

DECLARATION FOR AN ORIGINAL INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Maryland, County of Baltimore, ss:

ON THIS 22 day of May A. D. one thousand eight hundred and sanctity

personally appeared before me a Deputy Clerk of the Superior a Court of Record within and for the County and State aforesaid James H Bowser

aged 64 years, who, being duly sworn according to law, declares that he is the identical James

H Bowser who was ENROLLED as a Serjt on the _____ day of

Spring, 1864, in Company D of the 30 regiment of U.S.C.T.

commanded by Capt Whitney and was honorably DISCHARGED at

on the _____ day of Dec, 1865 That his

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

hair black; eyes black. 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 30 July & August 1864 he was struck by

a spent ball or shell above on the back (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.)

right hip, causing an injury to bladder

and kidneys. Also about some time or

shortly thereafter contracted rheumatism

affecting him principally in the

region of his wound

Treated by regimental surgeon

That he was treated in hospitals as follows: at City Point Hosp August

& Sept 64 about 5 weeks (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

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 has not been in the military or naval service of the United States since the _____ day of Dec 1865

That since leaving the service this applicant has resided in the _____ city of Baltimore

in the State of MD, and that his occupation has been that of a janitor

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

Walter That he is now partly 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 Parlett Lloyd of Baltimore MD

his true and lawful attorney to prosecute his claim. That he has not received or applied for

a pension; that his residence is No. 420 St Mary's street

Baltimore MD and that his post office address is

James H Bowser (Signature of Claimant)

Walter Stevens (Two witnesses who can write sign here.)