



Medical Evidence.

(THIS BLANK IS INTENDED FOR A SURGEON, ASSISTANT SURGEON, HOSPITAL STEWARD, PHYSICIAN OR DRUGGIST.)

TAKE NOTICE—The affidavit should, if possible, be in the hand-writing of the affiant; the marginal instructions must be carefully observed before writing out the statement, or it will not be considered by the Pension office as satisfactory. Therefore, read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in your statement all the facts therein indicated. Let the diagnosis be so full and complete that a medical man could, from the description, at once and unmistakably recognize the diseases, wounds or injuries, even though they be not technically named. 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 Massachusetts County of Vernon SS:

In the Pension Claim No. 304042 of Frank B White

(Name of Claimant)

Company - 1st Regt Heavy Artillery Ohio Vol

(Rank, Company, Regiment and State, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid

(Clerk of the Court or his deputy, Notary Public or Justice of the Peace, as the case may be.)

County and State W J Suttle Md whose post-office address is

(Name of Surgeon, Assistant Surgeon, Hospital Steward, Physician or Druggist.)

Wingra Vernon Co, Md, well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing Physician and that he has been acquainted with said soldier for about 10 years and

that he was treated and examined numerous times

(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 report that they were made before executing the paper.

INSTRUCTIONS READ CAREFULLY.

The Physician's affidavit must show the following facts:

The affiant should state in his own hand-writing these facts following:

1. The length of time he has been practicing medicine.
2. Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately, and what opportunities he has had for observing his physical condition, whether as his family physician or his neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment he should so state, adding, if true, that had he been unsound he would have known it.
3. If he treated claimant while in service, either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown as well as the nature of his disability and dates of treatment.
4. If he has treated soldier since discharge he should so state, giving the

facts and results of the boards held
meeting in my right office in county
four years. The good taken in poor degrees
and frustration has gone due to such an
extent that the extraneous are swollen
and deformed. An examination of
the vertebrae reveals a large and long
detour. The masses surface with
neurorhodul tumors, a running in
the region of the spine of a piece
to that of a healthy man. Some of them
various and bleeding from a narrow
and considerable times as at trial, the spinal

This Blank is prepared by, and for the exclusive use of, Charles J. Alden, La Crosse, Wis.

Return all Blanks not needed in this case to Charles J. Alden, La Crosse, Wis.

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Company - 1st Regt Heavy Artillery Ohio 1862
(Rank, Company, Regiment and State, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Notary Public in and for the aforesaid
(Clerk of the Court or his deputy, Notary Public or Justice of the Peace, as the case may be.)

County and State WJ Suttle Md whose post-office address is

Livingston Barron Co, Md, well known to me to be

reputable and entitled to credit, and who, being duly sworn, declares in relation to the aforesaid case as follows:

That, he is a practicing Physician and that he has been acquainted with said soldier for about 10 years and

that he has treated and examined claimant recently.

(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.

Several wounds of the claimant are resulting from the

injuries which he sustained and received. The following

fractures were sustained of the lower limb

namely in six or eight inches in front

of the knee. The joint taken is poorly developed,

and protraction has gone down to such an

extent that the extraneous are swollen

and deformed. An examination of

the vertebrae reveals a loose and loose

detachment the necrosis of the vertebrae

has produced a tumor growing in

the region of the spine of a size

to that of a walnut. Some of these

wounds and bleedings have been of a

considerable times now at a time. The lymphatic

system has become poisoned to such

an extent that the glands in and about the

wound have increased and continually

discharge with pus, is most in-

flammation of the cranial bones.

Claimant has been under medical treatment

continuously during the past two years.

For a period of six or eight months claimant

INSTRUCTIONS
READ CAREFULLY.

The Physician's affidavit must show the following facts:

The affiant should state in his own hand-writing these facts following:

1. The length of time he has been practicing medicine.
2. Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately, and what opportunities he has had for observing his physical condition, whether as his family physician or his neighbor; and how near he has lived to him. If he knew that the soldier was a sound man at enlistment he should so state, adding, if true, that had he been unsound he would have known it.
3. If he treated claimant while in service, either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown as well as the nature of his disability and dates of treatment.
4. If he has treated soldier since discharge he should so state, giving the date of his first treatment, what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.
5. The extent or degree to which the claimant has been unable to perform manual labor during each year from discharge to the present time.
6. Where the disability was the sequel of a wound received, injury incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth by the physician, together with the reasons upon which he bases his conclusions.

not used more than three times a day...
the above named and described disease...
in their nature and are in no
way...
and that his disability is total.

Claimant is confined to his room and is un-
able to perform any ¹¹ needed, continuous constantly

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

[Signature]
(Signature of Physician or Surgeon. If ever in the army or navy, give rank or service.)

Sworn to and subscribed before me this 4th day of July, A. D. 1893, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration were fully made known to him before swearing, including the words

erased, and the words

[Signature] added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[Signature]
(Name of officer before whom executed.)

[Signature]
(Clerk of the Court or his deputy; Notary Public or Justice of the Peace, as the case may be.)

I, _____, Clerk of the Circuit Court in and for aforesaid County and State, do certify that _____, Esq., who hath signed his name to the 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 _____ 18 _____

[L. s.] _____
Clerk of the _____

NOTE.—This should be sworn to before a Clerk of the Court or his deputy, or any Notary Public or Justice of the Peace, provided, if executed before a Notary or Justice, the certificate of the Court must be attached, unless the Notary or Justice has a certificate already on file in the Pension Office. In such case the Notary or Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

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

A. J. Little III
(Signature of Physician or Surgeon. If ever in the army or navy, give rank or service.)

Sworn to and subscribed before me this 4th day of July, A. D. 1893, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration were fully made known to him before swearing, including the words

.....erased, and the words

added; and that I have no interest, direct or indirect, in the prosecution of this claim.

S. A. Miller
(Name of officer before whom executed.)

Notary Public
(Clerk of the Court or his deputy; Notary Public or Justice of the Peace, as the case may be.)

I,, Clerk of the Circuit Court in and for aforesaid County and State, do certify that, Esq., who hath signed his name to the 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 18

[L. s.]

Clerk of the

NOTE.- This should be sworn to before a Clerk of the Court or his deputy, or any Notary Public or Justice of the Peace, provided, if executed before a Notary or Justice, the certificate of the Court must be attached, unless the Notary or Justice has a certificate already on file in the Pension Office. In such case the Notary or Justice must state that such certificate is on file. Neglect to comply with this requirement will cause trouble and delay.

DIVISION.

Medical Evidence.

No.



(Character of claim.)

(Name of Claimant.)

(Name of Soldier.)

Date Co.

Reg't Vols.

AFFIDAVIT OF

A. J. Little M.D.
(Name of affiant.)

Date (Rank.)

Reg't Vols.

J. B. Callahan
FEDERAL CLAIMS AGENT

U. S. PENSION CLAIM AGENT

AND WAR CLAIM ATTORNEY,

La. Crosee, Wis.