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ORIGINAL INVALID CLAIM. *W 886,476*

Soldier, *Cornelius Bonser*
P. O., *1345 Lombard St* Rank, *Corporal*
City, *Philadelphia* Company, *B*
County, *Pa* Regiment, *39 U.S. Vol Inf*
State, _____
Rates, \$ _____ per month, commencing _____

RECEIVED

Pensioned for _____

RECOGNIZED ATTORNEY.

Name, *Charlotte Lloyd* Fee, \$ _____, Agent _____ to pay.
P. O., *Baltimore Md* Articles filed _____, 18 _____

APPROVALS.

Approved for _____
Submitted *for Gen Jan 8*, 1894; *W.W. Bachman*, Examiner.

Approved for *rejection. On ground of* Approved for *rejection*
no pensionable disability *injury of left wrist,*
from alleged rheumatism, in *rheumatism, weak back, piles, & diarrhoea*
giving to left wrist weak back, piles filing claim *since injury to left wrist & disease of eyes can*
affliction of eyes and diarrhoea *date of filing claim*
~~Subject to approval not be rejected on medical grounds.~~
of Med. Ref.
Metzger, Legal Reviewer. *H. Hunt a*, Med. Ex'r, *C. W.*, Med. Reviewer,
Jan 22, 1894, Re-Reviewer. *Jan 29*, 1894, Med. Referee. *J. E.*

IMPORTANT DATES.

Enlisted, *June 25*, 1864, service from _____
Mustered _____, 18 _____, to _____, 18 _____, in _____
Discharged *Dec 4*, 1865.
Declaration filed *July 8*, 1893, Not in service since *Dec 4*, 1865.

BASIS OF CLAIM.

In Declaration filed July 8, 1893 claimant alleges that Petersburg Va in fall 1864 he contracted rheumatism and injury left wrist & neck back affliction of eyes, piles and diarrhoea from exposure in service.