FOR INCREASE OF INVALID PENSION.

STATE OF Michigan
COUNTY OF (Muskegon ss)
On this day of May A. D., 1883 personally appeared before me
Dujanin & Recel ujustone some being a Court of Record, in the County and
State afore said Edmin Bartanaged 40 years, a resident of the County of Muskegan
State of Michigan who being first duly sworn, according to law, deposes as follows: to wit;
"I am a pensioner of the United States duly enrolled at the Detroit Pension Agency at the
rate of Dollars per month by reason of disability incurred in the military service of the United States
while a member of Company 6" 16" Reg't. of Mich Vols., and my present physical condition is such,
that I believe I am entitled to receive an increased pension. I am now disabled in the following manner to wit:
Thy Gun Shot Haund in left side
the state of the s
That was alow the left nepple the
vall veng lodged in my breast effects
my lungs an causes difficulty in buth.
ing, which is rapidly increasing.
elaun an Inenasi on the
ground that the rate allowed me
is not commenceate with mi
present disabilities
It is with Full Power of Substitution that
I hereby appoint N. W. Fitzgerald & Co., of Washington. D. C., my true and lawful Attorney to prose-
cute my Claim. My Post Office address is at thetehall county of Meris Kegani
State of Mushigan, and the number of my Certificate is 10, 800
1815 00
Attest Waller Lances Edwin Barlow
(Claimants Signature.)
"40 personally appeared Walter Bavie residing at Whitehale
and John Raine residing at Whitehall persons whom I certify to be
respectable and cutified to credit and who being duly sworn say they were present and saw Eduric Barlow
the claimant sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe
from the appearance of Said Claimant and from their acquaintance with him, that he is the identical person he repre-
sents himself to be, and they have no interest, direct or indirect in the prosecution of this claim.
Signature Walter Panies
Witnesses.
- Mane