / : temperature,	ollowing objective condit		
	pounds; age, 43 years,			
Here give a full description of the disabilities, in accordance	2 Communication	Both shoul	dero crepatete	
with Book of Instructions.	atill but m	2 million	grand joint	
	and when he	full his	shirts make	
	ple tan-	to further	Evidence	
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Rate for EACH cause of disability.	rating for the disability caused by		inion, entitled to a for that caused	
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•	T. D. Almand a contidicate	of examination whether a	disability is found to exist or not	

6-552

Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 11, Act of Congress approved July 25, 1882.]

Reproduced at the National Archives

RECORD & PENSION OFFICE

e 2132217 g

WAR DEPARTMENT

3-337.
(Old No. 3-464aa.)

EPSTERV Div. 420., Exr.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. J. F. 190 Z

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history of the soldier in quiedached No other report on file. Commissioner.

KEUUKU & PENSIUM OFFICE

2064686

MAR DEPARTMEN

3-337. (Old No. 3-464aa.) Department of the Interio BUREAU OF PENSIONS, Respectfully referred to the Chief of t Record and Pension Office, War Departmen requesting a full military and medical h tory of the soldier + No other report on file.

Zecord and Zension Office,

WAR DEPARTMENT,

Respectfully returned to the

Commissioner of Pensions.

Lincoln E. Stebber,
co.13, 11 Reg't Mass. Luf. was enrolled Sefst. 5, 1864,
and muis out June 9, 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 Feb. 28, '65 absent without
leave since Feb. 17, 1865.
apl. 30, 65 absent sich at VI.
S. Gent Forfl. City Point, Va. abeen without leave
surce Feb. 17, 1865.
Pero des is as follows.
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String additional found	
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C Mul	
110	حشرد
BY AUTHORITY OF THE SECRETARY OF WAR	
Chief, Record and Pension Office.	
Washington, D. C.,	
(COMMISSIONER OF PENSIONS.)	

(28

ຫ ≥33**5**373 ຂ

Write nothing above this line. .

MILITARY SERVICE.
NAME OF SOLDIER:
Levertra Heben
EASTON
Bureau of Rensions,
No. JUTYST SUNGY, 1896
SIR: It is alleged that the above-named man enlisted
18 Mand served as a MM
in Co. Reg't Mills Black also as a in Co. Reg't
Rand was discharged at
Mund Mapla
on WWW.7 , 18 6.5,
No. of prior claim
The War Department will please furnish an official statement
in this case, showing date of enrollment and date and mode of
termination of Arvice. Sery respectfully produced to the service of the service
Chiles thurson
THE OFFICER ASSISTED OF THE Commissioner.
RECORD AND PENSION DIVISION, WAR DEPARTMENT. 0—4

Mar Bepartment,

Record and Pension Division,

JUN 5 1891 Respectfully returned to the COMMISSIONER OF PENSIONS. BY AUTHORITY OF THE SECRETARY OF WAR: Captain and Askt Surgeon, U. S. Army.

General Affidavit.

State	ηf	Mar	sach	iseth	Gnur	ntv of	20	ans	relo	, SS:
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In th	he Per	ision claii	n No		of	Liv	zoln	<u> 2 .</u>	. Wev	
late of C	o.B.	<i>∐</i> ,			Reg't,/	17 d	lass	A 1		ols.
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and State	e	J.W.	ne !		bettr	n		, aged	1 46	years,
a citizen	of		ost-Office add	ress.)	Co	unty of	\mathcal{H}	orfol	n an	d State of
	W.	20ch					res in relat f the facts to w		oresaid claim a	s follows:
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not conce	erned	in its pro	secution.						20 200 - 12 M	
									g Marie Village (1997) W	
						. /	2	, 6/ 1	TILAN	- # -
							rame	Signatu	ce of affiant.	//US
Note.	—In the ir name	execution of s opposite.	evidence, whe	enever a witn	ess signs by	X mark, Two	PERSONS WHO	CAN WRIT	E MUST attest the	signature by

......Div.

Sworn to and subscribed bef	ore me this 20 day of Tellinary, A. D. 1.901,
. •	and I hereby certify that the contents of the above declaration was
	fully made known, explained and read over to the applicant and wit-
	nesses before swearing, including the words
	erased, and the words
[SEAL.]	added; that applicant and witnesses are
	reputable and entitled to credit, and that I have no interest, direct or
	indirect, in the prosecution of this claim
	Official signature Molley Inblic
	(Official signature) (Official character.)
My commission expires	Noting Cable

.....VOLS.

.....REG'T

LATE...

Attorneys,

503 E STREET, NORTHWEST,

WASHINGTON, D. C.

FILED BY

The Advertiser Co., Prs., 618 F St., N. W., Washington, D. C.

Seneral Elssidavit.

•	of Mars			1	h	, SS:
In th	he Pension claim I	No	of Li	robn l E	Weller	**********
late of Co	o	9	Reg't,	mar	•Vo	ls.
Pers	onally came before	e me, a	notary (where in	and for aforesaid	County
and State	e	ward H	· 1 Softer	, aş		···years,
a citizen	of Ague	Office address.)	County of	nofol	k and	State of
Mars	achusetto			lares in relation to		follows:
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	further de	eclare that	Lave no.	iterest in said clai	m and am	
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			And the state of t		Territoria. Tara	54
			*			
*.*				Edward	480	eler, his

Note.—In the execution of evidence, whenever a witness signs by X mark, two persons who can write MUST attest the signature by signing their names opposite.

