

A
Declaration for Original Invalid Pension.
A

STATE OF Maryland, COUNTY OF Baltimore S S:

On this 2nd day of February A. D. 189 8, personally appeared before me, the undersigned authority, duly and lawfully authorized to administer oaths within and for the County and State aforesaid, Philip Scott, aged about 55 to 60 years, who, being duly sworn according to law, declares that he is the identical Philip Scott

ENROLLED on the _____ day of _____ 186 _____, in Co. I of the 30 Regt. of U. S. C. Vols, and honorably DISCHARGED at Federal Hill Baltimore Md. on the _____ day of _____, 186 _____

that his personal description is as follows: Age about 55 to 60 years; height 5 feet, 4 inches; complexion, Brown not dark; hair gray hair; eyes Brown

That while a member of the organization aforesaid, in the service and line of his duty, at or near Petersburg in the State of Virginia, on or about the _____ day of _____ 186 _____, he incurred gun shot

wound of (in the left side of the neck, whilst trying
Here fully describe the wound or injury, or if disabled by disease, state its character and the cause which produced it as well as you can.

to storm breastworks near Petersburg Virginia.

but having no Education cannot tell day or date
had a discharge but have lost it, and do not know
when it is

That he was treated in hospitals as follows: was taken to some Hospital
and treated not far from where the wound was
If you had any treatment while in the service, state when, where, and by whom, if known.

received but cannot tell where, having no education
and no way of keeping dates, and being old
cannot remember things as I did when young

That he has not been employed in the military or naval service otherwise than stated above

not since being discharged at Federal Hill
Baltimore after the war was over
Here state all other service, if any, that you have rendered the United States

That since leaving the service this applicant has resided at in Baltimore, Baltimore, County of _____
Give your principle, or general residence.

State of Md., and his occupation has been that of a waiter & if
late years a day laborer waiter
Occupation.

That prior to his entry into said service he was a man of sound physical health, being when enrolled a waiter
That he is now disabled for manual labor by reason of his injury above described, received in the service of the United States, and
old age
and he therefore makes this application for the purpose of being placed upon the pension rolls of the United States,

That he has never received or applied for pension.

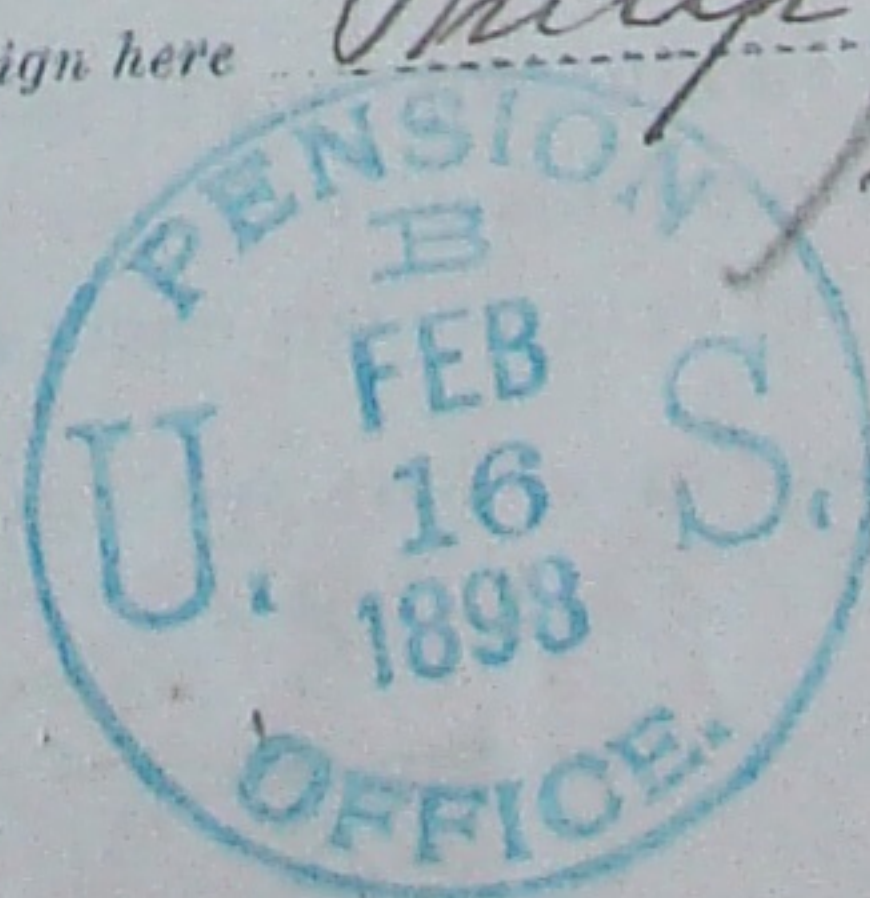
That he appoints P. J. Lockwood, of Washington, D. C., his true and lawful attorney to prosecute his claim; That his Post

Office is Shamberg, County of Baltimore State of Md.
(in care of Bennett & Hoshall)

ATTEST Samuel Bollinger
Samuel Gavel
Two witnesses.

Claimant sign here

Philip Scott
mark



ATTY FILED