AFFIDAVIT TO DISABILITY OF HUSBAND OF CLAIMANT OR FATHER OF SOLDIER. For Use in Mothers' or Fathers' Pension Claim. TO BE EXECUTED BY A DISINTERESTED WITNESS, NOT RELATED TO CLAIMANT, HAVING PERSONAL KNOWLEDGE OF THE NATURE AND EXTENT OF THE DISABILITY OF HUSBAND OF CLAIMANT OR FATHER OF SOLDIER. Before filling in this affidavit, the witness should read carefully the marginal instructions and conform thereto in every particular as far as his knowledge of the facts will allow. This affidavit should be returned to CHARLES & WILLIAM B. KING, No. 916, F STREET, WASHINGTON, D. C., as soon as executed. STATE OF Scioto COUNTY OF ... Tourch In the Rension Claim of Cott derice (personally came before me, a in and for the aforesaid County and Instructions. Winers will credible person, and who, being duly sworn, declares in relation to the aforesaid claim that her age is ablantatement in narrative years, and she has been intimately acquainted with the above-named claimant since 18 6 0 ..., and knew such of the fot-mith him. State what lase been the condition of his health since you have k no wn him and whether he has been disable! him and whether has been disabled in any manner from exercise a living for himself and family. It so. State the name or nature of his disease or disability and in what manner it has a interfered with his ability to perform manual labor. Contas with his ability k and to perform manual labor. It is a bloom to be to be to be to be to be been disabled for performing the labor of an able bodied man during the period of your acquait sance with time. What has been his occu-SHe further declares that hexpost office address is - new shie bands deeply when any state of the further declares that hexpost office address is never to the state of state fully your source of the information and what particular facilities you had for ing Larmey. o persons must attest by writing their nat न्तु अ<mark>र्थन महामध्या अर्थन</mark> ignature of affiant.