



HISTORY OF CLAIMANT'S DISABILITY.

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ms, County of Dair, ss:

In the matter of the original invalid pension claim No. 771179

Gen. Frisby

ON THIS 12 day of Jan A. D. 1891, personally appeared before me, a

Gen. Frisby in and for the aforesaid County, duly authorized to administer oaths, aged _____ years, a resident of City in the County of Dair and State of ms.

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case

as follows: My Post Office address is 653 Dairman Lane (Give present address in full.)

Since my discharge from said service on the _____ day of _____ 1865, I have resided in

10 Hall St 10 years Elbow Lane 10 years
(Give the name of each place with date of any change of residence.)
Quaker Lane 10 years

and that my occupation has been that of a laborer, any light work I could get attending horse rc

I further state that the disability for which a pension is claimed arises from Chronic rheumatism, disease of hands & feet Shell became of right leg, also swelling of right leg - Varicose which was contracted at Petersburg, Va. about 1865
(Here state the time, place and all the circumstances under which the disability for which pension is claimed originated.)

From my said discharge to present time, I have received the following medical treatment for said disease: (Give the name and

Dr. Colman who is now dead, & who treated me about
address of each physician employed, and the date when each commenced and ceased to treat you. If any of them are deceased, so state.)
10 years, Dr. Lu. Honawarok, has treated me about
15 years. & is the only doctor evidence I can give