MEDICAL EVIDENCE.	
- Bliffeld	STATE OF LENNSYWWY
	COUNTY OF ASSISTANCES
loctor's name	I I G. Commission whose Post Office address is Associating
address.	County of Aundhoug State of Pennsylvania and whose age is no w
19-1	years, being first duly sworn, says that he is a regular practicing Physician of years
F	standing and that he gave medical advice and treatment to John Colingto late a
	ferwate in Company Le of the 1424 Regiment of
	Level Cour Vols., as follows
directions.	I was called to accure a bove applicant one mouth
will please give a full medical his-	ago I found him Sufferny from Chronic Bronchites
bility on which pension is claim-	which has existen for years - from what I can bearn
ed as far \$2 the same has come under your obser- vation and treat-	of the case & belleve of two Contractice in the time
ment, stating date when your obser- vation and treat-	He also has atorpre bever which causes frequent
ment began; the line length of time you have treated	allucks of autantial foundie
him; describing the disease for which treated;	Hisganifick health is vaffective from the
what his condi- tion has been; what it is now;	
what was it before enlistment if you know; was it con-	nes made a porton france soon
fracted in the army: If you know, state it?	1718 noors we gove - whomen sur y
Has it been aggra- vated or prolong- ed by intemper- unce or bad habits	respect
Please state fully- all you know of his condition from	T
o the present	
nu one am-	(Afflant's Signature.)
daxit from each Sector,	THE MAINTERSON OF THE PARTY OF
	Subscribed and Sworn to before me, this 25th day of Gebruary 1880
*	The affiant is the person he represents himself to be, and a credible witness. I am not interested in this claim. Witness my hand and seal the day and year above written.
100 2000 <del>110 2</del> 010	V. B. Raulte, At.
READ!	(Official signature.) [SEAL]
is sworn to before a Notary Publicor Squire, it will be	I Certify that 2/3 Herrill before whom the foregoing affidavit
necessary to have the Cierk's certifi- cate uttached, un-	was made, is a fustice of the level duly qualified, and the above is his signature.
less said Notary or Squire already has such a certifi-	am not interested.
rate on file in the Pension Office, . showing official	(Signature.) [SEAL.
eapacity. If such pertificate is on the, the Notary or	
squire must say	Comera: Contractions