

PROOF OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, if possible; but, if not possible to secure such evidence, then two of the soldier's comrades should testify.

State of Maryland County of Rock, ss.

ON THIS 13th day of August, A. D. 1880, personally appeared before me, a Justice of the Peace for Dodges in and for the aforesaid County, duly authorized to administer oaths, James H. Dodge aged 54 years, a resident of Rock in the County of Rock and State of Maryland and _____ aged _____ years, a resident of _____ in the County of _____ and State of _____

who, being duly sworn according to law, stated that he is acquainted with Wesley Broadway applicant for Invalid Pension; and knows the said Wesley Broadway to be the identical person of that name who enlisted or volunteered as a private in Company A 7th Regiment of U.S.C.V. Vols., and who _____ [Died or was discharged.]

at _____ on or about the _____ day of _____ 186
by reason _____
[Here insert the reason of the soldier's discharge, if known; if not known, so state, or, if he died, so state.]

That the said Wesley Broadway while in the line of his duty, at or near Peep Bottom in the State of Virginia, did, on or about the 16th day of August 1864, become disabled in the following manner, viz:

In action at Peep Bottom, Virginia, on
[Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it.] about the 16th day of August 1864,
incurred gunshot wound of thigh of
[Here state the nature of the injury, the name of the sickness, and how it affected him.] right leg, while participating in a
charge on the enemy.

That the facts stated are personally known to the affiant by reason of having been
[Here state whether affiant was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.] an eye-witness to above facts, and part-
icipant in aforesaid charge.