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 Kent, ss.

ON THIS 3rd day of July, A. D. 1889, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths, Geo. Thompson aged 50 years, a resident of Chestertown, in the County of Kent and State of Maryland.

and ——— aged ——— years, a resident of ——— , in the County of ——— and State of ———

who, being duly sworn according to law, states that he is acquainted with Wesley Broad-way applicant for Invalid Pension; and know 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. T. 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 Jacksonville in the State of Florida, did, on or about the ——— day of March, 1864 become disabled in the following manner, viz: Dyspepsia; symptoms thereof, belching and eructations and weakness and impair-ment of voice, and general weakness; caused from hardships and privations incident to the service in army.

[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. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it affected him.]

That the facts stated are personally known to the affiant by reason of eye witness to above facts of claimant's disability.

[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.