## Declaration for Increase of Pension.

Act of June 27, 1890 as amended by Acts of May 9, 1900 and July 1, 1902.

Execute this before some officer having a seal. State of Maryland, County of Newh, ss:
On this Fourteenthday of Opril A. D. 190 4, personally appeared before me, a fustice of the Peace within and for the County and State aforesaid, Henry Worsell of Charlestonian Mich, aged in 69 years, a resident of Chestestown \_\_\_\_ County of Mante State of Many Course, who, being duly sworn according to law, declares that he is the identical Place of residence here. Henry Worrell, who was enrolled on the 26 day Name of State here. of Sefatember., 1863, in Co. D. 7 Regh. as private U.S. Suft-web.

Month. Year. Here state rank, Co. and Reg't. if in Military service, or vessel if in the Navy. in the War of the Rebellion and served at least Ninety Days, and was Honorably Discharged at Bultimore Med., or the 15 day of October on Mor, 18 66. That he has Noth, served in the Army, Navy, or Marine Corps of the United States, otherwise than as above That he is nastially unable to earn a support by manual labor. That he is a pensioner under Certificate Partially or wholly. No - 7-9-9-7-7-8-, at 8-, dollars per month. That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely hartial emable -Also on account of Ochemnatism in Small of back Shifting to hip and to knew and backwards and forwards ALSO CLAIMS THE BENEFIT OF ORDER 18. That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent. That he makes this declaration for the purpose of securing an increase of pension under the provisions of the Act of June 27, 1890, as amended by Acts of May 9, 1900 and July 1, 1902. CLAIM ATTORNEYS, CRALLE BUILIDING 108 C St. N. W., WASHINGTON, D. C., OFFI his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Two Dollars when his increase is allowed. That his Post Office address is . Chestertonico State of Mary Cauch Claimant's P. O. address here. Name of State here. County of -Name of County here.

Attest

two

witnesses.

[Claimant's Signature.]