| DECLARATION FOR OUIGINAL INVALID CINSIO   |
|---|
| UNDER AN ACT GRENTING PENSIONS TO SOLDIERS AND SAILORS WHO ARE INCAPACITATED FOR THE PERFORMANCE OF MANUAL LABOR AND PROVIDING FOR PENSIONS TO WIDOWS, MINOR CHILDREN, AND DEPENDENT PARENTS.                     |
|   |
| State of lana 5 0   |
| County of Pallas Spiss:   |
| On this day of A.D. one thousand nine hundred   |
| Two, personally appeared before me a Deputy Bluk  |
| Afthe District Court in and for the County and State aforesaid.   |
| Robert M. Black, aged 63 years, a resident  |
| of Adel County of Adelas (Give Town, County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and numbered.  |
| State of, who, being duly sworn according to law, declares that he u ber of house. If you reside in the country, state about how many miles from nearest Postoflice.)   |
| the identical Cale of Claimant.) , who entered service during the War of the  |
| Repellion under the name of Robert M. Black on or about the 9 day of (Name under which enlisted.)   |
| august, 1862, as Private in company 6 of the 16 regiment of (Give rank.) (Or vessel, if in the Navy.)   |
| Illy Suf commanded by Cafet Thomas White, and was Name of company's commander. If upon any General's Oran, state that fact.)  |
| HONORABLY DISCHARGED, after a service of at least 90 days during said war, on or about the  |
| 3 day of June, 1868, by reason Surgeon Cutty cal  |
| of disability; that his personal description is as follows: Age, 22 years.  |
| Reight, 5 feet 5 7 inches; complexion, fair, arlum; eyes  |
| grey. That he is now suffering from Phenometrian and disease, wound or injury which is  |
| a heart fracture of Course distinct of Kidney and manual poor, no matter when the same originated or developed.)  |
| and Spine general delity and infures to Shaulder  |
| and back and Catarrh  |
| and that the said disability is of a permanent character, and is not the result of vicious habits, and that it incapacitates him from the performance of manual labor in such a degree as to render him unable to |
| earn a support, and that this declaration is made for the purpose of being placed upon the pension  |
| roll, under the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900. That he has   |
| been employed in the military or naval service otherwise than as stated above (Here state what the  |
| service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)  |
| That since the day of (Give date of last discharge from the service.)   |
| (Give date of last discharge from the service.) military or naval services of the (United States.   |
| He hereby appoints, with full power of substitution and revocation,   |
| michael Shew , of San Frage   |
| toali, bis true and lawful Attorney to prosecute his claim; and in construction of  |
| services defe, and to be done, in the premises, he hereby agrees to allow his said Attorrey a fee of ten dollars, payable only in the event of the allowance of the claim by the Commis                           |
| sioner of Pensions. That he has   |
| a pension Citt# 392985  |
| That his Postoffice address is Adel , County of Ballas ,  |
| State of Jana Robert M. Black   |
| Two washeses to claimant's signature sign here:   |
| (1) H. a. Mc Mullin   |
| (2) Scott Cook  |

| Signish believe, from the appe     | ppeared , M. M. Mullum, residing as , and  |          |
|------------------------------------|--|----------|
| (1)(2)                             | atures of identifying witnesses sign her of them signs by mark:  TO AND SUBSCRIBED before me this  |          |
|                                    | were fully made known and explained to the applicant and witnesses, before  swearing thereto, including the words  (If any words have been added in place of any crased, enter them here.)  and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.  Alpha E. By Defaulty   |          |
| The officer bef<br>erasures and in | fore whom this declaration is excluded must be sure and mote in his derthickles in terlineations, as indicated above.  |          |
|                                    |  |          |
|                                    | PENSION.  27, 1890.  27, 1890.  Regit,  1863.  M. 1863.  | N. O. K. |
|                                    | CLAIM FOR PERMINES OF WAYER & MALL FOR BLANDER & MILLS AND BLANDER & MANGER & SAMMER |          |