

Increase New Disabilities

Declaration for Invalid Pension.

Act of June 27, 1890.

Is Helpless

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 *12* day of *Sept*, A. D. one thousand eight hundred and ninety *one*

personally appeared before me, a *Justice of the Peace*

within and for the County and State aforesaid, *James Henson*

aged *40* years, a resident of the *City* of *North Baltimore*, *Balto.*

County of *North* State of *Md*, who, being

duly sworn according to law, declares that he is the identical *James Henson*

who was ENROLLED on the *2* day of *March*, 1864, in

(Here state rank, company

Co No 19 M S L I
and regiment, in Military service, or vessel, if in the Navy.)

.....in the war of the rebellion, and served at least

ninety days, and was HONORABLY DISCHARGED at.....on the *23*

day of *July*, 1865 That he is *wholly* unable to earn a support by

manual labor by reason of *disorder of stomach for which he draws*

(Here name the diseases or injuries from which disabled.)

\$6 per month & he claims an increase for

increase of said pension disability, also

draw for disorder of stomach, eyes, back

and total general disability

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That

he has.....applied for pension under application No..... That he is a pensioner

under Certificate No. *484 777*

(If a pensioner, Certificate only need be given. If not, give the number of the

former application if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provi-

sions of the Act of June 27, 1890. He hereby appoints

A. Parleth Lloyd of *Baltimore* (City)

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 *449 Little Monument St*

County of *Baltimore* State of *Md*

James Henson

(Signature of Claimant.)

E. S. Henson

(Two witnesses who can write, sign here.)