

(TO BE IN THE HANDWRITING OF THE DOCTOR.)

Law Office of A. PARLETT LLOYD, S. E. Cor. St. Paul & Saratoga Sts., Baltimore, Md.

Claim No. 976.630 Of Charles H. Tilghman Co. "B" Reg't. 7th. U.S.C.T.

On this day and date below written, personally appeared the affiant whose signature is hereto affixed and who being duly sworn according to law testified as follows:

My name is William S. Smith, I am 44 years old, and
I reside in Baltimore, Ma. at No. 528 Hanover Street. I have
been a practitioner of medicine for 22 years and have been acquainted with the
soldier Charles H. Tilghman for about ----- years, and that

The doctor will please give full diagnosis of soldier's disabilities and state for what period treatment has been given, whether his disabilities are due to vicious habits and if of permanent character. The doctor should state extent soldier has been disabled for earning a support by manual labor, whether $\frac{1}{2}$, $\frac{3}{4}$ or $\frac{1}{2}$, as case may be, and give history of case so far as known to him.

After a careful examination I find said soldier is suffering from the following complaints:

Organic heart disease- Gastritis- Deafness- Defective vision- Cystitis- and Chronic rheumatism.

These ailments are permanent, not due to vicious habits, are of a progressive character and are such as to incapacitate him for the performance of manual labor three-fourths of the time.

This statement has been typewritten by my own hand.

IN WIDOW'S CASES.

The attending physician, should give a full clinical history of the soldier's last illness, showing the duration thereof; the remote and immediate cause, as well as the date, of death; whether there were any complications or contributory causes, and, if so, their nature, and to what extent they were factors in the fatal result.



I have no interest in this claim.

William S. Smith, M.D.
(Physician sign here.)

STATE OF MARYLAND CITY OF BALTIMORE, ss.

Sworn to and subscribed before me this day by the above name affiant, and I certify that said affidavit was read to said affiant including the words..... erased, and the words..... added

and I acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case nor am

I concerned in its prosecution, and that said affiant is known to me as a reputable physician and* is known to

me as a credible person, this 14th day of September, 1905

Charles Revolt, J. P.
(Official Signature.)

Notary Public

* If witness is personally-known to the Magistrate or Notary as a credible person, he should so certify in his own handwriting.

PHYSICIAN'S AFFIDAVIT.

4126-225-59