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.

No. of the second			
State of Massach	wetts _ Jon	non of Worlolk	
The second secon	of September _		\$88.
Systice of the	/		ally appeared before me, a
Tell Lin De	No.	the aforesaid County, duly and years, a resident of he	V
in the County of		i reformal _) with the provider
in the County	and State o	years a resident of	
in the County of	, and S	tate of	, who being
duly sworn according to law. states	that am acqu	ainted with Leovage 8	6. Moulton _
applicant for Invalid Pension; and	4	ge X, Wouth	to be the identical
person of that name who enlisted of	- // // //		Thirty eighth
Regiment of Infantry	Massachusette vols.	and who was must	Herest out with
the company at	Y 1/O.	1/ 1/10	June_ 1865
by reason of expera	ation of term of	Sorvice (gown; if not known, so state. or, if	The died on state)
That the said Sevig	e H. Wordton		ne line of his duty, at or near
on the march from Shu	ton to Port Hudgin the State	e of Louisiana -	did, on or
about the first fart day of	the mouth of June	2, 186.3, become disabled in	the following manner, viz:
Me was sum - s	truck or over	come by the of	wound or injury, the part of the
the weather being	very hot and circumstances attending it. If	the march v	ery fatiguing.
We that while	(1) 11 01	of his duty	action on
the 14th day	of June 1863	1 1 9 July 96	Sudan P
he recoined a	Janu-sho	to wound in	left side
further that	while in the	e line of his	dity being
fat the time	Corporal in	said Bo. "8"	but seving
with the col	lors, in altion	, on the 19	" September
That the facts stated are persona	ally known to the affiant by	The profile offer	t was wife, the gonions of at the
1864 at Obe	equan Creek	Va he recei	ved a shele
wound in le	elt ankle.	I further say	that I have
the soldier's medical treatment for his d	disfibility while in the service should	d by stated, giving time and stace,	organia , Otale di
lein at all	the times a	nd blace n	wentinged kiesent
with the regi	ment and	so continue	boise Stated present & up to the
10 1 Outs ///Y	all intras.	0 10 45111	to We would
Couche Ve	a I was	taken;	Writorier
	· ·	3 63 200 L	
	12.4		3.
Series No.	1 Na - 1	* 4	
			<u> </u>
3	1	+ŷ	

1511 3d And dependent & further state that & was	and am well acquainted with the claimant, having known him for
stated was derived from said acquaintance of the 30 Regiment of day of Regiment of	e, and from having served as a Durate of Company "Single Mass. Volunteers, from the 91 st. day of June 1865. And deponent one-bodied man at and prior to enlistment, so far as Single Knew, and claim. Late Pite Bo, "S" 38" Mass. Note
affiant adacquainted with its contents	by the above-named afflant, and I certify that Level said share said share we executed the same. I further certify that I am in its prosecution; and that said afflant.
and that he is a credible person .	flialte Abradle
Sept 20 1881	[Official pharacter.]
recrify that declaration and afficient was at the time of so do County and State, duly commissioned and sworn; the	Esq., who hath signed his name to the foregoing in and for said hat all his official acts are entitled to full faith and credit, and that his
Witness my hand and seal of office, this	day of 188
[L.S]	Clerk of the
Norg.—This should be sworn to before a CLERK C before a JUSTICE or NOTARY, then CLERK OF Conot on a separate slip of paper.	OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. H OUNTY COURT, must add his certificate of Official character hereon, and
ADDITIONAL EVIDENCE. OOF OF DISABILITY. CLAIM OF	Filed by