I HEREBY CERTIFY that			1	pefore whom the forego-
ing affidavit was made, was at the	execution thereof, an	aching & 8	<i>D</i>	
and State of		anty of Alex		International Action Control of the
thereto is genuine.				is, and that his signature
10000	***************************************	# #		
T ST		or		
100				E
5 233		No.		T T T
				n Cra
SASMINATOR, B.				TEST Claim of
				S &
	8-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			<b>*</b> . <b>*</b> .
4				7

Bage 20

## Medical Testimony.

	STATE OF General Sec )
	COUNTY OF Afections
_Docron's name and	Gr. M. Lustin whose Post Office address is Acotto Nice
Post Office address.	County of Henceler Sure State of George and whose age is now
	years, being first duly sworn, says that he is a regular practicing physician of years
	standing, and that he gave medical advice and treatment to fances & Micelesimilate a
- o	Dried - of Company 6 of the 2 Regiment of I de ont
- luf	Vols., as follows: I was at blifton Juhn mayor conty
	On a about there day of May 864 When
DIRECTIONS.  Docton: Please state	James . G. Mariteanery With other colleters
when (the year at least) you first treated the sol- dier, what you treated	of The Ms any come in from a sent
him for, and how many years thereafter you con- tinued to treat him and	and the daid fames & Montjanery was shot
give him medical advice, giving a fall medical his-	Through the Left foot the Ball Enterin M.
tory of his disease and its progress, whether he has grown better or any	-11 /11 / 1 / T
worse. If at all possible, give dates and duration of all treatment adminis-	Pasaing Through this Hoot in The now nothing as to
tered; your books will help you. If the case appears to have been one	The Place or how it was done I Dresid
of long standing, and chronic, please say so. If his disease has been	This yout I had Been the said Martingers
aggravated by intemperate or other bad habits, so state. If you have	Hamily Physian Yor Name Mars Propling
treated him for more than one disease, please follow these instructions	to this Enlistment in the 76 & service
for each. And particu- tarly, doctor, give your opinion as to the degree	not posative as to the took Think it in may on
or extent (4, 14, 15, etc.,) to which he has been disabled for labor during	
your knowledge of his	Thome arridulty ofter discharg, Withe Said Trond
0	
But one affidavit from each doctor.	I further swear that I am not interested in this claim for pension.
	I Marstin ell, D
-0-	(Afficat's Signature.)
	(If ever in the Sorvice give rank.)
NOTE.	(If the basined give falls.)
sworn to before a Notary Public or Squire, it will be necessary to have the	Subscribed and sworn to before me, this 24 day of Movements 1882
Clerk's certificate attach- ed, unless said Notary or Squire already has such	The affiant is the person he represents himself to be, and a credible witness. I am not interested
a certificate on file in the Pension Office, showing official capacity. If such	
n certificate is on file, the Notary or Squire must	in this claim. Witness my hand and seal the day and year above written.  Eras en the word time and enterfineing the word month (Official Signature.)
say so in his Jurat.	(Official Signature.) (SEAL)
29019	
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