Brigade Band U S C T

A. Declaration for Original Invalid Pension. A.

To be executed before a Court of Record or some officer thereof having custody of its seal.

State of Michigan
County of Wayne } ss.

On the date hereinafter mentioned, personally appeared before me a Notary ~~of the~~ Public, ~~a court of record~~, within and for the County and State aforesaid Robt. Mosley resident of the city of Detroit County of Wayne State of Mich who being duly sworn according to law, declares that he is the identical Robt. Mosley who was ~~enrolled on the~~ Brigade ... 1863 and served in ~~Company~~ as Leader ~~of the~~ ... ~~Regiment of~~ U.S.C.T. and was discharged at Brownsville Texas on the 20" day of April 1866; that his personal description is as follows: Age 66 years; height, 5' feet 8½" inches; complexion, dark; hair, gray; eyes, gray. That while a member of the organization aforesaid, in the service and in the line of his duty, ~~at~~ in front of Petersburg in the State of Virginia, on or about the ~~day of~~ month of Dec 1864, he from exposure to which subjected
(Here state name and nature of disease or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)
lying on wet ground, contracted Chronic rheumatism, and disease of eyes.

That he was treated in hospitals as follows: None
(Here state the name or number, and the localities of all hospitals in which treated and the dates of treatment.)

That he has not been employed in the military or naval service otherwise than as stated above
(Here state what other service, if any, was rendered, prior or subsequent to that stated above, and give the dates at which it began and ended.)

That ~~since~~ leaving the service this applicant has resided in Hagerstown Md until 1884; Detroit. Mich. ever since
(Here state in detail the different places in which he has resided from discharge to present date.)

That prior to his entry into the service above named he was a man of good, sound physical health, being, when enrolled, a laborer. That he is now greatly disabled from obtaining his subsistence by manual labor by reason of the injury or disability, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution, MILO B. STEVENS & CO., of DETROIT, MICH., their successors or legal representatives, his true and lawful Attorneys to prosecute his claim. That he has received a ~~applied for~~ pension Act June 27-90 Cf 742001. That his Post-office address is % Russell House, Detroit County of Wayne State of Mich

Claimant's Signature, Robert his X mark Mosley

Attest: Jas J Robertson
Rose ... Fairbee

[6-12-90-5m.] [SEE OTHER SIDE.]