

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

STATE OF Maryland
COUNTY OF Baltimore } ss.

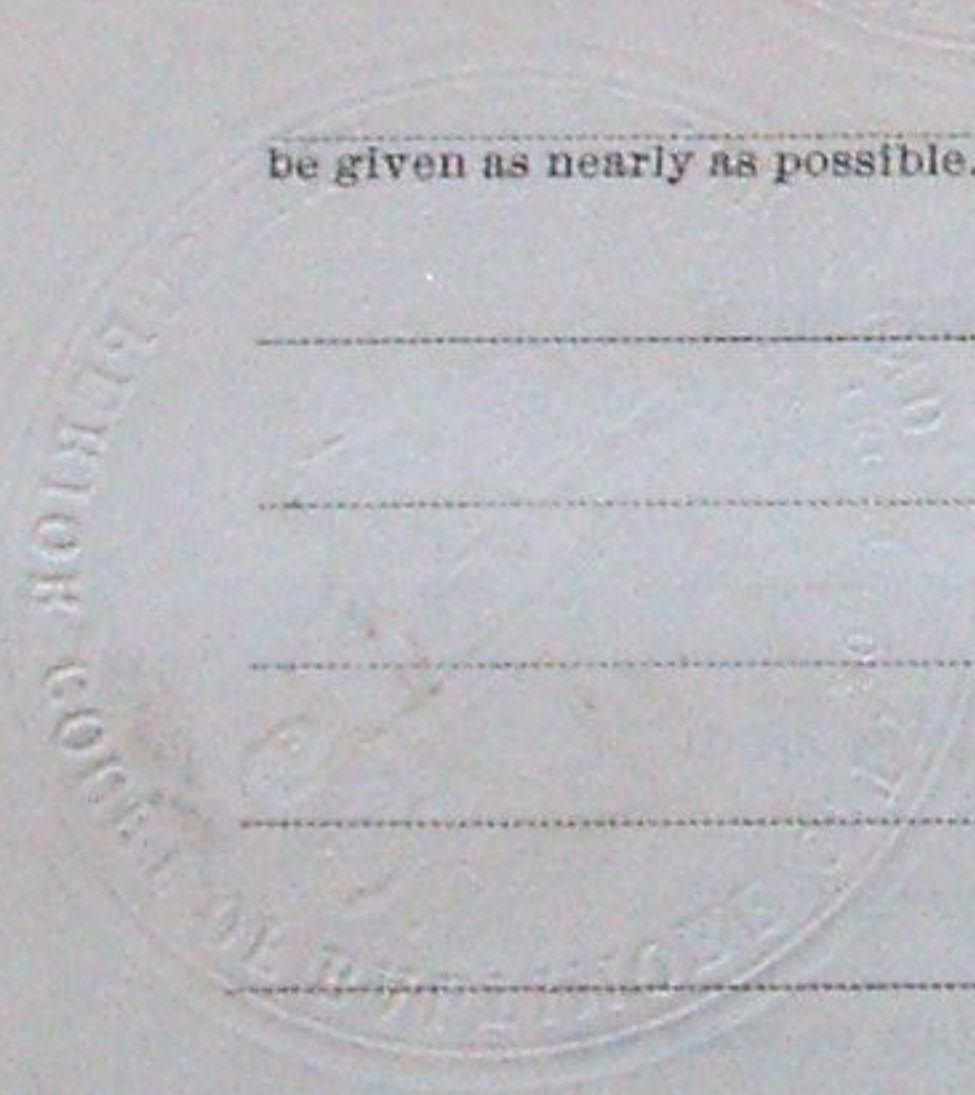
On this 29th day of March A. D. one thousand eight hundred and eighty one personally appeared before me, a Deputy Clerk of Court within and for the County and State aforesaid, Oliver Scott, aged 38 years, a resident of Baltimore, County of Baltimore, State of Maryland, who, being duly sworn according 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 = dollars per month, certificate No. 68,058 by reason of disability from gun shot wound (Here name the disability for which pension was granted.)

of Right Hip - pieces of the bone have been taken out, and the wound is extremely painful and the right leg greatly weakened

incurred in the military service of the United States while Priv. Co E. 30th (Here state rank, company, and regiment, if in the Army; vessel. if in the Navy.) Regt. U - S - C. Troops

That he believes himself to be entitled to an increase of pension on account of increased weariness of limb and the loss of (Here state the 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 the 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.) time occasioned by extreme pain.

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.)



that he hereby appoints with full power of substitution and revocation John A. Adreon of Baltimore

his true and lawful attorney, to prosecute his claim.

His Post Office address is No 2 Vine St, Baltimore

John A. Adreon
A. J. Prevost
[Two witnesses who can write sign here.]

Oliver Scott
(Signature of Claimant.)