

DECLARATION FOR INVALID PENSION.

Acts of June 27, 1890, and May 9, 1900.

NOTICE—This application may be sworn to before a JUSTICE OF THE PEACE, NOTARY PUBLIC, or before a Clerk of Court.

State of Maryland, County of Talbot ss:ON THIS 18th day of March, A. D. one thousand nine hundred andone personally appeared before me, justice of the peace awithin and for the County and State aforesaid, John Blackwellaged 56 years, a resident of the Tunis of Mills, County ofTalbot, State of Maryland, who being duly sworn according tolaw, declares that he is the identical John Blackwell who was enrolled onthe 26th day of September, 1863, in Co. B. 7 regt U.S. C. Inf
Here state rank, company, and regiment if in military service, or vessel

If in the Navy.

in the service of the United States in the War of the Rebellion, and served at least ninety days and was

honorably discharged at Indianola Texas, on the firstday of October, 1866 That he has Not been employed in the Military or Navalservice otherwise than as stated above.
(Here state what the service was, whether prior or subsequent to that stated above,

and the dates at which it began and ended.)

That he is 2/3 unable to earn a support by manual labor by reason of rheumatism
Here name the disease orIn Both Shoulders, and left arm and hand —
Injuries from which disabled.)affected from rheumatism — and affected
eyes — Anchylosis of the right ankle joint —
and rupture on the left side

That said disabilities are not due to his

vicious habits, and are to the best of his knowledge and belief permanent. That he has

applied for pension under Application No. 986.438. That he is a pensioner under Certificate No. U. S. MAR 1901

If a pensioner, the certificate number only need be given. If not, give the number of the former application if one was made.

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of June 27, 1890, and under Act of May 9, 1900.

He hereby appoints, with full power of substitution and revocation,

J. W. Sallmudge of Washington, D. C.

State of _____ his true and lawful attorney to prosecute his claim, and to receive

therefor a fee of TEN dollars; that his Post-Office address is Tunis MillsCounty of Talbot, State of Maryland

ATTEST:

1. John C. Gray2. Joseph H. Gray

Two witnesses who can write, sign here.

John Blackwell
Claimant's signature.
Mark

ATTY FILED