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[3—011.]

B DECLARATION FOR THE INCREASE OF AN INVALID PENSION. B

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Maryland }
County of Baltimore } ss:

On this 27th day of February, A. D. one thousand eight hundred and eighty-Eight personally appeared before me, a Justice of the Peace of the State of Maryland within and for the county and State aforesaid, John S. Barnes, aged 46 years, a resident of the City 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. 19 USCT) Pension Agency at the rate of $4 dollars per month, by reason of disability from Gun shot wound in left hand (Here name the disability for which pension was granted.) (also deafness in the left ear principally & pain in the small of back) incurred in the line of duty (Military or Naval.) service of the United States while in 19th Regiment U.S. Colored (Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.) Troops Company (F) (No 130793 old Pension)

That he believes himself to be entitled to an increase of pension on account of increased loss of power in said (Here state the reasons for applying for increase.) left hand extending to the shoulder for which he is already pensioned and he claims that he also received, or has the result of said wound a loss of hearing (If on account of increase in the disability for which already pensioned, that should be described. If 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 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 possible.) in left ear which is a great source of loss to him in his daily business and communication with the Community has never been medically treated except by his own application for said deafness & pain in small of his back

that he appoints F. E. P. Brooke, of 219 Courtland Street county of Baltimore, State of Maryland, his true and lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS is John S. Barnes No. 577 West Hoffman Street county of Baltimore, State of Maryland

Claimant's signature: John S Barnes

Attest: Wm B. Nelson

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(1571—25 M.)