

8-045-92173

MEDICAL DEPARTMENT

PHYSICIAN'S AFFIDAVIT

TAKE NOTICE.—The affidavit should, if possible, be in the hand-writing of the affiant. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated. The degree of disability for manual labor by reason of the disability should be stated as 1, 1/2, 2, 3, 4, 5, as the facts warrant.

State of Maryland, City of Baltimore, County of Baltimore

In the Pension Claim No. _____
of Samuel Handy late of _____
9th Regiment U. S. Col. James B. C. private
Company and regiment of service. if in the army; or vessel and rank if in the navy.

Personally came before me, a Justice of the Peace in and for the aforesaid
County and State Charles Hiffer a citizen of Baltimore Md
whose Post Office address is 48 E. Montgomery St. Baltimore Md

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 3 years, and that

I hereby certify that Samuel Handy
Here embody all the facts known to the affiant in accordance with the above instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.

has been under my professional
care at different times during the
past 3 years suffering from
Chronic Rheumatism which disables
the above at times from work, but
he is only 1/2 disabled, he has also lost
the use of one finger on the right
hand and two fingers on the left
hand, and also lost the use of
several toes of both feet but he is
more or less affected all over
from Chronic Rheumatism