SC-412,826-33

DISABILITY AFFIDAVIT.

STATE OF Maryland
COUNTY OF Baltimore } SS.

F. E. P. BROOKE,
ATTORNEY AT LAW,
219 Courtland St. Balto., Md.

In the Matter of the Original INVALID Pension Claim No. 392,714

of Amy Young Widow of Robert Young

ON THIS 14th day of October A. D. 1889, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Dennis Franklin late private (B) 4th U.S.C.T., aged 56 years, a resident of 500 Elbow Lane in the County of Baltimore, and State of Maryland am Laborer, well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to this claim for pension as follows: My Post Office Address is as above I was a private in Co (B) 4th U.S.C.Troops

[Give present address in full.]

~~For ..... years immediately preceding my enlistment into the service of the United States on the ..... day of ....., 186 , I resided in the following named places .....~~

I was acquainted with Robert Young from the time of his enlistment we were in the same Company I knew Young to be in the Hospital on several occasions he was a Musician I only recollect of being able to state what disease he had on one occasion I knew he had sickness of the Bowels I do not Know how long he was in the Hospital

[Give all the places in which you resided during the period above stated prior to your enlistment.]

~~and my occupation was that of a .....~~

~~Since my discharge from said service on the ..... day of ....., 186 , I have resided in~~

I have seen him very much prostrated he could not get his breath, I have seen him since his discharge on the street when he had to rest he could not get his breath. I saw him off & on from his discharge to his death. He got worse and worse until death, he did not

[Give the name of each place with date of any change of residence.]

~~I further state that the disability for which I claim a pension arises from .....~~

~~which was contracted .....~~

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

show his disease so much. I knew the time he died I knew only slightly his wife — he spoke to me of his wife As far as I know his habits were good he came to see me every day or so. He belonged to the same post that I did

~~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.]

~~Since the origin of the disability for which pension is claimed, I have suffered with the following acute diseases:~~

[Mention all attacks of acute disease, the time when such attacks occurred, their character and violence.]

~~for which I was treated by Dr.....~~

[Give name and address and date of treatment.]