

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 Talbot, SS.

ON THIS 22nd day of November A. D. one thousand eight hundred and eighty six

personally appeared before me, a Justice of the Peace within and for the County and State

aforsaid, John Johnson aged 44 years, a resident of

Spring Mills County of Talbot State of Md

who, being duly sworn according to law, declares that he is a pensioner of the

United States, enrolled at the Washⁿ Pension Agency at the rate of twenty-four

dollars per month, Certificate No. 81512, by reason of disability from gun shot

(Here name the disability for which pension was granted.)

wounded left arm

incurred in the military service of the United States, while serving as a private

(Military or Naval.)

(Here state rank, company, and regiment, if in the army; vessel

Co. A. 4th Md. Col

if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of asthma con-
tracted at Jacksonville Fla

(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.)

That he has never
made application for pension
on account of this disability

that he hereby appoints, with full power of substitution and revocation,

JNO. O. COLE, of WASHINGTON, D. C., his true and lawful attorney to prosecute his claim.

His Post Office address is as above

William Israel }
Samuel E. Tucker }

John Johnson
(Signature of Claimant)

(Two witnesses who can write sign here.)