

Declaration for the Increase of an Invalid Pension.

REPRODUCED AT THE NATIONAL ARCHIVES

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 Minnesota, County of Wabasha, ss:

ON THIS 7th day of November A. D. one thousand eight hundred and eighty seven

personally appeared before me, a Notary Public within and for the County and State

of aforesaid Archibald Ross aged 52 years, a resident of Wabasha County of Goodhue State of Minnesota

who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Melancon Wis Pension Agency at the rate of Seven

dollars per month, Certificate No. 283487; by reason of disability from Rheumatism (Here name the disability for which pension was granted.)

and Resulting in disease of heart

incurred in the Military service of the United States, while serving as a Private (Here state rank, company, and regiment, if in the army; vessel in the Navy.) Company 6163 1st Minn Vol Infy

That he believes himself to be entitled to an increase of pension on account of an increase in his disability which keeps growing worse (Here state reasons for applying for increase if on account of increase in the disability for which already pensioned, that should be described. If Symptomizing with all other parts of his body which renders him totally unable to perform actual manual labor 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 hereby appoints with full power of substitution and revocation, John McBrade of Wabasha City Minnesota his true and lawful attorney, to prosecute his claim.

His Post Office address is Red Wing Goodhue County Minnesota

Thermon Scherf
Orvil Hennings
(Two witnesses who can write, sign here.)

Archibald Ross
(Signature of Claimant.)

Also personally appeared

Herman Scherp residing at *Frontenac, Goodhue County State of Minnesota* and *Christ Hennings* residing at *Hay Creek same County* persons whom I certify to be respectable and entitled to credit, and who

being by me duly sworn, say that they were present and saw

Archibald Pace

the claimant sign his name (make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

[If Affiants sign by mark, two persons who can write sign here.]

Herman Scherp
Christ Hennings
[Signature of Affiants.]

Sworn to and subscribed before me this *17th* day of *November* A. D. 188*7*

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words

erased, and the words added; and that I have no interest, direct or indirect in the prosecution of this claim.

R. H. Moore
(Official Signature)

Notary Public
Wabasha County Minnesota
(Official Character.)

[L. S.]

I, Clerk of the County Court in and for aforesaid County

and State, do certify that, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of, 188

[L. S.]

Clerk of the

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

INVALID.

CLAIM FOR INCREASE.

Archibald Pace Applicant.
Co. *B*, *3rd* Reg't.

Winn Vols.

Certificate No. *283487*

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Filed by

John W. Bickel
Wabasha City
Minnesota

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