Box # 41.515

Cert. # 413,273

Matilda Burchfield
widow of
Samuel M. Burchfield

Act of June 27, 1890.

(3-231.)

No. 413.273.

Matilda Burchfield

WIDOW OF

Samuel M. Burchfield

Rank 2" Lieut Co. B.

Regt. 145. Pa vol Inft.

Pittsburgh Agency.

Rate per Month, $8

Commenci[illegible] Feb 7 1895

Additional sum of $2 per month for ~~each~~ ~~of~~ the following children, until arriving at the age of 16 years, commencing Feb 7 1895

Gra[illegible] [illegible]v 28 1897.

" 18 .

" 18 .

" 18 .

" 18 .

" 18 .

" 18 .

" 18 .

Issued Aug 17, 1895

Mailed " 21, 1895

Fee, $10

JUL 24 1923 : Ent. any W. W. compensation exp.

Entitled to $20 per month,
Commencing Sept. 8, 1916,
Under act of Sept. 8, 1916.
Age of Seventy years.

1916 [illegible]

Aug 6/23 - Vet. Bureau [illegible]

MMC

INCREASED TO $40 PER MONTH FROM
JUNE 4, 1928 - ACT MAY 23, 1928

M.F.

(3–230.)

INVALID. (Series ____)

Cert. No. 847089

Name, Samuel M. Burchfield

Rank, 2nd Lt.; Service, Co B 145th Pa. Vol Inf.

Agency. Original Roll: Pittsburgh

Transf'd ____, 18__, to ____

" ____, 18__, to ____

1 Issue. Class Reg Fee, $ 10 Entered

Issued Feb. 14, 1893

Mailed " 23, 1893

Rate and Period, $ 4, from Feb. 16, 1889

Ending July 20, 1890 by reason of allowance under Act of June 27, 1890

Deductions:

Disability: G.S.Wd. of head.

2 Issue. Class Add'l Fee, $ 10 Entered

Issued Feb. 14, 1893

Mailed " 23, 1893

Rate and Period, $ 6, from July 21, 1890

Act of June 27, 1890.

Deductions:

Disability: G.S.Wd. of head & rheumatism

Issue. Class Fee, $ Entered

Issued, ____, 18

Mailed ____, 18

Rate and Period, $ ____, from ____, 18

Wid 608.292 Mar 1st/95

Deductions:

Disability:

Issue. Class Fee, $ Entered

Issued ____, 18

Mailed ____, 18

Rate and Period, $ ____, from ____, 18

Deductions:

Disability:

ACCRUED PENSIONS SEC. [illegible]

Accrued-Pension Certificate and Order issued Aug. 17, 1895

(Pen. Ctf. and Voucher herew.

Payable to Wid.

Mailed Aug. 21, 1895

INDORSEMENTS.

See Wid Cf 413273

FILE CHARGE CARD

NAME Burkfield

S. O.

S. C.

W. O.

W. C. H/3273

Charged out of file.

2436 To C	Date	By
	APR 20 1936	
5-2-8	6	
Reinl	1	

Vet. Adm. Form 3052

VETERANS ADMINISTRATION
Adjudication Form 521
Rev. Sept. 1935

READY FOR
FILE
APR 28 1936
DEPENDENTS ACCOUNTS SUB DIV
PER T. J. Dunn

STOP PAYMENT NOTICE

no C #

File No. WC - 413,273 Ok
Civil War

MBAB-c

Date April 22, 1936

FROM: Widow Subdivision - Dependents Claims Service
(Designate Division of Central Office, Regional Office, or Combined Facility preparing form)

To: Dependents Accounts Subdivision - F. S. - Room 520
(Indicate Division in Finance Service of Central Office or Finance Officer, Regional Office, or Combined Facility)

SUBJECT: Stop payment on death pension
(Designate kind of award, whether Term, Converted, or Automatic Insurance, Pension, Compensation, or Adjusted Compensation)

1. Full name of payee Matilda Burchfield
2. Effective date of action October 11, 1935
3. Reason for action Death of payee October 11, 1935. (Abstract required)
4. Name of veteran Samuel M. Burchfield

Submitted by EHM/eb
(Signature and title)

Approved by E H Marshall
(Signature and title) Adj.

U.S. GOVERNMENT PRINTING OFFICE 15—648

Weeks Ex'r.

[3—218 a.]

No. 608292

11/97

Act of June 27, 1890.

Matilda Burchfield
Edinboro, Erie Co. Pa
Wid
Samuel M. Burchfield
2 H. B 145" Pa. Inf
Died at Edinboro, Pa
Jan 27-95

other claim.

Pittsburg Agency
Inv Ctf 847089 o.j.
Feb 23, 1895

Clerk.

Numerical No.

Application filed: Feb 7", 1895

Attorney: A. McGill

P.O. Saegerstown
Pa

atty filed
J.C.P.

(9378—14,000.)

Ack. Feb 25-95.

May 13.95. Full a/g. Report
atty for ev. of death - mge -
John mge & divorce - renage -
birth of minors - of minors

Are living & dependence -
229 ad.

PA.

OHIO.

MICH.

No. ....

[3—216 a.]

Heinee K. Ex'r.

No. 690655

Act of June 27, 1890.

Samuel

Mr. Burchfield

P. O. Edinboro

Erie Co Pa,

Service: B. 145 Pa Inf.

Enlisted: ....., 18 .

Discharged: ....., 18 .

Application filed: July 21, 1890.

Alleges: .....

Any other Claim filed: 690655

Numerical No. 142677

Attorney: Chas. M. Lynch.

P. O. Erie

Pa.

ATTY'S FEE

..... Recognized. ..... Contract.

..... Cert. of Dis. Searched for ....., 18 .

Not. 10/30/90.

Nov 19 90 Atty
that claimant should
give his full name
CM

May 7 92 Mod exam Corrd
Atty for name of client

PA.

OHIO.

MICH.

No.

[3—216.]

Ex'r. INVALID.

No. 690055

Acts of July 14, 1862, and March 3, 1873.

Samuel M. Burkfield

P. O. Edinboro

Erie Co Pa

Service: 2Lt B. 145 Pa Inf

Enlisted: Aug 26, 1862

Discharged: May 31, 1865

Application filed: Feb 16, 1889

Alleges: Rheu. Overheated & G.S. Wound head

Re-enlisted:

1/97

Attorney: Chas M Lynch

P. O. Erie Pa

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

(13157—20,000.)

N of L. Mch 27" 89

~~apl. 29/89 A.G. & S.G.~~

May 17/89 ~~atty L. ord for Exg Bd~~

at Erie Pa.

Cir 3077. as to par 1 & 2 — S.

Aug. 27. 89. atty L. Par 1234-077

078 & 474 to the nature &

effects of sunstroke. — J.

PA.

Jy 7-90 Atty asks

full name of soldier

[illegible]

OHIO.

MICH.

No. ....

May 1

Matilda Burchfield

413273

Edinboro

Pa

(3-606.)

Bureau of Pensions,

BOARD OF REVIEW.

Chief of the Certificate Division:

After issue of the certificate in this case please return the papers to Adjudicating Division for action upon the other disabilities, under ruling of May 1, 1885.

D Loach

Reviewer.

Feby 2, 1893

No.

Name

Service

6—359

4878 b—25 m

(3—428.)

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C., Jan. 26, 1893

No. Claim 690056

Claimant Samuel M. Burchfield.

Soldier "

Co. B, 145 *Reg't* Pa. Inf.

Respectfully returned to Chief Bd. of Review with the opinion that a rate equal to or exceeding $6-00. can be allowed for existing disabilities.

Camp.

Medical Examiner.

Approved:

Medical Referee.

o 6-030.

654 b—25 m

Did any member of your family serve in the World War? A grandson.

If so, state here their names and the service rendered by each, and whether living or deceased

James M. Austin, Deceased (France)

Have you applied for or are you in receipt of compensation by reason of service of any member of your family in the World War? No.

If so, give number of the claim for compensation

Name Matilda Burchfield

(OVER) 6—6461 *Number of pension certificate* 413 273

3—1143

By direction of the Secretary of the Interior, this questionnaire is being sent to all pensioners.

In view of the terms of the act of Congress of October 6, 1917, and amendments thereto, it is important that the information called for be promptly furnished.

Even though you may have given similar information heretofore, or your response may be negative, please make your statement at once and mail it to THE COMMISSIONER OF PENSIONS, WASHINGTON, D. C.

Sign your name as it is given in your pension certificate and be sure that your certificate number is correctly given.

6—6461

(OVER)

WASHINGTON GARDNER,
Commissioner of Pensions.

7727 V. S. 1889,

War Department,

Record and Pension Division,

~~ADJUTANT GENERAL'S OFFICE,~~

Washington, July 28, 1889.

SIR:

I have the honor to acknowledge the receipt of your request of April 23, 1889, for certain information for use in the consideration of application for pension No. 690,055, and to return it herewith, with the following statement from the records of this office:

Montgomery Burchfield was mustered into the service of the United States as 2d Lt. Co. "B", 145" Regiment of Pa. Vols., to date Jany 4, 186 4, ~~to serve years, or during the war~~. On the Muster-roll of Company of that Regiment for the months of Jany and Feby, 186 4, he is reported

2d Lt. Burchfield present, March and April 186 4 absent on sick leave since April 4,

The following is a copy of Surgeon's Certificate upon which leave was based;

2d Lt. Burchfield 2d Lieut. Co. "B", 145" Regt Penn. Vols. having applied for a certificate upon which to ground an application for a leave of absence, I hereby certify that I have carefully examined the above named officer and find him suffering from a severe sprain of the right ankle which has confined him to his bed for the past (10) days, and is not improving and which renders him totally unfit for the performance of any of his duties.

I further declare my belief that he will not be able to resume his duties in a less period than fifteen (15) days and that a leave of absence for that period is necessary

(V. S.)

in this case to prevent permanent disability, is got to save life.

L. Stile Whilldin,
Asst. Surgeon in charge,
145th Reg't, P. V.

Camp near Stevensburg,
March 27, 1864.

A medical Certificate on file dated Edinborough, Pa., April 12, 1865, state that he is unable to return to duty at the Expiration of furlough, and an extension is respectfully solicited for the space of twenty days.

Roll of Company for May and June 1864 absent Wounded June 4, 1864.

He was returned to duty and ordered to join his proper command July 7, 1864 by the Surgeon in charge of Officers' Hospital Annapolis, Md.

Roll for July and August 1864 missing in action August 25, 1864, and so reported to Feb. 28, 1865.

Prisoner of War records show him captured at Reams Station, Va. August 25, 1864; Confined at Richmond Va. August 27, 1864; sent to Salisbury N.C. Oct. 2, 1864; returned Feb. 2, 1865; paroled at James River, Va., Feb. 22, 1865, admitted to Hospital Div. No. 1, Annapolis, Md., Feb. 23, 1865, granted leave of absence for 30 days March 3, 1865, casual leave granted paroled Prisoners to report to Camp Parole, nearest his regiment, sent to regiment April 6, 1865. Said records furnish no further information in his case.

