

(WRITE NOTHING ABOVE THIS LINE.)

South Division.
W.D.H. Examiner.
Elizabeth Smith Claimant.
William Smith Soldier, etc.
Co. *K*, 4 Reg't *22nd* Organization.

Department of the Interior, BUREAU OF PENSIONS,

Washington, D. C. *May 11*, 1895

Ind No. *601409* No. of Claim
Accrued

IN THIS CLAIM, *Charles H. Fowler*, whose
post-office address is No. *712*, *So Sharp* Street, *Baltimore*
Md., who is by occupation a *Physician*, DID, on *October*
24th, 189*4*, EXECUTE at *Baltimore Md*

and in the presence of witness _____, whose post-office
address is No. _____ Street, _____
_____, and who is by occupation a _____, and witness _____
_____, whose post-office address is No. _____
_____ Street, _____ and who is by

occupation a _____ BEFORE *Andrew Carrick*
a *Justice of the Peace* in and for the City and State aforesaid,
whose post-office address is No. _____ Street, AN AFFIDAVIT

SETTING FORTH that *the soldier a boy named died*
August 13, 1894, by reason of paralysis
& exhaustion

The reputation of this witness for veracity and credibility is desired. The Special Examiner will make his report accordingly. He will take the witness' deposition only in the event that he shall have reason to believe that the facts within the witness' knowledge differ from those set forth in the affidavit; but, when taken, such deposition must show what the witness knows of his own personal knowledge, and his means of knowledge; and any improper practice in connection with the preparation of the affidavit and the part borne by whoever may be in fault.

Wm Lockman
Commissioner.

I, *Y B Hammet*, Special Examiner for the *South*
District, *Baltimore Md*, do certify that the reputation
of *Chas H Fowler* for veracity and credibility is *Good*
but that his knowledge of the facts differing from those

set forth in his affidavit, I have taken the following deposition from him:
On this *12* day of *April*, 189*5*, at *Baltimore*,
County of *City*, State of *Md*, before me,
Y B Hammet, a Special Examiner of the Pension Office, personally