

*Call*

# INVALID PENSION.

Claimant,

*Archibald Rose*

P. O., *1104 8th Red Wing*

Rank, *Prvt*

County, *Goodhue*

Company, *6*

State, *Minn*

Regiment, *3 Minn Wls Inf*

Rate, \$

*12*

per month, commencing

*March 17, 1886*

Disabled by

*Rheumatism and resulting disease of heart*

### RECOGNIZED ATTORNEY:

Name, *John O. McBride*

Fee \$ *10*, Agent \_\_\_\_\_ to pay.

P. O., *Lake City Minn*

Articles filed \_\_\_\_\_, 18 \_\_\_\_\_

### APPROVALS:

Submitted for *Jan 13*, 18*87*.

*Beall*, Examiner *AB*

Approved for *Rheumatism and resulting disease of heart*

Approved for *Rheumatism and resulting disease of heart* *12/18* from *March 17-1886*

*Jan 15, 1887*, *Ad. D. D. D.*, Legal Reviewer.

*E. L. Stone A. M. E.*  
*Jan 17, 1887*, *John O. McBride*, Medical Referee.

Discharged *July 28*, 18*65*. Last paid to \_\_\_\_\_, at \$ *4*

Pensioned from *March 22*, 18*84*, at \$ *4*, for *alone*

Original declaration filed *March 22*, 18*84*, alleged *Rheumatism & scurvy*

Arrears allowed from \_\_\_\_\_, 18 \_\_\_\_\_, to \_\_\_\_\_, 18 \_\_\_\_\_, at \$ \_\_\_\_\_

### PRESENT CLAIM.

Declaration filed *Feb 19*, 18*86*. *Stone*

*Stone*