That in affiant's opinion he was disabled for hard labor to a* great degree on an average during the above period, and ~~to a*~~ Entirely ~~degree~~ at present by the above, as near as he can judge.

That he testifies from personal knowledge and has no interest in this Pension Claim.

My Post Office address is .....

Physician's Signature.

Dr. J. B. Gardner

424 E. Greene St.

Sworn to and subscribed before me the day and year first above written, and I certify that affiant is respectable and entitled to credit, and that I have no interest in this claim, and that the contents of this Affidavit were made known to Affiant before signing. Witness my hand and official seal.

Leonard H. Miller J. P.

(Magistrate's Signature.)

This can be sworn before a Justice or Notary, and no certificate of Clerk of Court need be attached if said magistrate will have filed in the Pension Office at Washington, D. C., a separate certificate of the Clerk of Court, which will be sufficient for his term of office.

The doctor will please give as full a statement as possible, with dates of treatment, and if he knows the soldier was free from these diseases at enlistment, will please add that fact, and state of what Medical College he is a graduate, if any.

***Here say ½, ¾, or total. It is very important that an OPINION as to the rate be given. Total gives $8.00 a month pension. If he can do no work $30.00 per month.**

Orig. Inv. 328,330.

ADDITIONAL EVIDENCE

— IN —

Invalid Claim No. 325,331

— OF —

Late Co. K 19 Regt. Ind. Vols.

FILED BY

W. W. McCORMICK & SONS,

PENSION ATTORNEYS,

WASHINGTON, D.C.

107