

PHYSICIAN'S AFFIDAVIT

[TO BE IN THE HANDWRITING OF THE DOCTOR.]

Law Office of A. PARLETT LLOYD, S. E. Cor. St. Paul & Saratoga Sts., Baltimore, Md.

Claim No. 971,679 Of Benjamin B. Smith Co. F 4 Reg't. U. S. C. A.

On this day and date below written, personally appeared the affiant whose signature is hereto affixed and who being duly sworn according to law testified as follow:

My name is Whitfield Winsor, I am 56 years old. and I reside in Baltimore, Md. at No. 1220 E. Fayette Street. I have been a practitioner of medicine for 25 years and have been acquainted with the soldier Benjamin Smith for about 23 years, and that

Here give a full diagnosis of the disabilities from which you find soldier now suffering, and state for what period you have treated him.

Be sure to state whether the disabilities are due to vicious habits and of permanent character, and the extent you have found claimant

disabled for manual labor in earning a support during the period of your treatment; i. e. $\frac{3}{4} \frac{1}{2} \frac{1}{3}$ as the case may be. State all

you know concerning the origin and continuance of the disability.

I have known Benji Smith formerly a Member of Company F. 4th U. S. C. A. this day July 8th, 1904. His condition has not improved since my last examination Feb. 9th, 1904 but is in anything rather worse. He has been and still is receiving medical treatment at my hands for the organic trouble in his heart, viz., mitral insufficiency and acute degeneration also chronic rheumatism. The patient in the left knee becomes dislocated frequently and the foreign body in the thigh of left leg gives him much pain when I touch it. I consider him to be disabled for the performance of manual labor.



I have no interest in this claim

Test: Henry L. Lloyd

Whitfield Winsor MD

(Physician sign here.)

STATE OF MARYLAND CITY OF BALTIMORE, ss.

Sworn to and subscribed before me this day by the above name affiant, and I certify that said affidavit was read to said affiant including the words _____ erased, and the words _____

added _____ and I acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case nor am I concerned in its prosecution, and that said affiant is known to me as a reputable physician and _____

Believe a credible person, this 8th day of July 1904

5:20 P.M.

Official Signature
NOTARY PUBLIC
Justice of the Peace

* If witness is personally known to the Magistrate as a credible person, he should so certify in this space and sign his name on the line below.

227 St. Paul St., Baltimore, Md.

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