REPRODUCED AT THE NATIONAL ARCHIVES

Declaration for the Increase of an Invalid Pension.

This may be executed before any Officer Authorized to administer Oaths. If Executed before an Officer who has NO SEAL, his Official Character Must be certified on the back hereof, unless he has filed a certificate in the Pension Office for GENERAL REFERENCE.

State of Maryland, **County of** Anne Arundel, **ss:**

On this 2 day of June, A. D. one thousand nine hundred and Six personally appeared before me, a Notary Public within and for the County and State aforesaid, Daniel Brice aged, 60 years, a resident of the of Annapolis County of Anne Arundel, State of Md., who, being duly sworn according to law, declares that he is a pensioner of the United States enrolled at the Pension Agency, at the rate of 17 dollars per month, Certificate No. 453726: by reason of disability from rheumatism (Here name the disability for which pension was granted) and disease of heart

incurred in the (Military or Naval.) service of the United States, while serving as a (Here state rank, company and regiment if in the army, or vessel if in the navy.) Co. D. 30 U. S. C. T.

That he believes himself to be entitled to an increase of pension on account of increased degree of disability from pensioned causes (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of disease, and the time, place and circumstances 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 possible.)

disability heart trouble has increased & can not rest Rheumatism in the muscle legs arms & hand causing swelling in hands [margin: next to feet] suffering very much in small part of my back which I think is kidney trouble my eye sight is failing me I cannot hardly see swelling in the stomach nervous prostration Giddiness in the head

That he hereby appoints with full power of substitution and revocation, BYINGTON & WILSON, of Washington, D.C., his true and lawful attorneys, to prosecute his claim.

His post-office address is 18 ~~Washington~~ Clay street Annapolis, Md.

[margin: Washington St was written by mistake E.F.] ATTY FILED

1 John Pointer
2 James M. Allen
Two witnesses who can write sign here.

his
Daniel × Brice
mark
Signature of Claimant.

PENSION OFFICE U. S. JUN 6 1906