Roll of Company for March & April 1865 present.

Regimental Casualty list May 3

[V. S.]

to July 16, 1864, shows him wounded June 4, 1864. List May 5 to July 13, 1864, shows him wounded June 7, 1864, at Cold Harbor. Casualty list 4th Brig. 1st Div. 2nd Corps May 5 to July 16, 1864, shows him wounded June 7, 1864, Cold Harbor. Nature or location of wound not shown.

Regiment was in action at Cold Harbor Va., June 3 to 12, 1864 and at Deans Station, Va., August 25, 1864.

Regimental & Company records furnish no further evidence of disability while serving as a Commissioned Officer.

He was mustered out with Company as 2 Lt. May 31, 1865.

~~I am, sir, very respectfully,~~

~~Your obedient servant,~~

By authority of the Secretary of War:

F. C. Ainsworth ~~Assistant Adjutant General.~~

Capt. & asst. surgeon, USA.

THE COMMISSIONER OF PENSIONS,
Washington, D. C.

o 3—104

by [illegible]

690.055.

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, May 14, 1889.

Respectfully returned to the Commissioner of Pensions.

Montgomery Burchfield, a Sergt. of Company B, 145th Regiment Pa Volunteers, was enrolled on the 16th day of Aug., 1862, at Erie, Pa, for 3 years; and is reported: present on M. I. Roll of Co. dated Sept. 11, 1862. same to Dec 31/62: Jan. & Feb. '63, borne as S. Montgomery Burchfield, present; and so borne to Dec. 31, 1863. Rolls for Sept & Oct, and Nov & Dec '63, borne as 1st Sergt. Return for July '63, does not report him absent.

A.W.R. Regt. was in action at Gettysburg, Pa, July 1, 1863.

"Discharged to date Jan. 3, 1864, for promotion to 2nd Lieut, same Company and Regiment."

No evidence of disability as an enlisted man.

R. C. DRUM,
Adjutant General.

3948-A. (V.E.B.) '89 By

o 3-019. (2.)

413/22

(3—060.)

Middle Div.

C J F Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

No. 69.0.055

J M Burchfield

C—1,46—Pa Vols

April 25th, 1889

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of J W Burchfield, who, it is claimed, enlisted Aug 26, 1862, and served as 1st Lieut in Co. C, 145 Reg't Penna Vols; ~~also in Co.~~

and was discharged at Washington D C, May 31, 1865.

While serving in Co. G, 145 Reg't Pa Vols he was disabled by Cold and rheumatism (Date and place not given) Effects of Heat on March to Gettysburg Pa, & Sick ~~also~~ of Head at Gettysburg Pa about July 1. 1863

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

Very respectfully,

James Tanner

John C Black,

Commissioner

The Adjutant General, U. S. Army.

(10451—75 M.) o G-002.

413

22

76

7727 | V. S. DIV.-A. G. O. Rec'd APR 27 | 1889

3948 a | Vol. Enlisted Br. A. G. O. Rec'd MAY 4 | 1889

April 23. 1889

Comr. of Pensions

For service, disability and hospital treatment of

S. M. Burchfield

1st Lieut. B. 145th Pa. Vols.

690,055.

PENSION U JUL 23 1889 S. OFFICE.

Ryth

Middle Division.

13

FIRST CALL

On Adjutant General, U. S. A.

Claim No. 690.055

S M Burchfield

1st Lt. B - 145 Pa Vols

ap. 22/89

Mid Dept
Va & N C

(3–065.)

Department of the Interior,

BUREAU OF PENSIONS,

April 23d, 1889.

Sir:

Please furnish this Bureau a report of hospital treatment in the Claim No. 690,055, of S M Burchfield late a 1st Lt Co. B — 145 — Pa Vol Inf, from the data given below.

Disability from Cold and rheumatism (date not given)

NAME.	RANK.	CO.	REGIMENT.	DATE OF ADMISSION.	RECORD OF—
S. M. Burchfield	Lt.	B	145 Pa Inf	——	Regimental Hospital
" "	"	"	" " "	——	" "
" "	"	"	" " "	——	" "
" "	"	"	" " "	——	" "
S. M. Burchfield	"	"	" " Vol	——	Wounded in the Hosp of the 1 Div 2 A & A G P. at the battle of Cold Harbor Va June 1 & 12. '64
S. M. Burchfield	Lieut	B	145 Pa	——	1 Div 2 A & G. Hosp. Wounded at Cold Harbor, Va. June 3. 64
Samuel M. Burchfield	Lieut	B	145 Pa. Vol	June 7 1864	Seminary & H. Georgetown, D. C.
S M Burchfield	2 Lt	"	" " "	" 13	Div Hosp. 1. " " Annapolis Md.
" " Birchfield	" "	"	" " "	Feb. 23 1865	" " " " " " "

NOTE.

DIAGNOSIS.	DISPOSITION AND REMARKS.
	Treated, Jany. 10 to 16. 64
Lame Ankle	" Mar 13 " 26 "
Sprained Ankle	" " 27 to Apl. 2. 64
Sprained Ankle	" April 3 " " 9 "
Wounded in Head Slight	
Wound, Head	
G.S.W. Scalp over frontal bone	Transf'd to G 26. June 13. 64
V.S. Scalp	Rtd to duty July 6. 64
Debilitas	Furloughed Mar. 6. 65, Remarks. S.O. No. 106, A.G.O. March 6th 1865.

Mid Div
C. J. F.

(3–065.)

Department of the Interior,

BUREAU OF PENSIONS, Apl. 23d, 1889.

1889 540927 APR 24 ... DIV. S. G. O.

Sir:

Please furnish this Bureau a report of hospital treatment in the Claim No. 690.055, of S. M. Burchfield, late a 1st Lt. Co. B — 145 — Pa Vols, from the data given below.

Disability from Cold and rheumatism (date & place not given)

CASE OF

S. M. Burchfield

1st Lieut Co. B, 145 Reg't Pa Vols

Claim No. 690,055

WAR DEPARTMENT,

Surgeon General's Office,

Record and Pension Division,

Washington, D. C., April 25, 1889.

This transcript from the records on file in this office is respectfully furnished for the information of the

Commissioner of Pensions

and embodies all the information which has been found on a search of those records made in full compliance with the inclosed request.

PENSION U S OFFICE APR 26 1889

All papers pertaining to the case are herewith returned.

BY ORDER OF THE SURGEON GENERAL:

F. C. Ainsworth

Capt. and Assistant Surgeon, U. S. A.

Per J. Frech

R. & P. Div. No. 540927

(215)

CAUSES OF DISABILITY.

The following-named causes of disability are found in the evidence or in the certificates of medical examinations filed in the Bureau of Pensions prior to July 21 *, 189*0*, the date of filing the declaration under the act of June 27, 1890:*

Record shows "Injury to Ankle" and "Debilitas"

☞ 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, etc.

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

Insert character† and number of claim. — Original Pension Claim No. 690055

Name and rank of claimant. — S. M. Birchfield, Rank, 1st Lieut

Company B, 145 Reg't Penn Inft — Erie Pa. State, (Post office address of the Board.)

Claimant's post office address. — Edinboro Pa. — June 19, 1889. (Date of examination.)

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 in the service, viz:

Cause of disability. — Rheumatism. Wound of head.

If a pensioner, fill in the amount; if not, erase the whole line. — ~~and that he receives a pension of ... dollars per month.~~

Pulse rate per minute, 112; respiration, 24; temperature, 98 3/4; height, 5 feet 10 inches; weight, 160 pounds; age, 52 years.

He makes the following statement upon which he bases his claim for† Original

Here give the claimant's statement as briefly and as compactly as possible. —

About Jany 1865 while in Libby prison was attacked with Rheumatism

In July 1863 on march to Gettysburg Pa. was Sunstruck

June 4th 1864 at Cold Harbor Va was wounded on top of head.

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant. —

Mark of wound over Sagittal Suture 1 1/2 x 7/8 inch. Cicatrix depressed, adherent and tender.

Good nutrition. Intelligence. Speech Special senses Spine Lungs Digestive organs Skin Urinary organs & Coordination normal. No paralysis. No syphilis. Patella tendon reflexes normal. No ankle clonus. Tongue protrudes in straight line, not tremulous.

All other joints, tendons ligaments and muscles normal.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ½, ¼, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating. —

Apex-beat of heart to right of Ensiform Cartilage. Heart extends from left nipple to right nipple. Mitral and Aortic regurgitation. Heart action irregular and intermittent.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 12/18 rating for the disability caused by Heart trouble, 2/18 for that caused by Wound head, and ...... caused by ......

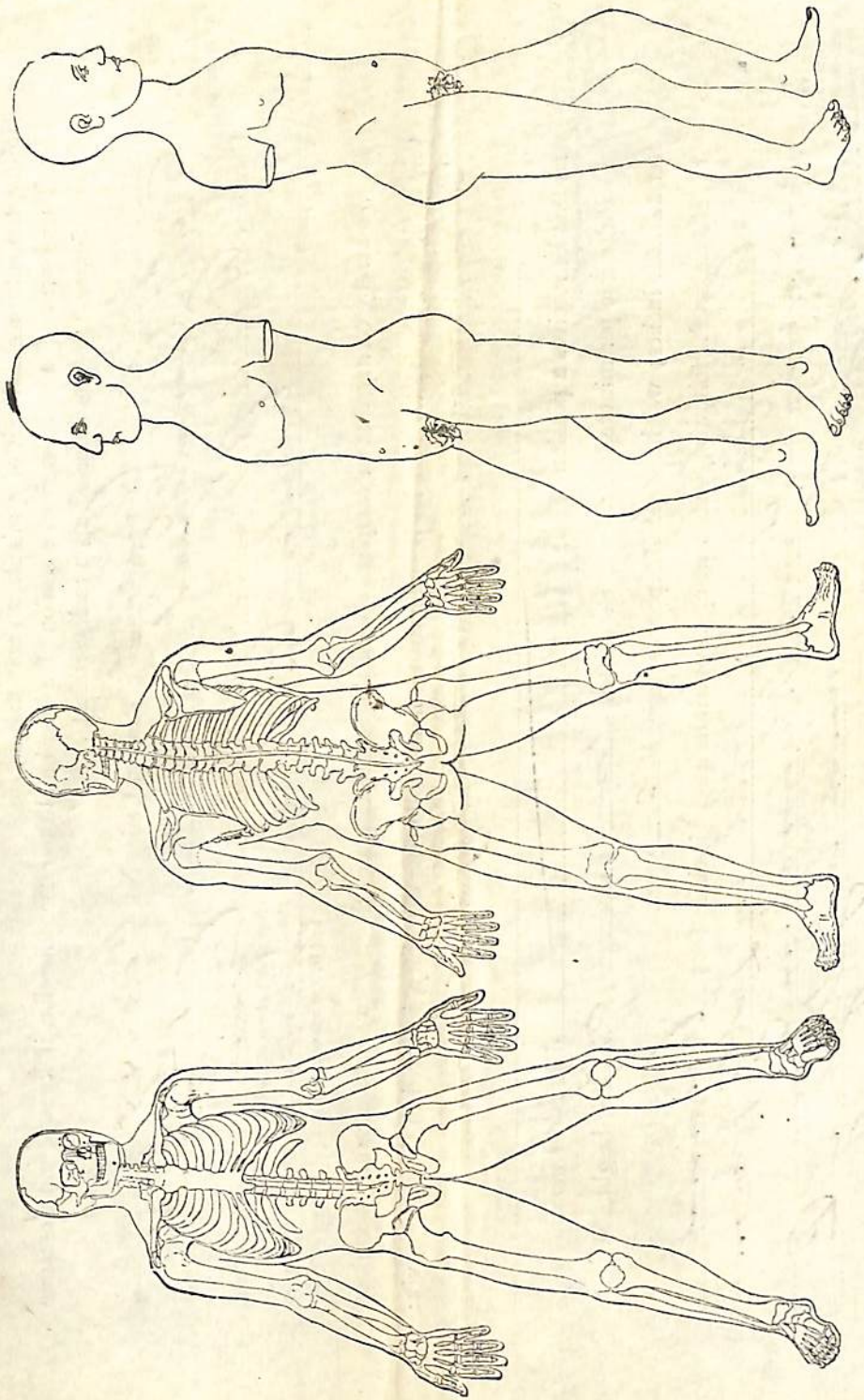
Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

