DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

	State of \longrightarrow $ss:$
	State of Jova State of Mapello
	On this day of January, A. D. one thousand eight hundred and ninety- Lix
-	personally appeared before me, a Notary Public
	personally appeared before me, a
	within and for the county and State aforesaid, John W. Norton, aged 57 years,
	a resident of the City of Otherwa, county of Wapello
	State of, who being duly sworn according to law, declares that he is a pensioner
	of the United States, enrolled at the Des Mornes Lorra Pension Agency at the rate
	of Eight dollars per month, by reason of disability from Lugury to light front sedu
	incurred
	in the Military service of the United States while Private C. F. 101 Regl. (Military or Nayal.) (Military or Nayal.)
	Ohio Vol-Lift
	the Navy.
	That he believes himself to be entitled to an increase of pension on account of Sucreased disabelity (Here state the reasons for applying for increase.)
	From Reuseaned Cause and results, His Whole Side (lift Side) (If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location
	has became in the disability for which arready pensioned, that says the first the service, should of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should of the wound or injury, the name of the disease, and the time, place, and circumstances of its origin, and the names of hospitals where treated in the service, should
	The extent that he needs the roular and with whiteance
	be fully stated. The date of treatment should be given as hearty as poster,
	and that he believes said deschilities are permanent and
gay.	that he is cutitled to a rate of 30 per months
A CONTRACTOR	that he is culitled to a trace of
9	that he appoints James B. Mummert, of Ottoma
	county of Warpto, State of , his true and
,	lawful attorney, to prosecute his claim. That his Post-office Address is 2/8/2 north morre st
otti	unwa Whalle State of Jora
^	Claimant's signature: John M. Morton
	Claimant's signature:
	fas Beully
	Attest: Jan Barriel Ogelan
	Jimmy 11 - The