

PHYSICIAN'S AFFIDAVIT.

TO BE IN THE HANDS OF THE DOCTOR.

Law Offices of A. PARLETT LLOYD, S. E. Cor. St Paul & Saratoga Sts. Baltimore, Md.

Claim No 661,036 Of ^{widow of} James W. Williams Co. F 30 Regiment, ^{USC}

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 David W. Stutz. I am 32 years old, and I reside in Catonville Baltimore, Md., at No. 109 Ingleside ave. Street. I have been a practitioner of medicine for three years and have been acquainted with the soldier, James Williams for about two ^{weeks} ~~years~~, and that

(Here give a full diagnosis of the absences from which you find soldier now suffering, and for what period you have treated him. Be sure to state whether the disabilities are due to vicious habits and of permanent character, and the extent you find claimant disabled for manual labor in earning a support. i. e. I prescribed once for patient, that was on the day of his death which occurred Aug. 19th 1917. Immediate cause of death Heart failure)

I have no interest in this claim."

David W. Stutz M.D.
(Physician sign here.)

County _____
STATE OF MARYLAND, ~~CITY~~ OF BALTIMORE, SS:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that said affidavit was read to said affiant, including the words _____ erased, and the words _____ added and acquainted _____ with its contents before _____ 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 _____



credible person, this 27th day of Aug 1897
Just from May 4/16
5 May 2/18
W. Johnson
Official Signature.)
Justice of the Peace.

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