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DECLARATION FOR ORIGINAL INVALID PENSION.

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TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Maryland }
Baltimore County, } SS.

On this 15th day of May, A. D. one thousand eight hundred and eighty^{eight} personally appeared before me, a Deputy Clerk of the Superior Court, a court of record within and for the County and State aforesaid, James Arnstead, aged 51 years, a resident of the City of Baltimore, county of Baltimore, State of Md, who, being duly sworn according to law. declares

that he is the identical James Arnstead who was ENROLLED on the day of March, 1864, in Company I of the 39th Regiment of U. S. C. T. commanded by Capt Hand and was honorably DISCHARGED at Baltimore on the day of Dec, 1865; that his personal description is as follows: Age, years; height feet inches; complexion, brown; hair, black; eyes, black.

That while a member of the organization aforesaid, in the service and in the line of his duty at Smithville in the State of N. C. on or about the Summer or Fall of 1865, he contracted Malaria

Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.

chills & fever and malarial poisoning from exposure incidental to his service. Treated by Surgeon H. Tucker

That he was treated in hospitals as follows: at Newbern N. C. about September 65 was there about two months 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 since leaving the service this applicant has resided in the City of Baltimore in the State of Md, and his occupation has been that of a laborer.

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a laborer. That he is now partially 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. That he appoints A. Parlett Lloyd of Baltimore Md, his true & lawful attorney to prosecute his claim. That he has not received or applied for a Pension. That his POST OFFICE ADDRESS is 908 Pierce St county of Baltimore State of Md.

Claimant's signature, James Arnstead
mark
ATTEST: M. A. Campbell
Peter Stevens