State of Marsachu	edth County of no	Jolh , ss:
Sworn to and subscribed before	re me this	a, A. D. 1. 90 f.,
	and I hereby certify that the contents of the	
	fully made known, explained and read over	
	nesses before swearing, including the words.	
	erased, and the words	,
[SEAL.]	added; that appl	icant and witnesses are
	reputable and entitled to credit, and that I h	nave no interest, direct or
$(\mathcal{A}_{\mathcal{A}}, \mathcal{A}_{\mathcal{A}}, $	indirect, in the prosecution of this claim.	
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	M + (Offici	ial signature.)
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My commission expires	Povember 20/902.	
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CLAIM E	AVI A AVI	ID E
i Z Z	AFFIDAVIT OF	FILED BY  ATOOID &  Attorneys,  E STREET, NORTHW  WASHINGTON, D. C.
	AFF	A A SH
	R. H.	W K
ADDITIONAL EVIDENCE.  Addt Such Strong 180 ort		FILED BY  Attorneys,  503 E STREET, NORTHWEST,  WASHINGTON, D. C.  The Advertiser Co., Prs., 618 F St., N. W., Washington, D. C.
	LATE	L E
		I

# General Affidavit.

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State of	Marsa	chusell	County	GI	riogo	UR.	, SS:
In the Pe	nsion claim No		of∽	Turcol	n Q.	Webber	<u>ب</u>
	B	g lb		mas	and he	eth	
late of Co	<i>1</i> 9,	··/···········					
Personall	y came before me	, a	nota	y w	ow in a	nd for afores	aid County
and State	R	oscol	Z. HA	l	age	1	vears.
	Hyde	- Carl			norda	lk a	j caze,
1.	// CPost-Office	address.)			/i	•	
Marsas	hysette	, who being	duly sworn, d	eclares in r	elation to af	oresaid claim	as follows:
	TOLE. Hinan	nt should state how I	ac gained a known	age of the facts	s to which he tes	uuys.	//
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not concerned	in its prosecution	n.	Tae		A STATE OF THE STA		
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Note.—In the execution of evidence, whenever a witness signs by X mark, two persons who can write MUST attest the signature by signing their names opposite.

......Div.

State of Marsacl	wette, County of Norfock ss;
Sworn to and subscribed befo	
	and I hereby certify that the contents of the above declaration was
•	fully made known, explained and read over to the applicant and wit-
	nesses before swearing, including the words
	erased, and the words
[SEAL.]	added; that applicant and witnesses are
	reputable and entitled to credit, and that I have no interest, direct or
	indirect, in the prosecution of this claim.
and the second particle of the second control of the second contro	Tranh B. Vach
<ul> <li>In the first of the second seco</li></ul>	Molany which
	(Official character.)
My commission expires	November 20 /902
And the second s	

DITIONAL EVIDENCE.	att bu charyro 180043	ducale & Miller	E. CO CO R. REG'T Make VOLS.	AFFIDAVIT OF	MOET TO		O. WOOD & OO.	Attorneys, E STREET, NORTH	WASHINGTON, D. C. The Advertiser Co., Prs., 618 F St., N. W., Washington, D. C.
ADDI	Madi	OF OF	LATE			CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO	O H	503	The Adverti

# CLAIMANT'S AFFIDAVIT.

State of Massachusette County of Nortoll 1,55:
In the matter of Lincoln & Webler, lake uf 6.13.
11" Mass Lals
ON THIS And day of Aug., A. D. 1891, personally
appeared before me, a fustice of the lace in and for the aforesaid County,
duly authorized to administer eaths, Lincoln & Weller aged 42 years,
a resident of Hyde Pank in the County of North and State
of stars achiesette whose post office address is 66 Davison st
Hyde Park and well known to me to be reputable and entitled to credit, and
who, being duly sworn, declares as follows:
the same start of the same sta
I first inlicted on the I Day of
make 1864 in CO B gette unditached my Volumbe
to Gerry 90 days and Was Discharged the 11
day of August - 11864 by Experation of Service
J. D. S. F. L. C. G. B. M. Barrell
Volumbers on the 5th day of Schlember 1864
to Serve ou Mar and Was Discharge
the I Day of June at the Columbian Seul
Hospitalt Kalf Washington D.C.
A desired to the second
P D d Sac his -
If Affiant signs by mark, two persons who can write sign here.)  (Signature of Affiant.)

	subscribed before me this day by t	he above-named	affiant, and	I certify that
read said affidavit to s	aid affiant , including the words			
······································	crased, and the words		· · · · · · · · · · · · · · · · · · ·	-adde
and acquainted	with its contents before	he	executed the sa	ame. I furth
	ise interested in said case nor am I c			
	_personally known to me, and that_	^		
[L. s.]		20	<i>a</i> .	
	Filed to cever date.	Div.	(Official Signature.)	mly
ار د د د موجود اسال در د موجود	A B B B B B B B B B B B B B B B B B B B	Ju.	stice of	there
			(Official Character.)	
	· · · · · · · · · · · · · · · · · · ·			
County and State, do c	ertify that		who hath signe	ed his name
the foregoing declaration	on and affidavit, was at the time of so	doing		***************************************
	in and for said County and S	State, duly comm	issioned and sw	vorn; and th
all his official acts are	entitled to full faith and credit, and	that his signatur	e thereunto is ge	enuine.
Witness my bar	d and seal of office, this	Hay 8109		, 189
	1	CH 189	5/	, 100
		OFF	<i></i>	
[L. s.]	Clerk of the_			***************************************
Note.—This should be sy NOTARY, then CLERK OF CO	yorn to before a CLERK OF COURT, NOTARY UNTY COURT must add his certificate of character	PUBLIC or JUSTICE ( hereon, and not on a se	OF THE PEACE. If becarate slip of paper.	efore a JUSTICE
	erikan (j. 1866) erikan di kacamatan di Kabupatèn Kabupa	en e	Control of the contro	
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	Reg't.		(EED)	ing, 50
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AIMANT'S AFF OLAIM OF	II Regit		FILED BY  G. WOOD & (	L. C. Wood Building, 507 E Street, N. W., WASHINGTON, D. C.

