Physician's Affidavit.

STATE OF Maryland COUNTY OF Baltimore SS:

In claim No. 120453 of Florance Scott wid. of Co. B of the 20 Regt. of U.S.C. Inf. Vols., Personally appeared before the undersigned duly authorized to administer oaths within and for said County, Dr. _____ aged _____ years, whose P. O. is _____, County of _____ State of _____, who being duly sworn, states in relation to said claim as follows to-wit:

Philip Scott was at work for me on Saturday, in the Harvest field. was taken sick that night and died the following day. He was subject to Sudden Spells having had several such to my knowledge. he avoided the sun as much as possible. have heard he had a Sunstroke at one time which I think was during the war,

And affiant further states that he has no interest in this claim.

D. W. Black
Affiant's Signature.

If affiant signs by mark two witnesses sign here.

Sworn to and subscribed before me on the 28 day of April 1900 ~~1899~~, and I hereby certify that the contents of this affidavit were fully made known to the witnesses before signing and I have no interest in this claim or its prosecution.

Joseph B. Kidd
Justice of the Peace
Official Signature.

L.S.

U.S. PENSION OFFICE MAY 23 1900