

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 Baltimore, SS:

ON THIS 21 day of May A. D. one thousand eight hundred and eighty nine

personally appeared before me, a Commissioner for DC within and for the County and State

aforsaid, William Wells aged 49 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 12

dollars per month, Certificate No. 186109; by reason of disability from gunshot (Here name the disability for which pension was granted.)

wound of right wrist and resulting partial paralysis

incurred in the military service of the United States, while serving as a (Here state rank, company, and (Military or Naval.)

Private of Co C 19 U.S.C.T. regiment, if in the army; vessel if in the navy.

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

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

to loss of said hand & his arm has on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances

become paralyzed almost wholly to of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as

the shoulder possible.)

*Claim for lig
of back on Bone
Gum or Rheum
submitted to
By subject to
approval of med
Refuser. No dis-
ability of arm by
two arms and
100 day curative
and 1/2 day Oct 4-07
and response
G.W.A.R.
Oct. 11. 88.*

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

A. Parlett Lloyd of Baltimore MD

his true and lawful attorney, to prosecute his claim.

His Post Office address is 514 W. Mary St Baltimore MD
William Wells

J. H. McDonald

(Signature of Claimant.)

(Two witnesses who can write, sign here.)