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** Baltimore , **ss:**

ON THIS 6th day of August A. D. one thousand eight hundred and eighty 9 personally appeared before me, a Depy Clerk Superior Court within and for the ~~County~~ City and State aforesaid, Benjamin Malone aged 63 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 D.C. Pension Agency at the rate of "Four" dollars per month, Certificate No. 63082; by reason of disability from Gun shot wound left wrist."
(Here name the disability for which pension was granted.)

incurred in the military (Military or Naval) service of the United States, while serving as a Private of Co. G. of the 19th Regt. U. S. C. Troops (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 an increased disability and his rate, above named, being unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar or equivalent disabilities. and also for a wound for which he has never been pensioned, viz. a gun shot wound of the abdomen which severed one of the stomach arteries and which has affected his left limb and ankle. Soreness of the instep. stiffness of the ankle. and numbness of whole foot. He is compelled to carry a cane to walk with.
That the ball struck the left wrist - passing through wrist into the stomach — — — — —

He also asks a re-rating of his pension from the beginning as he does not believe he is receiving the full rate to which he is entitled under existing laws.

(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,

HARRISON ADREON, of BALTIMORE, MD.

his true and lawful attorney , to prosecute his claim.

His Post Office address is 142 Leadenhall st. Balto. Md.

H. C. Adreon
Wm. A. Campbell
(Two witnesses who can write sign here.)

Benjamin his + mark Malone
(Signature of Claimant.)