J. L. Stewart, Pres. J. T. Stocks, Sec'y. W. C. Ervin, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(15762—100,000.) 6—427



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.

SURGEON'S CERTIFICATE

IN CASE OF

S. M. Churchfield

Co. B, 145 Reg't Penn'a Infty.

Applicant for Original

No. 690055

DATE OF EXAMINATION:

June 19th, 1889.

J. L. Stewart, Pres.,
D. Hearle, Sec'y,
W. G. Evans, Treas.,
} BOARD.

Post office, Erie

County, Erie

State, Pa.

P. S.—Write your Post-office address plainly and in full.

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.*]

☞ 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 absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original Pension Claim No. 690 055
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

S. M. Burchfield, Rank, —

Company B, 145 Reg't Pa Vols | Corry Penn'a State,
[Post-office address of the Board.]

Claimant's post-office address.

Edinboro Pa | June 1st, 189 2
[Date of examination.]

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 disability.

in the service, viz: Rheumatism + results, Gun Shot wound of head and general disability

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
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Has rheumatism in all large joints which Stiffle about but leaves all joints Stiff. He is troubled much with headache and cannot stand hot weather, cannot do one half manual labor.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, 99⅖; height, 5 feet 10½ inches; weight, 145 pounds; age, 57 years. Slightly stooping, muscles soft. Skin soft and moist. Veins of forehead prominent.

Here give a full description of the disabilities, in accordance with Book of Instructions.

The lungs found, Lungs normal, Liver and Splen normal. The Shoulder Elbows, hips and knees are all dry crepitans and Stiffened and all limited in motion from one fourth to one fifth. Rated para eighteenth for rheumatism. The Heart is normal in Size and rythm, Sounds impure. There is an adherent y shaped cicatrix on left side of frontal bone and reaching onto the left parietal, one and one fourth inches long under which is very slight depression of Scull and the headaches are in our opinion the result. Rated para eighteenth for S. S. W of head. no other disability found.

_____. He is, in our opinion, entitled to a 4/8

Rate for EACH cause of disability.

rating for the disability caused by Rheumatism, 4/8 for that caused by Wound of head, and _____ for that caused by _____

T. L. Hall, Pres. L. D. Rockwell, Sec'y. B. H. Phelps, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(6287—300,000.) 6—552

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

S. M. Burchfield

Co. B, 145 Reg't Pa Vols

Applicant for Original

No. 690 055

DATE OF EXAMINATION:

June 1st, 1892.

Pres.,

Sec'y, } BOARD.

Treas.,

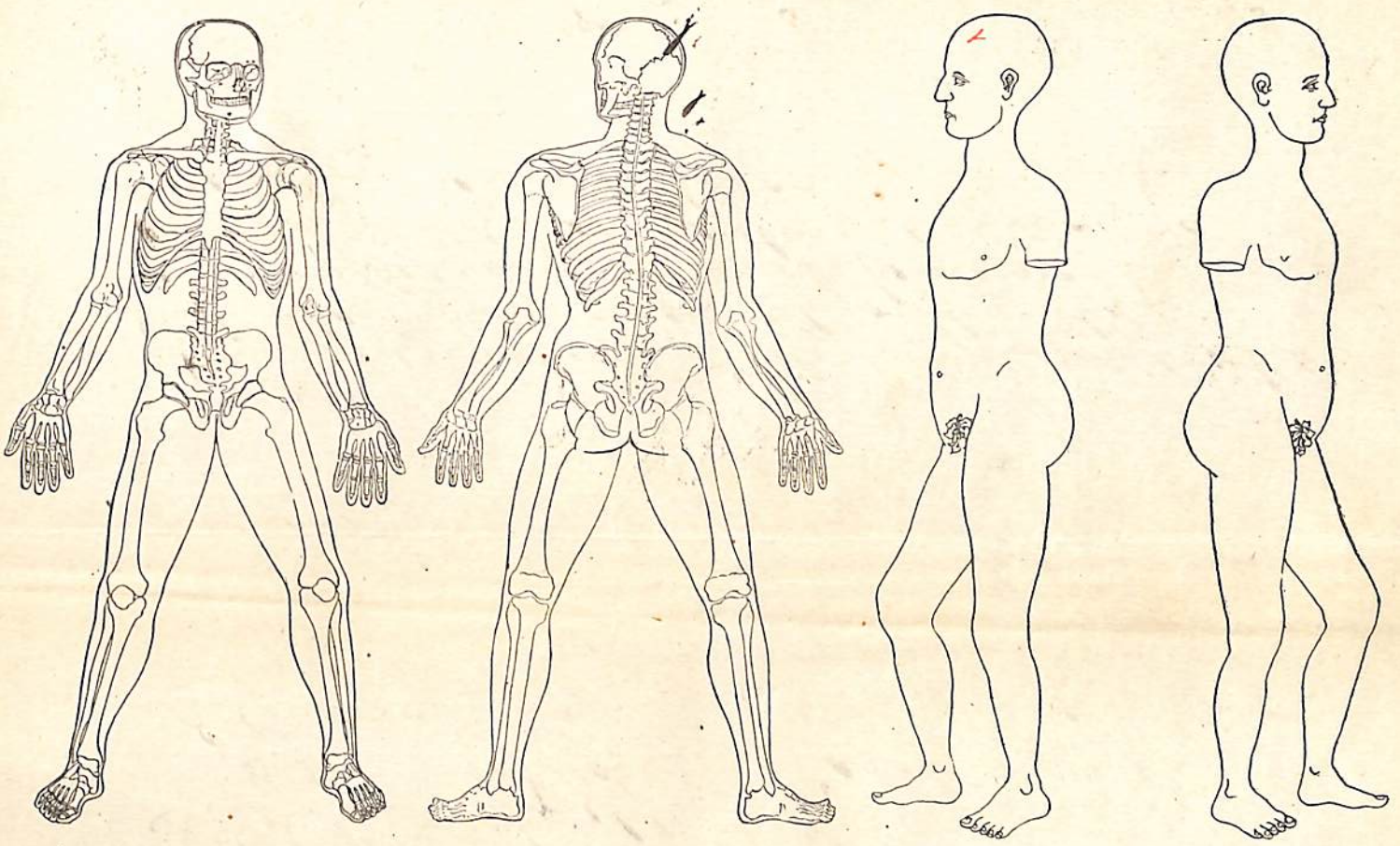
Post office, Corry

County, Erie

State, Pa

P. S.—Write your Post-office address plainly and in full.

U. S. PENSION B JUN 18 1892 OFFICE



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.*]

Pitts L

M

(3—562.)

~~New Law~~

ACCRUED PENSION.

Act of March 2. 95.

Under ~~Section 4718, R. S.~~

2 Briefs

Certificate No. 847.089 **Last Issue** February 14 1893

Name of pensioner, Samuel M. Burchfield

Date of death, January 27", 1895

Payable to Matilda Burchfield

P. O., Edinboro'

Pa.

Accrued Pension Certificate and Order. **Pension Certificate ~~and Voucher~~ herewith.**

Issued Aug. 17, 1895 *Mailed* Aug. 21, 1895

Payable to wid.

Relationship to pensioner shown by affidavits of witnesses who have known them from date of marriage that they were recognized as man & wife.

Prior marriage of none

Shown by affidavits of witnesses having personal knowledge of facts.

Fact and date of pensioner's death shown by affidavit of attending physician — See widow's brief

Submitted for adj July 31st, 1895 —

" " afg. 2 "

Approved for Adm. Aug 13, 1895 Weeks, *Examiner.*

Ford

AG

0-4

Pen. Cert. mifile - has no voucher —

Alternates none

No. 127.

Widow's Application for Accrued Pension.

State of Pennsylvania, County of Erie, ss:

On this Seventh day of March, 1895, personally appeared Matilda Burchfield, who, being duly sworn, declares that she is the lawful widow of Samuel M Burchfield, deceased; that he died on the 27th day of January, 1895; that he had been granted a pension by Certificate No. 847.039 which is herewith returned (or if not, state why not) To gether with vouchers for payments of April 95; that he had been paid the pension by the Pension Agent at Pittsburgh Pa up to the 4 day of January, 1895; after which date he had not been employed or paid in the Army, Navy, or Marine service of the United States except ; that she was married to the said Samuel M Burchfield on the 10th day of March, 1866, at Waterford, in the State of Penn'a; that her name before said marriage was Matilda Hart; that she had (~~or had~~ not) been previously married; that her husband had (~~or~~ had not) been previously married; that she hereby makes application for the pension which had accrued on aforesaid certificate to the date of death; and that her residence is No. Edinboro Street, City of , County of Erie State of Penn'a, and her Post-office address is Edinboro Pa

Matilda Burchfield
(Widow's Signature.)

Also personally appeared P. J. Proudfit, residing at Edinboro, Pa. Erie Co. Pa., and C. C. Culbertson, residing at Edinboro, Erie Co. Pa., who, being duly sworn, say that they were present and saw Matilda Burchfield sign her name (make her mark) to the foregoing declaration; that they know her to be the lawful widow of Samuel M Burchfield, who died on the 27th day of January, 1895; and that their means of knowledge that said parties were husband and wife, and that the husband died on said date, are as follows: That C during the years of their married life they were neighbors and intimate friends and at the time of the death of said soldier they were informed of the fact and from the knowledge

P. J. Proudfit.
C. C. Culbertson
(Signatures of witnesses.)

Sworn to and subscribed before me this 7th day of March, 1895, and I certify that the affiants are reputable persons; that they know the contents of their depositions, and that their statements are entitled to full faith and credit. I further certify that I have no interest, direct or indirect, in the above claim.

