DECLARATION FOR AN ORIGINAL INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having Custody of the Seal.

State of Md County of Talbot } ss.

On this 15th day of Aug A. D. one thousand eight hundred and eighty one

personally appeared before me Clerk of the Circuit Court a **Court of Record** within and for the county and State aforesaid, Joseph Gale

aged 44 years, who, being duly sworn according to law, declares that he is the identical Joseph Gale who was **ENROLLED** on the Sept 2 day of Sept, 1863, in company D of the 7 regiment of M.S.V.I. commanded by Col Shaw and was honorably **DISCHARGED** at Indianola on the day of , 18 ;That his personal description is as follows: Age 44 years; height 5 feet 5 inches; complexion dark hair, dark; eyes dark That while a member of the organization aforesaid, in the service and in the line of his duty at Tortugas Camp in the State of Florida on or about the day of Fall, 1865, he was prostrated

Here state name or 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.

from burning sprained his ankle while on retreat in the line of duty

That he was treated in hospitals as follows: treated at Camp Hospt

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

last 3 weeks

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

Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That since leaving the service this applicant has resided in the Town of Easton in the State of Maryland, and his occupation has been that of a Gardening & Waiter

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Farmer That he is now wholly disabled from obtaining his subsistence by manual labor by reason of his injuries, 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 and revocation A. P. Lloyd of Baltimore Md his true and lawful attorney to prosecute his claim. That he has not received but has applied for a pension; that his residence is No. street Easton Talbot County and that his post office address is Maryland

Ex. Rec

Joseph Gale

(Signature of Claimant.)

mark

Frank Turner

(Two witnesses who can write sign here.)

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