

THE INCREASE OF AN INVALID PENSION.

STATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

John J. ...
} ss.

On this *25th* day of *June*, A. D. one thousand eight hundred and ninety *One*

personally appeared before me, a *Notary Public*

within and for the county and State aforesaid, *French B White*, aged *60* years,

a resident of the *Town* of *Stoughton*, county of *Vernon*

State of *Wisconsin*, who being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the *Milwaukee* Pension Agency at the rate

of *six* dollars per month, by reason of disability from *chronic diabetes and*

resulting disease of vertebra incurred

in the *Military* service of the United States while *an Artillery Co I*

1 Regt Ohio Vol Heavy Artillery

That he believes himself to be entitled to an increase of pension on account of *Increase of*

the disabilities for which now pensioned

(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

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

be fully stated. The date of treatment should be given as nearly as possible.)

that he appoints *himself*, of *Retreat*

county of *Vernon*, State of *Wisconsin*, his true and

On this 25th day of June, A. D. one thousand eight hundred and ninety one

personally appeared before me, a Notary Public

within and for the county and State aforesaid, French B White, aged 60 years,

a resident of the Town of Stoughton, county of Vernon

State of Wisconsin, who being duly sworn according to law, declares that he is a pensioner

of the United States, enrolled at the Milwaukee Pension Agency at the rate

of six dollars per month, by reason of disability from chronic diarrhoea and

(Here name the disability for which pension was granted.)

resulting disease of rectum incurred

in the Military service of the United States while an Artificer Co I

(Military or Naval.)

(Here state rank, company, and regiment, if in the Army—vessel, if in

1 Regt Ohio Vol. Heavy Artillery
the Navy.)

That he believes himself to be entitled to an increase of pension on account of Increase of

(Here state the reasons for applying for increase.)

the disabilities for which now pensioned

(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

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

be fully stated. The date of treatment should be given as nearly as possible.)

that he appoints himself, of Ratond

county of Vernon, State of Wisconsin, his true and

lawful attorney, to prosecute his claim. That his POST-OFFICE ADDRESS is R. Treat

county of Vernon, State of Wisconsin

Claimant's signature: French B White

Attest: A. Ewers

John A. DeBrook