Declaration for an Original Invalid Pension.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

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

ON THIS 21 day of June A. D. one thousand eight hundred and eighty six personally appeared before me Depy Clerk of the Superior Court a Court **of Record** within and for the ~~county~~ City and State aforesaid Jeremiah Jobes aged 57 years, who, being duly sworn according to law, declares that he is the identical Jeremiah Jobes who was **ENROLLED** on the 31 day of Mar, 1864, in Company K of the 30 regiment of USCT commanded by Capt Henry Howell and was honorably **DISCHARGED** at Balt Md on the 10 day of Dec, 1865, That his personal description is as follows: Age years; height feet inches; complexion hair. ; eyes That while a member of the organization aforesaid, in the service and in the line of duty ~~at~~ in front of Petersburg in the State of Va. on or about the day of 1864 and, 1865, he contracted Malarial Fever - Chronic Diarrhoea and Kidney Disease. Also at Ft Fisher - NC. sprained Right wrist from which Erysipelas resulted after return home.

Here state the name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

That he was treated in hospitals as follows: Was treated in City Point Va. Hospital and Davids Island N.Y. Was treated by Regimental Surgeon.

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

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 has not been in the military or naval service of the United States since the day of Dec 1865

That since leaving the service this applicant has resided in the City of Baltimore in the state of Maryland, and that his occupation has been that of a Job Worker

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Teamster. That he is now much disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints with full power of substitution and revocation. of his true and lawful attorney to prosecute his claim. That he has received applied for a pension; that his residence is No. street and that his post office address is C/o of Isaiah Turner - 33 Commerce St. Balt. Md

Jeremiah his X mark Jobes
[Signature of Claimant.]

Thos H Campbell
Isaiah Turner
[Two witnesses who can write sign here.]

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