REPRODUCED AT THE NATIONAL ARCHIVES

Sworn to and subscribed before me by claimant and witnesses this 26th day of April A. D. 1865 and I hereby certify that I have no interest, direct or indirect, in the prosecution of this claim.

Witness my signature and the seal of said Court, at the day and year aforesaid.

Wm A. Dallam, Clk

Know all Men by these Presents, that I Henry Kell ... City, my true and lawful attorneys, to apply for and ... entitled to from the United States.

SIGNED, SEALED AND DELIVERED IN PRESENCE OF

Samuel B Walton Witness.

Joseph W. Shroff Witness.

Henry Kell Claimant.

Duly acknowledged before me this 26th day of April 1865

Wm A. Dallam, Clk

INSTRUCTIONS.

NOTES.—(1) This declaration must be made before a Court of Record, or a Judge or Clerk of such Court.
(2) This blank is left to account for the loss or destruction of the discharge, if it is not in the applicant's possession.
(3) Here give a particular and minute description of the wound or disability, stating when, where and how is was incurred, and how it affects the applicant.
(4) Or, "make his mark."

Application for Invalid Pension.

Henry Kell
Hallsford,
Harford Co.
Md.

Filed on May 1st 1865

Marvin & Merchant, ~~CLARK & Co.~~
PENSION AND BOUNTY AGENTS,
No. ~~639 Broadway~~, New York City.

DEPARTMENT OF THE INTERIOR May 5 1865 P

SC 4126-40-41