# CLAIMANT'S AFFIDAVIT.

State of Massachusett Country of Misele 155:
In the matter of Lincoln & Weller, lake of Co
13-11" mass Vale
ON THIS day of , A. D. 189 / , personally
appeared before me, a Questice of the Peace in and for the aforesaid County,
duly authorized to administer oaths, & under & Weller aged #2 years,
a resident of Kyde Park in the County of Arfulk and State
of Masachusto whose post office address is Hyan Park
and well known to me to be reputable and entitled to credit, and
who, being duly sworn, declares as follows:
I neverendered any military ou
maral service, since my discharge futie
9tha DI 865 at washington, from be "18" (11"
The assaclusette Pels
·
Lewen E. Webber
(If Affiant signs by mark, two persons who can write sign here.)  (Signature of Affiant.)

**** * * * * * * * * * * * * * * * * *	country of	Wywk
Sworn to and	subscribed before me this day by the ab	bove-named affiant , and I certify that I
read said affidavit to s	aid affiant , including the words	<u> </u>
	erased, and the words	added,
and acquainted	with its contents before	executed the same. I further
certify that I am in nov	vise interested in said case nor am I concer	rned in its prosecution; and that said affiant
	personally known to me, and that	Λ _
[L. S.]		
		(Official Signature.)
		Insticut the Ro
		(Official Character.)
		k of the County Court in and for aforesaid
County and State, do o	ertify that	who hath signed his name to
the foregoing declarati	on and affidavit, was at the time of so doin	ng
	in and for said County and State,	duly commissioned and sworn; and that
	in and for said County and State, entitled to full faith and credit, and that h	
all his official acts are	entitled to full faith and credit, and that l	his signature thereunto is genuine.
all his official acts are		his signature thereunto is genuine.
all his official acts are	entitled to full faith and credit, and that l	his signature thereunto is genuine.
all his official acts are Witness my ha	entitled to full faith and credit, and that had and seal of office, thisday	his signature thereunto is genuine.  of 168   8   NIII   189
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ADJURANT GENERALS OFFICE

1969044 S

Civil War Division

DEPARTMENT OF THE INTERIOR, BUREAU OF PENSIONS,

Washington, D. C. Celt. 24/12
Respectfully retrymed to
The Adjt Lin. War
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showing the exact
periods of time this
Soldier was about
without leave and
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#### WAR DEPARTMENT,

1969044 THE ADJUTANT GENERAL'S OFFICE,

washington, November 5,1912.

Respectfully returned to the

Commissioner of Pensions.

It appears from the official records that Lincoln E. Webber, Company B, 11th Massachusetts Infantry, was absent without leave from February 17 until on or about April 3, 1865.

Nothing has been found of record to show the date of disbandment of the 9th Unattached Company Massachusetts Militia Infantry.

The soldier was discharged from service as a member of Company B, 11th Massachusetts Infantry, some time before the final muster out and disbandment of the organization.

The Adjutant General.

Holindsen

10

170 77

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, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absence, must be indorsed upon each certificate.

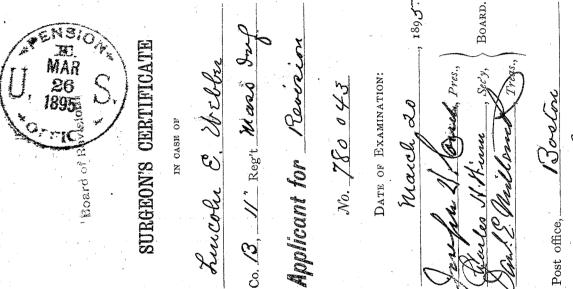
Pension Claim No. > 80043 Name and rank of claimant. [Post-office address of the Bo Claimant's post-We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred Cause of disa-bility. in the service, viz: If a pensioner, fill-in the amount; if not, erase the whole line. and that he receives a pension of _ dollars per month. He makes the following statement upon which he bases his claim for _ [Original, increase, restoration, &c.] Here give the claimant's statement as briefly and as compactly as possible. Upon examination we find the following objective conditions: Pulse rate, ; temperature, 58.6; height, 5 feet 7/2 inches; weight, 140 respiration, 16 ere give a full description of the disabilities, in accordance with Book of The actual and 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 beard must be stated. When not due to such habits this fact must be stated.

-Always forward a certificate of examination whether a disability is found to exist or not.

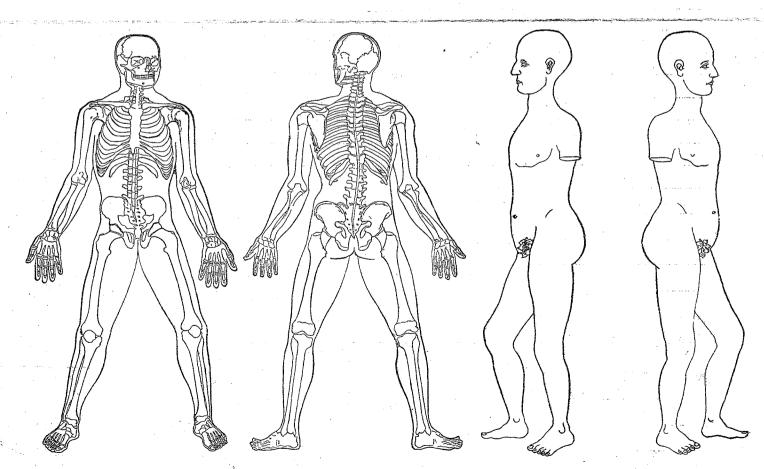
(399—20,000.) 6—809

N. B.

Reproduced at the National Archives termination of the Continue rec-ord of examina-tion here. BOARD, NSION