John Proudfit.
(Signature.)
Notary Public
(Official character.)

State of ...., **County of** ...., **ss:**

I, ..., Clerk of the .... Court of the County and State aforesaid, do hereby certify that .... is ...., duly commissioned and qualified; that his commission was dated on the .... day of ...., 18 , and will expire on the .... day of ...., 18 , and that his signature within written is genuine.

Given under my hand and the seal of said Court this .... day of ...., 189 .

[L. S.] .... *Clerk.*

When the amount of accrued pension is large, the following evidence of marriage should accompany the application for accrued pension;

1. A duly verified copy of a church or other public record; or
2. The affidavit of the clergyman or magistrate who officiated: or
3. The testimony of two or more eye-witnesses of the ceremony.

If, prior to the marriage of the widow and the pensioner, either of them had been married to another party, the death of said party, or divorce from the same must be proved.

This application and the blank voucher herewith should be properly executed and forwarded to the Commissioner of Pensions.

It is desirable that the witnesses should be able to write their own names; if not, their marks should be witnessed.

WIDOWS'

APPLICATION FOR ACCRUED PENSION.

Certificate No. 847,889

Pensioner

PENSION OFFICE U. S. MAR 9 1895

FILED BY

Printed and for sale by John F. Sheiry, Claim Blank Printer, 623 D Street, N. W., Washington, D. C.

LAW DIVISION B. MAR 13 RECEIVED

a. 847089 Pitts.

(3–145 a.)

ACT OF JUNE 27, 1890.

INVALID PENSION. 690,055

Claimant, Samuel M. Burchfield

P. O., Edinboro

County, Erie

State, Pa

Rank, 2d Lt

Company, B

Regiment, 145th Pa Vol Inf

Rate, $ 6, per month, commencing July 21, 1890

Disabled by G.S.W. of head & rheumatism

RECOGNIZED ATTORNEY.

Name, Chas M. Lynch

P. O., Erie Pa

Fee, $ 10— Agent to pay.

Articles filed, ..., 189...

APPROVALS.

Submitted for aid, Dec 14, 1892 Heinecke, Examiner.

Approved for admission

D Loach Legal Reviewer.

Feby 2, 1893

Approved for gun shot wound of head and rheumatism

No other notable disability shown

Jackson Medical Referee.

Feb. 7, 1893.

not now pensioned under other laws. Last paid to ....., 18..., at $...

Pensioned from ....., 18..., at $..., for ...

SERVICE SHOWN BY RECORD.

Enlisted Aug 16, 1862 honorably discharged May 31, 1865

Re-enlisted not, 18..., honorably discharged ....., 18...

Declaration filed July 21, 1890, alleges permanent disability, not due to vicious habits,

from Rheumatism and results Gunshot wound, and genl debility

same in old law claim

mites

o-4

7183 b—200 m

S. 847089 Pitts.

(3—125.)

ORIGINAL INVALID CLAIM.

Soldier, Samuel M. Burchfield

P. O., Edinboro | Rank, 2nd Lieut.

County, Erie | Company, "B"

State, Pa | Regiment, 145th Pa Vol Inf

Rates, $ 4. per month, commencing Feb 16," 1889

2nd Ending July 20. 1890. by reason of allowance under Act of June 27. 1890

Pensioned for G.S.W. of head

RECOGNIZED ATTORNEY.

Name, Charles M. Lynch | Fee, $ 10, Agent to pay.

P. O., Erie Pa | Articles filed none on file, 18

APPROVALS.

Approved for gun shot wound of head + Ruling 97

Submitted Dec 14, 1892 Heinecke, Examiner.

Ford

Approved for Gun shot wound of head Terminate pension July 20, 1890 by reason of allowance under act of June 27, 1890 Ruling 97

D Lach, Legal Reviewer.

Feby 2, 1893, Re-Reviewer.

Approved for gun shot wound of head 4/18

Jackson, Med. Ex'r, Bell, Med. Reviewer,

Feb 7, 1893, Med. Referee.

IMPORTANT DATES.

Enlisted, Aug 16" , 1862 | service from , 18 , to , 18 , in

Mustered 2 Feb May , 18 .

Discharged May 31 , 1865

Declaration filed Feb 16," , 1889 | Not in service since May 31st , 1865 per order

BASIS OF CLAIM.

At Cold Harbor June 1864 received gun shot wound on head and on the march to Gettysburg Pa he contracted colds and rheumatism, and was nearly sunstruck.

Writes No Affle

State of Pennsylvania }
County of Erie } ss.

On this 13th day of February 1889, personally appeared before me Clerk of the Courts a Court of record within and for the the County of Erie State aforesaid, S. M. Birchfield aged 52 years a resident of Edinboro, County of Erie State of Pennsylvania who being duly sworn according to law declares that he is the identical S. M. Birchfield who was enrolled on the 26th day of August 1862, in Co. B. 145th Pa Vols Commanded by Capt Oliver and was honorably discharged at Washington D.C. on the 31st day of May 1865, Commissioned as 1st Lt not mustered. That while in said organization aforesaid in the service and in line of duty Claimant contracted Colds and Rheumatism also on the march to Gettysburg with said Co & regiment he was nearly wet stuck, everything in view turned different colors and Claimant nearly fainted the march was about two days before the Commencement of the battle. Gun shot wound in the head Claimant claims a pension from rheumatism, and resulting effects of exposure and fatigue over extention while in line of duty in said military service of U.S. He was never in a hospital. except me

That the only other military or naval service of U.S in which he ever served, was in Mc Lanes 3 Mos Regt at Pittsburgh Pa which was never enrolled into the service of U.S. Since leaving the said service Claimant has resided in the town of Edinboro Erie Co Pa his occupation

has been that of a wagon maker that prior to his entry into the service he was a man of good sound physical health being when enrolled a wagon maker that he is now partially disabled from obtaining a livelihood by manual Labor by reason of his injuries above described, received in the service of United States, and he therefore makes this application for the purpose of being placed on the invalid pension roll of the United States He hereby appoints Chas M Lynch of Erie Pa his true and lawful Attorney to prosecute this claim That he has not received nor applied for a pension. his P.O. address is Edinboro Erie Co Pa

S M Birchfield

Also appeared J. J. McWilliams residing at Edinboro Erie Co. Pa and Frank S. Shaw residing at Waterford Pa persons who I certify to be respectable and entitled to credit, and who being by me duly sworn doth say they were present and saw S. M. Birchfield the claimant sign his name to the foregoing declaration and they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be and they have no interest in the prosecution of this claim

J. J. McWilliams.

F. S. Shaw

Sworn and subscribed before me this 13th day of February A.D. 1889. and I hereby certify that the contents of the above declaration were fully made known and explained to applicant and witness before swearing and that

I have no interest, direct or indirect in the prosecution of this claim.

W H Hewitt
Clk of Court

1872

Edinboro Jan 3d

Col Chas M Lynch

Dear Comrad

I have been to Corry enclosed you will find the slip endorsed by the Secretary of Board — In regard to my name I always sign it S M Burchfield My name is Samuel Montgomery Burchfield My Commission a 2nd Lieut is Montgomery Burchfield as 1st Lieut it is S M Burchfield

I have no interest, direct or indirect in the prosecution of this claim,

W H Hewitt
Cl Of Court

and My Discharge is Lieut M Burchfield I am the only Burchfield in 145th O.V. when Col D B McCreary sent for my Commissions he did not ask me how I wrote My name

Yours &c
S M Burchfield

Original

Pension Claim

S. M. Birchfield

late of Co B. 145th

Penn'a Vols.

Filed by

Chas. M. Lynch

Atty at Law

Erie Pa.

DECLARATION FOR INVALID PENSION.

ACT OF JUNE, 27, 1890.

To be Executed Before a Court of Record or some Officer thereof having custody of its Seal, or a Notary Public, or a Justice of the Peace, whose Official Signature shall be verified by his own Official Seal, if he has one, or by the proper Clerk, under Seal.

State of Pennsylvania, County of Erie, ss:

On this 14th day of July, A. D. one thousand eight hundred and ninety

personally appeared before me, a Notary Public

within and for the county and State aforesaid S. M. Buckhead,

aged 56 years, a resident of the Town of Edinboro, county of

Erie, State of Pennsylvania, who, being duly sworn according to law,

declares that he is the identical S. M. Buckhead who was *enrolled* on the

16th day of August, 1862, in Co. B. 145 th Pa Vols

Here state rank, company, and regiment 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* near Washington D.C., on the 31

day of May, 1865. That he is now unable to earn a support by manual labor

by reason of Rheumatism resulting effects, gun

Here name the diseases or injuries from which disabled.

shot wound, general disability-

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent; that he has applied for pension under application No. 690055; that he is not a pensioner under Certificate No. 690055

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

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

He hereby appoints, with full power of substitution and revocation, Chas. M. Lynch,

of Erie, State of Penna., his true and lawful attorney to prosecute his claim, and to receive therefor a fee of $10.00; that his post-office address is ~~Erie~~ Edinboro,

county of Erie, State of Pennsylvania

S. M. Buckhead

Claimant's signature.

Attest: 1 E. W. Tarbell

2 F. L. Hoskins

Two witnesses who can write sign here.

Also personally appeared E. W. Twichell, residing at Edinboro Pa and F. L. Hoskins, residing at Edinboro Pa, 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 S. M. Burchfield, the claimant, sign his name (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 twenty years and twenty 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.

E. W. Twichell
F. L. Hoskins
Signatures of witnesses.

SWORN TO AND SUBSCRIBED before me this 18th day of July, A. D. 1890, 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 .... erased and the words not .... added, and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

(certificate on file)

John Proudfit.
Signature.

Notary Public.
Official character.

NOTES.

The act of June 27, 1890, requires, in case of a soldier:

(1) An honorable discharge (but the certificate need not be filed unless called for).

(2) A minimum service of ninety days.

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

(4) 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.

(5) A pensioner under prior 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.

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name S. M. Burchfield,

Service Co. B. 145th Penn'a Vols.

ADDRESS:

Edinboro Erie Co

Pennsylvania.

U S PENSION OFFICE JUL 21 1890

FILED BY

Chas M. Lynch

Atty at Law Erie Pa.

Date of execution July 18, 1890

Printed and sold by W. H. Moore & Co., Box 696, Washington, D. C.

ACT JUNE 27, 1890.

[3—405.]

(PENSIONER DROPPED.)

RECEIVED
AUG 27 1895
A. & N. S. DIV.

U. S. Pension Agency,

Pittsburg Pa

Aug 23, 1895.

Hon. Wm. Lochren

Commissioner of Pensions.

FILE

Sir:

I hereby report that the name of Samuel M. Burchfield 2nd Lt. D 145 Pa. Inf., who was a pensioner on the rolls of this Agency, under Certificate No. 847089, and who was last paid at $ 6, to January 4, 1895, has been dropped because of Leaving filed January 27-1895 at Edinboro, Pa

No. 413.273

Very respectfully,

Geo. N. Lemmer

Pension Agent.

