REPRODUCED AT THE NATIONAL ARCHIVES

ER 13, FOR INSTRUCTIONS.

DISABILITY STATEMENT.

In the matter of the Pension claim No. 901599

of James Taylor late Pvt

of Co K, 39th Reg't U.S.C.T. Inf

My post-office address is Centreville

Give present address in full.

Queen Anne's County, Maryland

For 20 years immediately preceding my enlistment in the service of the United States on the

day of April, 1864, I resided in the following-named places: near Centreville Queen Anne's

Name all the places in which you resided, with your post office addresses during the period above stated prior to your enlistment.

Md,

and my occupation was that of a farm Land

Since my discharge from said service on the day of Dec, 1865, I have resided

near & in Centreville

Name each place, with your post office address, and date of any change of residence.

Queen Anne's Co, Md

and my occupation has been that of a Laborer & Auctioneer

I further state that the disability for ~~which I claim~~ a pension arises from Rheumatism and Rupture

which was contracted

Here state the time, place, and all the circumstances under which the disability for which pension is claimed originated.

in Service

From my said discharge to the present time, I have received the following medical treatment for said disease.

Give the name

and address of each physician employed and the date when each commenced and ceased to treat you. If any of them are deceased, so state.

Dr. Saml T. Earle did advise me as regards my rupture