

...OFFICE OF.

STATE AID DEPARTMENT

CITY GOVERNMENT BUILDING

LOWELL, MASS., June 7, 1917,

Widow's certificate number 574, 893	
Name of Soldier Eben F. Wood	
Service of Soldier Private les. & G. Regt.	All in a series of the series
Massachusotts Vol. Inf.	#h-

Commissioner of Pensions,
Washington, D. C.
Sir:-

I am pensioned under the above certificate number because of the service of the soldier named. I was not his wife during the period of his service in the Civil War.

I am seventy-two years of age, having been born

**Jovenness 4, 1844, at Dublin, Sew Hampshire.

I am entitled to the increase of pension under the first

section of the Act of September 8, 1916.

Mary-a wood.

12 South Loring St.

Sowers, Massachussetts.

Commonwealth of Plassachusetts.

___ CERTIFICATE OF DEATH.___

Cown of Actor Seb 13 1904.
J. Horace F Textile, hereby certify
that I have examined the Records of Deaths in said Town and find recorded
therein the death of Eben Frank. Wood
The record is in the following words and figures, to wit:
Date of Death, <u>Sec 17 1903</u>
Name & Surname of Deceased, Elen Frank Wood
Name & Surname of Husband,
Sex, male Color, Married
Age, 66 Years, 6 Months, Days.
Disease or Cause of Death, Locamoter ataxia
Contributing none Contributions of Backer, action
Residence, Actors (ENSIO)
Place of Death, Actor TT MAY
Place of Burial, Modlawn, Actor 2
Occupation, lainter 1904
Place of Birth,
Name & Birthplace of Father, Cheneger Wood. Lunenburg
Name & Birthplace of Mother, Liebe Flink Concord
I, Horace Hallettle above named, depose
and say, that I hold the office of Town Clerk of the Town of Action
in the County of Middle Sel
and Commonwealth of Massachusetts: that the Records of Births, Marriages and Deaths in said Town are in my custody, and that the above is a true.
extract from the Records of Deaths in said Town, as certified by me. Witness my hand and seal of the said Town
on the day and year first above written.
Hirace J. Suttle
Town Clerk.



City of Marlborough, Massachusetts.

COPY OF MARRIAGE RECORD.

FROM RECORDS OF MARRIAGES IN THE CITY OF MARLBOROUGH, MASSACHUSETTS.

GROOM.	BRIDE.
Name Eben F. Wood	Name Mary A. Greenwood
Color—White.	Coior—White.
Residence Natick, Mass.	Residence Marlborough, Mass.
Age 31 Years.	Age 23 Years.
Occupation Painter	Occupation
Place of Birth Acton, Mass.	Place of Birth Dublin, N.H.
Name of Father Ebeneser Wood	Name of Father Horatio Greenwood
Name of Mother Phebe Flint	Name of Mother Sophronia Wilson
	II .
First Marriage.	First Marriage.
I hereby certify that according named parties were married at	to the records in this office, the above Marlborough, Mass. On June 6,1868.
I hereby certify that according named parties were married at	to the records in this office, the above Marlborough, Mass.
I hereby certify that according named parties were married at	to the records in this office, the above Marlborough, Mass. On June 6,1868.
I hereby certify that according named parties were married at	to the records in this office, the above Marlborough, Mass. On June 6,1868. City Clerk.

Justice of the Peace.

ACT OF JUNE 27, 1890.

		Act of comme
	3-402.	BOSTON,
rtificate No 9 (F 6 2 0		at the Martanian
rtificate No. 162	eparimeni	of the Interior,
imo, oli (T. 1/ood	BUREAU	OF PENSIONS,
	TTC 7' of T	7 1008
	wasnington, D.	C., January 15 , 1898.
TR:		
In forwarding to the pension	n agent the exec	cuted voucher for your next
arterly payment please favor	me by returnin.	g this circular to him with
eplies to the questions enumerat	ted below.	
Vert	respectfully,	
, 31 9	25,255,	1 0
		Makubun Se
		Trong creary,
		Commissioner of Pensions.
First. Are you married? If so, please	state your wife's full n	ame and her maiden name.
Answer. Mary al Hood	of hon Marida	· Name May a Green w
Answer. It established	2	July 1
Second. When, where, and by whom we		. 1
Answer. Marred Herry	6# 1868 1	in Murlboro mass by
Allower.	A D	Day & P. P. Day
Third. What record of marriage exists	? me how	· Im borown
Answer. Marring (cirtifica	(E-
. 9		
Fourth. Were you previously married atteand place of her death or divorce.	? If so, please state	the name of your former wife and the
Answer. Old		
Fifth. Have you any children living?	If so, please state their	ir names and the dates of their birth.
Q'. 0 h	in the	- d l. 1. l. 9 2 4/10
Answer. The Flank III	anson If	and born July 23d 18
		. •
	***************************************	00 41
	7	Then I Wand
n 0 0		(Signature.)
1	100 54	

0-8

5301b750m1-98

Act of March 6, 1896.

