

He further declares that he has been a practitioner of medicine for nine years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

Henry E. Gale M.D.
(Affiant's Signature. Give rank and service, if in the army.)

Sworn to and subscribed before me this 13th day of June A. D. 1894

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words _____ erased, and the words _____

_____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Joseph B. Maguire
(Official Signature.)
Notary Public
(Official Character.)

L. S.]

I, _____ Clerk of the County Court in and for aforesaid County and State, do certify that _____, Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing _____ in and _____ said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this _____ day of _____, 18 _____

Clerk of the _____

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

Board of Revision,
OCT 9 1894

MEDICAL EVIDENCE.

AFFIDAVIT OF

Henry E. Gale M.D.

CLAIM OF

Amos Summors

No.

for

Filed by

PENSION
JUN 14 1894
OFFICE

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