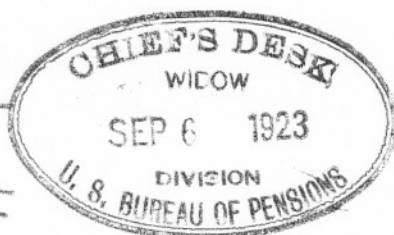


JOSEPH DONOVAN  
OF MASS. BAR AND ALBERTA BAR  
DANIEL OWEN, K.C.  
OF THE NOVA SCOTIA BAR

M. KLUBOCK  
OF THE MASS. BAR

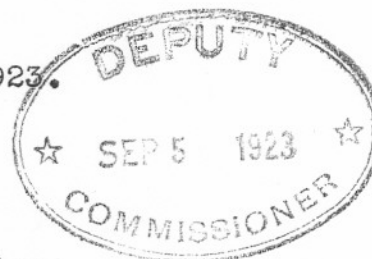
DONOVAN & OWEN  
CORPORATION COUNSEL

NEW YORK OFFICE, 321 BROADWAY  
BOSTON OFFICE, 84 STATE STREET  
SUITE 523-526



BOSTON, MASS.

September 4, 1923.



Hays Haymaker, Esq.,  
Pension Department,  
Washington, D.C.

Re: Widow Division  
W.O. 1204417  
Ora A. Willis  
Edward Willis

Dear Sir:

In compliance with the requests  
contained in your letter of July please find  
enclosed such information.

This really is the best that I can  
do and sincerely trust that this will complete  
the matter.

Awaiting your reply, which I hope will  
be favorable I am

Respectfully yours.

*Mildred Willis*

P.S. You no doubt are "acquainted" with our New  
England winters, if so you will appreciate the fact  
that I am very desirous of obtaining the pension for  
my grandmother before cold weather sets in.

JOHN JACOB ROGERS  
5TH DISTRICT MASSACHUSETTS  
COMMITTEE ON FOREIGN AFFAIRS

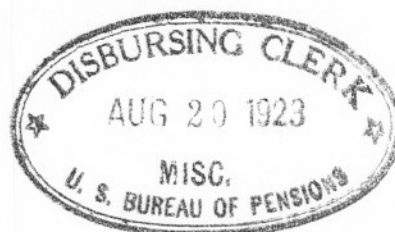
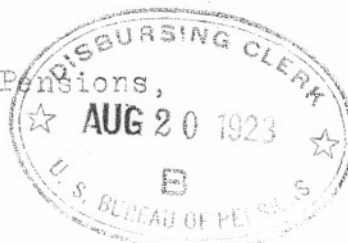
DONALD W. MACLEAN  
M. G. BIGGERSTAFF  
SECRETARIES

**Congress of the United States**  
**House of Representatives**  
**Washington, D. C.**

Lowell, Mass., August 17, 1923.

Commissioner of Pensions,  
Washington, D.C.

Dear Sir:



One of my constituents writes me as follows:

"Edward Willis, late Private, Co. B, 11th Maine Infantry (Civil War), died at his home in South Acton, Mass., March 25, 1923.

"His pension check for the month of March had been received in due time at the local post office and his wife could not leave him unattended to go after it, so that at the time of his death his check for \$50, which had arrived while the pensioner was still alive but not able to call for it, was returned to the Bureau of Pensions by the postmaster, who understood that course to be his duty. The widow, Mrs. Ora A. Willis, has filed a claim for pension which, if granted, will entitle her to receive such sum as may have been due her husband at time of death as 'accrued pension.' But she is a poor woman, and needs all that is due her, and it seems almost a needless hardship for her to be compelled to await the adjudication of the pending claim, which, owing to the destruction of material records by fire and otherwise, bids fair to involve a longer period than the average cases wherein records are intact and material witnesses still living and accessible.

"The certificate number under which the \$50 check in question was issued is 1052952. Would it be possible to have that check, of which the widow was deprived by the fact that no one was able to take it from the post office, returned to the widow in some form that will be negotiable by her?

