

Declaration for an Original Invalid Pension.

To be executed before some officer authorized to administer oaths for general purposes. The 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.

State of Maryland, City of Baltimore, ss:

ON THIS JUN 29 day of 1899, A. D. one thousand eight hundred and ninety

personally appeared before me, a J.P.

within and for the County and State aforesaid John Smothers

aged _____ years, who, being duly sworn according to law, declares that he is the identical John

Smothers who was ENROLLED as a _____ on the _____ day of

_____, 18. 66, in Company 9 of the 9 Regiment of N. S. C. Reg

commanded by _____ and was honorably DISCHARGED at

_____, on the _____ day of _____ 18. 66, that his

personal description is as follows: Age _____ years; height _____ feet _____ inches; complexion _____

hair _____; eyes _____ That while a member of the organization aforesaid, in the

service and in the line of duty at Brownsville in the State of Texas

on or about the _____ day of _____ 18. 66, he contracted

location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

pestigo & disease of back Also in

front of Petersburg Winter 1864 sprained

his back by moving the dead bodies

and also from exposure contracted

gravel & urinary affection & throat

trouble, & sprained his right foot

from being stepping on piece of

glass while engaged at washing

wagons

That he was treated in hospitals as follows: Treated at hospital

at Brownsville Texas

That he has not been employed in the military or naval service otherwise than as stated above

service was, whether prior or subsequent to that stated above and the dates at which it began and ended.)

That he has not been in the military or naval service of the United States since the _____ day of _____ 18. 66

That since leaving the service this applicant has resided in the _____ city of Baltimore

in the State of Md, and that his occupation has been that of a _____

That prior to his entry into the service above-named he was a man of good sound, physical health, being when enrolled a

_____ That he is now greatly disabled

from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of

the United States; and he therefore makes this declaration for the purpose of being placed on the invalid

pension roll of the United States. 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. That he has not received yet applied for

a pension; that his residence is No. 417 Short street

Baltimore, Maryland, and that his post office address is same.

Margaret Tubman John X Smothers
W. Drake (Signature of Claimant.)

[Two witnesses who can write, sign here.]