

(3-125.)

ORIGINAL INVALID PENSION.

Claimant, James Henson.
P. O., 25 St Mary St. Baltimore Rank, Private
County, Baltimore Company, H.
State, Maryland Regiment, 19th U. S. C. Vols.
Attorney, F. Y. McDonald. Baltimore, Md.
Fee, \$ Agent not to pay.
Rate, \$ _____ per month, commencing _____

Disabled by _____
Submitted _____, 188 _____, by H. B. Brown, Examiner.

Approved for _____	Approved for _____
_____, 188 _____, Reviewer.	_____, 188 _____, Med. Referee.

Enlisted <u>Mar 31st</u> , 1864.	service from _____
Mustered <u>Mar 31st</u> , 1864.	18 _____, to _____, 18 _____, in
Discharged <u>July 25th</u> , 1865.	
Declaration filed <u>Oct 17th</u> , 1879.	Not in military or naval service since <u>July</u>
Last material evidence filed _____, 18 _____.	<u>25th</u> , 1865, when discharged.

BASIS OF CLAIM.

Alleges in declaration filed Oct 17th 1879, that on or about Apr. 14th 1864, at Charleston, Va., he contracted a disease of the stomach which afterwards became chronic.

Claimant signs by X _____ MC