

Increase

DECLARATION FOR INVALID PENSION

Under the Acts of June 27, 1890, and May 9, 1900.

State of *Maryland*, County of *Baltimore*, ss:

On this *10th* day of *October*, A. D. one thousand nine hundred and

six, personally appeared before me

a *Notary Public* within and for the County and State aforesaid

Joshua E. West a resident of the *City*

of *Baltimore* County of

State of *Maryland* who, being duly sworn according to law, declares that he is

the identical *Joshua E. West* who was ENROLLED on the

day of *March*, 18*64*, in *Co H 39 U. S. C 7*

(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

in the service of the

United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

Federal Hill, Balt Md, on the *Dec* day of *1865*.

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 he is *about 63* years of age, having been born on the _____ day of _____ 18_____.

That he is *wholly* unable to earn a support by manual labor by reason of age *rheumatism*
(Strike out the word "age" if under 62.)

limbago, weakness of back, kidneys, piles,
(Here name all diseases or injuries from which disabled.)

defective sight, disease of respiratory organs, shortness of breath, heart trouble, general debility,

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.

610.041 asks increase of pension
(If a pensioner, the Certificate number 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 provisions of the act of June 27, 1890, as amended by act of May 9, 1900.

He hereby appoints, with full power of substitution and revocation,

A. PARLETT LLOYD of *Baltimore, Md.*

his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That

his POST-OFFICE ADDRESS is *614 W. Saratoga St*, County of

Baltimore, State of *Maryland*

1 *Joshua E. West*
(Claimant's signature—FULL name.)

2
(Two witnesses who write signi

ATTY FILED