S.—Write your Post-office address plainly and in full. Post office, County, ته



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

Provided further, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

# SURGEON'S CERTIFICATE.

Insert character and number of claim,	Pension Claim No. 780043,
Name of claim- ant.	Sincoln E. Webber Address & Boston P. O.
	Company Bli Reg't Mass Volta Board. ( State.
Claimant's post- office address.	Callanson St. Hyde Call Mass. [Inte of examination.]
Cause of disa-	Total de fres et frighten brushen
bility.	Serry and indugestion
	He receives a pension of dollars per month.
Here give the claimant's statement (as	in the state of th
briefly and as compactly as possible) in re- gard to the date	
of origin and cause of his dis- abilities and	six years, Sentry during thesenie
the manner in which they affect him.	Friday strong in grand.
The outli	nes of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location
of a disease of	or injury, the entrance and exit of a missile, an amputation, etc.
	Birthplace, Chelzes Mass; age, 53 years; height, 5 to 7 in
	weight, 12.8 pounds; complexion, ; color of eyes, Sould; color of hair, occupation, Jourse permanent marks and
	scars other than those described below
	We hereby certify that upon examination we find the following objective conditions:
	Pulse rate, 72 74 62; respiration, 18,18,20; temperature, 78,53;
Here give a full description of the disabilities,	Dotal de agness of night ear!
in accordance with Book of Instructions.	Cenerose being placed in such positions
	al example de se si de se als se als se se se se se se de se als se
Facts within the	Scholately with the following results:
knowledge of the Board, or any member	Conhean ordinary conversationalsix
thereof, rela- tive to the cause of any	Jeet with the of the With night can
disability found should be stated.	Tensone Cambridge Vientel de la cas
Whenever a disa- bility is shown or is believed to be due to or	of righten, There is redness and
aggravated by vicious habits the opinion of	congettion of meansmembrane of
the board must be stated. When not due	mad allany which are streated
to such habits this fact must be stated.	2000 and the contract of the c
	Rhoundish!
	There is slight cregetation in shoulders
	There is no children tenderness
	or stiffness of founds. There is no alraphy
	nostructural changes.
	Heat;
	ayer's found in the fithinterestal
	space men de la company de la
When rates are recommended solely on sub-	dullnessisnotimereased Rhythmis.
jective evi- dence the strongest rea- sons must be	regular hearts getion is not thereosed
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	di l'atali Hane ce un medoni de l'allande de maniero
	Reshiration is full and a sey Noelmann
. 57	respiratorysolundsonehad
* v.	Rusac E. Brown, Pres Show Wordingsec'y. El Spence, Treas.
N. B	Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

When additional space is needed to complete report of examination use blank certificate (old No. 3-156 in g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6-552

amination must not be made by one member of a board except upon a special order of the Commissioner of Pensions. (This certificate to be filled in and signed by the secretary when the full board is present.) , Dr. E. E. S. "I hereby certify that Dr. R. E. B. , were personally present and actually participated in the Webber the claimant in this case, on _ (This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.) ., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr..... the examining surgeons here present (waiving examination by day of full board), on this _____ (Signature.) N'S CERTIFICATE P. S.—Write your Post-office address plainly and in full. DATE OF EXAMINATION:

Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

E

### SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of

Name of claim-

Since Pension Claim No. 780043

Since Reg't Wass Vol. In the State of examination of t

EXAMINATION—Continued.

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Managara Palangal
acid. Notsugar. Co account
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Proug. Pres. Edw. W. Janding Sec'y. & English Treas.
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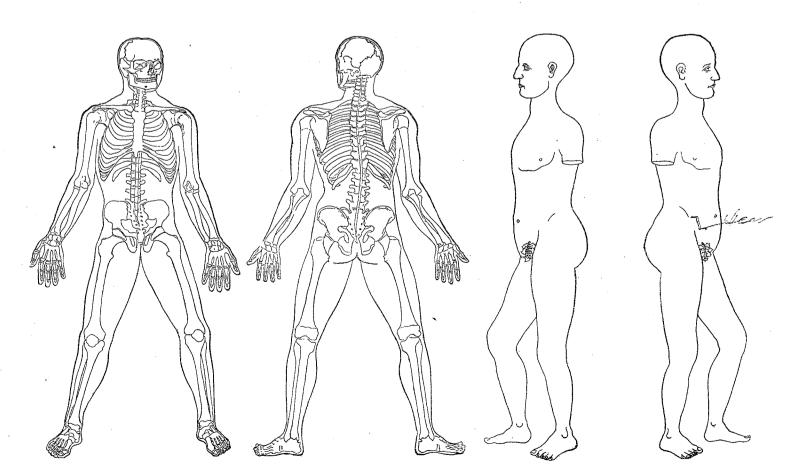
An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions. (This certificate to be filled in and signed by the secretary when the full board is present.) "I hereby certify that Dr. R. E. Stown were personally present and actually participated in the examination of Meletenthe claimant in this case, on _ 1901 (Signature.) (This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.) ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. .....and ----, the examining surgeons here present (waiving examination by full board), on this ..... ...day of ... (Signature.)

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### SURGEON'S CERTIFICATE.

