Declaration for the Increase of an Invalid Pension.

Ma	A. A.
State of Musellotter,	County of Naludles, ss:
ON THIS day of Tel	Tues A D &C paranally amount 16
ne, a Nacin Full	within and for the County and State aforesaid,
Ardulul Ruse	ged 55 years, of Rel Wary P. C.
County of Sandhus State	
sworn according to law, declares that he is a pensioner o	f the United States, enrolled at the
Pension Agency at the rate of	dollars per month, Certificate No. 283484 by
eason of disability from Pharmales	- and heart discuse
	(Here name the disability for which pension was granted.)
ncurred in the Military service of the United States	chile serving as a Renet of les
213 Rest min	mie serving as a partie of the
Phat he believes himself and the second	- Carlo
rhat he believes himself to be entitled to an increase of	pension on account of cur amonds
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Bute mus ling in	Justly law and chepro-
portune to his	depart divilett
Sequence of his Khe	defrethet went heart ileseas
	neare viveas
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Claimant desires to be sent to the Board of Surgeons	s at Harrhautt linn
for Medical Examination, or to the Board of Surgeon	s at Farehoutt Prime
for such examination.	
that he	hereby appoints with full power of substitution and revocation,
JOHN McBRIDE of Lake City, Minn his true an	d lawful attaches a second
His Post Office address is Rud Win	of Soudline on I
minustr	Leadle Carely
Edmin 6 Eators	Archilald Roll
	(Signature of Claimant.)
. 9 H Hoyx	

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Mann	namana u	thorn I consider a			and the second
		hom I certify to b			o credit, and v
being by me duly sworn, say that	they were present	and saw	relule	uld (Mull
	, the c				
tion; that they have every reason					
he is the identical person he repre	esents himselt to be;		\sim		_
		x(odnin	0,67	salon
		xa)	THE O	GO Y ignature of Affiants.	Contraction of the Contraction o
Smoon to an hart it to be a		# 4	A Parisi		
Sworn to and subscribed before	•		winc	aug	A. D. 18
and I hereby certify t					
to the applicant and					
by deponents thereto;	, and that I have no	interest, (tirect or	indirect in the	prosecution o	this claim.
		x	(i)	fficial Signus	me
[L. S.]			ala	Sal.	auti
Note: military					
Note—This should be sworn	to before a CLERK	OF COHET or	NOTABV DI	1102 173 163	efore a JUST
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ASE Applicant.	K OF COUNTY CO	URT must add hi	s certificate of	character.	
ASE Applicant.	K OF COUNTY CO	URT must add hi	s certificate of	character.	orney.
ASE Applicant.	Reg't, Vals.	URT must add hi	s certificate of	character.	orney.
ASE Applicant.	K OF COUNTY CO	URT must add hi	s certificate of	character.	orney.
ASE Applicant.	Reg't, Vals.	URT must add hi	s certificate of	character.	orney.
IN FOR INCREASE ALLID IM FOR INCREASE ALLID IM FOR INCREASE ALLID Lead Many Applicant.	Reg't, Vals.	URT must add hi	s certificate of	character.	McBRIDE, Attorney. AKE CITY, MINN.
ASE Applicant.	Reg't, Vals.	OURT must add hi	s certificate of	character.	orney.