To receive any relief and which was never pension

Of my own personal knowledge of the claimant he never been able to perform manual labor to any extent as I have many times known him to try and fail in consequence of the before named causes. I further declare that his mental condition is so much disturbed by the periodical attacks of neuralgia that he is debarred from continued mental labor and is in my opinion totally disabled for earning a sustenance by mental or physical labor

He further declares that he has been a practitioner of medicine for nineteen years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

John J. Liggins
(Affiant's Signature. Give rank and service if in the army.)

Sworn to and subscribed before me this 7th day of Sept A. D. 1890 and I hereby certify that the affiant is a practising physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words .... erased, and the words .... added; that I have no interest, direct or indirect, in the prosecution of this claim.

[illegible]
(Magistrate's Signature.)

Magt
(Official Character.)

I certify that .... Esq., who hath signed his name to the foregoing affidavit, was at the time of so doing .... in and for said County and State, duly Commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this .... day of 18

[L. S.]

Clerk of the ....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of official character hereon, and not on a separate slip of paper.

MEDICAL EVIDENCE.

SEP 13 1890

CLAIM OF

Henry M. Hall
[illegible] Corp'l Cav. [illegible]
[illegible]

AFFIDAVIT OF

John J. Liggins
1108 [illegible]
Phila Penna

23 [illegible] 6
41 " "

[illegible] Sickle

[illegible] 40 3/4

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