

(3-145)

Increase

INVALID PENSION.

Claimant, *Brunamine Malone*P.O., *213 N. Calvert St.*County, *Baltimore*State, *Md.*Rank, *Private*Company, *H.*Regiment, *19th U.S. Col. Inf.*

Rate, \$ _____ per month, commencing _____

REJECTED

Disabled by _____

RECOGNIZED ATTORNEY:

Name, *Hammer Adreow*P.O., *Baltimore Md.*Fee \$ *40.00*, Agent _____ to pay.Articles filed *Aug 9th*, 18*89*.

APPROVALS:

Submitted for *Dec. 9th*, 18*91*.*D. D. Duke*, Examiner.Approved for *rejection no benefit*
higher rate under set off June 27
1900 commencing at an earlier
date

Approved for _____

Jan 12, 1892, *W. E. H. H. H.* Legal Reviewer.

, 18 _____, Medical Referee.

Discharged *Sept 3rd*, 18*65* Last paid to _____, at \$ *4*Pensioned from *Sept 3rd*, 18*65* at \$ *4*, for *W. W. of left*
*wrist*Original declaration filed *Sept 16*, 18*65*; alleged *W. W. of left wrist*
*and wound in left side.**Aug. 3rd 1888. W. W. of left side and wound*
*for W. W. of left wrist.**W. W. of abdomen (side) rejected Dec 31/83. No value*
disability shown. Also inc. rejected same date
Decl. for increase Sept 4/88. No action had

Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Declaration filed *Aug. 9th*, 18*89* *Increase for per cent of Claim*
and alleges W. W. of abdomen - also serving -