

Increase INVALID PENSION.

Claimant, *James G Montgomery*
 P.O., *Scotts Hill* Rank, *Private*
 County, *Henderson* Company, *C*
 State, *Tenn* Regiment, *2 Tenn Inf*

When paid

Rate, \$ _____ per month, commencing _____

Disabled by *G S W left foot*

RECOGNIZED ATTORNEY:

Name, *C & W B King* Fee \$ *10*, Agent _____ to pay.
 P.O., *was se* Articles filed *none*, 18 _____

APPROVALS:

Submitted for *Jan 31, 1890* Examiner, *G B Knight*
 Approved for *G S W left foot* Approved for *no increase*

Feb 3, 1890 *M. Davis*, Legal Reviewer. *Foster, M. G.*
Feb 10, 1890, Medical Referee. *J. D. ...*

Discharged *May 6, 1865* Last paid to _____, at \$ *4*
 Pensioned from *7, 1865*, at \$ *4*, for *same as above*

Original declaration filed *June 15, 1880*; alleged *same*

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

PRESENT CLAIM.

Declaration filed *June 23, 1880* Original

16B

(3-125.)

ORIGINAL INVALID CLAIM.

Original Pension Claim

30 11 74
Know all

Soldier, *James G. Montgomery*
P. O., *Scotts Hill* Rank, *Private*
County, *Henderson* Company, _____
State, *Tenn.* Regiment, *2nd Tenn. Inf. Col.*
Rates, \$ *4.* per month, commencing *May 7, 1865.*

Pensioned for *G. S. W. of left foot*

RECOGNIZED ATTORNEY:

Name, *M. B. S. Geyer* Fee \$ *10*, Agent _____ to pay.
P. O., *Scotts Hill Tenn.* Articles filed _____, 18 ____

APPROVALS:

Submitted for *idem*, *May 26, 1886*, *J. W. Galbraith* Examiner.
Disabled by _____

Approved for *G. S. wound of left foot.* Approved for *Cont. of left foot* *E. A. B.*

Report of spl. examination herewith.

Macaulay July 15, 1886, Legal Reviewer. *Johnston* July 29, 1886, Medical Reviewer.

IMPORTANT DATES: