

Declaration for an Original Invalid Pension.

NOTE.—To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record or a City or County Clerk.

State of Maryland, County of Baltimore, SS:

ON THIS 15 day of April A. D. one thousand eight hundred and ninety

personally appeared before me, a Scrupulous

within and for the County and State aforesaid Moses Shipley Committee of Joseph Shipley

aged 52 years, who, being duly sworn according to law, declares that he is the identical

Joseph Shipley who was ENROLLED as a Private on the 24 day of

Nov, 1863, in Company X of the 9 Regiment of 2nd US

commanded by \_\_\_\_\_ and was honorably DISCHARGED at

\_\_\_\_\_ on the \_\_\_\_\_ day of Nov, 1864; That his

personal description is as follows: Age 52 years; height 5 feet 6 inches; complexion swet

hair black; eyes blue. That while a member of the organization aforesaid, in the

service and in the line of duty at Brownell in the State of Texas

on or about the \_\_\_\_\_ day of \_\_\_\_\_, 1864, he incurred disease

of the mind (Here state the name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows: (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

That he has not been employed in the military or naval service 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 has not been in the military or naval service of the United States since the \_\_\_\_\_ day of Nov 1864

That since leaving the service this applicant has resided in the City of Baltimore in the State of \_\_\_\_\_, and that his occupation has been that of a \_\_\_\_\_

That prior to his entry into the service above-named he was a man of good, sound, physical health, being when enrolled a perfectly healthy That he is now totally disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States. He hereby appoints with full power of substitution and revocation,

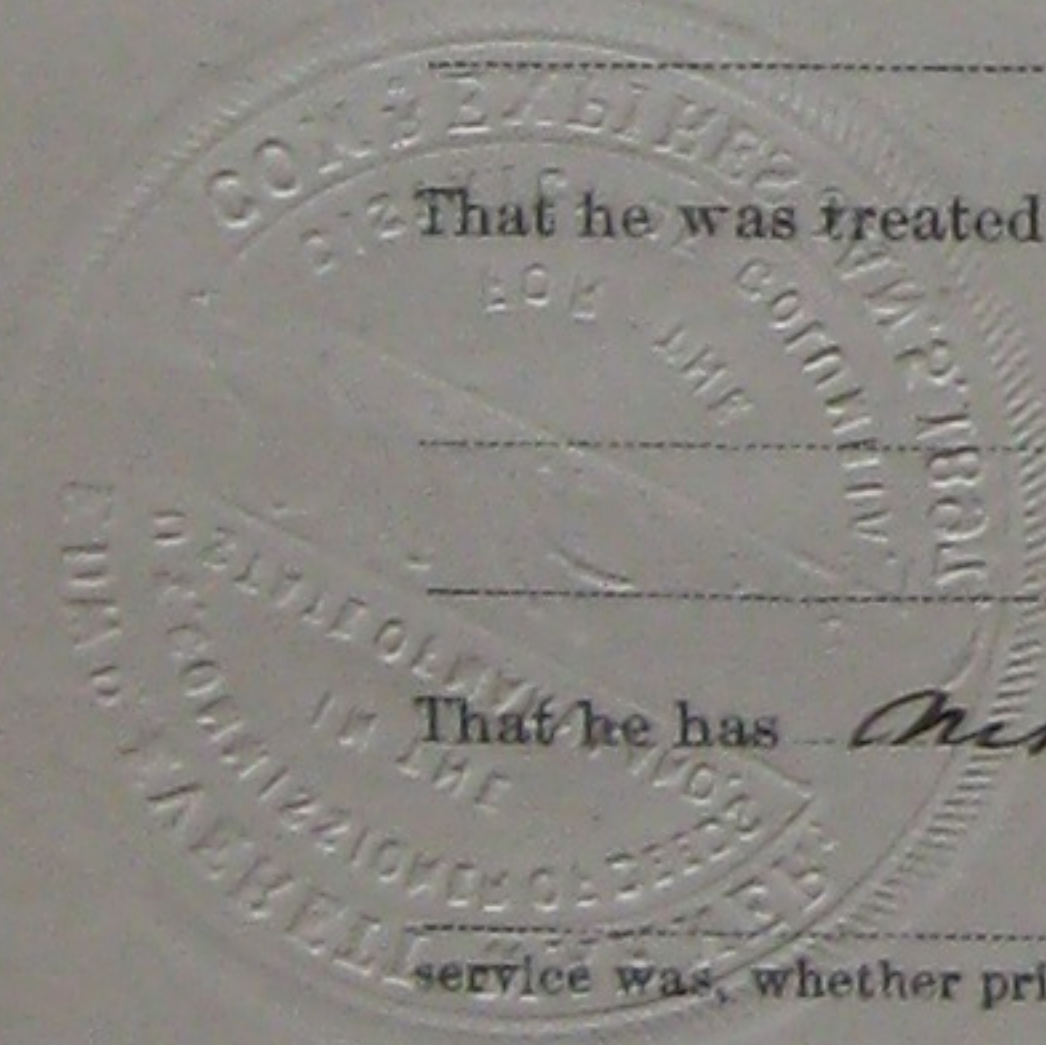
Walter Leary of Baltimore Md

his true and lawful attorney to prosecute his claim. That he has not received any pension benefit applied for a pension; that his residence is No. 1417 Maryland Av street

Baltimore Md and that his post office address is \_\_\_\_\_

O. W. D. ... Moses Shipley (Signature of Claimant)

E. E. ... Committee Trustee



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