Every name dropped to be thus reported at once.

(8550—50M.) 6—163

[3—405.]
(PENSIONER DROPPED.)

U. S. Pension Agency,

Pittsburgh, Pa

Feb. 24, 1893.

Hon Green B. Raum
Commissioner of Pensions.

Sir:

I hereby report that the name of Samuel M. Burchfield, who was a pensioner on the rolls of this Agency, under Certificate No. 847089, and who ~~was last~~ will be paid at $4, to 20 July, 1890, has been dropped because of allowance under ACT JUNE 27, 1890.

Disability — G. S. W. Head.

Very respectfully,

H. H. BENGOUGH.
Pension Agent.

Every name dropped to be thus reported at once.

o 6—163

5226 b—50 m

Desk.

IN REPLY REFER TO
Widow Division.
W.C. 413273
Matilda, widow of
Samuel M.Burchfield
B, 145th Pa.Inf.

3-1865

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

July 24, 1923.

Mrs. Matilda Burchfield
Edinboro
Pennsylvania.

Madam:

Please give the full name of the organization in which your grandson, James M. Austin, served during the World War, and state whether you are receiving compensation from the War Risk Insurance or Veterans Bureau, in addition to the pension which you are receiving from the Bureau of Pensions, and if so the number of the claim, the rate you receive each month, the full name of the person on account of whose service compensation was granted, and his relationship to you.

Forward your reply in the enclosed envelope which does not require postage, and return this letter.

Respectfully,
Washington Gardner

Commissioner.

E.J.C.

Edinboro, Pa., July 28, 1923.

Dep't of the Interior,
Bureau of Pensions
Washington, D. C.
Dear Sir, -

My grandson, James M. Austin, enlisted in the 16th Regiment of the Pennsylvania National Guards and later was transferred to Company G. 112th Infantry.

I am receiving no compensation from the War Risk Insurance or Veterans Bureau, in addition to the pension which I am receiving from the Bureau of Pensions.

Respectfully yours,
Matilda Burchfield.
(Per Frances Burchfield)

Desk

Widow Div
W.Ctf.413273
Matilda Burchfield
Samuel M. Burchfield
B, 145 Pa.Inf.

August 6,1923

Director
Veterans Bureau

Sir:

For use in the claim of Matilda Burchfield, of Edinboro, Pennsylvania, a widow pensioner at $25 a month from October 6,1917 and $30 a month from May 1, 1920, you are requested to state whether this pensioner is in receipt of compensation, and, if so, give the rate and dates of allowance and commencement.

The widow alleges that her grandson, James M. Austin, served in Co. G, 112th Infantry during the world war, but she is not receiving compensation on account of his service.

Please attach the enclosed copy of this letter to your reply and mention Wid.Ctf.413273.

Respectfully,

Commissioner

WWMcC

EJC

Desk.

Widow Division.
W.C. 413273
Matilda, widow of
Samuel M.Burchfield
B, 145th Pa.Inf.

July 24, 1923.

Mrs. Matilda Burchfield
Edinboro
Pennsylvania.

Madam:

Please give the full name of the organization in which your grandson, James M. Austin, served during the World War, and state whether you are receiving compensation from the War Risk Insurance or Veterans Bureau, in addition to the pension which you are receiving from the Bureau of Pensions, and if so the number of the claim, the rate you receive each month, the full name of the person on account of whose service compensation was granted, and his relationship to you.

Forward your reply in the enclosed envelope which does not require postage, and return this letter.

Respectfully,

WASHINGTON GARDNER
Commissioner.

E.J.C.

VETERANS ADMINISTRATION
Finance Form 965a

ABSTRACT OF PAYMENT

W C. No. 413 273
I. No.
K. No.

Name

Address

L. P. Abst. Reg. ATTACH TO CASE FOR REIMBURSEMENT 4A

PERIOD COVERED		MONTHLY RATE	AMOUNT ACCRUED	PREVIOUS PAYMENTS	DEDUCTIONS INSURANCE PREMIUMS	OTHER DEDUCTIONS		AMOUNT OF CHECK
FROM	TO					FOR WHAT	AMOUNT	
10/1/35	10/11/35	40.00	14.67	L.P. 9/30/35				14.67 final

No enquiry

VETERANS ADMINISTRATION CLAIMS SERVICE RECEIVED MAY 4 1936 REIMBURSEMENT SUBSIDY Dept.

Adjuster T. J. Dunn

Date 4/28/36

15—421 U. S. GOVERNMENT PRINTING OFFICE

Samuel M. Burchfield
Sol.

Matilda Burchfield
Wid.

VETERANS ADMINISTRATION
Adjudication Form 521
Rev. Sept. 1935

STOP PAYMENT NOTICE

File No. WC - 413,273
Civil War
MRAB-c

Date April 22, 1936

FROM: Widow Subdivision - Dependents Claims Service
(Designate Division of Central Office, Regional Office, or Combined Facility preparing form)

To: Dependents Accounts Subdivision - F. S. - Room 520
(Indicate Division in Finance Service of Central Office or Finance Officer, Regional Office, or Combined Facility)

SUBJECT: Stop payment on death pension
(Designate kind of award, whether Term, Converted, or Automatic Insurance, Pension, Compensation, or Adjusted Compensation)

1. Full name of payee Matilda Burchfield
2. Effective date of action October 11, 1935
3. Reason for action Death of payee October 11, 1935. (Abstract required)
4. Name of veteran Samuel M. Burchfield

Submitted by EHM/eb (Signature and title)

Approved by J. H. Marshall (Signature and title) Adj.

U. S. GOVERNMENT PRINTING OFFICE 15—648

Form HVS-32
(Fee for this Certificate, $1.00)

No 183145 A

This is to Certify that the following is a true and co[illegible] of a certificate of death filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed [illegible] 02 of the General Assembly, 1915, P. L. 900.

MAR 30 1936
(Date)

Frank P. Strome
Chief, Bureau of Vital Statistics

Form HVS-5

CERTIFICATE OF DEATH

WC

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Registration District No. WC 413,273 4/17/36/sr

File No. 88883

Primary Registration District No. 25-03-41

Registered No. 31

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

1. PLACE OF DEATH
County of Erie
Township of
or
Borough of Edinboro, P
or
City of

2. FULL NAME Matilda Burchfield

(a) Residence, No. Erie St St., Ward
(Usual Place of Abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

8. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Fe	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Montgomery Burchfield

6. DATE OF BIRTH (month, day and year) Nov 10, 1841

7. AGE	Years	Months	Days	IF LESS than 1 day
	93	11	1	..... hrs. or ..... min

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (city or town) Edinboro
(State or Country) Penna

Parents

10. NAME OF FATHER Warren Hart

11. BIRTHPLACE OF FATHER (city or town)
(State or Country) New York

12. MAIDEN NAME OF MOTHER Deborah Daugherty

13. BIRTHPLACE OF MOTHER (city or town)
(State or Country) Ireland

14. Informant Miss Francis Burchfield
(Address) Erie St. Edinboro, Penna

15. Filed Oct 12, 1935 John Reeder
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH October 11, 1935
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1935 to Oct 11, 1935
that I last saw her alive on Oct 9th, 1935
and that death occurred, on the date stated above, at 4:00 A m.

The CAUSE OF DEATH* was as follows:
General decline of old age

(duration) yrs. mos. days

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. days

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) M S Gillespie, M.D.
D.O.
Oct 12th 1935 (Address) Edinboro Pa

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Edinboro Cemetery	Oct 13 1935
20. UNDERTAKER B C Kiehl	ADDRESS Edinboro, Pa

N. B.—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 on back of certificate.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

(OVER)

MARSHALL

February 12, 1936

MBAB-c

Legal Representative of the
Estate of Matilda Burchfield
Edinboro, Pennsylvania

BURCHFIELD, Samuel M.
WC-413,273

Dear Sir:

Relative to this case, information has been received indicating that Matilda Burchfield, widow of the above cited Civil War veteran, is deceased.

You are requested to furnish a certified copy of the public record of death of the widow, Matilda Burchfield, in order that the correct date thereof may be determined.

All communications relative to this case should bear the name of the veteran and refer to the number WC-413,273.

Respectfully

E. L. BAILEY
Director
Widows and Dependents
Claims Service

Veterans Administration
Form 3129-Rev. July 1935

Widow

NOTICE OF DEATH OF VETERAN

Dat Ca

Date 11-14-35

From: Index Subdivision, Chief Clerk's Div.
To: Accounting Division (Veterans Accounts Subdiv.
(Posting and Index Section.

Name Matilda Burchfield
Edinboro
Pa

XC _____ T _____

K _____ I _____

A _____ SC 413 273

This office has received notice of death of the above mentioned veteran. The correspondence has been routed in accordance with the Joint Agreement dated February 18, 1935.

E. A. GOLDEN,
Chief, Index Subdivision.
By

RECEIVED FEB 11 1936 WID. & DEP. CLS. WIDOWS SUBDIV. Sec. C

ROBERMAN

From: Accounting Division
To: Adjudicating Division, Widows and Dependents Claims Service.

Payments have been made through Sept. 35; the following checks were returned to the Veterans Administration Oct. (Nov. to be canc)

A stop payment notice is required. 4a 140

WM. H. HOLMES,
Chief, Accounting Division.
By B D Cac

Desk

Widow Div
W.Ctf.413273
Matilda Burchfield
Samuel M. Burchfield
B, 145 Pa.Inf.

August 6,1923

Director
Veterans Bureau

Sir:

For use in the claim of Matilda Burchfield, of Edinboro, Pennsylvania, a widow pensioner at $25 a month from October 6,1917 and $30 a month from May 1, 1920, you are requested to state whether this pensioner is in receipt of compensation, and, if so, give the rate and dates of allowance and commencement.

The widow alleges that her grandson, James M. Austin, served in Co. G, 112th Infantry during the world war, but she is not receiving compensation on account of his service.

Please attach the enclosed copy of this letter to your reply and mention Wid.Ctf.413273.

Respectfully,

WASHINGTON GARDNER

Commissioner

WWMcC

UNITED STATES VETERANS BUREAU

WASHINGTON

August 29, 1923.

IN REPLY REFER TO:

O.322
C-33 753
James M. Austin, Pvt.,
Co.G,112 Inf.
MHG:jaw:12.

Commissioner,
Bureau of Pensions,
Washington, D. C.

Sir:

Replying to your letter of August 6, 1923, your reference Widow Div., W.Ctf. 413273, Matilda Burchfield, Samuel M. Burchfield, B, 145 Pa. Inf., - in which you request to be advised if Mrs. Burchfield is receiving compensation from this Bureau, you are advised that since Mrs. Burchfield would not be entitled to receive compensation from this Bureau as she does not come within the class entitled to compensation, the records of the file show that no claim was ever made by her.

