..... for the County and ..... before ..... personally ..... appeared

..... Brown ....., who, being by me duly sworn according to law, deposes and says, that he

is a Physician and Surgeon, in regular practice, and resides at ....Baltimore....., ~~in the~~ County

of....., and State of....Maryland....., and ....was.... acquainted with

....John Golly....., who, he is informed, was a....Private.....

in Co....D....., ...G.... Regiment....U. S. Colored Troops.... Vols., and attended or prescribed

for him, as follows, for the following disease or disability: (1)....Tubercular Consumption

1st Hygenic 2d Local ~~and~~ General the-

Medicinal treatments was adapted to

the Site of the Local Deposits and the

General nature of the Cade & Commenced

the Said Treatment to 15th Jan 1870 Continued

to the date of his death having died the 4th of August-1870 with the said disease

Deponent further says that the condition of the said....John Golly was debilitated very much

after his discharge from the service aforesaid, about....May 10th....., 1868, and while under his treat-

ment, (2)....the Said John Golly Was Examined with

Stethoscope and through Pectorilloquy his

Lungs were found to be in a very Critical

Condition many Cavities therein rendering him not a

and that as to his condition at the time of his enlistment in said service, about ....the 26th of Septem-

ber....., 1863, and prior thereto, deponent says, (3)....he was told by

the Said John Golly that he was in good

health Strong and Active and that it

is his Opinion that the said John Golly's

disease was Contracted While in the Service

of the U. S. A. from Excitements and general Exposure of his Nervous System

Deponent further says, as to the habits of the said ....John Golly Very good

during his knowledge of him, that (4)....he was Very Religious and

Moderate in his Habits and may Styled a christian

And further, that he has no interest, direct or indirect, in this claim.

Signature of Affiant: John T. Brown M.D.

SWORN to and subscribed before me the day and year first above written. And I certify that I am acquainted with Dr. J. T. Brown who made the foregoing affidavit, and know him to be a respectable physician in good standing in his profession, and that he is a credible person. I further certify that I have no interest, direct or indirect, in said claim.

Official Signature: John J. Brindell J.P.

(1) State all treatment by affiant, after discharge of soldier, naming disease and giving date of commencement of treatment and duration thereof; and if dead, state date and cause of death.

(2) State how bad he was during treatment, and how affected as to his ability to labor, etc.; and if affiant's knowledge of him extends before or after mere treatment, or from date of his discharge, as given, state his condition during such knowledge, giving dates. Or, if affiant had no knowledge of his condition except during treatment, let it be so stated.

(3) State affiant's knowledge or opinion of origin of disease or disability, and if he knows or has reason to believe that soldier was in good health and free from said disease or disability at time of enlistment, so state, and state means of knowledge:—from having been family physician, from personal acquaintance, or as the case may be. Or, if affiant has no knowledge as to the origin of the disability, and had no knowledge of soldier, at and before his enlistment, let it be so stated.

(4) State that his habits were good and temperate, if such was the fact, &c.

REPRODUCED AT THE NATIONAL ARCHIVES