

96

NEW Disabilities

Declaration for Invalid Pension.

Act of June 27, 1890. *Alleges NEW Disabilities*

2066

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of *MD*, County of *Baltimore*, ss:

ON THIS *4* day of *Oct*, A. D. one thousand eight hundred and ninety *two*

personally appeared before me, a *J.P.*

within and for the County and State aforesaid, *Jno Duncan*

aged..... years, a resident of the *city* of *Baltimore*

County of..... State of *MD*, who, being

duly sworn according to law, declares that he is the identical *John Duncan*

who was ENROLLED on the..... day of....., 18....., in.....

Co 219 U.S.I
(Here state rank, company and regiment, in Military service, or vessel, if in the Navy.)

.....

..... in the service of the United States in the war of the rebellion, and served at least

ninety days, and was HONORABLY DISCHARGED at..... on the.....

day of....., 18..... That he is *wholly* unable to earn a support by

manual labor by reason of *discharge* **Alleges NEW Disabilities** *discharge of back eyes*
(Here name the diseases or injuries from which disabled.)

rupture The *left* eye is entirely

blind for over a year. The other eye

is also unpaired, he has catarrh

from chertis & general disability. The

eye was lost from general exposure
That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief of a permanent

character. That he has *not* applied for pension under application No. *77849* 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 has..... been employed in the military or naval service otherwise than as stated above.

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. He hereby appoints

A. Parker Lloyd of *BALTIMORE*, **MARYLAND**

his true and lawful attorney to prosecute his claim, and he directs that the sum of ten dollars be paid to said attorney

That his POST OFFICE ADDRESS is *517 N. Spring St*

County of *Baltimore* State of *MD*

S. Magner, Subman *J. John Duncan*
Signature of Claimant.)

Corso
(Two witnesses who can write, sign here)

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