

(WRITE NOTHING ABOVE THIS LINE.)

Southern Division.
J. B. G. Examiner.
Madison Hensell Claimant.
Soldier, etc.
Co. F, 9 Reg't 11th Organization.
Vol. Inf. Ship.
Cert. No. 469,131 No. of Claim.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. February 2, 1895

IN THIS CLAIM, Henry Boyer, whose
post-office address is No. 518, St. Marys Street, Baltimore,
Md., who is by occupation a Justice of the Peace, DID, on January
28, 1893, EXECUTE at Baltimore Md.
and in the presence of witness Wm. R. Tumbelson, whose post-office
address is No. _____, _____ Street, Baltimore
_____, and who is by occupation a J. P., and witness Isaiah
Turner, whose post-office address is No. _____

_____, _____ Street, _____ and who is by
occupation a _____ BEFORE W. R. Tumbelson
a Justice of the Peace in and for the City and State aforesaid,
whose post-office address is No. _____ Street, AN AFFIDAVIT

SETTING FORTH that he has been acquainted with
claimant since his discharge from service, and
that he has complained of and appeared to be
suffering from rheumatism and deafness
each and every year since to the present time

The reputation of this witness for veracity and credibility is desired. The Special Examiner will make his report accordingly. He will take the witness' deposition only in the event that he shall have reason to believe that the facts within the witness' knowledge differ from those set forth in the affidavit; but, when taken, such deposition must show what the witness knows of his own personal knowledge, and his means of knowledge; and any improper practice in connection with the preparation of the affidavit and the part borne by whoever may be in fault.

Spa Lockman
Commissioner.

I, W. B. Brooks, Special Examiner for the So. Dist.
District, Baltimore City, Md., do certify that the reputation
of Henry Boyer for veracity and credibility is good
_____, and that his knowledge of the facts differing from those
set forth in his affidavit, I have taken the following deposition from him:

On this _____ day of _____, 189____, at _____,
County of _____, State of _____, before me, _____,
_____, a Special Examiner of the Pension Office, personally