

1
 Vinitia, Ohio, July 8/90
 Green B. Raum.

Commissioner of Pensions.

Dear Sir:

Washington, D. C.

To the best of my recollection, French B. Whit, contracted diarrhea at Lexington Ky. some time in the fall of 1863. I think it was in the month of September, but am not sure. He went from Lexington to Burnside's Point, on the Cumberland river, I think Mr. Whit (still suffering with the diarrhea) drove a team from Camp Nelson through to the river. From there we were ordered to Knoxville, Tenn. Mr. Whit not being able to march across the mountains was sent with others down the river on a boat. At Knoxville I was detailed at Brigade Headquarters and lost sight of Whit. I have understood his diarrhea troubled him more or less during his entire term of service. I made him an affidavit a number of months ago. It, like this, was made entirely from memory and may not be correct in every detail, but it is in the main.

Very Truly,

W. D. Sanford.

10.

Proof of Disability.

TO BE EXECUTED BY A COMMISSIONED OFFICER, ORDERLY SERGEANT, OR TWO COMRADES OF THE SOLDIER'S COMPANY AND REGIMENT, HAVING PERSONAL KNOWLEDGE OF THE CIRCUMSTANCES UNDER WHICH THE DISABILITY WAS INCURRED, ON ACCOUNT OF WHICH PENSION IS CLAIMED. IF POSSIBLE GET THE EVIDENCE OF A COMMISSIONED OFFICER OR ORDERLY SERGEANT, BUT IF IT IS NOT POSSIBLE TO SECURE SUCH EVIDENCE, THEN GET THE AFFIDAVITS OF TWO OR MORE COMRADES.

State the nature of the wound or injury received, and in what part of the body located; or the name and nature of the disease or disability incurred. State what caused the disability, and upon what particular duty the soldier was engaged at the time it was incurred. If on special duty, by whose order was he acting. If the injury was a rupture, be particular to state its location, and whether you saw it at the time of, or immediately after, its occurrence, or at any time while in the service. State whether you saw him at the date of, or immediately previous to, discharge; also when, where and whether the disability named then existed. State whether the soldier was in sound bodily health, and especially free from the disabilities upon which claim for pension is based, at the time he enlisted, and immediately preceding the date of incurring his disabilities. State your source of information, whether present at the time and place, and an eye-witness to the facts related. If in command of company when the disability was incurred, so state.

Before filling in this affidavit, the witness should read carefully the instructions, and conform thereto in every particular, as far as his knowledge of the facts will allow.

If possible, this affidavit should be in the hand-writing of affiant; if not, the affiant should state the reasons why.

Prepare your statement on a separate sheet of paper, correct it carefully, and then transfer it to this blank.

State of Ohio County of Athens SS

In the matter of the Pension Claim of French B. White of
Co. I 1st Reg't O. 76 A. Vols., personally came before me,

a Notary Public in and for the aforesaid County and State,
Dr. W. D. Sanford (Title of officer administering oath), of Trimble
Athens (Name of affiant), County of
Athens, State of Ohio, who, being duly sworn, declares

in relation to the aforesaid claim that his age is 43 years; that he is the identical person who served as a
Private in Co. I 1st Reg't O. 76 A.

Vols., and knows the above soldier, who was a member of Co. I 1st Reg't O. 76 A.

that on or about the _____ day of _____, 1863, while in the line of duty, and without fault or improper conduct on his part, at or near Lexington, State of Kentucky, said soldier incurred Chronic Diarrhea
(Here state the time and manner in which the wound or other injury was received.)

Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it affected him. All facts known to affiant relative to soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.)

I was a member of the same Regt and company that French B. White belonged to. I know that sometime in the fall of 1863. at Lexington Kentucky he contracted Chronic Diarrhea. I cannot state day or month. but I know it was the fall of 63.

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.

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

Before filling in this affidavit, the witness should read carefully the instructions, and conform thereto in every particular, as far as his knowledge of the facts will allow.

If possible, this affidavit should be in the hand-writing of affiant; if not, the affiant should state the reasons why.

Prepare your statement on a separate sheet of paper, correct it carefully, and then transfer it to this blank.

State of Ohio County of Athens SS

In the matter of the Pension Claim of French B. White of
Co. I ^{1st} Reg't O. H. A. Vols., personally came before me,

a Notary Public in and for the aforesaid County and State,
Dr. W. D. Sanford (Title of officer administering oath), of Trimble, County of
Athens (Name of affiant), State of Ohio, who, being duly sworn, declares

in relation to the aforesaid claim that his age is 43 years; that he is the identical person who served as a
Private in Co. I ^{1st} Reg't O. H. A.

Vols., and knows the above soldier, who was a member of Co. I ^{1st} Reg't O. H. A.

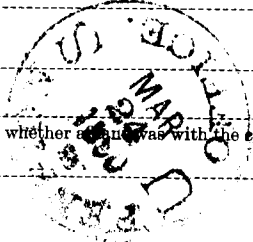
that on or about the _____ day of _____, 1863, while in the line of duty, and without fault
or improper conduct on his part, at or near Lexington, State of
Kentucky, said soldier incurred Chronic Diarrhea
(Here state the time and manner in which the wound or other injury was received.)

Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted,
what caused it, the name of the sickness, and how it affected him. All facts known to affiant relative to soldier's medical treatment for his disability while in the
service should be stated, giving time and place, if possible.)

I was a member of the same Regt and Company that French B. White belonged to. I know that sometime in the fall of 1863 at Lexington Kentucky he contracted Chronic Diarrhea. I cannot state day or month. but I know it was the fall of 63.

That the facts stated are personally known to the affiant by reason of _____
(Here state whether or not he was with the company at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained.)

9.



Return all blanks not needed in this case to CHARLES J. ALDEN, La Crosse, Wis.