

Declaration for Invalid Pension.

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

Note.—To be executed before some officer authorized to administer oaths for general purposes. The official character and signature of any such officer not required by law to use a seal, must be certified by the clerk of the proper court, giving dates of beginning and close of official term. If such certificate is on file, so state.

State of MD, County of Balt, SS:

On this 10 day of Oct, A. D. one thousand nine hundred and nin

personally appeared before me, _____ a NP

within and for the County and State aforesaid, John Moales

aged 70 years, a resident of the City of Balt

County of _____, State of Md, who, being

duly sworn according to law, declares that he is the identical John Moales

who was ENROLLED on the _____ day of Mar, 1868, in

Co B 39 USCT Inf Here state rank, company and regiment if in the army, or vessel if in the navy

_____ in the service of the United States in the War of the Rebellion, and served at least Ninety Days,

and was HONORABLY DISCHARGED at _____, on the _____ day of

Dec, 1865 That he is wholly unable to earn a support by manual

labor by reason of increased disabilities & age Here name the diseases or injuries from which disabled.

also affection of back and general debility & vertigo

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, of a permanent character.

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 has not been employed in the MILITARY OR NAVAL SERVICE otherwise than as stated above.

That he makes this Declaration for the purpose of being placed on the Pension-Roll of the United States, under the provisions of the Acts of June 27, 1890, and May 9, 1900. He hereby appoints—

_____ of _____ his true and lawful Attorney, to prosecute his claim, and he directs that the sum of Ten Dollars be paid to said Attorney.

That his post-office address is 445 Drum Hill av

County of Baltimore, State of Md
Carter Field J. J. Moales

1 _____ Signature of claimant

2 _____ Two witnesses who can write sign here

ATTY FILED

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