

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

[Affiant's Signature. Give rank and service, if in the army.]

Sworn to and subscribed before me this _____ day of _____ A. D. 188

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words _____, omitted, and the words _____ added; and that I have no interest, direct or indirect in the prosecution of this claim.

[Official Signature]

[Official Character]

[L. S.]

I, _____, Clerk of the County Court in and for aforesaid County _____, Esq., who has signed his name to the _____

and State, do certify that _____ foregoing declaration and 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 _____, 188

Clerk of the _____

[L. S.]

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 character thereon, and not on a separate slip of paper.

MEDICAL EVIDENCE.

AFFIDAVIT OF

CLAIM OF

Amos M. Dutyre

No. _____ for _____

Filed by

*J. G. Patch, Atty
Mt Pleasant
Henry Co, Iowa*

PHYSICIAN'S 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 _____, County of _____, ss.

In the pension Claim No. _____

of Amos M. E. Johnson late of
Co. "13" 15th Regt. N. G., Va.
(Company and Regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a _____ in and for

the aforesaid County and State, _____ a citizen of _____

whose Post Office address is _____

well known to me to be reputable and entitled to credit, and who, being duly sworn declares in relation to aforesaid case

as follows:

That he is a Practising Physician, and that he has been acquainted with said soldier for about _____ years, and that

[Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted

unless the magistrate certifies in his jurat that they were made before executing the paper.]

NOTES.

The affiant must show the following facts: 1st. Whether or not the soldier prior to enlistment; the length of time he has known him; how known; intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a physician; and how near he has lived to him. If he knew that the soldier was a round man at enlistment, he should so state, and if he knew that he had been in sound, he would have so stated. 2d. If he treated the claimant while in the service, he should state the nature of the ailment, or while claiming was borne on furlough, and stated. The claimant's physical condition at the time of enlistment, and the condition shown, as well as the nature of his ailment, and the dates of treatment. 3d. If he has treated the claimant since discharge, he should so state, giving the nature of the ailment, and the dates of treatment; what his physical condition was at the time of complete diagnosis of the disability; the period which he treated him should be stated, with dates, and with prescriptions. 4th. The extent of the disability, and the extent to which the claimant has been unable to perform manual labor, and the date of discharge to the present time.