

AFFIDAVIT TO ORIGIN OF DISABILITY.

To be executed by an officer or enlisted man of the soldier's company and regiment having personal knowledge of the circumstances under which the disability was incurred on account of which pension is claimed.

Before Filing in this Affidavit the Witness should read carefully the Marginal Instructions, and conform thereto in every particular as far as his knowledge of the facts will allow. Enlisted Men's evidence will not be accepted if an Officer's can be had.

State of Maryland
County of Baltimore } ss:

In the matter of the Pension claim of Richard Dutton
Co. B, 4th Reg't U.S.C. Vols., personally
came before me, a Justice of the Peace in and for the aforesaid County and State,
(Title of officer administering oath.)
Richard Dutton, of Baltimore City, County of
Maryland, State of Maryland, who, being duly sworn,
declares in relation to the aforesaid claim that his age is _____ years; that he is the identical person
who served as a Richard Dutton in Co. B, 4th Reg't
U.S.C. Vols., and knows the above soldier, who was a member of Co. _____,
Reg't _____; that on or about _____ day of _____

186, while in the line of duty, and without fault or improper conduct on
his part, at or near Yorktown, State of Virginia

said soldier incurred Rheumatism & Rupture

While at or near Yorktown we were building a Fort and did some heavy lifting of Logs - after this work I first felt the pain & swelling in my right groin and which was afterward pronounced to be a rupture - This was in January 1864 as well as I can recollect - this was aggravated by a long march from Yorktown to Burnt Ordinary - which was in the rain - during the entire march I believe this caused Rheumatism which I had not previously had - but did frequently have the pains of afterward

I cannot get the evidence of Commissioned Officers or Sergeants as none of them are in Baltimore and I do not know their addresses, if living

Affiant further declares that he has no interest, direct or indirect, in this claim, and that he makes the above statement from personal knowledge

Affiant's Post-Office address is as follows: 864 Pierce St

Two persons who write their names MUST sign here as witnesses to affiant's signature, if he signs by mark.
Andrew Carriek
(Name of one witness.)
Wm Cunningham
(Name of other witness.)

Richard Dutton
mark

PREPARE YOUR STATEMENT ON A SEPARATE SHEET OF PAPER, CORRECT IT CAREFULLY, AND THEN TRANSFER IT TO THIS BLANK.

This Blank is prepared by GEORGE E. LEMON, 41 Washington, D. C., and is Exclusively for his Use.

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. If on special duty, by whose order was he acting?
If the injury was a rupture, be particular to state its location, and whether you saw it at the time of or immediately after its incurrence, or at any time while in the service.
State whether you saw him at the date of or immediately previous to discharge; also when, where, and whether the disability named then existed.
State whether the soldier was in sound bodily health and usually free from the disabilities upon which claim for pension is based, at the time he enlisted and immediately preceding the date of incurring his disabilities.
State your source of information, whether present at time and place and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

Handwritten initials