

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

(Affiant's Signature. Give rank and service, if in the army)

Sworn to and subscribed before me this 15 day of June A. D. 18 94

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.

*E. E. [Signature]*  
(Official Signature)

*[Signature]*  
(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 for 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 .....

[L. S.]

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.



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MEDICAL EVIDENCE.

AFFIDAVIT OF

CLAIM OF

for

Filed by

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