AFFIDAVIT TO ORIGIN OF DISABILITY

TO BE EXECUTED BY AN OFFICER OR COMRADE OF THE SOLDIER'S COMPANY AND REGIMENT HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED ON ACCOUNT OF WHICH PENSION IS CLAIMED. COMRADES' EVIDENCE WILL NOT BE ACCEPTED, IF AN OFFICER'S CAN BE HAD.

Before filling in this affidavit the witness should read carefully the marginal instructions, and conform thereto in every particular as far as his knowledge of the facts will allow.

PREPARED BY CHARLES & WILLIAM B. KING, No. 916, F STREET, WASHINGTON, D. C.

STATE OF Pennsylvania }
COUNTY OF Dauphin } ss:

In the matter of Pension Claim of ~~Thomas Braxton~~ Joseph Cole

Co. F, Reg't, Vols.,

personally came before me, a Postmaster in and for the aforesaid County and state,
Title of officer administering oath.

Thomas Maddox, late, Co. 2nd, Reg't, U.S.C.T. Vols.,
Rank.

who I hereby certify is a respectable and credible person, who, being duly sworn, declares in relation to the aforesaid claim that on or about the _____ day of _____, 186 , at or near _____, State of _____, the above-named soldier was disabled while in the line of duty by I was a soldier in Co. H. 2d Regt U.S. Colored Troops and while we where Stationed at Fort Taylor Key West Florida. Joseph Cole and my Self with three or four other Soldiers where detached to unload a boat load of canon balls and while on duty a Soldier named Joshua owens of the Same Co left a canon ball fall by accident and it fell on Joseph Coles Right foot mashing Right foot severely. I was right by Coles side and an Eye witness when the ball fell on his right foot and was not able to do any duty at all for over two months in fact he never after that was able for duty of any occasion. I am unable to give the Precise date. But it was in and about the month of august or september 1865 - I am about 44 years of age. and have no interest in this claim whatever

He further declares that his post-office address is 12-17, N. 2d St. Harrisburg, County of Dauphin, State of Pennsylvania, and that he is not interested in said claim or concerned in its prosecution, and that his knowledge of the foregoing facts was derived from I have not seen Joshua owens since I was discharged from the army.

Instructions.

Witness will add a statement in narrative form showing such of the following facts as he has personal knowledge of:

1. State the name or nature of the disease or disability, wound or injury, and in what particular part of the body located, and if a rupture whether you saw it at the time, or at any time thereafter while in the service, stating about the date.
2. State what caused the disability and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, state by whose orders he was acting.
3. State how the soldier's disability continued to affect him so long as he remained in the dates or periods of time as near as you can.
4. State your source of information, whether present at time and place and an eye witness to the facts related.

If the claimant makes his mark, two persons must attest by signing their names on these lines below.

Thomas Maddox
Signature of Witness.