Future correspondence relative to this case should bear the full name, rank and organization of the deceased and compensation number C-33 753.

By Direction:

Charles E. Mulhearn

CHARLES E. MULHEARN,
Assistant Director,
Claims Division.

CHIEF'S DESK
WIDOW
AUG 30 1923
DIVISION
U. S. BUREAU OF PENSIONS

PENSION
A
AUG
30
1923
U. S.
OFFICE

August 29, 1923.

Commissioner,
Bureau of Pensions,
Washington, D. C.

O.322
C-33 753
James M. Austin, Pvt.,
Co.G,112 Inf.
MHG:jaw:12.

Sir:

Replying to your letter of August 6, 1923, your reference Widow Div., W.Ctf. 413273, Matilda Burchfield, Samuel M. Burchfield, B, 145 Pa. Inf., - in which you request to be advised if Mrs. Burchfield is receiving compensation from this Bureau, you are advised that since Mrs. Burchfield would not be entitled to receive compensation from this Bureau as she does not come within the class entitled to compensation, the records of the file show that no claim was ever made by her.

Future correspondence relative to this case should bear the full name, rank and organization of the deceased and compensation number C-33 753.

By Direction:

CHARLES E. MULHEARN,
Assistant Director,
Claims Division.

UNITED STATES VETERANS BUREAU

WASHINGTON

August 29, 1923.

IN REPLY REFER TO:

O.322
C-33 753
James M. Austin, Pvt.,
Co.G,112 Inf.
MHG:jaw:12.

Commissioner,
Bureau of Pensions,
Washington, D. C.

Sir:

Replying to your letter of August 6, 1923, your reference Widow Div., W.Ctf. 413273, Matilda Burchfield, Samuel M. Burchfield, B, 145 Pa. Inf., - in which you request to be advised if Mrs. Burchfield is receiving compensation from this Bureau, you are advised that since Mrs. Burchfield would not be entitled to receive compensation from this Bureau as she does not come within the class entitled to compensation, the records of the file show that no claim was ever made by her.

Future correspondence relative to this case should bear the full name, rank and organization of the deceased and compensation number C-33 753.

By Direction:

Charles E. Mulhearn

CHARLES E. MULHEARN,
Assistant Director,
Claims Division.

CHIEF'S DESK
WIDOW
AUG 30 1923
DIVISION
U. S. BUREAU OF PENSIONS

PENSION
A
AUG
30
1923
U. S.
OFFICE

To be used if increase of pension is claimed under Act of September 8, 1916.--Sign name as it appears on pension certificate.

Edinboro, Pa, Sept 23, 1916

Widow's Certificate number 413 273

Name of soldier (or sailor) Samuel M. Burchfield

Service of soldier (or sailor) Aug 26, 1862 - May 31, 1865.

Commissioner of Pensions,

Washington, D. C.

Sir:

I am pensioned under the above certificate number, because of the service of the soldier (or sailor) named. I was *not* his wife during the period of his service in the Civil War. (If not, write word "not" in blank space.)

I am seventy-four years of age, having been born in Edinboro, Pa. Nov. 10, 1841, at Edinboro, Pa.

I am entitled to the increase of pension provided by the first section of the Act of September 8, 1916.

(Signature) Matilda Burchfield,

(Post-office address) Edinboro, Pa.

(3—128 a.)

ACT OF JUNE 27, 1890.

WIDOW'S PENSION. # 608.292.

Claimant Matilda Burchfield — Soldier Samuel M. Burchfield

P. O. Edinboro' — Rank 2nd Lieut., Co. B

County Erie, State Pa. — Regiment 145 Pa. Vol. Inf.

Rate, $8 per month, commencing Feby 7, 1895, and $2 per month additional for each child as follows:

Franc	Born, Nov. 29, 1881 / Sixteen, " 28, 1897	Commencing Feby 7, 1895	
	Born, , 18 . / Sixteen, , 18 .	Commencing , 18 .	
	Born, , 18 . / Sixteen, , 18 .	Commencing , 18 .	
	Born, , 18 . / Sixteen, , 18 .	Commencing , 18 .	
	Born, , 18 . / Sixteen, , 18 .	Commencing , 18 .	
	Born, , 18 . / Sixteen, , 18 .	Commencing , 18 .	
	Born, , 18 . / Sixteen, , 18 .	Commencing , 18 .	
	Born, , 18 . / Sixteen, , 18 .	Commencing , 18 .	

Entitled to $20 per month, Commencing Sept. 8, 1916, Under act of Sept. 8, 1916. Age of Seventy years.
RER THP 1916
OCT 14 1916

INCREASED TO $40 PER MONTH FROM JUNE 4, 1928 — ACT MAY 23, 1928
JUN 18 1928

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate , 189 , date of

RECOGNIZED ATTORNEY:

Name A. McGill — Fee $ 10 - Agent to pay.

P. O. Daugerstown, Pa. — Articles Filed , 189

APPROVALS:

Submitted for Add - July 31st, 1895 — Weeks, Examiner.

Re " " Aug 12 — "

Approved for Admission

August 13, 1895. — Ford, Legal Reviewer.

The soldier was pensioned at $ 6 per month for gsw. of head & Rheumatism

Enlisted	August 16, 1862	Soldier's app'n filed	Feb. 16, 1889
honorably disch'd	May 31, 1865	" " "	July 21 1890
Re-enlisted	never — , 18 .	Clt's app'n under other laws	None , 18 .
honorably disch'd	— , 18 .	Former marriage of	None , 18 .
Died	Jan. 27, 1895	Death of former	— , 18 .
Declaration filed	Feby 7, 1895	Clt's marriage to soldier	March 10, 1866
		Clt	not remarried , 18 .

Claimant is without other means of support than her daily labor.

Chas F Wiles
Notary Public

(B

WIDOW'S DECLARATION FOR PENSION

State of Pennsylvania, County of Erie, ss

ON THIS 2nd day of February A. D. one thousand eight hundred and ninety five, personally appeared before me a Notary Public (the ~~a Court of Record~~ within and for the County and State aforesaid Matilda Burchfield, aged 53 years, who, being duly sworn according to law, makes the following declaration in order to obtain the pension provided by Act of Congress approved June 27, 1890, granting pension to widows; that she is the widow of Samuel M. Burchfield, who enlisted under the name of Samuel M. Burchfield, on the 16th day of August A. D. 1862, in Co B 145th Reg't Penn'a Vols (Company and Regiment of service, if in the army; or vessel and rank if in the navy.) and was in no other military or naval service of the U.S. in the war of the rebellion, and was honorably discharged at Camp near Alexandria Va on the thirty first day of May —— 1865 and who died at Edinboro Penn'a on the 27th day of January 1895

That she was married under the name of Matilda Hart to said Samuel M. Burchfield on the 10th day of March A. D. 1866, by Rev T. T. Bradford at Waterford Penna there being no legal barrier to such marriage; that neither she nor her husband had been previously married (If either have been previously married, so state, giving date of death or divorce of former spouse.) that she has to present date remained his widow; that the following are the names and dates of birth of all his legitimate children, yet surviving, who were under sixteen years of age at date of father's death, viz:

Georgia D. Burchfield born November, 29th 18 79
Frank. Burchfield born November, 29th 18 82

born 18
born 18
born 18
born 18

That she has not abandoned the support of any one of her children, but that they are still under her care or maintenance.

(For such children as are not under her care claimant should account.)

That she has no other means of support than her daily labor; that she has ~~not~~ heretofore made application which was numbered ; That she hereby appoints, with full power of substitution and revocation, A. McGill, of Seegerstown Pa her attorney to prosecute this claim; that her residence is No Edinboro [If in a city, give street and number.] Erie Co Penn, and her postoffice address is Edinboro Penn'a

E. H. Proudfit. Matilda Burchfield. (Signature of Claimant.)
J. E. Wade
(Two witnesses who can write sign here.)

ATT'Y FILED.

Also, personally appeared E. H. Proudfit, residing at Edinboro. Pa., and F. E. Wade residing at Edinboro. Pa., 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 Matilda Burchfield, the claimant, sign her name (make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with her that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

E. H. Proudfit.
F. E. Wade

(If Affiants sign by mark, two persons who can write sign here) (Signature of Affiants.)

Sworn to and subscribed before me this 2nd day of February, A. D. 1895, 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 .... erased, and the words .... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

John Proudfit.
~~Clerk of the~~ Notary Public

Act 847089 [illegible]

WIDOW.

CLAIM FOR PENSION

Under Act of Congress approved June 27, 1890.

Matilda Burchfield Applicant.

Widow of Sawyer M. Burchfield

B. Co. 145 Reg't

Penna Infantry Vols

PENSION FEB 7 1895 U. S. OFFICE

FILED BY

A. McGill

Saegertown Pa

LAW [illegible] B. FEB 9 [illegible]

Printed and for sale by J. H. Smith, Rooms 55 and 57 Atlantic Building, Washington, D. C.

[illegible] Feb 14/95 C

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Erie, ss.

In the matter of Widows Pension Claim No 608292 of Matilda Widow of Samuel M Burchfield Co B, 145th Regt Penna Vol. Infty.

ON THIS 2nd day of May, A. D. 1895, personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths Matilda Burchfield aged 53 years, a resident of Edinboro in the County of Erie and State of Penna, well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That she is the claimant above named and she desires to

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

Correct an Error which appears in her Original Declaration for Pension with regard to the date of the birth of said Soldiers children. In her said Declaration she states that her daughter Georgia J. was born Nov 29th 1879: the date should have been Nov 29, 1878: And also that Frank her youngest daughter, was born Nov 29th 1882 when it should have been Nov 29, 1881. That by the corrected date Georgia J. was 16 years 1 month and 28 days old when her father died, and is therefore entitled her claim for pension, and she claims only for Frank who was born Nov 29, 1881 and was the only child of said Soldier and claimant under 16 years of age when he died and when she filed her claim. She desires this Error Corrected so that her claim should be for herself as widow and only the one child under 16 years of age.

Her Post-office address is Edinboro, Erie Co Penn'a

~~further declare that~~ ~~no interest in said case and~~ ~~not concerned in its prosecution.~~

Matilda Burchfield
(Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)

STATE OF ...., COUNTY OF ...., ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words .... erased, and the words .... added, and acquainted *her* with its contents before *she* executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me, and that *she is a* credible person.

John Proudfit.
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

I........................, Clerk of the County Court in and for aforesaid County and State, do certify that ...., Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of .... 189 .

....

[L. S.] Clerk of the ....

☞ 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 verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

W.O. No 608292
M.P.W. 2nd Div.

ADDITIONAL EVIDENCE.

CLAIM OF

Matilda widow of Samuel M. Burchfield Co. B. 145th Regt Pa Inf Vols

AFFIDAVIT OF

Claimant correcting statement of date of birth of children under 16 years of age

FILED BY

A. McGill
Saegerstown Pa.

PENSION OFFICE U.S. MAY 6 1895

Printed and for sale by J. F. Sheiry, Claim Blank Printer 623 D Street, N. W., Washington, D.C.

