

INCREASE INVALID PENSION.

Claimant, *Daniel Jones* Ark 403726

1/5 P.O., *Franklin Ave St Louis*

County, *Charlottesville*

State, *Virginia*

Rate, \$ _____ per month, commencing _____

Disabled by _____

RECOGNIZED ATTORNEY:

Name, *W. B. Smith, Esq.*

P.O., *City*

APPROVALS:

Submitted for *Review* Mar 1, 1899.

Approved for *Neurasthenia*

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