

Form of Application for an Artificial Limb, or for Commutation for the same; to be forwarded to the Surgeon General, Washington, D. C.

I, *John Johnstone*, being duly sworn, do declare that I am the identical *John Johnstone* who was a *Private* in Co. *A* *1st* Reg't *U. S. C. Troops* and that I lost my *left arm* by reason of a *gun* *shot wound* received at *Front Fort Harrison Va* on or about the *11th* day of *March* 18*64*, that I *never* received from the United States an artificial *arm* made by

, and that I am in receipt of a pension on Certificate No. *81,512* which is paid to me by the Pension

Agent at *Baltimore City*

And I now make application for

Commutation

Money under the provisions of the Act approved June 17, 1870; and I desire to have the

arm sent to me at my post office address -

Post Office Address, Town,

Easton

County,

Talbot

State,

Maryland

Sworn to and subscribed before me, in the

Court of Baltimore City this *Eleventh* day of *March*, 187*4*.

John Johnstone *Signature*
John Johnstone *mark*
Chief of the Superior

J. B. Gaither

Dep't. Clerk Superior Court *Notary Public*

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