

Increase INVALID PENSION.

Claimant, *Robert Stafford*
P. O., *Cambridge,*
County, *Corchester.*
State, *Md.*
Attorney, *O. J. Webb & Co., Wash. D.C.,* Fee, \$ *10.*
Rank, *Pri.*
Company, *A.*
Regiment, *7th U.S.C. Troops.*
Rate, \$ _____ **per month, commencing** _____

Disabled by *Disease of eyes*
Submitted *Dec. 23rd*, 18*83*, by *M. W. Miles,* Examiner.

Approved for

Approved for

RECEIVED
JAN 12 1886

no increase
Over 50 years of age,

O. M. Funnell
Jan 4, 18*86* Med. Referee.

Discharged *Jan. 22nd*, 18*66* Certificate surrendered _____, 18 _____

Original application filed *Apr. 18th*, 18*84*, Last paid at \$ *2*, to _____, 18 _____

Increase application filed *Oct. 19th*, 18*85*.

Pensioned *July 23rd*, 18*85*; from *Apr. 18th*, 18*84*; at \$ *2*, per month
for *Disease of eyes.*

Claims *Increase of original disability,*