## AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

	State of Benesylvania County of Armstrong	
9	The country of Ministrong	
	In the Pension Claim No.	
	of John Cluzh	late of
	Private by H Manue Cowolry (Company and Regiment of service, if in the army; or vessel and rank if in the navy)	
	Personally came before me, a Clerk of Com Ole as Court [Official character of magistrate.]	
	the aforesaid County and State of & Comminghe a citizen of Mollann	inj
	whose Post Office address is Costfamunty Amounty	2
	well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to afore	
	follows:	said case as
	That he is a Practising Physician, and that he has been acquainted with said soldier for about July year	100
	I have treative him for afronic Bronchites	s, and that
	Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations	will be per-
	mitted unless the magistrate certit es in his jurat that they were made before executing the paper.]	1/2
NOTES.	Muscular Rheningtion moder	Velio
The Physician's Affidavi must show the following facts	the purcles I the small of the	Lack,
lst. Whether o	Called Lemosfaco he hear also	there
enlistment; the length of time has known him how intimately	dome godine Couldnote	40.
and what opportunities he had had of observing		100
his physical condition, whether as his family physician or as	the were the which which	followe
heighbor. how near the six of the	The form of the second	
ne kn v that the		row
adding, if true, that had be been	grugere wun sum jugor	Z
unsound, he would have knownit.  2d. If he treated		
In the service, either as his reg-		**************************************
or while claim- ant was home on furlough, that		9 12
fact should be stated. The claimant's physi-		4 4
sal condition at such times should be charly shown, as well as		arrannos de la company
the NATURE OF HIS DISABILITY and dates of treat-		
ment. 3d. If he has treated soldier since discharge	Contraction of the contraction o	
he should so state, giving the date of his		
first treatment; what his physi- cal condition		·/
was at the time, with complete diagnosis of the disability;		_2_{\}
the period dur- ing which ho treated him		do <u>loniam</u>
should be stat- ed, with dates, as near as pos- sible, of the		
prescriptions, 4th The extent bas been uname		
to perform man- ual labor during each year, from		n
discharge to the present time.		
- GINT	MILLER WINDOWS TO THE TOTAL PROPERTY OF THE PR	**************************************