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 Maryland } ss:
COUNTY OF washington }

In the matter of Pension Claim of Joseph H. Cale, late a Private in, Co. D, 2 Reg't, U. S. C. Vols.,
personally came before me, a J. P. Hagerstown, Md. in and for the aforesaid County and State,
(Title of officer administering oath.)
Benj. F. Malone, late ~~Private~~ (Rank.) Sergt. Co. D, 2 Reg't, U. S. C. Vols.,
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 september, 1865; at or near Key west, State of Florida, the above-named soldier was disabled while in the line of duty by a common ball falling upon his right foot, badly injuring the same, and from which he was disabled while mustered out of the service. That this is supplemental to an affidavit heretofore made by this affiant, and is made in obedience to a requirement of the Pension Office, for the purpose of stating this affiant's means of knowing the facts above stated, and which were by being present at the time and an eye witness to the accident. Being at work in the same gang with the claimant, reloading a vessle laden with govt. property.

He further declares that his post-office address is Eakles Mills, County of Washington, State of Maryland, 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 being present and an eye witness as above stated.

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 service, giving 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 affiant makes his mark, two persons must attest by writing their names on the lines below.

Benj. F. Malone
Signature of Witness.

1 David W. Jones

2