"If not, would it come to her without formal application if and when her claim for pension is allowed? The number of her claim is W.O. 1204417."

Kindly advise me at Lowell, Mass., concerning this inquiry.

Sincerely yours,

*John Jacob Rogers*

4/4/23  
8498644-50  
canceled

FINANCE DIVISION  
BUREAU OF PENSIONS  
AUG 20 1923  
Congressional Desk



*wid. Sub.*

M. M. WILLIS  
ATTORNEY AT LAW  
44 SCHOOL STREET  
BOSTON

TELEPHONE  
LAFAYETTE 0021

December 29, 1933.

Director of Pensions  
Veterans Administration  
Washington, D. C.

Dear Sir: Re: MBAB  
W.C.941,247 - Edward Willis



On December 15, 1933, you advised me that payments had been ordered released to me as guardian of Ora A. Willis. Although two weeks have elapsed since that time I have not received any payments.

It is very necessary that payments be received so that the ward and her estate may be taken care of.

Therefore, will you please advise me when I may expect to receive the payments, or to whom I should now write regarding speeding up payments.

Whatever you may do for me in this regard will be greatly appreciated.

Very truly yours,

*M. M. Willis*

MMW/w



FORM R-301

A true copy attested, Horace F. Tuttle  
 • MARGIN RESERVED FOR BINDING Town Clerk  
 N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		The Commonwealth of Massachusetts	
STANDARD CERTIFICATE OF DEATH		Acton	
1 PLACE OF DEATH		(City or town)	
County <u>Middlesex</u>	State <u>Mass.</u>	Registered No. <u>13</u>	
City or Town <u>Acton</u>		No. <u>Chadwick</u>	St. <u>      </u> Ward <u>      </u>
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME <u>Edward Willis</u>		(If in the Army or Navy of the United States, give rank, organization, etc.)	
(a) Residence. No. <u>Chadwick</u>		St. <u>      </u> Ward <u>      </u>	
(Usual place of abode)		(If non-resident give city or town and State)	
Length of residence in city or town where death occurred		years	months
		days	
How long in U. S., if of foreign birth?		years	months
		days	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ora. A. Willis</u>			
6 AGE	Years	Months	Days
<u>78</u>	<u>8</u>	<u>18</u>	<u>      </u>
If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.			
If STILLBORN, enter that fact here			
7 OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Laborer</u>			
(b) Name of employer <u>So. Acton Woven Co.</u>			
8 BIRTHPLACE (City) <u>Boston</u>			
(State or country) <u>Mass.</u>			
9 NAME OF FATHER <u>Ezra Willis</u>			
10 BIRTHPLACE OF FATHER (City) <u>Cannot learn</u>			
(State or country)			
11 MAIDEN NAME OF MOTHER <u>"</u>			
12 BIRTHPLACE OF MOTHER (City) <u>"</u>			
(State or country)			
13 Informant <u>Mrs. Ora A. Willis</u>			
(Address) <u>So. Acton Mass.</u>			
14 Filed <u>Apr. 2, 1923</u>			
(Month) (Day) (Year)			
REGISTRAR			
20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.			
Official position		Date of issue of permit	Permit No.
MEDICAL CERTIFICATE OF DEATH			
15 DATE OF DEATH <u>March 25, 1923</u>			
(Month) (Day) (Year)			
16 I HEREBY CERTIFY, That I attended deceased from <u>March 21, 1923</u> , to <u>Mar 25, 1923</u> , that I last saw him alive on <u>Mar 25, 1923</u> , and that death occurred, on the date stated above, at <u>6 P. m.</u> The CAUSE OF DEATH was as follows: <u>Apoplexy</u>			
(duration) <u>      </u> yrs. <u>      </u> mos. <u>      </u> ds.			
CONTRIBUTORY (SECONDARY) (duration) <u>      </u> yrs. <u>      </u> mos. <u>      </u> ds.			
17 Where was disease contracted if not at place of death? <u>      </u>			
Did an operation precede death? <u>No</u> Date of <u>      </u>			
Was there an autopsy? <u>No</u>			
What test confirmed diagnosis? <u>      </u>			
(Signed) <u>Frank E. Tasker</u> , M.D.			
(Address) <u>West Acton Mass.</u>			
Date <u>Mar 27, 1923</u>			
(Month) (Day) (Year)			
18 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Woodlawn</u>		DATE OF BURIAL <u>Mar 28, 1923</u>	
(Cemetery)		(City or town)	
19 UNDERTAKER <u>Orrin S. Fowler</u>		ADDRESS <u>24 Concord St. Maynard</u>	





