11

DECLARATION FOR PENSION.

	State of Mass, County of Middley, ss:
	On this 28th day of May , A. D. one thousand nine hundred and luceluf , personally
	appeared before me, a holour Tublic within and for the county and State aforesaid,
	who, being duly sworn according to law, declares that he is 72
	years of age, and a resident of Moynord, county of Muddlesse State of Moss.; and that he is the identical person who was ENROLLED at New Hower
	Cow, under the name of Lucius Dillisare,
	on the 19th day of afort ,1861, as a private , in Co B. 1st
((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
	at New Haver Cour, on the 31st day of July , 1861.
	That he also served in Co 13. 7 the Cour Val wy freque (Sept 7, 1861 6) (Here give a complete statement of all other privices, if any.)
~;	Dec. 11, 1862
NUMBER	That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal
Σ 2	description at enlistment was as follows: Height, 6 feet inches; complexion, Light; color of
Ы	eyes, Slue; color of hair, Seglet; that his occupation was Woolsonter; that he
CAT	was born Maufield Cum Mod. 11., 1834, at Mansfield Com
TIFIC	
ER.	That his several places of, residence since leaving the service have been as follows: Mausfied, Wellewarte,
日~	Hartford, Rockville, Coventry, Strangting Cum and Morgany, Mass
<u>S</u>	(State date of each change, as nearly as possible.) He hereby appoints F. A. BICKNELL, Commissioner of State Aid and Pensions, State House, Boston,
0	his true and lawful attorney to prosecute his claim (without fee);
7	That he is a pensioner under certificate No. 25 / 5 . That he has applied for pension under original No. 25 75 75.
FA	That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of
NOT	the act of May 11, 1912. Q b. St. May
	State of hose.
00	Attest: (1) Lings & present Louis Dollars
PENSIONER,	(2) Churles & Holman (Claimant's signature in full.)
SIO	SUBSCRIBED and sworn to before me this 2 ddy of Moy, A. D. 191 , and I hereby
EN	certify that the contents of the above declaration were fully made known and explained to the applicant
4	[L. S.] erased, and the words , added;
<u>L</u>	and that I have no interest, direct or indirect, in the prosecution of this claim.
	and a Howard W. Wester
	1 3012 Violary Ouble
	(Official character.)
	OFFI

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.
State of Mass.
County of Meddlesey 88.
On this 15th day of November A. D. one thousand nine hundred and wine
personally appeared before me, a Motory public within and for the county
and State aforesaid, Jucius D. Hollson, who, being duly sworn according to law,
declares that he is 70 years of age, and a resident of Maynors
county of Muddlesy, State of Maskochustt; and that he is the
identical person who was inrolled at Yortford, Com. under the name of
ducius D. Wilson , on the 19th day of aprif , 186/,
as a private, in Co, B, 1st Reg. Comb, ol. (Here state rank, and compony and regiment in the Army, or vessels if in the Navy.)
in the service of the United States, in the war, and was Honorably Discharged
at New Hoven Com. (State name of war, Civil or Mexican.) , on the 3/st day of July , 18.6/
That he also served as Serg, Co B, 7th Com Oof - Enrolled on
The day of Sept. 9. D. 1861 and was known discharged at
Beaution So, Corolina the 11th day of Dec. 9. D. 1862,
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,
complexion, diglet; color of eyes, blue; color of hair, light; that his occu-
pation was wood sorter; that he was born Thoughild not 1/4, 1839,
That his several places of residence since leaving the service have been as follows: Maurfuld Conv.
Tockville Com. Stoney ty Com, Covertry Com, Bloomfull, Com
Hartford, Com. Mausfield Com, Willimoutic Com. Maynord, Mass sing
That he isa pensioner. That he has heretofore applied for pension
(Va pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)
That he makes this declaration for the purpose of being placed on the pension roll of the United
States under the provisions of the act-of February 6, 1907.
That his post-office address is try and country of headlessy,
Lucy & Wilson
Attest: (1) One word strickey out (Claimant's signature in full.)
(2) and one written over crosul
Also personally appeared Jorl Bullirworth, residing in Maynaid Mass
and ames Carney , residing in Maynard Mast, 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 Lucius & Wilson , 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 29 years and 32 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.
bel Butterworth
Dames Corner
(Signatures of witnesses.)
SUBSCRIBED and sworn to before me this 16 = day of November , A. D. 190 9,
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.
including the words , erased, [L. s.] and the words , added;
and that I have no interest, direct or indirect, in the prosecution of this claim.
PEGE 100 1 1 1/2 A. R.
(Signature)
6-800 Motary Public (Omcial gharacter,)
(Onicial guaracter.)

