

DECLARATION OF A WIDOW FOR ORIGINAL PENSION.

STATE OF Maryland }
 COUNTY OF Cecil } ss:

On this 12th day of March, A. D. one thousand nine hundred and seven, personally appeared before me, a Notary Public within and for the county and State aforesaid, Lucy Jane Owens, aged 63 years, a resident of Cokesbury near Port Deposit, County of Cecil, State of Maryland, who being duly sworn according to law, makes the following declaration in order to obtain pension under the acts of Congress granting pension to the widows of soldiers and sailors who have died by reason of wound or injury received, or disease contracted, in the service of the United States and in the line of duty:

That she is the widow of John W. Owens, who was Enrolled 11th day of August ¹⁸⁶³ under the name of John W. Owens at Cokesbury on the 11th day of August, 1863, as a Private in Company S. Fourth Regiment U. S. C. Infantry, vol. [Here state rank and designation of organization or name of vessel.] and was discharged on the 4th day of May, 1866, and who died at Cokesbury near Port Deposit Md on the 13th day of February, 1897, of Bright's Disease due to [Here state the immediate cause of death.]

incurred in the above-named service. That the said soldier was _____ in the military or ~~naval~~ service of the United States except as stated above. [If any other service, it should be stated in full.]

That the said soldier was born _____, 18____, at _____; that his personal description at enlistment was as follows: Height, _____; complexion, dark; color of eyes, dark; color of hair, dark; permanent marks or scars, lost one eye during the war. that his occupation was laborer

That she was married under the name of Lucy J. Clark to said soldier at Cokesbury near Port Deposit Md. on the 22nd day of September, 1867, by Rev. Gailor Pres. Minister; that there was no legal barrier to the marriage; that she had not been previously married; that the soldier had not been previously married.

[If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.]

That she was never divorced from said soldier, and that she has not remarried since his death.

[If remarried, the date and place of remarriage should be stated.]

That the said soldier left the following-named children under 16 years of age at the date of his death, to wit:

No children, born _____, 1____, at _____
 _____, born _____, 1____, at _____
 _____, born _____, 1____, at _____
 _____, born _____, 1____, at _____
 _____, born _____, 1____, at _____
 _____, born _____, 1____, at _____

[If any child has died since the soldier's death, its name and the date of its death should be stated. If the soldier left no children, the claimant should so state.]

That she has not heretofore applied for pension.

[If prior application has been made, the number thereof, the service on which

it was based, and the name of the soldier should be stated.]

That her post-office address is Port Deposit
 County of Cecil State of Maryland

ATTEST: (1)

(2) W. J. [Signature]

Claimant's signature