# VETERANS ADMINISTRATION

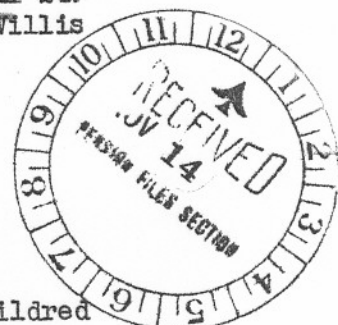
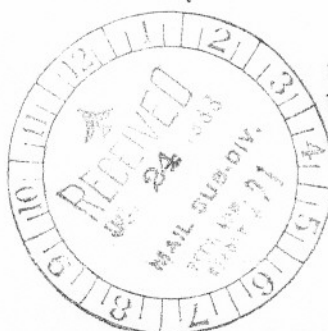
Room 730, Federal Building,  
Post Office Sq., Boston, Mass.  
October 20, 1933.

YOUR FILE REFERENCE: MBAB

IN REPLY REFER TO: CA-13.0

Director of Pensions,  
Veterans' Administration,  
Arlington Building,  
Washington, D. C.

WILLIS, Edward  
W. C. 941 247  
Ora A. Willis



Dear Sir:

A communication has been received from Miss Mildred M. Willis, guardian of Ora A. Willis, requesting that payments due her ward be released as expeditiously as possible as this incompetent person is urgently in need of funds.

The undersigned will appreciate your courtesy in giving the matter of the release of payments in this case immediate attention.

By direction,

*Thomas C. Quinn*  
Thomas C. Quinn,  
Acting Chief Attorney,  
Boston, Massachusetts.

UNITED STATES POST OFFICE  
South Acton, Mass.  
W.B. Currier, Postmaster

Veterans Administration  
Office of Disbursing Clerk  
Washington, D.C.

July 20, 1933



Dear Sir:

The pension check addressed to Ora A. Willis, widow, 941247, South Acton, Mass. for the month of June, received here July 4, 1933, is being held at this office, because the mental condition of Mrs. Willis is such, that the Selectmen and Board of Public Welfare have been obliged to take charge of her case.

Have conferred with them in the matter.  
Awaiting your instruction,

Respectfully yours,

*W.B. Currier*  
Postmaster.

*copy*

N.C. 941 247  
(J-9-30, #40)

M. M. WILLIS  
ATTORNEY AT LAW  
44 SCHOOL STREET  
BOSTON, MASS.

TELEPHONES  
LAFAYETTE 0021  
BELMONT 2357-R

August 11, 1933.

Treasury Department,  
Washington,  
D.C.

Gentlemen: Attention Department Pensions of  
Widows of Civil War Veterans

Re: Ora Anna Willis, So. Acton, Mass.

I was on July 25, 1933, appointed guardian of the above person by the Probate Court in and for the County of Middlesex and Commonwealth of Massachusetts.

Will you kindly advise me just what proof of appointment and other requirements necessary in order that I may receive as guardian for Ora Anna Willis pension she is receiving from the Government as a widow of a civil war veteran.

I understand from the Postmaster at South Acton that pension checks for both July and August are at that office, awaiting advice regarding forwarding same to me.

Thanking you for your prompt attention to this matter, I am,

Very truly yours,

M. M. Willis

*Chapman*  
10/5/33

MMW/w



# GENERAL AFFIDAVIT.

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

STATE OF *Massachusetts* }  
COUNTY OF *Middlesex* } ss.

