

# INVALID PENSION.

Claimant,

*John A Gould* Ct. 185290.

P. O.,

*Conder town*

Rank,

*Pri.*

County,

*Kent*

Company,

*A.*

State,

*md.*

Regiment,

*30 USC. Vol. Co.*

Rate, \$

per month, commencing

Disabled by

### RECOGNIZED ATTORNEY:

Name,

*Geo E Lemon*

Fee \$

*2.00*

Agent to pay.

P. O.,

*City*

Articles filed

, 189

### APPROVALS:

Submitted for

*April 2*, 189

Approved for

*M. S. Shockley*, Examiner.

Approved for *shell wound of back & general debility & / or no increase - no special results.*

, 189

, Legal Reviewer.

*W. H. Adams*, 189, *W. H. Adams*, Medical Referee.

Enlisted

*March 10*, 186

Honorably discharged

*Dec 10*, 186

Last paid

to

at \$ *8.00*, for *shell wound of back & general debility.*

*general debility.*

was

Pension under other laws at \$ *4.00*, for

*shell wound of back*

ended

*Aug. 16 1890*

Original declaration, act June 27, 1890, filed

*Aug 15*, 189

, 189; alleged

*shell wound*

*of back, rheumatism and general debility.*

### PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

*Aug 24*, 189

, 189, alleges

*shell wound of back &*

*general debility, affection of head breast and side and disease of digestive organs.*

*Whit does not write*

*No. m. c.*