

Declaration for the Increase of an Invalid Pension. No. 2

NOTE.—To be executed before some officer authorized to administer oaths for general purposes. Official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If such certificate is on file, so state.

State of MARYLAND, County of City of BALTIMORE, ss:

ON THIS 19th day of June, A. D. one thousand nine hundred and eight personally appeared before me, a N. F. within and for the City and State aforesaid, Josiah Cornish aged        years, a resident of the        of City City of BALTIMORE, State of MARYLAND, who, being duly sworn according to law, declares that he is a pensioner of the United States enrolled at the

Washington Pension Agency, at the rate of 14 Dollars per month, Certificate No. 174091: by reason of disability from gunshot wound of left arm and breast and ribs, Here name the disability for which pension was granted

incurred in the        service of the United States, while serving as a        Here state rank, company, and Co D U. S. C. 7. H Reg Military or Naval. regiment, if in the army; vessel, if in the navy.

That he believes himself to be entitled to an increase of pension on account of great increase of disabilities hitherto alleged. Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible. is wholly disabled to do any manual labor, is absolutely unable to earn any money, because unable to do any kind of work.

That he hereby appoints, with full power of substitution and revocation,

A. PARLETT LLOYD of Baltimore, Md.

his true and lawful attorney to prosecute his claim.

His Post Office address is 618 McCleary Court Baltimore Md

ATTEST:

L. R. B. B. B.

Two witnesses who can write must sign here



Josiah Cornish

Claimant's signature

ATTY FILED