GENERAL AFFIDAVIT

For the testimony of EMPLOYER or NEAR NEIGHBOR of soldier (other than a relative) who has known him since the date of his discharge and return from the army.

NOTE.—The witness, if not equal to the task of drawing the affidavit, should go to a Clerk of a Court, Notary Public, Justice of the Peace, or other officer or competent person, and have the blank filled out and properly executed.

State of Maryland, **County of** Baltimore, **ss:**

In the matter of Hester Poslon widow Wm Poslon late a

in Company F of the 20" Regiment of U S C Inf. Volunteers,

for Widows Pension.

ON THIS 3d day of December A. D. 189 1, personally appeared before me,

a (Official capacity of executing officer.) in and for the aforesaid County, duly authorized

to administer oaths Hester Poslon (Name of witness.) aged 44 years, a resident

of Baltimore in the County of Baltimore and State

of Md whose Post Office address is same

well known to me to be respectable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows: That ~~has been well and personally acquainted~~ with ~~for years, and that~~ she is the claimant in the above case, and that she is unable to furnish an affidavit from her Husbands commissioned officers as to origin, for the reason that she is unable to find his whereabouts. That Dr Kirby is the only physician who treated her husband since discharge and for some reason he refuses to give an affidavit, and she requests that the affidavits of Alice Harris and Sarah Survey be accepted in lieu of same as showing continuance of consumption from discharge to death.

That she is unable to get a copy of the public record of births of children desired for the reason that the Physician and midwife who attended her at the births are both dead, and she requests that the copy of the family record be accepted as proof of births. Wm H. and Elizabeth are dead, but Mary A. and Ida are living Wm H. died Oct. 28-89 and Elizabeth died Mar 6-89. I have furnish all the record evedence I can & ther is no record of Burthers of Children Keep onley My Bibel I have gave you all I can furnish & I can not get Copy of Record That was non Keep

Instructions.—Read Carefully.

The witness must state 1st. His age, place of residence, post office address and occupation; the length of time he has known the soldier, and in what year or years of the said period he has employed, worked with or for him, or lived in the same neighborhood with him, and how near to him.

2d. If he has employed or worked with him since his return from the army, he should state where it was, and at what business; if he knew him as neighbors only, he should state about what distance from him he lived; how frequently, on the average, each week or month, he has seen him, and conversed with him, and how intimate he was with him during this time, and from what diseases or disabilities he has suffered during all the time he employed him, worked with him, or lived near him, and how severely; giving the common name of each disease, injury or disability; and if an injury, they should state if in the leg, arm, body or head, and on which side, and whether above or below the elbow or knee, giving the exact location and describing its appearance, whether swollen or sore, or as the case may be, and whether at any time during this period he was obliged to stop work, was confined to his room or house or was wholly unable to do any manual labor because of his alleged disabilities, and give dates as near as recollected when such attacks occurred, how long they lasted and how severe they were. In this connection, the witness should state about what proportion of a sound able-bodied man's work he was able to do—whether ¼, ⅓, ½, ¾, or whether totally disabled, as the case may be; what his actual earnings were, and whether or not the wages paid him were less in amount, and how much less on account of his inability to labor, than were paid to others physically sound, and doing the same kind of work. He should also state how he is able to judge what his disabilities have been and are now; and should describe fully and clearly the symptoms as they appear to him in his case; in fact, describe fully the physical condition during each year of his acquaintance with him.

[SIGN ON OTHER SIDE.]

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