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Erie, ss:

In the matter of Wid. Orig. Pension Claim No. 608.292 of Matilda Burchfield widow of Samuel M. Burchfield Co. B. 145 Reg't Pa Vols

ON THIS 26th day of March, A. D. 1895, personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths Matilda Burchfield aged 53 years, a resident of Edinboro, in the County of Erie and State of Pennsylvania well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That she is the claimant aforenamed. That all the property she owns consists of one acre of ground in the Suburbs of Edinboro Pa. Real Value $450 and many household furniture, a small frame house on the acre aforesaid. That she does not own or have any pecuniary interest in any other property real, personal or mixed, nor in any stocks bonds or investments of any kind.

That she occupies the aforesaid house as a dwelling and derives no income from it. That her only means of obtaining a maintenance is her own manual labor and there is no person legally bound to support her

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

His Post-office address is Edinboro Erie Co Pa

~~further declare that~~ ~~no interest in said case and~~ ~~not concerned~~ ~~in its prosecution~~.

Matilda Burchfield
(Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)

STATE OF Pennsylvania, COUNTY OF Erie, *ss:*

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words .... erased, and the words .... added, and acquainted her with its contents before she executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that she is a credible person.

John Proudfit.
(Official Signature.)

Notary Public.
(Official Character.)

[L. S.]

I ...., Clerk of the County Court in and for aforesaid County and State, do certify that ...., Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of .... 189 .

....

[L. S.] Clerk of the ....

☞ 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 verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

---

Wid orig' Mother [illegible]
No 608.292

ADDITIONAL EVIDENCE.

CLAIM OF

Matilda Burchfield, Md
of Samuel M Burchfield
Co B. 145 Reg't Pa Vols

AFFIDAVIT OF

Claimant as to
property & income

FILED BY

H. McGill
Saegertown
Pa.

Printed and for sale by John F. Sheiry, Claim Blank Printer, 623 D Street, N. W., Washington, D. C.

608292

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Erie, ss:

In the matter of Widows Original Pension Claim of Matilda Millard of Sam'l W. Brookfield Co B. 145th Reg't Pa Vols

ON THIS 21st day of February, A. D. 1895, personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths Matilda Brookfield aged 53 years, a resident of Edinboro in the County of Erie and State of Penna well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That she is the claimant above named. That she was married to said soldier by Rev T.T. Bradford at Waterford Pa March 10, 1866 as alleged in her declaration for pension. That there is no public or church record of said marriage, such records not being required by law in Penna at that time. That the Rev T.T. Bradford aforesaid, is to the best of her information & belief, dead and that there is no person living of whom she has any knowledge who was present at said marriage and it is therefore impossible for her to furnish such evidence of said marriage as is required. That in lieu thereof she herewith files her marriage Certificate and the affidavit of two witnesses who know that affiant and soldier lived together as husband and wife and publicly acknowledged such relation to exist from the date of said Certificate to the date of Soldiers death Jan 27. 1895

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

Her Post-office address is Edinboro Erie Co Penna and further ~~further declare that~~ ~~no interest in said case and~~ ~~not concerned in its prosecution~~.

Matilda Brookfield
(Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)

STATE OF *Pennsylvania*, COUNTY OF *Erie*, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words ——— erased, and the words ——— added, and acquainted *her* with its contents before *she* executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me, and that *she is a* credible person.

John Proudfit,
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

I ...., Clerk of the County Court in and for aforesaid County and State, do certify that ...., Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of .... 189 .

....

[L. S.] Clerk of the ....

☞ 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 verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Wid O' claim No 608292
Accrued Cf No 847089

ADDITIONAL EVIDENCE.

CLAIM OF

Matilda widow of Saml M Benedict Co B 145th Regt Pa Vols

AFFIDAVIT OF

claimant relating to proof of marriage

FILED BY

A. McGill
Saegertown Pa

Printed and for sale by John F. Sheiry, Claim Blank Printer, 623 D Street, N. W., Washington, D. C.

Middle Div.

Department of the Interior,

BUREAU OF PENSIONS,

August 12, 1895

Widows

No. 608.292

As to reputation for truth and professional standing of Dr. J. C. Wilson

Edinboro', Pa

Sec. A. Ex'r W.

Aug 12, 1895

P. M. reports Good!

in claim No. 411584 G

2346b5m

MEDICAL EVIDENCE.

STATE OF Pennsylvania } SS:
COUNTY OF Erie }

In the pension claim of Matilda Wid of Sam'l W Burchfield Co B 145 Pa Vols

Personally came before me, a Notary Public in and for aforesaid County and State, J. C. Wilson M.D., a resident of Edenburg, of the County of Erie State of Penna., who, being duly sworn, declares in relation to the aforesaid case as follows:

I have been long and intimately known to the above named Soldier having become acquainted with him since his boyhood a period of nearly forty years. Affiant has also been family physician for said soldier since his marriage to the above named Matilda (Hart) Burchfield so that my opportunities for knowing said Soldier's physical condition have been ample and extensive. Said Soldier for the past four or five years has been labouring under extreme nervous prostration resulting from organic changes and derangements of the general secretory as well as excretory functions of the system and the Kidneys in particular. Said Soldier was siezed with a violent attack of Catarrh of the bowels on Friday Jan 25th ult and although the disease was apparently arrested on the 26th he never rallied from a State of general collapse, and died on Sunday the 27th January from heart failure during an injudicious attempt to assume an upright posture. I have written above statement from personal recollection and written memoranda made at the time and not from dictation or printed or written statement by any other party.

And he further declares that he has no interest in said case, and is not concerned in its prosecution.

J. C. Wilson M.D.

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician in good professional standing; that I am in no wise interested, either directly or indirectly in the prosecution of this claim; and that I read the foregoing affidavit to the affiant, and acquainted him of its contents before he executed the same.

Witness my hand and official seal this 9th day of March, 18 95.

[L. S.]

John Brandt
Notary Public

STATE OF.. } *SS:*
COUNTY OF..}

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ...., Esq., who hath signed his name to the foregoing jurat, was at the time of so doing a .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and official seal this..................day of.................., 18......

[*L. S.*]

....

Clerk of..

W. D. 608.292

Mid Orgl. Mid DIVISION.

No. 608.292

Acmd Ctf 847089

MEDICAL EVIDENCE.

Affidavit of

J. C. Wilson M.D. Edinboro Pa

Death and Cause of death of Soldier

CLAIM OF

Matilda Burchfield

FOR

Orgl. Pension as widow of

Lieut Saml. M. Burchfield

Co. B. 145 Regt Pa. Vols.

FILED BY

A. McGILL, ATTORNEY,

SAEGERTOWN, PA.

GENERAL AFFIDAVIT.

State of Pennsylvania, **County of** Erie, **ss:**

In the matter of Widows Original Pension Claim No 608,292 of Matilda Widow of Samuel M Burchfield Capt Co B, 145th Reg't Pa vols.

ON THIS 19th day of June, A. D. 1895, personally appeared before me a Notary Public H. L. Truesdell in and for the aforesaid County, duly authorized to administer oaths aged ..... years, a resident of Edinboro, in the County of Erie, and State of Pennsylvania whose Post-office address is Edinboro. Erie County. Pa and F. P. Prondfit, aged 51 years, a resident of Edinboro. ....., in the County of Erie, and State of Pennsylvania, whose Post-office address is Edinboro in the County of Erie, Pa

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Istructions—Read Carefully.

Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be typewritten. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same, he did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person; and not attached as an exhibit to his testimony.

NOTE.—The above instructions do not apply to cases in which the affidavit is in the handwriting of the witness. In such case, the witness should state that the affidavit was written by him, and that he was not prompted thereto by any written or printed memorandum not attached as an exhibit to his testimony.

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

We were well acquainted with S. M. Burchfield. Known as Montgomery Burchfield. & Him Called Mont. Knew of His Marriage to Miss Matilda Hart—in 1866. That—He Continued to—live with her untill his Death in 1895—and were Never Divorced

This we Know from our own Personal Knowledge having Served in the Same Company and Regt—with him during the Late rebellion and have lived in the Same Town with him Ever Since he was

And is in the hand writing of one of Affiants H. L. Truchell witnessed by F. P. Prondfit—the Other.

We further declare that We have no interest in said case and are not concerned in its prosecution.

H. L. Truchell

F. P. Prondfit.

(If Affiants sign by mark, two witnesses who write sign here.)

(Signatures of Affiants.)

STATE OF Pennsylvania, COUNTY OF Erie, ss:

Sworn to and subscribed before me this day by the above named affiants, and I certify that I read said affidavit to said affiants, including the words .... erased, and the words .... added, and acquainted .... with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiants are personally known to me and that they are credible persons.

[L. S.]

John Proudfit,
(Official Signature.)

Notary Public,
(Official Character.)

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that .... Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of ...., 18....

....

[L. S.]

Clerk of the ....

☞ 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 verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

608292

ADDITIONAL EVIDENCE.

CLAIM OF

Matilda, widow of
Lt Samuel M Burchfield
Co B 145th Regt. Pa Vols.

AFFIDAVIT OF

H C Twichell and
J. T. Proudfit
Edinboro Pa

FILED BY

A. McGill
Saegertown
Pa

Printed and for sale by J. F. SHEIRY, Claim Blank Printer, 623 D Street, Washington, D. C.

J. J. B
March 10
1866.

This Certifies

That Montgomery Burchfield and Matilda Hart were by me United in Marriage, according to the Law of God and of the State of Pennsylvania at Waterford, Erie Co. Pa. March 10, A. D. 1866.

J. J. Bradford,
pastor of the Pres Church
Waterford.

GENERAL AFFIDAVIT.

State of Pennsylvania, **County of** Erie, **ss:**

In the matter of Widows Orijinal Pension Claim No 608.292 of Matilda widow of Samuel M Burchfield late of Co B. 145th Regt Penn'a Inft. Vols.

ON THIS Seventh day of May, A. D. 1895, personally appeared before me C W. Sowell a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths W. C. White aged 56 years, a resident of Waterford, in the County of Erie, and State of Penna whose Post-office address is Waterford Erie Co Penna H. L. White, aged 64 years, a resident of Waterford, in the County of Erie, and State of Pennsylvania, whose Post-office address is Waterford Erie Co Pa

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Istructions—Read Carefully.

Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be typewritten. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made; stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same, he did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person; and not attached as an exhibit to his testimony.

NOTE.—The above instructions do not apply to cases in which the affidavit is in the handwriting of the witness. In such case, the witness should state that the affidavit was written by him, and that he was not prompted thereto by any written or printed memorandum not attached as an exhibit to his testimony.

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

I am personally familiar with the hand writing of the Rev J. J. Bradford and have examined the Marriage Certificate of Montgomery Burchfield to Matilda Hart dated March 10th 1866 also of Octavius A Russell to Euphena Phelps dated Dec 21st 1865 and say to the best of my Knowledge and belief that the above are in the handwriting of the Rev J. J. Bradford That this affidavit is in my own handwriting and I have no interest directly or indirectly in the above stated claim.

