

Declaration for Increase of an Invalid Pension.

Territory
State of Dakota County of Sargent SS:

ON THIS 27th day of May A. D. one thousand eight hundred and eighty eight
personally appeared before me, the undersigned, duly authorized to administer oaths within and for the
County and State aforesaid, Edwin Barlow
Pensioner's full name.
aged 47 years, who, being duly sworn according to law, declares that he is a pensioner of the United
States, duly enrolled at the rate of 24 dollars per month, under Pension Certificate No. 10800
by reason of disability resulting from a wound in the left side
Here state the disability for which you are pensioned exactly as mentioned in your Pension Certificate.
and resulting disease of heart

incurred in the service of the United States, while serving as a private in Company C
of the 16th Regiment of Michigan Volunteers.
That he believes himself entitled to an increase of pension for the following reasons:

On account of an increased disability and his rate, above named, being
unjustly and unreasonably low and disproportionate to the rate drawn by
other pensioners for similar or equivalent disabilities.

If you claim additional pension for a disability not mentioned in your Pension Certificate, here describe it fully and state when, where and under what circumstances the same originated

The above named pensioner further claims that his
disability is increasing constantly by reason of the
aforesaid wound. The ball still lying close to the
heart, paining him continually, so that it is nearly impos-
sible for him to rest, frequently having to sit up all
night or walk the floor in order to obtain any relief.
Said pensioner earnestly asks that he be examined in
order that he may obtain an increase of pension.

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

J. M. CURTIS, of Washington, D. C.,

his true and lawful attorney, to prosecute his claim.

His Post Office address is

Forman

County of

Sargent

Territory
State of

Dakota

E. M. Agnew

C. J. Hill
Two persons who can write sign here.

Signature of claimant.