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Mo	22,
County of Mid	
	ay of February, A. D. one thousand nine hundred and sever,
personally appeared hef	ore me, a Notary Public within and for the county
	rcius D. Hillson, who, being duly sworn according to law,
	years of age, and a resident of Maynard
	esef, State of Massa ; and that he is the
identical person who wa	SEXPOLLED at Hartford, Com. under the name of
Lucius D.	1 lson, on the 19th day of April , 1861,
as a private	in Co. (3. First Deg. Curry, O of Sufacity (Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
	(Here state tana, and company and segment in the army, of teases it in the state, s.,
in the service of the Un	
at New How	(State name of war, Civil or Mexican.) on the 3/31 day of July , 1861
That he also served	certisting at Hortford on Supt, 7, 1861 in
Co. 13. Sem	ully Com. (Here give a complete statement of all other services, if affi) was Foundaly
Discharged as	Beaufort S.C. Del, 11, 1862 as Surgeaux
That he was not employ	yed in the military or naval service of the United States otherwise than as stated
	nal description at enlistment was as follows: Height, 6 feet inches;
complexion, Light	; color of eyes, blee ; color of hair, Light ; that his occu-
pation was whal	that he was born nov. 11, , 1839,
at Mausful	d Com.
That his several pla	ces of residence since leaving the service have been as follows: Pockvelle, Stonington, Wellimantie, Coventry,
Houtford C	(State date of each change, as nearly as possible.)
1)	
That he is a	pensioner. That he has heretofore applied for pension
	######################################
	, the certificate number only need be given. If not, give the number of the former application, if one was made.)
That he makes thi	s declaration for the purpose of being placed on the pension roll of the United
That he makes thi States under the provisi	s declaration for the purpose of being placed on the pension roll of the United
That he makes thi States under the provisi	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is Maynard, county of Middlesey,
That he makes thi States under the provise That his post-office	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is Maynard, county of Middlesey,
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That he makes this States under the provision That his post-office State of Massac Attest: (1)	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is Maynard, county of Middlesey, clustetts Cowyllia (Claimant's signature in full.)
That he makes thi States under the provision That his post-office State of	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is Maynard, county of Middlesey, clustetts Coughlie (Claimant's signature in full.) De fee peared B. J. Coughlie residing in Moynard
That he makes this States under the provision of the prov	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is Maynard, county of Middlesey, clustetts Cowglillo (Claimant's signature in full.) Peace of Googlillo (Claimant's signature in full.) Peace of Googlillo (Claimant's signature in full.) peared Googlillo (Claimant's signature in full.) peared Googlillo (Claimant's signature in full.)
That he makes this States under the provision of the prov	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is
That he makes this States under the provision of the foregoing declaration o	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is
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That he makes this States under the provision of the provision of the provision of the provision of the foregoing declaration of the foregoing declaration of the foregoing declaration of the foregoing declaration of the person he represents him	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is
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That he makes this States under the provision of the provision of the provision of the provision of the foregoing declaration of the foregoing declaration of the foregoing declaration of the foregoing declaration of the person he represents him	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is
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That he makes this States under the provision of the provision of the provision of the provision of the foregoing declaration of the	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is
That he makes this States under the provision of the provision of the provision of the provision of the foregoing declaration of the	s declaration for the purpose of being placed on the pension roll of the United ions of the act of February 6, 1907. address is

Commonwealth of Massachusetts/

On this sixteenth day of December A. D. one thousand nine hundred and four personally appeared before me, a Notary Public within and for the County and State afore—said, Lucius D. Wilson aged sixty five years, who being duly sworn according to law, declares that the bible exhibited to me was given him by his mother and that he was told by her that the record of his birth therein contained was a true record of the date of his birth.

Hitres

P. H. Defee 2 F. Waren Lacins D Wilson

Swornto and subscribed before me this sixteenth day of December A D. 1904, and I hereby certify that the contents of the above declaration etc. were fully made known and explained to the claimant before swearing; and that I have no interest, direct or indirect, in the presecution of this claim.

And I further certify that the following is a true copy of the record of birth exhibited to me by the said Lucius D. Wilson, and that the same was written in a large family bible with other family records.

" Lucius D. Wilson born November the 11,1839."

J. 21 S.)

Doward A. Wilsen

Notary Public.

4 1

C. Lept	extment of the Interior,
Name Lucius & Milson	BUREAU OF PENSIONS,
Wa	shington, D. C., January 15 , 1898.
SIR:	, 1890.
In forwarding to the pension ag	ent the executed voucher for your next
quarterly payment please favor me	by returning this circular to him with
replies to the questions enumerated by	elow.
. Veru resp	
Lucius I Wilson	Hohy Evan H.
Bey 262 Mayriard	Commissioner of Pensions.
Mod Dix Co. Ina	
Answer. Jes. Martha Second. When, where, and by whom were you Answer. Loc. 1-4 1864, Will Third. What record of marriage exists? Answer. Locatificati	
Fourth. Were you previously married? If so date and place of her death or divorce.	o, please state the name of your former wife and the
Answer, NO	
Answer. Howard libbott	Please state their names and the dates of their birth. Wilson born Freb. 16th 1874 1. Lefa. 274 1877
	Lacios & Milson
Date of reply, June 4, 189%	(Signature.) 0-8 5301b750m1-98