W. C. White.

I am personally familiar with the hand writing of the Rev J. J. Bradford and have examined Certificate of Montgomery Burchfield to Matilda Hart dated March 10th 1866 also of Octavius A. Russell to Euphama Phelps and say that the above are in the hand writing is in the handwriting of the Rev J. J. Bradford and this affidavit is in my own handwriting and I have no interest directly or indirectly in the above stated claim

They further declare that they have no interest in said case and are not concerned in its prosecution.

J L Barker

H. L. White

W. C. White.

(If Affiants sign by mark, two witnesses who write sign here.)

(Signatures of Affiants.)

STATE OF Penn^a, COUNTY OF Erie, ss:

Sworn to and subscribed before me this day by the above named affiants, and I certify that I read said affidavit to said affiants, including the words .... erased, and the words .... added, and acquainted .... with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant are personally known to me and that they are credible person.

[L. S.] Official Character on file in Pension Department

C. W. Lowell
(Official Signature.)

Justice of the Peace
(Official Character.)

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that .... Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of ...., 18....

[L. S.]

....

Clerk of the ....

☞ 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 verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

W O No 608292
Acc'd of 847089

ADDITIONAL EVIDENCE.

CLAIM OF

Mistella Bushfield Widow of
Saml M. Bushfield late
Co. B, 145th Regt Pa Inf Vols

AFFIDAVIT OF

Wm C White and
H L White
Waterford Pa

FILED BY

A. McNeill
Saegertown Pa

Printed and for sale by J. F. Sheiry, Claim Blank Printer, 823 D Street, Washington, D. C.

GENERAL AFFIDAVIT.

State of Pennsylvania County of Erie ss:

In the matter of Widows Pension Claim of Lucretia Buckfield
Widow of Sam'l M. Buckfield. Co B. 145 Reg't Pa Vols

ON THIS 22nd day of February A. D. 1895 personally appeared
before me a Notary Public in and for the aforesaid County duly authorized to
adminster oaths C. J. Minneley aged 57 years, a resident of
Edinboro in the County of Erie and State of
Pennsylvania whose Post Office address is Edinboro, Pa.
Isabelle Sherman aged 40 years, a resident of Edinboro
in the County of Erie
and State of Pennsylvania whose Post-office address is Edinboro
Erie County State of Pennsylvania

well known to me to be reputable and entitled to credit, andwho, being duly sworn, declared in relation to aforesaid case as follows: to wit.

That they personally knew the claimant and her late husband prior to march 10th 1866 have known them from our infancy down to the present time, That from and ever after March 10th 1866 they lived together as husband and wife, and mutually acknowledged such relations to exist, and that they verily believe said parties were married lawfully on the date alleged, to wit March 10th 1866 and that neither she nor her late husband were previously married, and that the said Claimant was never divorced from her said deceased husband, and that she has not remarried since his death. These facts are known to us from our intimate acquaintance with them living as neighbors in the same village, and having almost daily knowledge of them through members of their family. That this Statement was prepared and written in the presence of affiants by John Proudfit at his office in Edinboro Erie Co. Pa. on this 22nd day of February A.D. 1895. from their own statements only, and that in making such Statements they were not aided or prompted by or directed by any one and did not use any written or printed statement or recital prepared or written by any other person or persons whatsoever

they further declare that they have no interest in said case and are not concerned in its prosecution.

C. J. Minneley

Isabelle Sherman

[If Affiants sign by mark, two witnesses who can write sign here.] [Signature of Affiant.]

PENSION BUREAU JUL 21 1896

STATE OF Pennsylvania, COUNTY OF Erie, ss:

Sworn to and subscribed before me this day by the above-named affiants, and I certify that I read said affidavit to said affiants, including the words .... erased, and the words acknowledged + one, added and acquainted them with its contents before they executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiants are personally known to me and that they are creditable persons.

John Proudfit
(Official Signature.)

Notary Public
(Official Character.)

[L. S.]

I, ... Clerk of the County Court in and for aforesaid County and State, do certify that .... Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit and that his signature thereunto is genuine

Witness my hand and seal of office, this .... day of ...., 18......

....

[L. S.] Clerk of the ....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

CLAIM OF

AFFIDAVIT OF

FILED BY

Printed and for sale by F. N. Moore, Room 57, Atlantic Building Washington, D. C.

Widows Claim No 608272.

MEDICAL EVIDENCE.

STATE OF Pennsylvania
COUNTY OF Erie } SS:

In the pension claim of Matilda widow of Sam'l M Burchfield "B" 145 "Pa vols

Personally came before me, a Notary Public in and for aforesaid County and State, J C Wilson M D, a resident of Edinboro, of the County of Erie State of Penn'a, who, being duly sworn, declares in relation to the aforesaid case as follows:

That he was present in his professional capacity as Physician at the birth of a female child to the late Samuel M Burchfield and Matilda Burchfield (the Claimants) at their residence in Edinboro Erie Co Pa Nov 29th 1878 and the child lived. Also, that he was present at the birth of another female child to the same (above named) parties and at the same place on Nov 29th 1881, and the child lived. That both the above mentioned Children are now living and are known respectively as Georgia P. & and Franc and are known to him personally to be the same children born at the Times and place above mentioned. That he has written this Statement from personal knowledge and recollection and gives dates of said births from memoranda contained in his books made at the time of the said respective births and not from any written or printed Statement, dictation or recital of any other person.

And he further declares that he has no interest in said case, and is not concerned in its prosecution.

J C Wilson M D,

Sworn to and subscribed before me this day; and I hereby certify that the affiant is a practicing physician in good professional standing; that I am in no wise interested, either directly or indirectly in the prosecution of this claim; and that ~~I read~~ the foregoing affidavit ~~to the affiant, and acquainted him of its contents before he executed the same~~ is in the hand writing of the affiant.

Witness my hand and official seal this 25th day of March, 18 94

[L. S.]

Sign here John Brandt
Notary Public

STATE OF..................................... } *SS:*
COUNTY OF..................................... }

I, ..., Clerk of the County Court in and for aforesaid County and State, do certify that ...., Esq., who hath signed his name to the foregoing jurat, was at the time of so doing a .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and official seal this..............................day of.........................., 18.....

[*L. S.*]

....

Clerk of..

Wid Orig Mid DIVISION.

No. 608.292

MEDICAL EVIDENCE.

Affidavit of

Dr J C Wilson as to birth of Children

Edinboro Pa

CLAIM OF

Matilda Burchfield

FOR

Pension as widow of Lieut

Samuel M Burchfield

Co B 145 Regt Pa Vols.

FILED BY

A. McGILL, ATTORNEY,

SAEGERTOWN, PA.

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Erie, ss:

In the matter of Wid. Original Pen Claim No 608292 of Matilda Widow of Sam'l M Burchfield Co B 145th Regt Pa Vols.

ON THIS 14th day of March, A. D. 1895, personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths A. J. Stanford aged 56 years, a resident of Edinboro, in the County of Erie and State of Pennsylvania well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

I manufacture clothing to order Mrs Matilda (Hart) Burchfield is a tailoress and worked for me before she was married in 1866 and has worked for me more or less each year since I am familiar with her circumstances financially She owns her home worth about $500.00 It is a place to stay but not a source of income otherwise She has no means of support but her own personal labor She still works for me.

This affidavit is written by myself and have not been prompted by any one

My Post-office address is Edinboro Erie Co Pa

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

A. J. Stanford
(Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)

STATE OF *Pennsylvania*, COUNTY OF *Erie*, *ss:*

Sworn to and subscribed before me this day by the above-named affiant, and I certify that ~~I read~~ said affidavit ~~to said affiant~~, ~~including the words~~ *is in the handwriting of the affiant* ~~erased, and the words~~ .... ~~added, and acquainted with its contents before~~ .... ~~executed the same~~. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me, and that *he is a* credible person.

John Proudfit.
(Official Signature.)

Notary Public.
(Official Character.)

[L. S.]

I........................, Clerk of the County Court in and for aforesaid County and State, do certify that........................, Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing........................ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this.............day of........................189 .

....

[L. S.] Clerk of the........................

☞ 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 verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Wid Original No 608292
Record Ctf No 847.087

ADDITIONAL EVIDENCE.

CLAIM OF

Matilda, widow of Saml M Burchfield Co B 145th Regt Pa Vols

AFFIDAVIT OF

A.J. Stanford, Edinboro Pa

in support of claimant

FILED BY

A. McGill, Saegertown Pa

Printed and for sale by John F. Sheiry, Claim Blank Printer, 623 D Street, N. W., Washington, D. C.

GENERAL AFFIDAVIT.

State of Pennsylvania, County of Erie, ss:

In the matter of Widows Original Pen Claim No 688292 of Matilda Widow of Benj C M Brookfield Co B 145th Reg't Pa Vols.

ON THIS 8th day of March, A. D. 1895, personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths J. H. Reeder aged years, a resident of Edinboro in the County of Erie and State of Penn'a well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

NOTE.—Affiant should state how he gained a knowledge of the facts to which he testifies.

I am the assessor for the boro of Edinboro. My last assessment for Edinboro for 1895 was maid or finished up on the Sixth Day of Jan 1895 Matilda was assessed for One acre Land and Small house for the the year 1895 at $45.00, & know of no Personal Property or of any income only by manuel labor, The house and lot makes her a place to live, But is but Barely is no source of income

This statement is in my own hand writing and made by me from my own personal Knowledge & Being assessor for the last three years

My Post-office address is Edinboro, Erie Co, Pa,

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

J. H. Reeder ass

(Signature of Affiant.)

(If affiant signs by mark two persons who write sign here.)

STATE OF *Pennsylvania*, COUNTY OF *Erie*, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that ~~I read~~ said affidavit ~~to said affiant, including the words~~ *is in the handwriting of the affiant* ~~erased, and the words~~ .... added, ~~and acquainted with its contents before~~ .... ~~executed the same~~. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant *is* personally known to me, and that *he is a* credible person.

John Proudfit
(Official Signature.)

[L. S.]

Notary Public
(Official Character.)

I ...., Clerk of the County Court in and for aforesaid County and State, do certify that ...., Esq., who has signed his name to the foregoing declaration and affidavit, was, at the time of so doing .... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of .... 189 .

....

[L. S.] Clerk of the ....

☞ 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 verified by his official seal, and in case he has none his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk

Min orig'l No 608,292
Granted Ctf No 847,089

ADDITIONAL EVIDENCE.

CLAIM OF

Matilda, widow of
Saml M Brookfield
Co B. 145th Regt Pa Vols

AFFIDAVIT OF

J. H. Reeder
Assessor & Elector
Erie Co Pa Jan 1895

FILED BY

A. McGill
Saegertown Pa

Printed and for sale by John F. Sheiry, Claim Blank Printer, 623 D Street, N. W., Washington, D. C.