

Declaration for Increase and Additional Pension.

State of *Maryland* County of *Queen Anne's* ss:

On this *26th* day of *July* A. D. one thousand nine hundred and *one*

personally appeared before me, a *Judge of the Peace*

within and for the county and State aforesaid, *David Bruce*, aged *71*

years, a resident of the *town of Annapolis* county of *Queen Anne's*

State of *Maryland*, who, being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the *Washington D.C.* Pension Agency, at the rate

of *17.00* dollars per month, Certificate No. *453726* by reason of disability from

disability for which pension was granted. *Pharmacist Assistant of Health*

in the *Military* service of the United States while *30th U.S.C.T.*

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 which no pension has*

been granted under the old law, namely:

Here name the new disability.

which first affected him while at *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 Wash. St.*

county of *Annapolis* State of *Maryland*

Claimant's Signature: *Samuel Davis*

Attest: *John H. Brown*

Judge of the Peace



ATTY FILED

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