

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of MD, County of Balto, ss.

ON THIS 31 day of Mar A. D. one thousand eight hundred and eighty seven

personally appeared before me, a Deputy Clerk Sup Ct within and for the County and State

aforsaid, William Wells aged 48 years, a resident of

Baltimore County of _____ State of

MD, who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Washington Pension Agency at the rate of _____

dollars per month, Certificate No. 186109, by reason of disability from "gun shot wound"

(Here name the disability for which pension was granted.)

"of right wrist & resulting partial paralysis"

incurred in the military service of the United States, while serving as a Priv Co

(Military or Naval.)

(Here state rank, company, and regiment, if in the army; vessel

Co. 19 U. S. C. T.

That he believes himself to be entitled to an increase of pension on account of Increased disability

Also for injury to back incurred from

(Here state the reasons for applying for increase. If an account of increase in the disability for which already pensioned, that should be described.

camping logs at Benedict in December

If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place

1863 building winter quarters The injury

and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment

is of the nature of a sprain & was called

should be given as nearly as possible.)

by Surg. of Regt D Miles C. Carter as bone fever.

It affects him somewhat similarly to Rheumatism

but suffers all the time from weakness of back

& cannot lift anything heavy treated by

regt Surg Carter

that he hereby appoints, with full power of substitution and revocation

A. Parker Lloyd of Baltimore MD

his true and lawful attorney, to prosecute his claim. (near Middle St)

His Post Office address is 920 Cedar Row Baltimore

MD

Thos A Campbell Wm M

(Signature of Claimant.)

(Two witnesses who can write sign here.)

4126-482-64