OF THE UNITED STATES

CERTIFICATE OF DISABILITY FOR DISCHARGE.
(Tybe used, in duplicate, in all cases of discharge on account of disability.)
Tengellin Lucius D. Wilson of Captain Theodere.
Burlicks Company, (B) of the Seventh Regiment of United States
of the common of
the Sweethe Regiment of Com Pals at New Waren
on the day of September 186/, to serve 3 years; he was born
in Mans full in the State of Connecticut is Fronty one
years of age, Six feet I inches high, Light complexion, Blue eyes,
Light hair, and by occupation when enlisted a Wool Sorler During the last two Three
months said soldier has been unfit for duty 92 days. (Here consult directions on Form 12, p, 269, Medical Dept. Gen. Reg.)
Whiley on fames Island he contracted a cough lever pince
it has continued and every few ways he has bein allacked with fever and Jadarshias which would confine
him to quarters several days in succession.
fum to quarres for
STATION: Transact So. la.
Now 14th 1060 Chevelore Burdier
Baptain 1 - Commanding Company.
I CERTIFY, that I have carefully examined the said Sergeant Leucius & Wilson of
Captain J. Burelicks Company, and find him incapable of performing the duties of a soldier
because of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.) Phthisis Pulmonalis.
The disease affrand while the regiment was upon James Island
about the set of hime Gach time be has been on award and
has been attacked with fiver severe cough and diarrhea their unable to wear his equipments withint producing severe dearrhea. He has been
to wear his equipments without producing fever diarrhea. Her has been
unfile for duty for the last three months. En Africe
Clair + actg. Surgeon. 7 = Com rol,
& P 10 10 P 2-100
DISCHARGED, this Cleventh day of December, 1862, at Beaufort, S.C.,
I H Ingw
Col 1 - Commanding the Post.
Nore 1.—When a probable case for pension, special care must be taken to state the degree of disability.
NOTE 2.—The place where the soldier desires to be addressed may be here added.

(DUPLICATES.)

hew Haven,

[CERTIFICATE OF DEATH]

Commonwealth of Massachusetts

Extract from the Records of Deaths in the

Town of Maynard Massarhusetts U.S.A.
Date of death October 10 1917 Name Lucius Dunham Wilson
Name Lucius Dunham Wilson
Maiden Name
Sex Male
Single, married or widowed Married
Color White
Age
Residence Maynard
Occupation Wool Sorter
Place of death Maynard
Place of birth Mansfield Conn.
Name of father Thomas Wilson
Birthplace of father Mendon Conn
Maiden name of mother Marcia Hilliard
Birthplace of mother Wansfield Conn
Disease or cause of death Cerebral apoplesty
Place of interment Glenwood Com. Maynard
This is to certify that I Frank 5- Sanderson PENSIC
7 This is to certify that 1 FEB
hold the office of Clerk of the Town of Sagrand.
County of Massachusetts; that the Records
of Deaths are in my possession, and that the above is a true extract, as certified by me.
WITNESS my hand and the seal of said Town on the 2/2/
day of February 19/8
day of 19/8
Elan la 17 thanks
Town Clerk

State of	Lonnecticut Bureau of COPY
Max	ringe License,
Town of the	llingten Germ
1. Groom's name Sucus La Wilsu	
2. Age 20, 1	2. Age 24
3. Color While	3. Color While
4. Occupation	4. Occupation
5. Birthplace { Town Mansfield	Town Willingler
State or Country Johnson	5. Birthplace State of Country
6. His residence / WMMULE	6. Her residence Willington
7. Single 2d-3d	Single 2d-3rd)
7. Single 2d-3d Widower Marriage	7. Widow 2d-3rd Divorced Marriage
8. Name of Father	8. Name of Father
9. Maiden name of Mother	9. Maiden name }
	of Mother \}, one of the persons named in this Marriage
License, do solemnly swear that the statements ther	
Sworn to before me thisday	Signed Signed
of19	Registrar
This Certifies, that the above-named partie	s have complied with the laws of Connecticut relating to a
marriage license.	
Dated 19 Attest:	
Town of	Registrar
Marri	age Certificate
I hereby Certify that Mr.	and
	the above-named parties, were
legally joined in marriage by me at	Town
day of Le EC 12t #1864	ned Rev. Hma Press
Address	fficial capacity
I certify that this is a true copy of the certificat Attest,	Har PR. Registrar.
Willington G 7/13.	1918

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 equested for future use, and it may be of great value to your widow or children. Use the inclosed elope, which requires no stamp.

Very respectfully,

LUCIUS D WILSON

MAYNARD MASS

257575 ACT MAY

32 BROOKS ST

SA Sachgab.

Commissioner.

23
1915

c 6-272

The name of organizations in which you served? No. 2. What was your post office at enlistment? Answer No. 3. State your wife's full name and her maiden name. No. 4. When, where, and by whom were you married? No. 5. Is there any official or church record of your marriage? 1000 Willen No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and death or divorce. If there was more than one previous marriage, let your answer include all former wives. 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 give name of the organization in which he served. answer include all former husbands. No. 9. State the names and dates of birth of all your children, living or dead. Date March, 20 th