

*11011*

For soldier or sailor passed sixty-two years of age not a pensioner under

# Act of June 27, 1890.

## DECLARATION FOR INVALID PENSION.

State of WASHINGTON, D. C., County of \_\_\_\_\_, ss:

On this 17<sup>th</sup> day of January, A. D. one thousand nine hundred and

five, personally appeared before me

a notary public within and for the County and State aforesaid

Edward Turner, aged 67 years, a resident of the town

of Beltsville County of Howard

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

the identical Edward Turner who was ENROLLED on the 29<sup>th</sup>

day of September, 1863 in Company F. 7<sup>th</sup>

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

U.S. Inf. Capt Pratt. in the service of the

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

Brownsville Tex., on the 29<sup>th</sup> day of September, 1866.

That he has not been employed in the military or naval service otherwise than as stated

above either prior to Sep 29/63 nor since Sep 29/66.

(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 unable to earn a support by manual labor by reason of age,

(Here name the disease or

having been born December 25<sup>th</sup> 1837,

injuries from which disabled.)

That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has not

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

(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,

**JAMES E. BROPHY, of WASHINGTON, D. C.,**

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 Beltsville, County of

Howard, State of Maryland.

1 W. S. Jameson Edward Turner  
(Claimant's signature - FULL name.)

2 Charles A. Brophy  
(Two witnesses who write sign here.)



ATTY FILE