

No. 114.

increase

DECLARATION FOR INVALID PENSION

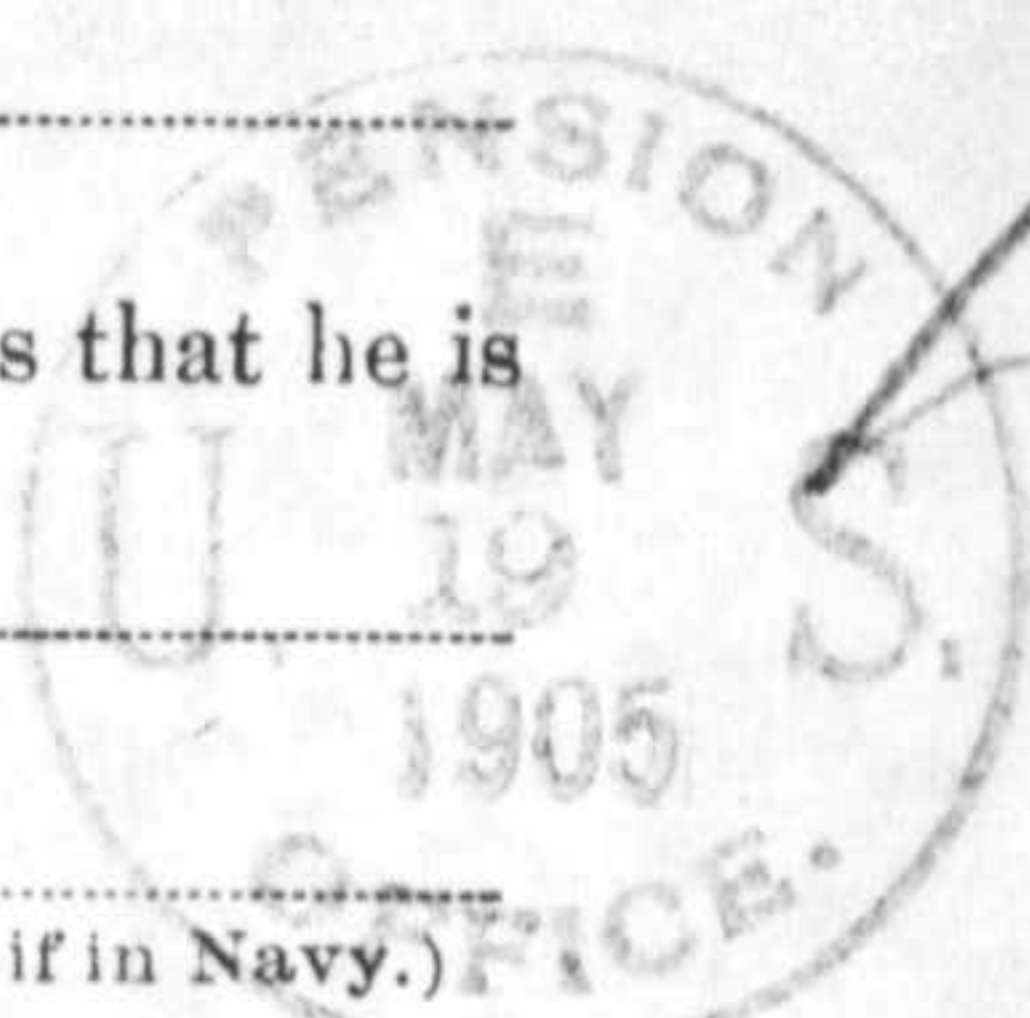
Under the Acts of June 27, 1890, and May 9, 1900.

State of *Maryland*, ^{*City*} County of *Baltimore*, ss:

On this *18th* day of *May*, A. D. one thousand nine hundred and *five*, personally appeared before me

a *Notary Public* within and for the ^{*City*} County and State aforesaid
Joshua E. West a resident of the
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 _____, 18 _____, in *Co. H. 39 U.S.A.*
(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)



United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at
_____ on the _____ day of _____, 18 _____.

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 *60* years of age; having been born on the _____ day of _____ 18 *45*.

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.)
Lumbago, disease of back, kidney, piles defective
(Here name all diseases or injuries from which disabled.)

*sight, disease of respiratory organs shortness of
breath disease of heart & general debility, Asthma & Vertigo*

Disabilities have partly increased & are permanent 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.
610.044 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 *617 W. Saratoga St* (County of
Baltimore State of *Maryland*

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

2 *Ann Knodt*
(Two witnesses who write sign here.)