

(3-145)

James INVALID PENSION.

Claimant, *John W. Owens*
P.O., *Payville* Rank, *Private*
County, *Lucie* Company, *4th*
State, *Ma.* Regiment, *100th Vol Inf*

Rate, \$ _____ per month, commencing _____

Disabled by *Gun shot - wd. of left thigh*
RECOGNIZED ATTORNEY:

Name, *W. H. Mills* Fee \$ *10*, Agent _____ to pay.
P.O., *City 10 G.* Articles filed _____, 18 _____

APPROVALS:

Submitted for *Apr 20th*, 18 *91*
Approved for *W. H. Mills*
Paralegal Report
it does not appear
that error was committed
in former rating.
Brookley M. H., Examiner.
Approved for _____

May 4, 18 *91*, *W. H. Mills*, Legal Reviewer. _____, 18 _____, Medical Referee.

Discharged *Apr 4th*, 18 *66*, Last paid to _____, at \$ *2-*
Pensioned from *Sept 7th*, 18 *86*, at \$ *2-*, for *J. L. Wd of left thigh*.

Original declaration filed *Sept 7th*, 18 *86*, alleged *Gun shot Wd. of left thigh*
me " " April 25th 1889 " J. L. Wd. left thigh, increase
disability - no rec'd Oct. 21st 1889.

Arrears allowed from _____, 18 _____, to _____, 18 _____, at \$ _____

PRESENT CLAIM.

Declaration filed *Aug 26th*, 18 *87*, *no disability & increase*
disability