Insert character and number of claim.	Lucide Pension Claim No. 780043
Name of claim-	Linester 6, Hobber P.O.
aut.	Company B. 1/ Rog't Mass. W. Luf, Board. Mass. State.
Claimant's post- office address.	66 Davismett, Hype Parks, Mich Teles 8, 190)
onice address.	Date of examination [ Date of examination ]
Names of disa-	or few, ances of femines, primer aroning,
bilities.	
	He receives a pension of dollars per month.
claimant's	He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Macrow in regard to the origin of his disabilities and date when first discovered by him:
statement (as briefly and as compactly as	Dince Indigistion for 10 yrs of the state on for affections
possible) in re- gard to the date of origin and	Deb. 1906. Dane no porte dine poly last before that could
cause of his dis- abilities and	
the manner in which they affect him.	mom f 2 Min brance.
	Birthplace, Mass. ; age, 59 years; height, of gan;
	weight, 140 pounds; complexion, dask; color of eyes, brown;
	color of hair, gray; occupation, faculty; permanent marks and
	scars other than those described below,
	We hereby certify that upon examination we find the following objective conditions:
	Pulse rate, go g / /2"; respiration,   8 / 8 / 28; temperature, g; ; temperature, g;
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description of the disabilities, in accordance	tell valuey consideration at 6 feet & frontes; rementional
with Book of instructions,	but left acalered heary but right ordinary consisolius or lines
and make a separate para- graph for each	That at all, but nely flinting web Ear time proposed,
disability.	Dileate of Almerts; Impre most telean no mediting gara
	factor of matte; the & lend runes at Epigasmum tour ment ou-
Facts within the	Tomen which it thereties, we find a tustory que your courson
knowledge of the Board, or any member	
thereof, rela- tive to the	
cause of any disability found should	mit ener at its lower portion; all, say it has discharged ation-
be stated.	Lemos set since the opportion of Mine Lieux Idas to piles.
	Alregal Problem; westootien for remedes to Mr; is flowing morement
	Tue to detiling, Looks rapleaux fully 62 or 63 4ps, do. Palus musth
	He has lumbago.
Whenever a disa-	Memmatism & right Munish siff to that raising aun is a profuncion
bility is shown or is believed	las is Enduely quelt painful heres & Lengt steff, lest us lemboling
to be due to or aggravated by vicious habits	Theolin in any fries No absolut of Musely 200 curkaching of herbus.
the opinion of the board must be stated.	1 Hear require in prof frances of potetius,
When not due to such habits	Lung: Mreistin 2000 round, Hopmolin Vsecula, 20 role.
this fact must be stated.	Hidney; mud and 1018, no allerman ordinger,
	I find that the aggisgate promount disoblety planing a Support
	by manual clother is due tomarly total deaports of right Ear.
	naustry affectiaites, quesal debility, producting + neumalitum,
	Test ace to new Latels thankely a rate of to, a news,
	The other discoling faces.
	The contract of the contract o
	offering leefue to Band for Gammetin, topecally at this unclaund
	featur.
When rates are recommended	
solely on sub- jective evi- dence the	
strongest rea- sons must be	
given therefor.	
•	HALL B
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The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

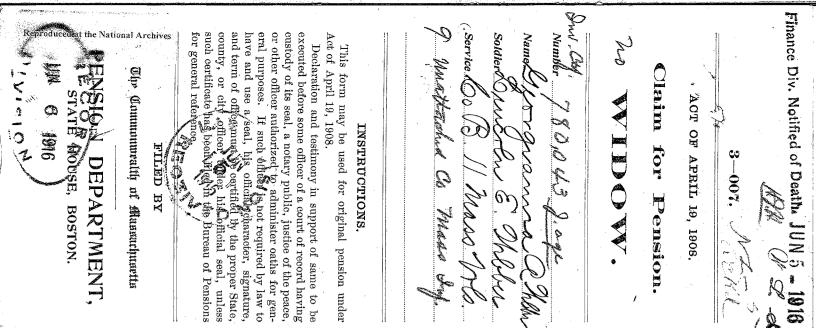
#### The Commonwealth of Massachusetts

# PENSION DEPARTMENT BOSTON

#### DECLARATION FOR WIDOW'S PENSION

[Act of April 19, 1908.]

STATE OF	······································			
COUNTY OF				,
On thisda	y of me	, A.D. one thousan	d nine hundred and	6
personally appeared before me, a	recipal los	nnissio	er_,	within
and for the county and State aforesaid,	Bergna	ma °a.	Well-burged_	741
years, a resident of Orling		county of Mo		State
	, who, being duly sworn			* *
obtain pension under the provisions of		•	_	
That she is the widow of		Nebbi	L ,	, who was
eurelid.	under the name of	mooln E.	Obbber	at
(Enrolled or commissioned.)	, on the	day of	ht	1864
as a Proposition in	- R 11	Maso.		and
as a smel	(Here state rank, and compa	ny and regiment in the Army, o	or vessels if in the Navy.)	oivil wor
honorably discharged	9 1/10/15	having served ninety days	s or more during the late	9/1 1 65 G
That he also served	(Here give a comp	lete statement of all other servi	ces, if any.)	11040
That he was not in the military or	r naval service of the United	States otherwise than as-	stated above.	,
That she was married under the	// .	()	Meson	
to said soldier at		on the	-24	4 day
	, 18 7 8, by &	v Open.	& Sassona	
that there was no legal parrier to the m	,	been previously marr	ied that the soldier had	not
been previously married,	oleand - Di	200 A 20	Millor &	(
been previously married, (If there was a pri	or marriage of either, the date and	l place of death or divorce of fo	rmer consort or consorts shou	ld be stated.)
, and at Fa	e vin	020 24	10/5	
		A -la-see		
and that neither she nor said soldier mar	mil 30,19/	6, at Gydi	1 Garle	
That the said soldier died				
That the said soldier left the follo			ixteen vears of age, to w	rit:
That was posterious forth that some	(If the soldier left no children, the	claimant should so state.)		- 3±
	, born			-
	born	, 1, at		
	born	, at, at		
	Dorn's	, 1, at		
She hereby appoints F. A	BICKNELL, Deput	Commissioner of S	tate Aid and Pensio	ns. State
House, Boston, her true and law	vful attorney to prosect	ute her claim (With	out fee);	9 1
That she has heretofor	re applied for pension			
	(II	prior application has been mad	le, the number thereof, the ser	vice on which
it was based, and the name of the soldier should	be stated.) 3	ne Plane	· anline	ala
That her post-office address is county of				
			of Il Alle	Ų
Attest: (1)	Lg	longlænnæ å	I Wellber	· ×
(2)	<i>(</i> )		t's signature in full.)	
Also personally appeared %	enn 9. Ne	eloz Slory	_	residing in
	and Flow	S. Story	•	residing in
	, persons whom I			
by me duly sworn, say they were preser	at and saw	anna a.	Webber	the
claimant, sign her name (or make her	mark) to the foregoing de	claration; that they have	e every reason to believe	e, from the
appearance of said claimant and their a	cquaintance with her of	years and 40	years, respectively,	that she is
the identical person she-represents herse				
tion accepted as under the act of	, ,	Gensy & W	estor.	
9. 1903. Power of	-	T. D // 1 D	P1-	
y valid as to ex-	<	Thora J	tures of witnesses.)	
· .		(Olgina	Julies of Witnesses.	
ief Law Bibsersternd sworn to bef	ore me this	day of	C , A.	D 19/6.
-	certify that the contents o	: 1/		
explained to to cate on file to cover	the applicant and witnesses	; =	<del></del>	
nom Sept- 23 1903 lo				
[L. S.]				
	<i>g</i>		added; and the	at I have no
interest, direct	t or indirect, in the prospert		, added; and the	at I have no
interest, direct	<i>g</i>		, added; and the $UVK$	at I have no
تعامد	<i>g</i>		, added; and the	at I have no ✓
Chief, Law Division.	<i>g</i>		, added; and the	at I have no ✓
Chief, Law Division.	<i>g</i>	ion of this claim  (Signature	AL COMMISSIONER,	<b>√</b>



