

Increase **INVALID PENSION.**

Claimant, *Edwin Barlow*
P. O., *Whitehall* **Rank,** *Pri.*
County, *Muskegon* **Company,** *C.*
State, *Mich.* **Regiment,** *16 Mich Col.*
Attorney, *N. M. Fitzgerald City* **Fee,** ~~\$~~
Rate, \$ *per month, commencing*

Disabled by *G. S. W. left side*
Submitted *Sept 27*, 18 *83* by *A. R. Sangerston*, Examiner.

Approved for *rejection*

Approved for

No increase

Sept 28, 18 *83*. *Dulin* Reviewer.

, 18 ,

Med. Referee.

Discharged *Nov. 14*, 18 *62* Certificate surrendered , 18

Original application filed *Jan 22*, 18 *63* Last paid at \$ *6*, to , 18

Increase application filed *June 30*, 18 *83*

Pensioned , 18 ; from *Nov 14*, 18 *62* at \$ *8* per month

for *G. S. W. of left side*
Reduced to \$6 Dec 1/73

Claims

Same & results