

Act of June 27, 1890.

DECLARATION FOR INVALID PENSION.

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 *27* day of *February*, A. D. one thousand nine hundred and

Two, personally appeared before me *Wm B Hammond*

a *Justice of the Peace* within and for the *City* and State aforesaid,

John W Davis, aged *63* years, a resident of the *City* of *Baltimore* County of _____

State of *Maryland* who, being duly sworn according to law, declares that he is

the identical *John W Davis* who was ENROLLED on the *15*

day of *Octr*, 18 *64*, in *Co H. 9th U.S.C.T.*
(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

_____ in the service of the United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

_____, on the *15* day of *Octr*, 18 *64*

That he has *not* 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 is _____ unable to earn a support by manual labor by reason of *Malarial*
(Here name the disease or

poisoning sun stroke aff of Eyes, knees & back
injuries from which disabled.

Vertigo and general debility and rheumatism

& cramping of limbs That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. *778 471* That he is a pensioner under Certificate No. _____

(If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the act of June 27, 1890, as amended by act of May 9, 1900.

He hereby appoints with full power of substitution and revocation,

A. Parlett Lloyd of *BALTO. MD.*

his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That

his POST-OFFICE ADDRESS is *610 Sterling St*, County of _____

Baltimore, State of *Maryland*

John W. Davis
(Claimant's Signature)

1 *W B Hammond*

2 *Wm R. Rude*
(Two witnesses who write sign here.)

ATTY FILED