#### AN ACT

To mercuse the pension of widows, minor children, and so forth, of deceased soldiers and sailors of the late civil war, the war with Mexico, the various Indian wars, and so forth, and to grant a pension to certain widows of the deceased soldiers and sailors of the late civil war.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the passage of this Act the rate of pension for widows, minor children under the age of sixteen years, and helpless minors as defined by existing laws, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, shall be twelve dollars per month; and nothing herein shall be construed to effect the existing allowance of two dollars per month for each child under the age of sixteen years and for each helpless child; and all Acts or parts of Acts, inconsistent with the provisions of this Act are hereby repealed: Provided, however, That this Act shall not be so construed as to reduce any pension under any Act, public or private.

SEC. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late civil war, and who has been honorably discharged therefrom, has died, or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his army or navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands, if living, would have a pensionable status under the Joint Resolutions of February fifteenth, eighteen hundred and ninety-five; July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim under the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or retain for such services in preparing, presenting, or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the pension allowed; and any person who shall violate any of the provisions of this section, or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each and every such offense, be fined not exceeding five hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

Approved April 19, 1908.



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#### STATE

County of Sagadahoc, ss.

Be it known, that on this thirty-first day of August, 1916, before me, Edward W. Bridgham, a Notary Public for the State of Maine, residing in the City of Bath, in said County, duly commissioned and sworn, and by law authorized to administer oaths and affirmations, personally appeared Georgianna A. Webber, commorant, of Woolwich, in said County of Sagadahoc and State of Maine, to me well known, and known to be the person she represents herself to be, and who, being by me duly sworn, did make the following affidavit by her subscribed:

That my name is Georgianna A. Webber, and I am the widow of Lincoln E. Webber, and am the claimant of a Wid. Orig. Pension, claim No. 1,067,233; that my former husband was David H. Wilson, and that he died on February 24, 1875, and that my said former husband, David H. Wilson never rendered any United States military or navel service, and that I have never made any claim for a pension as the widow of said David H. Wilson.

I am seventy-five years of age, Wid. Orig. 1,067,233, Com. B. 11 Mass. Inf. c/o O. H. Curtis, R. F. D. #2/,

Wiscasset, Maine.

Welnesses

Islando H. Curtis Award It Gridgham

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of office the day and year first above written.

Notary Public



Claim for

Wid. Orig. 1,067, 233

Georgianna a. Fretber

Affidavit g Georgianna ar Mebbers NOV 151916

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No. —

## The Commonwealth of Massachusetts

#### Office of the Secretary.

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Boston,	TIM	e let,	1010 .
200011,	1	,	- 9 - 0
	/ }		

I Hereby Certify That the MARRIAGE of Bincoln E. Webberl,
of Chelsea, son of Gilbert T. and Julia a. ( ),
aged 29 years Firstmar.), and Glorgianna Wilson,
of Somerville, daughter of Benjaminand Nancy ( ),
aged 37 years Second mar.), solemnized at, on the
24 thday of May in the year 1878, by Oscar J', Safford, Cler-
gyman Cambridge, appears of record in this office by duly attested Return
of the Clerk of the City of Chelsea for that year.
. (1

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

SECRETARY OF THE COMMONWEALTH.



YFAR	1916
Vol	
Page	<del>~~</del>
No.	4718

# The Commonwealth of Massachusetts Office of the Secretary.

Boston, June 1st, 1916.

I Hereby Certify That the DEATH of Bincoln E. Webber of Boston, born at Chelsea, { son of daughter of } Gilbert J. and Julia (Boothby) Webber, aged 69 yrs., 5 mos., 29 days, who died at Boston, on the 30 th day of April, in the year 1916, of Bobar Meumonia - 3 days, appears of record in this office by duly attested Return of the Registrar of the City of Boston for that year.

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

> > SECRETARY OF THE COMMONWEALTH.

Mart Laugh



#### 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,

LINCOLN E WEBBER HYDE PARK MASS 780043 ACT MAY 66 DAVIDSON ST



	No. 1. Date and place of birth? Answer. ME. 1 1847 Chelsia mass
	The name of organizations in which you served? Answer. July Co M. M. J. Moulhs.
	No. 2. What was your post office at enlistment? Answer. Chelsia mast
	No. 3. State your wife's full name and her maiden name. Answer. Glo glunna A Wibbon Gingua to Walke
٠.	No. 4. When, where, and by whom were you married? Answer. Cambudge Mall
	the Rev Oscar F Safford 24 May 1878
	No. 5. Is there any official or church record of your marriage? City Hall Cambridge 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
i Hu	death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer.
3	
2	
	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 miltary 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.
	in Poll River mass Sell-12 1870
	Died Feb 24 1875
	Never Renderd any Mitany Service
	No. 8. Are you now living with your wife, or has there been a separation? Answer.
	To so the year now average was your was, or also seem a separation of the seem
i i	No. 9. State the names and dates of birth of all your children, living or dead. Answer.
2	
10.	
	Date May 28 1915 (Signature) Server EWebber
	° 8—272

