

Act of June 27, 1890.

AS AMENDED BY ACT OF MAY 9, 1900.

DECLARATION FOR INVALID PENSION.

NOTE.—This paper can be sworn to before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached. If certificate is on file in Pension Office, THAT WILL ANSWER.

STATE OF Maryland }
COUNTY OF Kent } SS:

On this 4th day of October, A. D. 1900, personally appeared before me,
Justice of the Peace within and for the County and State aforesaid
Henry Marrell aged 63 years, a resident of
Chestertown, County of Kent, State of Maryland
Place of Residence here. Name of County here. Name of State here.

who, being duly sworn according to law, declares that he is the identical
Marrell who was enrolled on the 12th day of Sept,
1863, in Co D 7th Regt U S C I Vols in the
Year. Here state Rank, Company and Regiment if in Military service, or Vessel if in the Navy.

War of the Rebellion and served at least ninety days, and was Honorably Discharged at
Federal Hill Balto, on the 13 day of October, 1866
State place where discharged. Month. Year.

That he is partly unable to earn a support by reason of the following disabilities:
Partially or wholly.
injury in right side and hip
Here name all the wounds, injuries or diseases from which you now suffer.
incurred at Petersburg Va
Here state at or near what place each disability was incurred.
on or about Aug. 1864
Here state as near as you can when each disability was incurred and give circumstances of incurrence.

That he has not been in the Military or Naval service otherwise than as above set forth
If you have rendered other service state dates of enlistment and discharge, and give company and regiment, or if in the Navy state the name of vessel.

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent.
That he has not applied for pension under application No. That he is not a pensioner
Has or has not. If you have applied for pension state No. of claim here. Or is not.
under Certificate No. 999 778
If a pensioner the Certificate number only need be given.

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900. He hereby appoints

J. B. CRALLE & CO.,

CLAIM & PENSION ATTORNEYS, CRALLE BUILDING,
108 C N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his Post Office address is Chestertown, County of Kent
Claimant's P. O. address here. Name of County here.

State of Maryland
Name of State here.
Attest: W. H. Barrett Henry X. Worrell
First witness sign here. Claimant's Signature.
Geo. B. Barnichal
Second witness sign here.



Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27th, 1890), it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.