

No. 114

Increase

DECLARATION FOR INVALID PENSION

Under the Acts of June 27, 1890, and May 9, 1900.

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

On this *5th* day of *May*, A. D. one thousand nine hundred and

five, personally appeared before me

a *U. P.* within and for the County and State aforesaid

John Moales a resident of the

city of *Baltimore* County of

State of *Maryland* who, being duly sworn according to law, declares that he is

the identical *John Moales* who was ENROLLED on the

day of *Mar*, 18*64* in *Co B 39 Md Inf Regt*

(Here state rank in company, and regiment in Military service, or vessel, if in Navy.)

in the service of the

United States in the War of Rebellion, and served at least ninety days, and was HONORABLY DISCHARGED at

on the *4* day of *Dec*, 18*65*

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 is *Don't know exact date* years of age, having been born on the *35* day of *1835*

That he is *wholly* unable to earn a support by manual labor by reason of age *increased disability from rheumatism*
(Strike out the word "age" if under 62.)

enlarged prostate gland disease
(Here name all diseases or injuries from which disabled.)

of kidneys & bladder & general debility

And fell about Nov 1863 from accident & injured
right arm & shoulder That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under application No. That he is a pensioner under Certificate No.

748103 ask increase
(If a pensioner, the Certificate number only need be given. If not give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the act of June 27, 1890, as amended by act of May 9, 1900.

He hereby appoints, with full power of substitution and revocation,

A PARLETT FLOYD of *Baltimore, Md.*

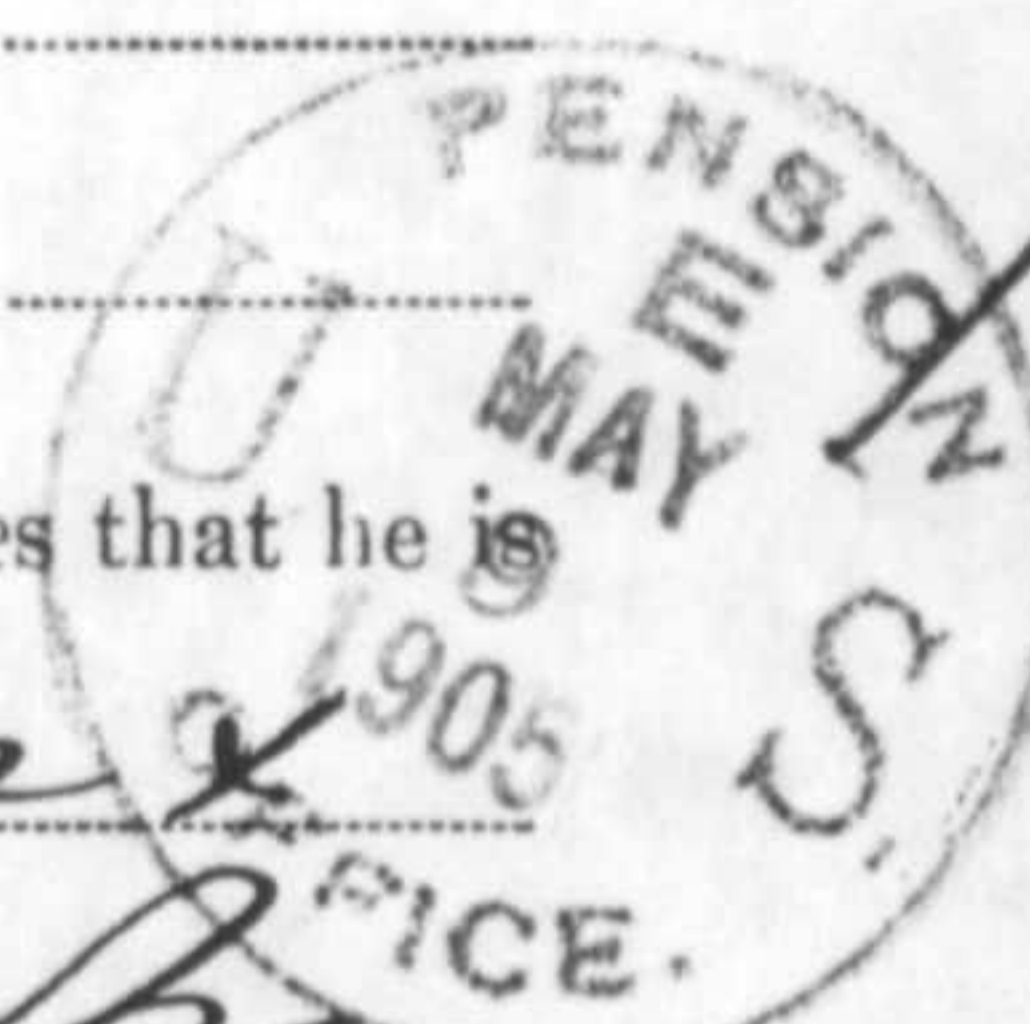
his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That

his POST-OFFICE ADDRESS is *445 Druid Hill Ave*, County of

Baltimore, State of *Md*

1 *Henry L. Lloyd* *John Moales*
(Claimant's signature—FULL name.)

2 *Chas. Hunter*
(Two witnesses who write sign here.)



FILED

52-4126-483-029