

PHYSICIAN'S AFFIDAVIT.

(TO BE IN THE HANDWRITING OF THE DOCTOR.)

Law Office of A. PARE, T. LLOYD CO. S.E. Cor. St Paul. & Saratog Sts., Baltimore, Md.

Claim No.

Of

Co.

Reg't.

On this day and date below written, personally appeared the affiant whose signature is hereto affixed and who being duly sworn according to law testified as follows.

My name is J.W.C. Robinson, I am years old, and I reside in Baltimore, Md. at No. 611 N. Caroline Street. I have been a practitioner of medicine for 4 years and have been acquainted with the soldier John C. Crum for about 2 years, and that

The doctor will please give full diagnosis of soldier's disabilities and state for what person treatment has been given, whether his disabilities are due to vicious habits and if of permanent character. The doctor should state extent soldier has been disabled for earning a support by manual labor, whether $\frac{1}{2}$ or $\frac{1}{3}$, as case may be, and give history of case so far as known to him.

IN WIDOW'S CASES.

The attending physician should give a full clinical history of the soldier's last illness, showing the duration thereof; the remote and immediate cause, as well as the date, of death; whether there were any complications or contributory causes, and if so, their nature, and to what extent they were factors in the fatal result.

This is to certify that I have, on this day examined Joseph Crum of 618 Mt. Elderry St., Court I find that he is totally disabled on account of left arm and chest, also rheumorrhoids.

I have no interest in this Claim.

J.W.C. Robinson

(Physician sign here.)

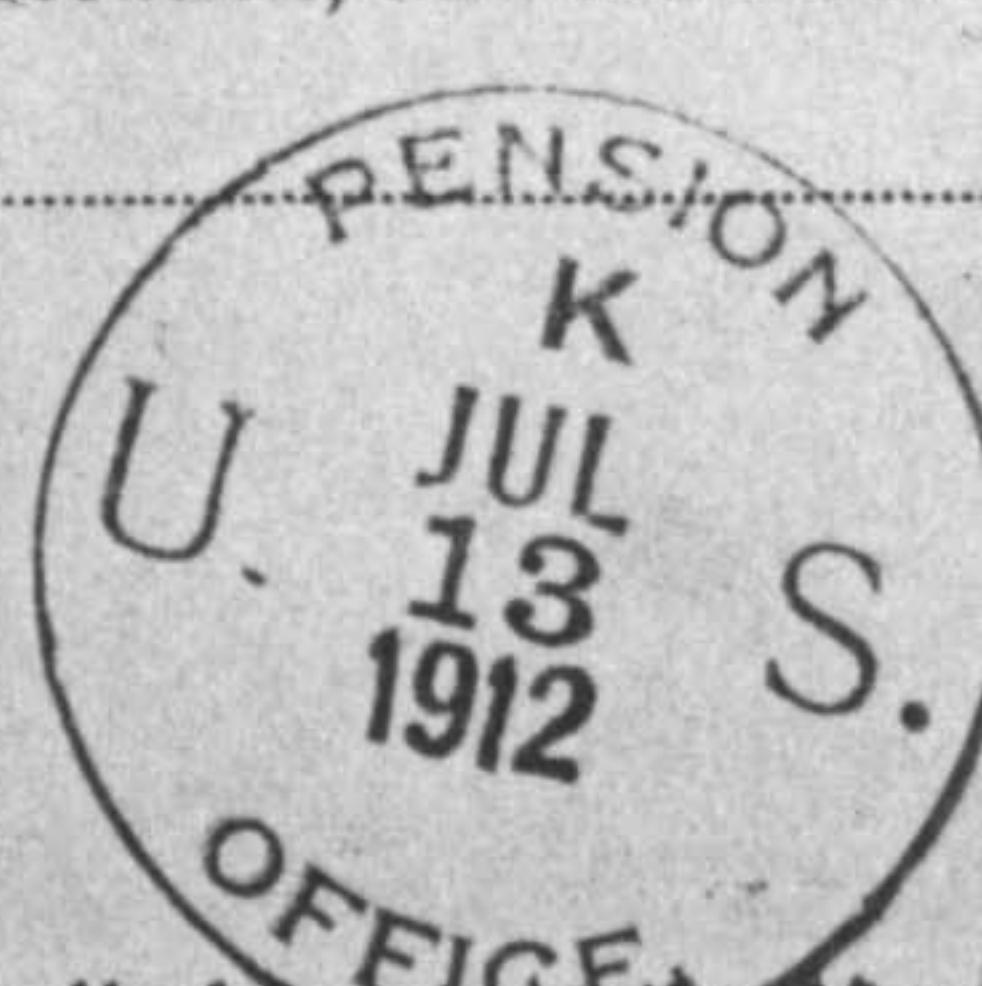
STATE OF MARYLAND CITY OF BALTIMORE, ss.

Sworn to and subscribed before me this day by the above name affiant, and I certify that said affidavit was read to said affiant including the words erased, and the words

wounds

added

and I acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case nor am I concerned in its prosecution, and that said affiant is known to me as a reputable physician and*



credible person, this

day of

JUL 11 1912

Laura H. Martin

(Official Signature.)

Notary Public

* If witness is personally known to the Magistrate or Notary as a credible person, he should so certify in his own handwriting.

PHYSICIAN'S AFFIDAVIT