

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 may testify.

State of *Massachusetts*, County of *Franklin*, ss.

ON THIS *25th* day of *January*, A. D. 1889, personally appeared before me, a

Justice of the Peace

*James M. Allen* aged *63* years, a resident of *Amherst*, in and for the aforesaid County, duly authorized to administer oaths,

in the County of *Franklin* and State of *Massachusetts* who being

*William Leonard* aged *60* years, a resident of *Amherst*

in the County of *Franklin* and State of *Massachusetts* acquainted with *James M. Allen*

duly sworn according to law, state that *they are* acquainted with *James M. Allen*

applicant for Invalid Pension, and know the said *James M. Allen* to be the identical

person of that name who enlisted or volunteered as a *private* in Company *B* and *30th*

Regiment of *Col. John A. Sargent's* 2d vols, and who *was discharged*

at *Amherst* on or about *10th Decr* day of *1865*

by reason of *injury sustained by him*

[Here insert the reason of soldier's discharge, if known; if not known, so state; or, if he died, so state.]

That the said *James M. Allen* while in the line of his duty, at or near

*Amherst* in the State of *Massachusetts* did, on or

about the *1st* day of *January*, 1865, become disabled in the following manner, viz:

[Here state the time and place and manner in which the wound or other injury was received, describing 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 was contracted, and all the circumstances attending it.]

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