

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer, must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Maryland, County of Baltimore, ss:

ON THIS 16 day of May July A. D. one thousand eight hundred and ninety

personally appeared before me, a Deputy Clerk of the Court within and for the County and State
 aforesaid, Mathias Price aged 46 years, a resident of
Baltimore County of _____ State of _____

Maryland, who, being duly sworn according to law, declares that he is a pensioner of the
 United States, enrolled at the Washington D.C. Pension Agency at the rate of Eight
 dollars per month, Certificate No. 80880; by reason of disability from "Gunshot wound
(Here name the disability for which pension was granted.)

of left hand with loss of index and second fingers

incurred in the Military service of the United States, while serving as a Private
(Military or Naval) (Here state rank, company, and
Co. I 9th Regt. U.S.C. Troops
regiment, if in the army; vessel if in the navy.)

That he believes himself to be entitled to an increase of pension on account of an increased
disability and his rate above mentioned
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If
being unjustly and unreasonably low
on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances
and disproportionate to the rate paid
of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as
by others for similar or equivalent disability.
possible.)

and also ~~for~~ on account of a disability
 for which he has never been pensioned, namely:
Rheumatism left arm-which he claims
is ~~the~~ caused by cold &c. in wounded hand-
that he is only able to use the left arm at
times. In cold or damp weather his arm causes
intense pain from the end of the finger stumps
to the shoulder.

that he hereby appoints, with full power of substitution and revocation,
Harrison Adams of Baltimore Md.
 his true and lawful attorney, to prosecute his claim.

His Post Office address is 811 McDonough St.

Mathias Price
(Signature of Claimant.)