## Act of June 27, 1890.

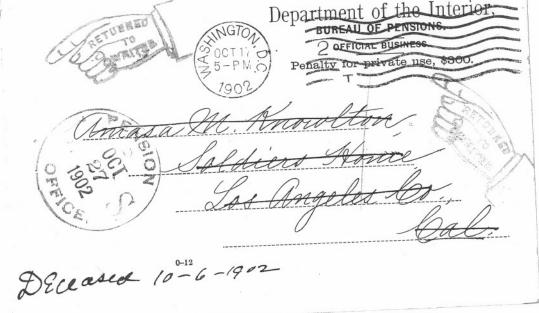
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## DECLARATION FOR INVALID PENSION.

To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk.

acter shall be certified by a Clerk of a Court of Record, or a City or County Clerk.
State of California, Country of Las Angeles, 55:
On this / 30 and day of September, A. D. one thousand nine hundred and
Muo , personally appeared before me Jounes Chisholiu
a DEPUTY COUNTY CLERK within and for the County and State aforesaid,
Augsa M. Knowlson, aged 60 years, a resident of the
Coldies Home County of Las Angeles
State of California who, being duly sworn according to law, declares that he is
the identical Amasa M. Invulton who was enrolled on the 24 th
day of July , 186% in 60-3 334 Mass July of Mere state rank in company, and regiment in Military service, or vesgel, if in Navy.)
in the service of the
United States in the War of Rebellion, and served at least ninety days, and was Honorably discharged at
Chashington, 2 6-, on the Me day of June, 186.3
That he hasbeen employed in the military or naval service otherwise than as stated
above
That he is Whally unable to earn a support by manual labor by reason of Olisean
(Here name the disease or
of Stemach To bewels - To other
disabilities which a medical Hamin-
athen may disclose That said disabilities are not due to his
vicious habits, and are to the best of his knowledge and belief permanent. That he has
applied for pension under application No. That he is a pensioner under Cortificate No.
(If a pensioner, the Certificate number only need be given. If not, give the number of the former application, if one was made.)  That he makes this declaration for the purpose of being placed on the pension-roll of the United States under
the provisions of the act of June 27, 1890, as amended by act of May 9, 1900.
He hereby appoints with full power of substitution and revocation,  FREEMAN D. BATCHELDER
of SOLDIERS HOME, CAL.
his true and lawful attorney to prosecute this claim, the fee to be TEN DOLLARS, as prescribed by law. That
his POST-OFFICE ADDRESS is SOLDIERS HOME, CAL., County of
Septingeles, State of California
Amasam Knowlton
1 Deorgy Hillie (Claimant's Signature.)
AR O I RENSION
2 (D' AU ANCOX not C)

Notified /// A. & N. S. ME. Ochorago Extr. nov!"-1902, 7.2, 1-No. 4 Act of June 27, 1890. Mass. R. I. Duly 2 H, 1862. Enlisted: CONN. Discharged:..... Application filed: Oct 9, 1902 N.Y. Alleges:\_\_ N.J. Any other Claim filed: DEL. Numerical No. Attorney Freeman D. Batchelder P. O. Soldiers Hoome Recognized. Contract. Cert. of Dis. Searched for \_\_\_\_\_, 190 . Department of the Interior



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It is also	alleged that on or abo	out		, 18,	he was disabled
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		· · · · · · · · · · · · · · · · · · ·	and was	-	itals as follows:
	Very respectfull	ly,		J: 7	
The Chief of t	the D AND PENSION OFFICE	E,		J. San	whole

Commissioner,

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By authority of the Secretary of War:
- Washington III
Chief of Office.
Date NOV 3 1902
(COMMISSIONER OF PENSIONS.)

PRODUCED AT THE NATIONAL ARCHIVES