

Increase INVALID PENSION.

Claimant, James Oliver (Ck # 40326)

15 P.O., Franklin Ave

County, Cherokee

State, North Carolina

Rate, \$ _____ per month, commencing _____

Disabled by _____

RECOGNIZED ATTORNEY:

Name, W. B. Smith, Esq. P.O., _____
Fee \$ 2.00, Agent _____, Articles filed _____, 18 ____
to pay _____

APPROVALS:

Submitted for Reconsideration Mar 1, 1899
Approved for Reconsideration _____
Char. Stovall, Examiner.

Approved for Medical Referee _____
W. B. Smith and Medical Referee _____
W. B. Smith

Legal Reviewer, _____, Mar 9, 1899
Medical Referee, _____, Mar 14, 1899

Discharged Feb 24, 1864
Last paid to _____, 1865. Last paid to _____, at \$ 17

Pensioned from January 12, 1889, at \$ 4, for Neurasthenia and _____

Original declaration filed January 12, 1889; alleged Neurasthenia and _____
of Jan 27, 1890, for Neurasthenia and _____
of Jan 27, 1890, and Jan 17, 1894, for Neurasthenia, Neurasthenia

Appears allowed from _____, 18 __, to _____, 18 __, at \$ _____
PRESENT CLAIM.

Declaration filed May 5, 1899, alleged Neurasthenia

Wm O. Offmoe