

Declaration for an Original Invalid Pension.

THIS CAN BE EXECUTED BEFORE ANY OFFICER AUTHORIZED TO ADMINISTER OATHS FOR GENERAL PURPOSES.

State of Maryland County of Leckow, ss:

On this 13 day of December A. D., one thousand eight hundred and ninety seven personally appeared before me, _____, of the _____ Court, a Court of Record within and for the County and State aforesaid, William Coats State your Name.

aged 54 years, who, being duly sworn according to law, declares that he is the identical _____ your rank in the service.

William Coats Here state name you served under, who was Enrolled on the 23 day of _____ Date of Month.

October, 1863, in company I of the 7 of U.S.B.T. Volunteers, _____ Name of State.

_____ commanded by _____, and was honorably Discharged at _____

Federal Hill Md. Name place of discharge, on the 13 day of October, 1866. That _____ Name of Commanding Officer.

while in the service aforesaid and in the line of duty, he contracted the following named disabilities by reason of which he is now disabled for the performance of manual labor, and makes this declaration for the purpose of being placed on the invalid pension roll of the United States, to wit: gunshot wound of Here state the name of each disability you contracted while in the service with _____

left shoulder rheumatism & piles which you are still afflicted. If wound or injury, be particular to state its exact location.

THE FIRST DISABILITY, above named, was incurred or contracted at or near Ft. Gilmore State name of place near which the disability was incurred.

in the State of _____, on or about the Spring of _____, 1864, _____ Date of month. Month.

under the following circumstances: _____ Here state fully the circumstances under which the first named disability was incurred.

That he was treated for said disability as follows: _____

If treated in hospital or by Surgeon for said disability, state the name or number and _____

location of each hospital and about when you entered each, or name of Surgeon, if known. If not treated in hospital nor by Surgeon, so state it.

THE SECOND DISABILITY, above named, was incurred or contracted at or near _____ State name of place near which the disability was incurred.

in the State of _____, on or about the _____ day of _____, 186____, _____ Date of month. Month.

under the following circumstances: _____ Here state fully the circumstances under which the second named disability was incurred.

That he was treated for said disability as follows: _____

If treated in hospital or by Surgeon for said disability, state the name or number and _____

location of each hospital and about when you entered each, or name of Surgeon, if known. If not treated in hospital nor by Surgeon, so state it.

THE THIRD DISABILITY, above named, was incurred or contracted at or near _____ State name of place near which the disability was incurred.

in the State of _____, on or about the _____ day of _____, 186____, _____ Date of month. Month.

under the following circumstances: _____ Here state fully the circumstances under which the third named disability was incurred.

That he was treated for said disability as follows: _____

If treated in hospital or by Surgeon for said disability, state the name or number and _____

location of each hospital and about when you entered each, or name of Surgeon, if known. If not treated in hospital nor by Surgeon, so state it.

That he has never been employed in the United States military or naval service otherwise than as stated above

If in the service other than as above stated, state the company, regiment, &c., in which you served and date of enlistment and discharge. If you _____

rendered no other service write the word "never" after the words "he has."

That he has not been in the military or naval service of the United States since the 13 day of October _____ Date of month. Month.

1866. That since leaving the service he has resided in Calvert Co. Md. Here state names of places of residence since your discharge.

_____ and his occupation has been that of a Farm hand State occupation.