3-402.
Certificate No. 75 1 9 43 Department of the Interior,
$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}}}}}}$
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,
HO/ayprand,
Commissioner of Pensions.
Second. When, where, and by whom were you married? by the Per Oscar Foff Answer. Married Cambridge from Wass May 24/57 Third. What record of marriage exists?
Answer Certificate of Marriage
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. 100
Fifth. Have you any children living? If so, please state their names and the dates of their birth.  Answer. Sup Daughter Born Fib 24 /8/1
•
Date of reply, June 3rd 1898 Sincoln & Willemann 1898
Date of Tepry,



### The Communwealth of Massachusetts

#### PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

#### AFFIDAVIT.

State at Massathuseus, (8	'S.	
In the matter of the claim for of Georgianna A. Webber, widow of Massachusetts,	_	Hyde Park,
of CompanyBRegiment	ll Mass. Inf.	Vols.:
Personally came before me, a		
aforesaid County and State, Charles	Webber aged	and
Mabel R NEStre aged 6	, resident of Chelsea	<i>(</i>
in the County of Suffolk	, State of Massachusetts	, who being
duly sworn, declare in relation to aforesaid claim	•	
That we have known the soldier,		****
A. Webber for $\checkmark \sigma$ yea		
We personally know that Lin	,	•
and that was to Georgianna A. Wi Webber and the said claimant, Ge		
divorced. The said Lincoln E. W		
in Nov 1016		*
	that the said soldier, Linco	oln E.
Webber, and the said claimant, Ge		
husband and wife up to the date	of Lincoln E. Webber's death	1,
Wid. Orig. 1,067,233. Georg	ianna A. Webber; Lincoln E.	Webber,
Co. B, 11 Mass. Inf.		
	he above facts are as follow	
A Elder brother, livi		
of age soon after enlist	ing and at conclusion	of server
although living in differen	taties we visited on	Harfe.
I have known him	20'011	20000
to his death,	· · · · · · · · · · · · · · · · · · ·	a up
po an asam	Mabel R. Wabben.	* .
romania and antique de la compania del compania del compania de la compania del compania del compania de la compania del c	and the second s	
We further declare that we have	no interest in said claim, and are no	t concerned
in its prosecution.		2
	Affiant's Signature, Charles & P. O. Address, Chelsea A	Wester.
(i)	lo lo	
A FAR E	P. O. Address, Willsea /V	raco
635, 9	Affiant's Signature, Mabel Re	Wahler
Attest—when any affiant signs we MARK two florings sign here		
	P. O. Address, Chelsea V	laste
5-21-1912. 5,000.		Sover 3

Sworn	to and subscribed before me this day by the above-named affiant of	(Here insert affiant's name or names
Charles	to and subscribed before me, this day by the above-named affiant &	and I certify that I read
said aff	fidavit to said affiants, and acquainted with its contents being	fore They executed the same
Ιf	further certify that I am in no wise interested in said claim, nor am I	concerned in its prosecution
W	itness my hand and official seal this day of day of	October 1916
	Sign here Genge J. M. Hayes	. May rulling

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.



CLAIM FOR

Wid. Orig. 1,067,233

Georgianna A. Webber

AFFIDAVIT OF

MANU & MAMURINAL

FILED BY

FILED BY

STAIL HOUSE,
BOSTON, ... MASS.

YEAR 1875 Vol. 274 PAGE 93 No. 166

## The Commonwealth of Massachusetts

### Office of the Secretary.

Boston,	June 1st,	1916.
,	,	

I Hereby Certify That the DEATH of Lavid H. Wilson
of Tall River, born at Tall River, { son of daughter of} Jole J.
and Deborah ( — ) Wilson, aged 39 yrs., 5 mos., 6 days,
who died at Fall River, on the 24 th day of February,
in the year 1875, of Typhoid Tever,
appears of record in this office by duly attested Return of the Clerk
of the City of Fall River for that year.

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

SECRETARY OF THE COMMONWEALTH.



#### STATE OF MAINE

County of Sagadahoc, ss.

Be it known, that on this thirty-first day of August, 1916, before me, Edward W. Bridgham, a Notary Public for the State of Maine, residing in the City of Bath, in said County, duly commissioned and sworn, and by law authorized to administer oaths and affirmations, personally appeared Mary H. Todd of Fall River, in the County of Bristol, and Commonwealth of Massachusetts, to me well known, and known to be the person she represents herself to be, and who, being by me duly sworn, did make the following affidavit by her subscribed:

That on February 24, 1875, David H. Wilson, former husband of Georgianna A. Webber, and brother of the affiant, died of typhus fever in the City of Fall River, in the County of Bristol and Commonwealth of Massachusetts, and that I attended the funeral of my said brother, David H. Wilson, on or about February 26, 1875.

I further depose and say that my age is sixty-eight years, and my home is at 3248 North Main Street, Fall River, Massachusetts.

Means of knowledge of the above testimony, being a sister of the said David H. Wilson, and having often visited them, and my relations were friendly with them during their married life.

Soldier's name, Lincoln E. Webber, Company B,

ll Mass. Inf. Wid. Orig. 1,067,233.

Many H. Toold

Reproduced at the National Archives

I further declare that I have no interest in said claim, and am not concerned in its presecution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of office the day and year first above written.

