

Declaration for the REPRODUCED AT THE NATIONAL ARCHIVES. 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 Baltimore, ss:

ON THIS 20 day of September A. D. one thousand eight hundred and ninety

personally appeared before me, a Commissioner for Dist. of Columbia within and for the County and State

aforsaid, Samuel Handy aged 62 years, a resident of

Baltimore County of _____ State of

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

United States, enrolled at the Washington DC Pension Agency at the rate of Four (4)

dollars per month, Certificate No. 499,738 by reason of disability from Rheumatism
(Here name the disability for which pension was granted.)

incurred in the Military service of the United States, while serving as a _____
(Military or Naval.) (Here state rank, company, and

Company C 9 1st Regt
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 Increase of

said disability
(Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If

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

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

Allan Rutherford of Washington DC

his true and lawful attorney, to prosecute his claim.

His Post Office address is 808 Leadenhall St. Baltimore, Md.

Ph. H. Hoffman his

J. A. O. Tucker Samuel + Handy
(Signature of claimant.)

Two witnesses who can write, sign here.)

504125-370-24