

DECLARATION FOR INCREASE AND ADDITIONAL PENSION.

State of Massachusetts County of Worcester ss:

On this 10th day of July, A. D. one thousand eight hundred and ninety 99.

personally appeared before me, a Wm. S. Commissioner within and for the county and State aforesaid, James Bruce, aged 54 years, a resident of the City of Worcester county of Worcester State of Mass, 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. 453726, by reason of disability from Chlamydia Here name the disability for which pension was granted.

in the Military or Naval service of the United States while Army - 1st Co B Here state rank, company, and regiment, if in 30th U. S. I. C. 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 which no pension has been granted under the old law, namely: Here name the new disability. State where incurred. on or about the month of _____, year of _____, and were caused by _____ State under what circumstances the new disability incurred.

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 #15. Washington St Worcester county of Mass State of _____ Claimant's Signature: James Bruce

Attest: _____ Worcester Mass

ATTORNEY FILED

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

