

# Declaration for the Increase of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Maryland, County of Calvert, ss:

ON THIS 20<sup>th</sup> day of February A. D. one thousand eight hundred and eighty 9

personally appeared before me, a Justice of the Peace within and for the County and State

aforsaid, James Doon aged 38 years, a resident of

Wallsville County of Calvert State of

Maryland, who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Washington Pension Agency at the rate of 6

dollars per month, Certificate No. 172,780; by reason of disability from gunshot wound

Gunshot wound in right thigh (Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a private of

company I, 39<sup>th</sup> U. S. I. I. (Here state rank, company, and regiment, if in the army; vessel if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of increased disabili-

ty resulting from the above described wound (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If

since last raising and his physical condi- 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

tion resulting from said is very feeble 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.)

that he hereby appoints with full power of substitution and revocation,

U. L. Boyer of Washington, D. C.

his true and lawful attorney, to prosecute his claim.

His Post Office address is Wallsville, Calvert Co. Md.

Samuel Turner  
(Two witnesses who can write sign here.)

James Doon  
(Signature of Claimant.)