

Washington, D. C. *June 20* 189*1*

TO THE HON. *Comdr. Pensions*

Please furnish the condition of the claim mentioned below, and state what evidence, if any, is required to complete the same.

Very respectfully,

A. B. WEBB,

P. O. Box B.

WASHINGTON, D. C.

No. of Claim *409898*

No. of Certificate

Benj G Smith
[Name of Claimant.]

F 4 [Name of Soldier.]
Co. Reg't *Colo.* Vols.

Nature of Claim *O.D. Pension*

Certificate of claimant's medical examination hereto attached.

Early action requested.