

Testimony of Employers, Neighbors or Acquaintances of Soldier,
 [OTHER THAN NEAR RELATIVES.]

State of Maryland, County of Talbot
 In the matter of the application for pension of W. J. C. [unclear], late of Co. A. 1st Md. Inf.

ON THIS 25 day of January, A. D. 1890 personally appeared before me a
Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths
Joseph Johnson aged 50 years, a resident of Unionville
 in the County of Talbot and State of Maryland
 whose Post Office address is Coston Talbot County Md and
 aged _____ years, a resident of _____
 in the County of _____ and State of _____
 whose Post Office address is _____

well known to me to be respectable and entitle to credit, and who, being by me duly sworn, declare in relation to
 aforesaid case as follows: That he has been well and personally acquainted with John Johnson
for all my years, life and years respectively, and that he lives a near neighbour
to the claimant that he is in very bad
condition he is so completely broken down
that he can hardly get about at all, not
able to do any kind of work and needs
assisting in getting about. I have helped him
myself in getting into his wagon. These facts
are known to me personally. he is becoming
more disabled all the time, and is not able to
work or help himself. This is his condition and
personally known to me. I am first cousin
to claimant

Instructions.
 Read Carefully.
 The witnesses
 must state: How
 long they have
 known the sol-
 dier, and if they
 have employed or
 worked with or
 for him since his
 return from the
 army, they should
 state where and
 at what business;
 or if they have
 known him as
 neighbors only,
 they should state
 about what dis-
 tance from him
 they lived, how
 frequently, on an
 average, each
 week, month, or
 year they have
 seen and con-
 versed with him,
 and how intimate
 they have been
 with him; from
 from what dis-
 ease or disability
 he has suffered
 during all that
 time, and how se-
 verely; whether
 at any time dur-
 ing said period he
 has been obliged
 to stop work;
 whether confined
 to his bed or
 house, or wholly
 unable to do man-
 ual labor by rea-
 son thereof, giv-
 ing dates as
 nearly as possible
 when such at-
 tacks occurred,
 how long they
 lasted, and how
 severe they were,
 and stating the
 symptoms of his
 disease or dis-
 ability as actually
 observed by
 them. They
 should state
 about what pro-
 portion of a sound
 able-bodied
 man's work he
 has been able to
 do, and should
 compare the de-
 gree of disability
 to that which
 would result from
 the loss of an arm
 or leg, hand or
 foot, thumb, fin-
 ger or toe, ac-
 cording to their
 best judgement;
 what his actual
 earnings were,
 and whether or
 not the wages
 paid him were
 less than were
 paid to others
 physically sound.