In the matter of the claim for *pension*  
of *Edward Willis*  
late of Company *B*, *11th* Regiment, *Maine Mass Heavy Artillery* Volunteers.  
and Company *H*. *3rd*  
Personally came before me, a *Notary Public* in and for aforesaid County  
and State, *Edward Willis Claimant*, aged *55* years,  
and \_\_\_\_\_, aged \_\_\_\_\_ years,  
resident of *Acton*, in the County of *Middlesex*, State of  
*Massachusetts*, who being duly sworn, declare in relation to aforesaid case, as follows:

That he enlisted in Company B. 11th Maine Regiment  
October 29th A.D. 1861. and reenlisted in  
Company H. Third Mass Heavy Artillery and was  
discharged September 11th A.D. 1865. and further  
declares that he had not served in the military  
or naval service of the United States prior  
to said enlistment of October 29th A.D. 1861 or  
since said discharge of September 11th A.D. 1865  
This statement or testimony was written down  
at my dictation by Charles B. Stone Notary  
Public and in so doing I was not prompted  
by any verbal, written, or printed statement  
relating thereto. at West Acton Mass on the  
second day of November A.D. 1895

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

Affiant's Signature,

P. O. Address,

Affiant's Signature,

P. O. Address,

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

*Eastern* Division.

# Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Oct. 29, 1895.

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history

(Descriptive list.)

of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

No other report on file

Claim No. 1123644

Name, *Edward Willis*  
Co. H, 3d Regt. Mass. V. H. A.  
Co. B, 11th Regt. Me. V. Inf.

Commissioner.

Address, "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

## Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

*Edward Willis.*

Co. B, 11th Regt. Me. Inf.  
was enrolled October 24, 1861,  
and discharged Aug 12, 1862,

From *enl.*, 1861, to *dis.*, 1862,  
he held the rank of *Private*.

and during that period the rolls show him present  
except as follows *June 30, 1862*  
*Absent sick.*

*Edward Willis.*

12th Mass. H. A. Co. Mass. H. A.  
Sub. Co. H. 3. Mass. H. A.  
was enrolled Oct 24, 1861,  
and M.O. with Co. Sept 17,  
1865.

Promoted - to M.O. -  
he held the rank of *Private*.

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

Aug 31, 1865. Absent ret. as  
sick at H. A. Co. Sept of this  
year. O.O. 170. dated July 16, 65.

The medical records show him treated as follows:  
as *E. Willis*, Priv. Co. B. 11  
Maine Vols. June 3 to 19, 62,  
Diarrhoea; as *Edward*  
*Willis*, Fe. June 21 to  
July 17, 62, Diarrhoea, re-  
turned to duty as Priv.  
12 Co Mass H. Art. im-  
attached Jan 8 to 28, 64.  
Chancres & Bronchitis,  
returned to duty April 1  
to 6, 64 Bronchitis returned  
to duty.  
Nothing additional  
found;

Amended in A.R.O.  
10 1914



By Authority of the Secretary of War:

*W. A. Mumford*  
Colonel, U. S. Army, Chief of Office.

Per *Wm*  
Washington, D. C., OCT 30 1895

(COMMISSIONER OF PENSIONS.)





[Act of June 27, 1890.]

## Commonwealth of Massachusetts.

PENSION DEPARTMENT,  
BOSTON.

## DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be certified by a Clerk of a Court of Record, or a City or County Clerk, provided said Certificate is not already on file in the Pension Office at Washington.

State of Massachusetts,

County of Middlesex

} ss.

On this 26<sup>th</sup> day of December, A.D. one thousand eight hundred and ninety-six 43  
 personally appeared before me, a Notary Public  
 within and for the county and State aforesaid, Edward Willis  
 aged 53 years, a resident of the town of Acton, county  
 of Middlesex, State of Mass, who, being duly sworn according  
 to law, declares that he is the identical Edward Willis who was  
 ENROLLED on the 29<sup>th</sup> day of October, 1861, in Co B.  
11<sup>th</sup> Regt Mass Vol Infantry  
 [Here state rank, company, and regi-  
 ment in military service, or vessel, if in the Navy.]

in the service of the United States,  
 in the war of the Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at  
Augusta Me, on the 12<sup>th</sup> day of August  
 1862. That he is unable to earn a support by reason of  
Rheumatism - Varicose Veins -  
"Deaf as a bad dock"  
 [Here name the diseases or injuries from  
 which disabled.]

