

FILED

FOR THE EXCLUSIVE USE OF CHAS. J. DONNELLY & CO.

DECLARATION FOR INCREASE AND ADDITIONAL PENSION.

State of Massachusetts County of Worcester ss: James Curran del

On this 17th day of April, A. D. one thousand eight hundred and ninety seventy personally appeared before me, a Notary Public

within and for the county and State aforesaid, Samuel Bond aged 51 years, a resident of the City of Worcester county of Worcester

State of Massachusetts, 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 \$17 dollars per month, Certificate No. 453786 by reason of disability from Chloroform and neuritis

of Worcester County, Massachusetts, in the service of the United States while in G. S. 30 Here name the disability for which pension was granted.

in the U. S. C. of R. Military or Naval. Here state rank, company, and regiment, if in Army—vessel, if in Navy.

He feels that his present rating is not commensurate with the degree of his disability and claims increase on the disabilities for which he now receives pension, and requests a medical examination by a board of examining surgeons, to whom special instructions may be issued, so that the full extent of his disabilities may be ascertained.

Application is also hereby made for additional pension on disability for for which no pension has been granted under the old law, namely: Chloroform and dream of fear

which first affected him while at Worcester in the State of Ms. 6 State where incurred.

on or about the month of July, year of 1867, and were caused by Chloroform and dream of fear and in December 1864 from an State under what circumstances the new disability incurred.

It happened and that from December 1864 into the fall of 1865 when it was returned to my company, 8th Worcester

that he appoints **CHAS. J. DONNELLY & CO.**, of Washington, D. C., his true and lawful attorneys to prosecute his claim. That his POST-OFFICE ADDRESS is: #159 Marlborough St. Worcester

county of Worcester State of Massachusetts Claimant's Signature: Samuel Bond

Attest: J. L. May Secy of State

Wmms