

FORM OF APPLICATION FOR INCREASE OF INVALID PENSION

This application may be executed before any officer duly authorized to administer oaths.

State of Tennessee County of Henderson Co SS:

On this 28 day of January, 1888, personally appeared before the undersigned authority, James S. Montgomery aged 61 years, and whose Post Office address is Dunbar Tenn in the County of DeKalb, and State of Tenn who, being duly sworn according to law, declares that he is a pensioner of the United States, duly enrolled at the Knoxville Tenn Pension Agency, at the rate of \$4.00 per month, Certificate No. 994,774, by reason of disability incurred in the Military of Tennessee service of the United States in Company [redacted] Organization in which the disability was incurred.

and that his present physical condition is such that he believes himself entitled to receive an increase of his pension. He further declares that he is disabled in the following manner, to wit:

Here describe the disability in full, stating particularly in what part of the body it is located, and what reasons exist for an increase.

Shot through the left foot and that I am so disabled that cant flow to do any good

I appoint CHARLES & WILLIAM B. KING, of Washington, D. C., my true and lawful attorneys, to prosecute this my claim, with full power of substitution, hereby revoking and countermanding all former authority, authorizing them to do all lawful acts which I might do if personally present.

TWO WITNESSES:

If the claimant makes his mark, two persons must attest by signing their names on the lines below.

Witnesses: J. J. Jones, W. A. Lancaster, James S. Montgomery (mark)

Also personally appeared before me, at the time and place aforesaid, B. J. Montgomery and J. S. Haraway, whom I certify to be credible persons, who, being duly sworn according to law, declare, each for himself, that they well know James S. Montgomery, who signed the foregoing declaration in their presence; and that he is the identical person he represents himself to be.

They further swear that they, or either of them, have no interest in this claim, either present or prospective and that they are not concerned, directly or indirectly, in its prosecution.

If either witness makes his mark, two persons must attest by signing their names on these lines below.

Witnesses: B. J. Montgomery, B. S. Newman

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Sworn to and subscribed before me this day by the above-named claimant and witnesses and I certify that I read the foregoing application to the claimant, and the affidavit to the witnesses, and acquainted them with the contents thereof before they executed the same. I further certify that I am in no wise interested in this claim, nor am I concerned in its prosecution.

WITNESS my hand and seal, this 28 day of January, 1888.

[SEAL.]

W. A. D.

general reference. If sworn to before a Deputy Clerk of Court, he must sign his own name as deputy, if so authorized by law, and not the name of the person for whom he is acting.

I, _____, Clerk of the _____ Court in and for the aforesaid County and State, do certify that _____, Esq., who hath signed his name to the foregoing affidavit was at the time of so doing a _____ in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.



WITNESS my hand and seal of office, this _____ day of _____, 1888.

[SEAL.]

Clerk of the _____

INVALID CLAIM FOR PENSION INCREASE.

CLAIM OF

John G. Montgomery

Co. C. 2 Reg't. Penn.

Certificate No. 334,774.



FILED BY

CHARLES & WILLIAM B. KIN
Attorneys for Claimant,

No. 906, F Street, Box 593
WASHINGTON, D. C.