

Declaration for Increase and Re-rating of an Invalid Pension

State of Maryland County of Calvert, ss:

On this 21 day of March A. D. one thousand eight hundred and eighty ^{ninety five}

personally appeared before me, a Justice of Peace within and for the county and State aforesaid, James Wilson aged 48 years, a resident of Bellevue, county of Calvert State of Md

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 \$4.00 dollars per month Certificate No. 490,607, by reason of disability from lumbago

Here state the name of the disease, wound, or injury for which you are pensioned

as it appears on your certificate.

incurred in the military service of the United States while serving as a 3 in company 7

Here state your rank.

U.S. Army regiment U.S. Army vols. That he believes himself to be entitled to an increase of pension on account of disability resulting from cause aforesaid.

He also claims increase of pension by reason of disability from lumbago

Fill up these spaces only when you claim on some disease resulting from that for which pensioned.

result of disability for which now pensioned.

And further claims additional invalid pension by reason of disability from

injury of right foot

If you are disabled by reason of any disability contracted in the service, other than that for which pensioned, you are entitled to Additional Invalid Pension for such disability, and should allege the facts relative to same in this portion of the application.

contracted while serving as A in company A regiment 7 vols., on or about X day of X 1862 at or near Fort Morris State of Va

Re-rating.

~~He also claims that the rate of pension heretofore paid him has been lower than the extent of his disability would warrant, and asks for a review of the testimony in his case and a re-rating of his pension from date of commencement.~~

He feels that the rate of pension which he now receives is not commensurate with the degree of his disability. He, therefore, files this application and requests a medical examination by the board of examining surgeons at Baltimore to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full power of substitution and revocation, L. C. WOOD, WASHINGTON, D. C., and Co

his true and lawful attorney to prosecute his claim.

His Post Office address is Bellevue Calvert Co

State your address in full.

Md.

James Wilson
Claimant's signature.

If claimant signs by mark, two witnesses must sign here.

ATTY FILED.