

Application  
Declarative

Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of MD, County of Baltimore, SS:

ON THIS 12<sup>th</sup> day of June A. D. one thousand eight hundred and eighty nine

personally appeared before me a Commissioner for DC a Court

of Record within and for the County and State aforesaid William F. Bradley

aged 42 years, who, being duly sworn according to law, declares that he is the identical

William F. Bradley who was ENROLLED as a \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_, in Company B of the 4<sup>th</sup> regiment of U. S. C. I.

was pensioned by Certificate No 178599 and was honorably DISCHARGED at as \$6 per month on the \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_; 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, he was wounded of right in the State of \_\_\_\_\_ on or about the \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_, he

That he believes himself entitled to an increase of pension on account of increased disability. He does not seem to have been rated for bayonet wound of right thigh just beside the gunshot wound. His limb is now numb & stiff and he has to almost constantly use crutches or a cane.

That he was treated in hospitals as follows: \_\_\_\_\_ (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

That he has \_\_\_\_\_ been employed in the military or naval service otherwise than as stated above. \_\_\_\_\_ (Here state what the 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 \_\_\_\_\_

That since leaving the service this applicant has resided in the \_\_\_\_\_ of \_\_\_\_\_ in the State of \_\_\_\_\_, 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 \_\_\_\_\_ 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 \_\_\_\_\_ received \_\_\_\_\_ applied for a pension; that his residence is No. 1140 Lucie McElenny street Baltimore

MD and that his post office address is \_\_\_\_\_

J. G. Madgaden

William F. Bradley  
(Signature of Claimant.)  
man