PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence, then two of the soldier's comrades should testify.

State of Maryland, **County of** Baltimore, **ss.**

ON THIS seventh day of April — A. D. 189Z personally appeared before me a Justice of the Peace in and for the aforesaid county, duly authorized to administer oaths Lewis Patterson aged 57 years, a resident of Baltimore in the county of ——— and State of Maryland and ——— aged ——— years, a resident of ——— in the county of ——— and State of ——— who being duly sworn according to law, state that he is acquainted with George Green — applicant for Invalid Pension, and knows the said George Green, to be the — person of that name who enlisted or volunteered as a Private in Company A — 39 — Regiment of U. S. C. T. vols., and who was discharged

[Died or was discharged]

at Goldsboro N.C. on or about the ——— day of June — 186 5, by reason of disability —

[Here insert the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said George Green — while in the line of his duty, at or near Goldsboro — in the State of N. C. did, on or about the Spring of — 1865, become disabled in the following manner, viz: he contracted Kidneys and Heart trouble. —

[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it affected him.]

State the nature of the Wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred.

State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred, and to the best of your recollection about what time the disability was contracted.

State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.

That the facts stated are personally known to the affiant by reason of having been in the Hospital at Goldsboro N.C. + at City Point Hosp + at Philada Hospital for several months, during which he had those disabilities and complained of them. I was a private in Co "G" 39 U. S. C. T. —

[Here state whether the affiant was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained, All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.]

State your source of information, whether present at the time and an eye witness to the facts related.

16.

MSA-SC-4120-95-128

REPRODUCED AT THE NATIONAL ARCHIVES