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief per-  
 manent. That he has applied for a pension under application No. 1123644. ~~That he is~~  
~~a pensioner under certificate No.~~

[If a pensioner, the certificate number need only be given; if not, give the number of the former application, if one was made.]

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under  
 the provisions of the act of June 27, 1890.

That he has been employed in the military or naval service otherwise than as stated above  
Private Co No. 3<sup>rd</sup> Regt Mass Heavy Artillery Enlisted October 24<sup>th</sup>  
1863 Discharged September 28<sup>th</sup> 1865  
 [If in the service prior or subsequent to that above described, state what the service was, and the dates when it commenced and ended.]

He hereby appoints J. B. PARSONS, State Pension Agent of Massachusetts, Boston, his true and lawful  
 attorney to prosecute his claim (without fee); that his post-office address is

South Acton, county of Middlesex  
 State of Mass

ATTEST:

Edward Willis  
 [Claimant's signature.]

FORM R-301

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

## STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town)  
County Middlesex State Mass. Registered No. 13  
City or Town Acton No. South Acton St.  Ward   
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME I Edward Willis (If in the Army or Navy of the United States, give rank, organization, etc.)  
(a) Residence. No. Chadwick St.  Ward   
(Usual place of abode) (If non-resident give city or town and State)  
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

## PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced  
HUSBAND of Ora. A. Willis  
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.  
78 8 18

If STILLBORN, enter that fact here

## 7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labour  
(b) Name of employer S. Acton Woolen Co

8 BIRTHPLACE (City)  
(State or country)Boston9 NAME OF FATHER Egna. Willis10 BIRTHPLACE OF FATHER (City)  
(State or country)cannot learn11 MAIDEN NAME OF MOTHER cannot learn12 BIRTHPLACE OF MOTHER (City)  
(State or country)cannot learn13 Informant Mrs Ora A Willis  
(Address) South Acton14 Filed Apr. 2 1923 Horace F Tuttle  
(Month) (Day) (Year) REGISTRAR

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

## MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 25 1923  
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 21, 1923, to March 25, 1923,  
that I last saw him alive on March 25, 1923,  
and that death occurred, on the date stated above, at 6 A. M.  
The CAUSE OF DEATH was as follows:

Apoplexy(duration) yrs. mos. ds. 5CONTRIBUTORY  
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted  
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

## What test confirmed diagnosis?

(Signed) Frank E Tasker, M.D.(Address) West Acton, MassDate March 27 1923  
(Month) (Day) (Year)

## 18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn. Acton  
(Cemetery) (City or town)

## DATE OF BURIAL

Mar 28 1923

## 19 UNDERTAKER

Orin S. Fowler

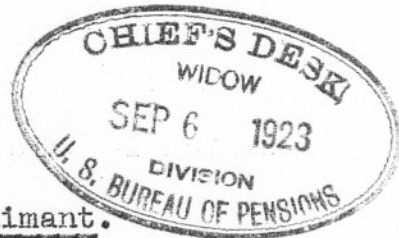
## ADDRESS

24 Concord St  
MaynardOfficial  
positionDate of  
issue  
of permitPermit  
No.

12-22. 100,000. 3567.

A true copy attested. Horace F Tuttle Town Clerk of  
MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Widow Division  
 W.O.1204417  
 Ora A. Willis  
 Edward Willis  
 B. 11 Me. Inf.



Facts Concerning Soldier and Claimant.

Mr. Edward Willis moved from Hallowell Maine to Lewiston, Maine and there met the claimant, therefore the claimant knew very little about the deceased soldier's people. When they were married they left Maine and came to live with relatives in Massachusetts, and have only returned to Maine for visits.



