[Incr]ease of Invalid Pension.

STATE OF Maryland } SS
COUNTY OF St Marys }

On this Eight day of February, A. D. 1892, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid Josiah Briscoe
(Claimant's name should be written here.)
aged 61 years, a resident of the County of St. Marys, State of Md, who, being duly sworn according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Washington pension agency, at the rate of eight dollars per month, by reason of disability incurred in the military service of the United States while a member of Company D of the 7" Regiment of U.S.C.T. Volunteers. and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for gunshot wounds of right hand and head.

State here the disability or disabilities for which you are pensioned, just as they are written in your Pension Certificate.

That my disability has resulted in Rheumatism of the right hand
If your disability has resulted in any other disability, please write the same here.

That since I last applied for an increase of my pension my disability has increased with severe pains in the head and hands
If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability."

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE & Co., OF WASHINGTON, D. C., my true and lawful Attorneys, to prosecute my claim. My Postoffice address is Jarboesville, County of St. Marys, State of Md, and the number of my Certificate is 121,050

Attest two witnesses. { Matthew Mattingly / C. E. Shorter }

Josiah his + mark Briscoe
[Claimant's Signature]

Also personally appeared ~~the undersigned~~ residing at Jarboesville persons ~~whom I certify to be respectable and entitled to credit, and who, being duly sworn, say that they were present~~ and saw Josiah Briscoe, the claimant, sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses: { Matthew Mattingly / C. E. Shorter }

Sworn to and subscribed before me this 8" day of February A. D., 1892 and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, ~~including the words~~ erased, ~~and the words~~ ~~added~~; and that I have no interest, direct or indirect, in the prosecution of this claim. Old & Res.

Richard B. Hammett
(Signature.)
Justice of the Peace
(Official Character.)

J. P. for filed 2 Q W, 3 X

Certificate

dates of treatment, and if you received no hospital treatment, state that fact.)
that attended me, I

That I have not been employed in the military or naval service otherwise than as stated above
I always suffered with my eyes while in Army.
(If you rendered any military or naval service other than the above stated, here state what the service was, and whether prior or subsequent to that stated above, and the dates at which it began and ended. If you rendered no other service, write the word "not" in the blank space after the words "I have.")

That since leaving the service I have resided in St Marys County Md.
(Here name the places and States in which you have resided since the war.)
Except Eight years in Baltimore City Md.

and my occupation has been that of a Farmer
(Here state your occupation or occupations since discharge.)

That prior to my entry into the service above named I was a man of good, sound physical health, being when enrolled a Sound Man. That I am now ________ disabled from obtaining my
(State what your occupation was at enrollment.) (Here state whether partially or entirely disabled for performance of manual labor.)
subsistence by manual labor by reason of my disabilities above described, received in the service of the United States, and I therefore make this declaration for the purpose of being placed on the invalid-pension roll of the United States.