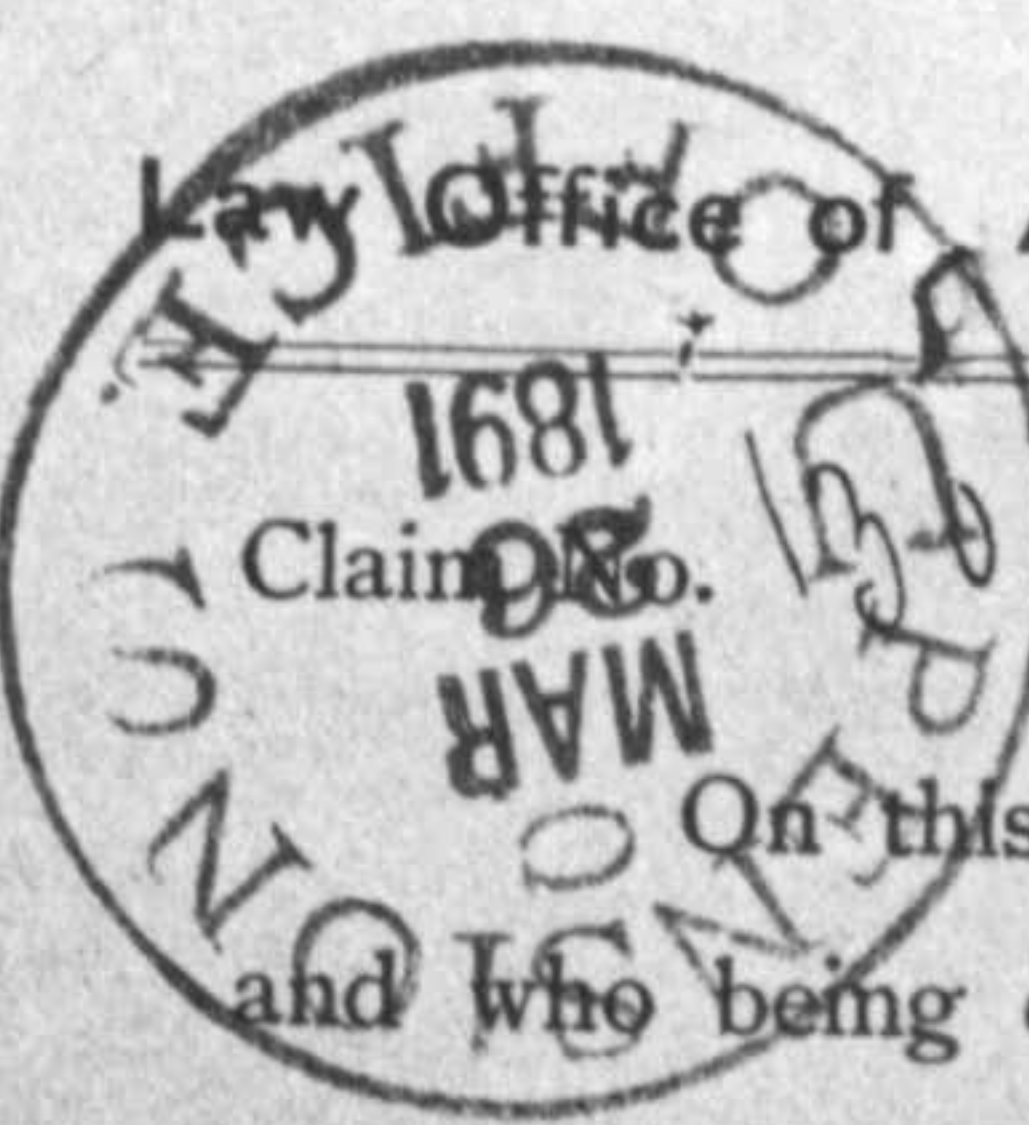


Law Office of A. PARLETT LLOYD, S. E. Cor. St. Paul and Saratoga Streets, Baltimore, Md.



Claimant *John S. Warner* Of *Co. A 19* Regiment *Meat*

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 age is *51* years; I reside in Baltimore City, at No. *1323* *Lepton* Street. I know that when the soldier above mentioned returned home from the army he was suffering from, *I know that from 1848 to the present period that* *John S. Warner has continually suffered with rheumatism, deafness, weak back, & quivering of the right & left hand.* I know this fact because *I have been intimately associated with him since he was discharged soon after his discharge.*

I farther testify from my personal intimacy with him from the date of his discharge to the present that he hath continued to suffer from said disabilities to such an extent as to hath been disabled during each and every year thus covered on an average fully *7/8* [say 1/2, 1/3, 1/4 or 1/8] his time from ordinary manual labor.

I know that his disabilities are of a permanent character and not due to vicious habits and my intimacy with him has been such that had the facts been otherwise than as above stated I would have known thereof."

I have no interest in this claim.

*John S. Warner* *John S. Warner*

(If witness sign by mark, two persons who can write, sign here.)

*Devon*

State of Maryland,

Ss:

SWORN TO AND SUBSCRIBED BEFORE ME, this *23* day of *March* 189*1*, and I certify that the contents of the foregoing were fully made known and explained to affiant above named, (whom I certify to be creditable) before his making oath thereto and I have no interest in prosecution of this claim.

*11* *E. D. Warner*