This was nearly fifty years ago, today practically all of their friends and relatives have "passed on". For example; the week that we sent to Mrs. Brann, the signer of the enclosed affidavit's for information, she buried her husband. A few weeks later my grandmothers (the claimant) aunt who lived in Maine all her life and who could have supplied some information died.

You will recall that I sent you the affidavit of two people who have known my grandmother and grandfather ever since they lived in the town of Acton, Mass., if you desire any more information in this line I can secure it, but I believe that I have quite exhausted the supply of information obtainable in Maine.

As to securing an affidavit from two people who knew my grandfather between the time of the death of his first wife until the time he married my grandmother, would say that this is

(Over)

Absolutely impossible as my grandmother knows of no one that knew my grandfather at this time. I believe that you will understand the reason for this from the facts stated in this letter.





ACT OF MAY 11, 1912.

3-014.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Massachusetts, County of Middlesex, ss:  
 On this 29th day of May, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, Edward Willis who, being duly sworn according to law, declares that he is 68 years of age, and a resident of Acton, county of Middlesex, State of Mass.; and that he is the identical person who was ENROLLED at Augusta, Maine, under the name of Edward Willis, on the 29th day of October, 1861, as a Private, in Capt. Kimball's Co. B. 11th Reg. of Me. Vols.  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)  
 in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED by reason of surgeon's certificate of disability at Augusta, Me., on the 92th day of August, 1862.  
 That he also served Enrolled at Boston, Mass. on the 24th day of Oct. 1863 as a Private in Capt. Gung W. Purces Co. H. Third Reg. Mass. Hvy. Arty. and discharged at Washington, D. C. Sept. 18. 1865  
(Here give a complete statement of all other services, if any.)  
 That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, five feet seven inches; complexion, light; color of eyes, blue; color of hair, dark; that his occupation was Laborer; that he was born July 9., 1844, at Boston, Mass.

That his several places of residence since leaving the service have been as follows:  
Hallowell, Me. 1865 to 1867 - Lewiston, Me. 1867 to 1877  
South Acton, Mass. 1877 to date  
(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 1052952. That he has \_\_\_\_\_ applied for pension under original No. \_\_\_\_\_

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

That his post-office address is South Acton, county of Middlesex, State of Mass.

Attest: (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
Edward Willis  
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 29th day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_, added;

[L. S.]

Validly accepted  
S. A. Cuddy,  
 Chief, Law Division.  
 per HJ  
H. E. Cough  
(Signature.)  
Notary Public  
(Official character.)

A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

From: Widow Division  
 W.O.1204417  
 Ora A. Willis  
 Edward Willis  
 B 11 Me. Inf.

## II

### A F F I D A V I T

I, Sarah Brann of Auburn Maine, under oath do hereby depose and say that I was personally acquainted with and knew Mrs. Maria Pinkham Willis and Edward E. Willis, her husband. I was a nurse to Mrs. Maria Pinkham Willis at her fatal illness and was present at her death, which occurred in or about the year 1860 . That at the time of the death of Maria Pinkham Willis she was the wife of Edward E. Willis.

*Sarah Brann*  
 .....

STATE OF MAINE.

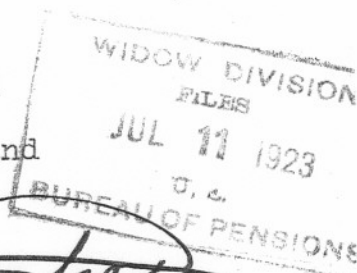
Androscoggin County SS.

June <sup>26</sup> 1923.

Then personally appeared the above named Sarah Brann to me personally known and made oath that the statements above subscribed by her are true to the best of her knowledge and belief.

*Frederick D. Crockett*  
 .....

Notary Public.



## Record of Marriages, — City of Lewiston

CHIEF'S DESK  
WIDOW  
SEP 6 1923  
U. S. BUREAU OF PENSIONS  
DIVISION  
\*Clerkman, Just

*W. J. [Signature]* Clerk of the City of Lewiston.