

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—This affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions should 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.

In the matter of the Claim for Pension No. 385, 205

of George H. Moulton
Claimant's name.
 late of Company "D", 38th, Regiment, 8th Mass. Volunteers,
Company and regiment of service, if in the army; or name of vessel if in the navy.
 I, Charles C. Hayes M.D., a resident of Hyde Park,
Physician's name.
 County of Norfolk, State of Massachusetts, on oath declare:—

That I am a practising physician; and that I have been acquainted with said soldier for about 3 years,

and that frequently during these years he has observed
Affiant should here embody all the facts known to him in accordance with the marginal instructions.

NOTES.

The Physician's Affidavit should set forth:

1st. If he knew the soldier prior to enlistment, he should state the length of time he knew him; how intimately, and what opportunities he had of observing his physical condition, whether as his family physician, or as a neighbor; how near he lived to him. If he knew that he was a sound man at enlistment, he should so state, adding, if true, that had he been unsound he would have known it.

2d. If he treated soldier while in the service, either as his regimental surgeon, or while soldier was home on furlough, he should so state, giving the nature of the disability, with the date, place and duration of treatment.

3d. If he has treated soldier since discharge, he should state the date of first treatment; his physical condition at the time, with complete diagnosis of the disability; and the dates and duration of all subsequent treatment.

4th. The extent or degree to which soldier has been disabled for manual labor, during each year of the time he has been under treatment or observation, should be shown.

5th. If the soldier is dead, the date and cause of death should be fully stated.

at the Army Post meetings, and at other times the nervousness and irritability of the said George H. Moulton. In the month of Dec. 1881 I treated him for Insanity. He had insomnia, great nervous prostration, irritability of temper, delusions &c. I considered that the lesions of the brain were of such a character, he having had previous attacks, that there were small chances of permanent recovery; that any severe mental work would cause a recurrence of his head trouble with little chance of recovery. There is no question in my mind of the cause of this disease. While in the Army he had a Sun-stroke, kidney disease with malaria. Since that time he has never been strong. When he worked hard it was always followed by nervous prostration & insomnia indicating that at some previous time there had been an injury of the brain. He has always been very temperate never indulging in intoxicating drinks. From the moral character of Moulton, his industrious habits, pride of character &c I know that he would never apply for a pension without his case was perfectly clear & deserving.

I further declare that I have been a practitioner of medicine for 25 years, and that I have no interest, either direct or indirect, in the prosecution of this claim.

My Post-Office address is

Weyde Park, Mass.

Charles L. Hayes, M.D.

Affiant's Signature.

Late Surgeon U.S. Army, Wm. V. I.

Give rank and service, if in army or navy.

State of

Massachusetts

ss.

County of

Norfolk

On this twenty fifth day of

March

1882

, personally appeared

before me the above-named

to me well known as a reputable physician in good professional standing, and made oath that the foregoing statement by him subscribed is true.

I certify that the words

were erased, and the words

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

{ Any erasures or inter-
lineations in the foregoing
affidavit should be cer-
tified by the Magistrate, in
his jurat, as having been
made before execution. }

Henry S. Canton
Notary Public

Magistrate's Signature.

Justice of the Peace
Official character.

~~NOTE.—This may be sworn to before a Clerk of Court, Notary Public, or Justice of the Peace. If sworn before a Notary or Justice, then the official character and signature of such officer should be verified by certificate of the Clerk of Court, on the form which follows:~~

NOTE.—This may be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If sworn before a NOTARY or JUSTICE, then the official character and signature of such officer should be verified by certificate of the Clerk of Court, on the form which follows:

I, _____ Clerk of the _____ Court, in and for aforesaid County and State, do certify that _____ Esq., who hath signed his name to foregoing affidavit, was, at the time of so doing, a _____ 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 the seal of said Court, this _____ day of _____ 1882

Clerk.

[L.S.]

Nature
of Claim,

No.

Claimant,

Date

Co.

Reg't,

Vols.

MEDICAL EVIDENCE.

AFFIDAVIT OF

FILED BY

SOLD BY

C. K. DARLING, Law Stationer, 15 Exchange St., Boston.