

INVALID PENSION

Claimant, *James Bruce*

P.O., *#13 Washington*
County, *and Carroll*
State, *Md.*

Rank, *Priv.*
Company, *30th US C. Vol Infy*
Regiment, *30th US C. Vol Infy*

Rate, \$ _____ per month, commencing _____

Disabled by *Rheumatism & Rheumatoid Arthritis*

RECOGNIZED ATTORNEY:

Name, *Edgar J. Kennedy*
P.O., *20 E. 10th St.*
Fee \$ _____, Agent _____ to pay _____
Articles filed _____, 18 _____

APPROVALS:

Submitted for _____, 18 _____
Approved for _____
Dr. J. M. Smith
Approved for _____
Dr. J. M. Smith
Examiner, *Dr. J. M. Smith*

Discharged _____, 18 _____
Pensioned from _____, 18 _____
Original declaration filed _____, 18 _____
Arrears allowed from _____, 18 _____ to _____, 18 _____ at \$ _____

Present Claim _____, 18 _____
Declaration filed _____, 18 _____
Arrears allowed from _____, 18 _____ to _____, 18 _____ at \$ _____

Present Claim _____, 18 _____
Declaration filed _____, 18 _____
Arrears allowed from _____, 18 _____ to _____, 18 _____ at \$ _____