Notary Public



produced at the National Archives

blaim for Hid. Orig. 1,067233 Georgianna a Webber

Affidavit y Mary Ho, Godd

#### Death Registered in the City of Fall River, State of Massachusetts, United States of America

	$_{Number}$ /66	
	Date of Death February 24, 1875	
	Name David H. Wilson	
	SexU	
	color_Wh.	
	Condition Married	
	Age: Years 39 Months 5 Days 6	
	Disease or cause of death Typlioid Lever.	
	Residence Steep Brook Fall River.	
	Place of Death_ Fall River	
. ·	Place of burial_ Certy Ground.	•
	Occupation_ Fisherman	
	Birthplace Fall River	
	Name of father Job V.	
	Name of mother Deborali	
	Birthplace of father Fall River	
	Birthplace of mother Fall River	
	Date of record March 1, 1875.	
I.	John Crowther, of the City of Fall River, in Th	e Commonwealth
of Massachusetts,	, do hereby certify that I am the	
care and custod	By of the Books of Records belonging to the said City, and that $I$ find recorded in one of	the said Books
the Death of	David H. Wilson	<del></del>
of which record.	the above is a true copy.	
In witness	s whereof I have hereto affixed the seal of the said City of Fall River, this	
day of	ptember 1. D./1916.	
	Attest:	
	the torowther	City Chert

Reproduced at the National Archives:

Mid. Orig. 1,067, 233.

Georgianna a. Frebber

### The Commonwealth of Massachusetts

#### PENSION DEPARTMENT,

STATE HOUSE, BOSTON.

	AFFIDAVIT.	•
STATE OF MAINE SHAPE AFRICATION (S	SS.	
County of Sagadahoc,		
In the matter of the claim for wic	low's pension	
of Georgianna A. Webber,	widow of Lincoln E.	Webber, late
of Hyde Park, Massachusetts		
of Company B Regiment	ll Mass. Inf.	XXXXX
Personally came before me, a	tary Public	in and for
aforesaid County and State, Mar	y H. Todd	aged68 and
ageda	, resident of Fall	River
in the County of Bristol	, State of Massachuset	ts , who being
duly sworn, declare in relation to aforesaid claimed That I have known the claim	-	lebber. widow of
Lincoln E. Webber for approxima	-	
being twenty-nine years of age	•	
I personally know that the		
before her marriage to Lincoln		
married David H. Wilson in Septe	-	
Wilson, who was my brother, died		· ·
I further depose and say the	nat I was personally	acquainted
with both the claimant and Linco		
were never divorced, and I visi	7	
they lived together as husband	<del>-</del>	
death which was in May, 1916.		£
I also wish to state that address is 3248 North Main Street		
my means of knowledge to the abo	ove facts are as foll	.ows:
That I was personally acqua	ainted with both the	claimant and
soldier, and during their marr	ied life, I often vis	ited their
house to see my niece who live:	s with them.	
Wid. Orig. 1,067,233. Geor	rgianna A. Webber, Co	. B. 11 Mass.
Inf.		
T hove		
I further declare that I have	no interest in said claim, ar	id am not concerned
in its prosecution.		011 Å
land Ho Contin	Affiant's Signature, Many	y Fredel
Lundo Ho Curtis dward H. Tridgham	P. O. Address, 3248 North Mann St.	Fall Roses Mass
)	· /	
Attest—when any affiant signs by MARK two persons sign here.	Affiant's Signature,	· · · · · · · · · · · · · · · · · · ·

5-21-1912. 5,000.

Sworn to and subscribed before me this day by the above-named affiant	(Here insert affiant's name or names.)  Mary H. Todd
	; and I certify that I read
said affidavit to said affiant , and acquainted all with its contents	before executed the same
I further certify that I am in no wise interested in said claim, nor a	
Witness my hand and official seal this first day of Sign here.	September 1916.
Sign here	
	Hotary Inble

This affidavit may be executed by any officer authorized to administer oaths for general purposes in the State, city or county where said officer resides. If such officer has a seal and uses it upon such paper, no certificate of a county clerk or clerk of a court shall be necessary; but when no seal is used by the officer taking such affidavit, then a clerk of a court of record, or a county or city clerk, shall affix his official seal thereto, and shall certify to the signature and official character of said officer.

LAIM FOR
Vaid Chip. 1067233

AFFIDAVIT OF

May H. Jord

PENSION DEPARTMEN

STATE HOUS

#### THE COMMONWEALTH OF MASSACHUSETTS

PENSION DEPARTMENT State House, Boston.

AFFIDAVIT.

STATE OF MASSACHUSETTS, ) ss COUNTY OF BRISTOL )

Reproduced at the National Archives

In the matter of the claim for widow's pension of Georgianna A. Webber, widow of Lincoln E. Webber, late of Hyde Park, Massachusetts, of Company B, Regiment 11 Mass. Inf. Vols.:

Personally came before me, a Notary Public in and for aforesaid County and State, Nellie Clough aged Sith three resident of Fall River, in the County of Bristol and State of Massachusetts, who being duly sworn, declares in relation to aforesaid claim, as follows:-

That I have known the claimant, Georgianna A. Webber, widow of Lincoln E. Webber, for approximately forty form years. I personally know that the claimant was only married once before her marriage to Lincoln E. Webber, she having previously married David H. Wilson, in September, 1870.

The said David H. Wilson died about February 24, 1875.

I further depose and say that I was personally acquainted with both the claimant, Georgianna A. Webber, and Lincoln E. Webber, her husband, and to the best of my knowledge and belief, the said Lincoln E. Webber and Georgianna A. Webber were never divorced, and they lived together as husband and wife to the date of Lincoln E. Webber's death, which was in May, 1916.

I also wish to state that my age is 63 years, and my address is 18 William Street, Fall River, Massachusetts. Wid. Orig. 1,067,233, Georgianna A. Webber, Soldier's name Lincoln E. Webber, Co. B. 11 Mass. Inf.

E.



Reproduced at the National Archives

My means of knowledge of the aforementioned facts are as follows:-

Ilines mean them in Face Run until they mind to Hyde Parkand I kept in touch with their art all pines since that turns until him. Weller's death.

I further declare that I have no interest in said claim, and am not concerned in its prosecution.

Affiant's Signature, Mili Albays

P. O. Address 18 Misland St.

Jace Pin mais

Subscribed and serom to

Defore me

Dans P. Radnsky

Working public.

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Elaim for Hid. Arig. 1,067,233 Surganna a. Huster

Affidavit og Kellie blorgh