

Declaration for an Original Invalid Pension. F

NOTE.—To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record or a City or County Clerk.

State of MARYLAND, County of BALTIMORE, ss:

ON THIS 29 day of July A. D. one thousand eight hundred and ninety three

personally appeared before me, a Notary Public of Baltimore within and for the County and State aforesaid

aged 49 years, who, being duly sworn according to law, declares that he is the identical

Cornelius Bausen who was ENROLLED as a Private on the _____ day of _____

1867, in Company B of the 39 Regiment of U.S.C. Inf

commanded by Capt C Logg and was honorably DISCHARGED at

Baltimore, Md on the _____ day of _____, 1867 That his

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

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

service and in the line of duty at Petersburg in the State of Va

on or about the _____ day of June 1867 he contracted rheumatism

(Here state the name or nature of disease, or the

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

injury by wrist nerve back, affection eyes

spine & dorsals from exposure in service & due

duty

That he was treated in hospitals as follows: Hospital N.C

(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

That he has never 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 _____ 1867

That since leaving the service this applicant has resided in the Towson of Balt

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

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

man That he is now wholly 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. Parrott Lloyd of BALTIMORE, MARYLAND

his true and lawful attorney to prosecute his claim that he has never received but applied for

No 836476 apply a pension; that his residence is No. 1231 Jefferson street

BALTIMORE, MARYLAND and that his post office address is

BALTIMORE, MARYLAND

S. Maguire & Son Cornelius Bausen

O. W. Beale (Signature of Claimant.)

(Two witnesses who can write sign here.)

Action asked on OTL
PAW CLAIM