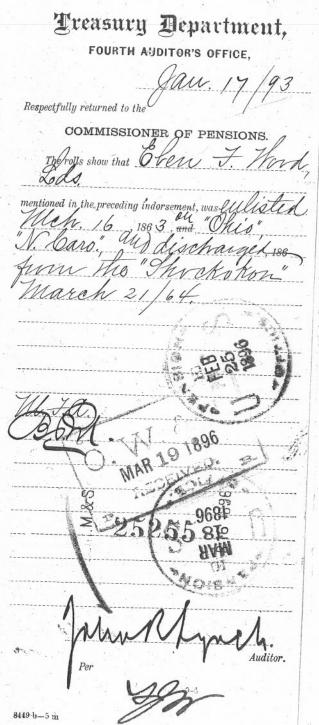
Get good, reliable witnesses, who can write, if possible.

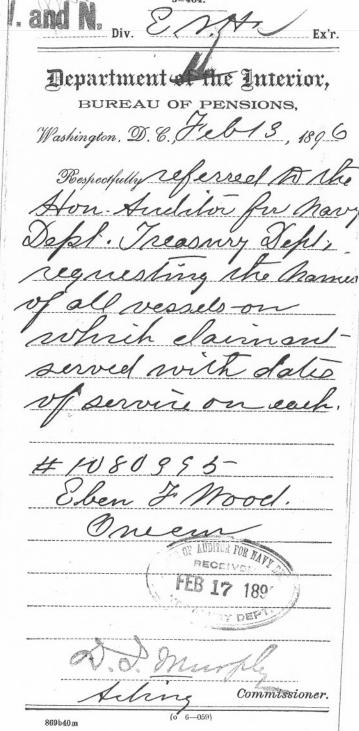
State of Mussachusetts
State of MUSICUMSEUS
County of Widdles of Ses. In the matter of Chew F. Soul & 6-6-Mars: for Pension
Personally came before, a Justice of the Personal in and for
aforesaid County and State. Mullianitel M. allen of South action (Names of witnesses, two or more.)
Muss aged 58 years-
who, being duly sworn, declares each in relation to aforesaid case as follows:
Thave been mere and intimately acquainted meter said claimant for 15 years and have
Seen him almost haily during are that how
Well acquainted with his physical condition
I well men that in 1890 he supposed from
The rheumatism and disease of liver and Moneys
and lost many days labor in consequence, In
my thinion he was disabled by these Frontles
from Gerforning manual lubor during this year
ableast one day in each meet on the average
having Several allacts which prevented him from
nonling for days at a time and at no time has
he able to do the non of an able bodied man
to His condition has remained about the Same
during luch your from 1890 to the present time
be and he has constantly complained of these
to houbles and I have well known that he
has been disabled as above stated during
lach ofsaid years -
(32)
(0 60 40)
0 287
12 10N /7/
Way /

TAKE NOTICE.

This affidavit should be from employer, neighbor, or fellow work man. It should state in clear and positive terms wheter your physical condition was when you first applied for pension, how you were then affected, what with, how often you were sick and the frequency and duration of such sick ness. It should show whether you were then able to earn a support by manual abor, and if not, the particular reasons why you were unable to All these facts should be stated with regard to the time when you first applied. Then your condition should be stated with regard to the same degree of particularity each year to the time when your started from, under the act of June 27, 1890.

THE HON. FOURTH AUDITOR.





REPRODUCED AT THE NATIONAL ARCHIVES Treasury Department 1896 AUDITOR FOR THE NAVY DEPARTMENT February 24, 189 Respectfully returned to COMMISSIONER OF PENSIONS. Eben T. Wood, Lds., enlis ed on the Ohio March 16/63 an served to April 10/63; on the North Carolina to May 22/63 a was discharged from the Shock okon as Lds. March 21/64. Auditor, Eben F. Wood, #1,080,395. A.