

Additional
Declaration for the Increase of an Invalid Pension.

Act June 27th 90.

State of *Maryland* County of *Queen Anne's*, ss:

On this *27th* day of *June* 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, *Chas. A. Wilson*

aged *51* years, a resident of *Centreville* county of *Queen Anne's* State of *Md.* who being duly sworn according

to law, declares that he is a pensioner of the United States, enrolled at the *Wash. D. C.* Pension Agency at the rate of *6* dollars per month,

Certificate No. *576 648* by reason of disability from *"Rheumatism & disease of feet"* (Here state the name of the disease, wound, or injury for which pensioned, as it appears on your certificate.)

incurred in the military service of the United States while serving as a *Pri* in Co. *K*, *39th* Reg't *Md.* Vols. That he believes himself to be entitled to an increase of pension on account of disability resulting from

cause aforesaid for the following reasons, viz:

causing severe pains & stiffness in limbs & joints pains soreness and swelling of feet. He is disabled by reason of X Rheumatism in Arms & Shoulders

for which he claims addl pension

He feels that his present rating is not commensurate with the degree of his disability. He therefore files this application for increase of pension, and requests a medical examination by a board of examining surgeons, to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full powers of substitution and revocation,

M. V. TIERNEY, of Washington, D. C.,

his true and lawful attorney to prosecute his claim.

His post-office address is *Centreville, Md*

William A. Callahan
J. H. C. Legg

Charles A. Wilson
(Claimant's Signature)

(If claimant sign by mark, two witnesses must sign here.)