

PROOF OF INCURRENCE OF DISABILITY.

NOTE.—This affidavit must be executed by a Commissioned Officer, or First Sergeant, of claimant's company, if possible; but if not possible to secure such evidence, then one of the soldier's late comrades should testify.

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

Personally appeared before me, a *Justice of the Peace* in

and for the aforesaid County and State, duly authorized to administer oaths,

George France, aged *49* years, a resident *of Baltimore City*, in the County of *Baltimore*, and State

of *Maryland*, who, being duly sworn according to law, states that he is acquainted with *Madison Bensell*, applicant for Invalid Pension,

and knows the said *Madison Bensell* to be the identical person of that name who served as a *private* in Company *H*, *9th* Regiment of *U. S. C. S.*, and who *(Died or was discharged.)* at

on or about the day of , 186, by reason of

(Here insert the reason of the soldier's discharge, if known; if not known, so state.)

That the said *Madison Bensell*, while in the line of his duty, at or near *Bermuda Hundred*, in the State of *Virginia*, did, on or about the day of *the fall of*, 186, become dis-

abled in the following manner, viz: *by Contracting Rheumatism*
(Here state how the wound, injury or disease, was incurred. Describe the wound, injury or disease, and state the location of the same.)
Caused by exposure in crossing ponton

bridges and exposure to inclement weather,
and that on or about the *day of* *December*
1864 *applicant contracted deafness at*
a near Deep Bottom in the State of Virginia
in consequence of which applicant believed to
have been heavy cold in connection with
the concussion of Cannon

That the facts as above stated are personally known to affiant by reason of *the facts*
above stated concerning incident his personal
(Here state whether with the
command at the time the disability was incurred, and in case of wound or injury, whether an eye witness to the incurrence of the same, and the kind of
observation at the time of their occurrence
duty claimant was performing at the time.)

(SIGN ON THE REVERSE SIDE.)