PROOF OF DISABILITY.

	NOTE—This affidavit must be executed by a Commissioned Officer, if possible, but if not possible to secure such evidence, then two of the soldier's comrades should testify.
	State of Manyland County of Dunn annis, ss.
	ON THIS 24 day of Amil , A. D. 1897, personally appeared before me a
1	Stude the County of County of Line, Anna State of
	Centrericle in the County of Dans State of The
	who being duly sworn according to law, states that he is acquainted with James Jaylor applicant for pension; and knows the said James Jaylor
	to be the identical person of that name who enlisted or volunteered as a fri in Company
	K.39. Regiment of M. S. C. J. Vols., and who Died or was discharged.
	at on or about the day of 186 by reason of Mnmhs & Irmp March
	Here insert the reason of the Soldier's discharge, if known; if not known, so state, or if he died, so state.
	That the said the state of while in the line of duty, at or near while in the line of duty, at or near did on or about
	the day of 1864, become disabled in the following manner, viz:
	Here state the time, place, Was Suffering from Munifics & that and manner in which the Wound or Injury was received. Mark, to Marcho and good chily,
	part of the body wounded or in-
	attending it. If sickness, state time and place when contracted, what caused it, the name of the application of the sickness at the sickness and place when contracted applications. The sickness of the sickness are the sickness of the sick
	what caused it, the name of the sickness, and how it affected the Sufferns Shim. What caused it, the name of the sickness, and how it affected that Thumatism and has how
	Suffering wer since gillen much work
11	mour frequenties his attacks of it. He has just covered from Rhumatim which land him up from though I mad him up from
0	That the facts stated are personally known to the affiant by reason of
	Here state whether affiant was being now, a muar neighbort.
	with the command at the time the Soldier contracted his disability, or whether his knowledge was otherwise obtained. All the facts am auch in time the facts am auch in time and with him.
	known to affiant relative to the Soldier's medical treatment for his disability while in the service
	should be stated, giving time and place if possible. Should be stated, giving time and place if possible. The formal fo
	ma some to since