Declaration for the Increa REPRODUCED AT THE NATIONAL ARCHIVES Pension.

Neglect to comply with this requirement will cause trouble and DELAY.
State of Michely The Country of Walestine, 88.
ON THE STATE OF TH
personally appeared before me, a Character State
aforesaid, Alachalul Rase aged 52 years, a resident of
Henry Outh County of Gardhue State of
who, being duly sworn according to law, declares that he is a pensioner of the
United States, enrolled at the States, enrolled at the Pension Agency at the rate of Jours
dollars per month, Certificate No. 283. 457, by reason of disability from Elementation and
Resulting Misiuse of heart
(Military or Naval.)
Company, of 3 /2016 mine esota / Color of the army; vessel
in the Name.)
That he believes himself to be entitled to an increase of pension on account of all meruse ne
lifer state the reasons for applying for increase. If on account of increase in the disability for which already penyloged, that should be described.
If or account or disability for which not policioned, the location of the wound or injury, the name of the disease, and the time, not
and circumstances of the origin and the series are the series and the series are the series and the series are
and circumstances of its origin, and the names of hospitals, where treated in the service, should be service. Should be stated. The dates of treatment
the personness of nospitals, where treated to be service, should be saily stated. The dates of treatment should be given as nearly as possible.)
The performance of actual by
though be given as possible.) A Definite the management of the ma
And purformance of actual manual house of the second of th
though be given as possible.) A Definite the management of the ma
Hart Messaille of Jake Let Munistre
that he hereby appoints, with full power of substitution and révocation When Melbrish of Jakke let Minimum. When Melbrish of Jakke let Minimum.
that he hereby appoints, with full power of substitution and révocation When Melbrish of Jakke let Minimum. When Melbrish of Jakke let Minimum.

Also personally appeared JV	erman	Scherf	residing at	Jour	of Flor	ene
ie County, Mens	esuter and	Christ	L Hen	nng.	residing at 2	our
eek in same Co	Za. C. perso	ons whom I certify to	be respectable and	l entitled to a	rodit and who	
being by me duly sworn, say that they						_
Ireheluld 12	/	the claimant sign		Ţ.		
declaration; that they have every reaso						
he is the identical person he represents						
		H	lvnzm	Sol	1	
***************************************					San James	
[if Affiants sign by mark, two persons who	can write sign here.l	Trai	Signature of	rouff,		
·				į-		
Sworn to and subscribed before	me this	day of	ebrua	~	A. D. 188 6.	
and I hereby certify that t	he contents of the abo	ove declaration, &c., w	ere fully made k	nown and ex	plained to the	
applicant and witnesses be	efore swearing, includ	ing the words				
		crased and the wor	da .			
				oot die	ndiment to the	
prosecution of this claim.		added; ar	a a nave no inter	est, direct or	nairect, in the	
		R-	It h			
	9.	. /	Official E	ignature.		
[L. S.]	A	vary,	uble.	- le	rubasho	i Gr
·			(Littlein)	Darague.	LOTCH _	
I ₁		, Clerk of t	he County Court	in and for af	oresaid County	
and State, do certify that		······································	, Esq., who	has signed t	is name to the	
foregoing declaration and affidavit v	was at the time of s	o doing	•••••••		in and	
for said County and State, duly con						
that his signature thereunto is genu		-, wit into omores	aces are cusified	to full taten	and credit, and	
		•		1		
Witness my hand and s	eal of office, this	day of		······································	, 188 .	

[L. S.]	•	Clerk of the				
NOTE.—This should be sworn to I before a JUSTICE or NOTARY,						
not on a separate slip of paper.	, then CLERK OF C	OUNTY COURT mu	ist add his certifi	cate of charac	eter hereon, and	
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