

MEDICAL AFFIDAVIT

This affidavit can be used by Regimental or Assistant Surgeon, or any physician who can testify in any way in behalf of claimant. The affidavit should if possible, be in the handwriting of the Surgeon or Physician testifying, and should embody all the facts in affiant's possession as to the origin and continuance of claimant's disability. The dates of treatment should be especially set forth, and also affiant's means of knowing the facts to which he testifies.

State of Kansas, County of Shawnee, ss:

In the Pension Claim No. 70,600

of Francis M. Stahl

Late a Private in Co. D of the 2^d Reg't. of Kans. Vols.
[Company and Regiment of the service, if in the Army; or Vessel and Rank, if in the Navy.]

Personally came before me, Probate Judge in and for
 the aforesaid County and State J. D. Wood a citizen of Shawnee County,

whose Postoffice address is Haveland County Shawnee State Kansas

well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case as follows:

That he is a practicing physician; and that he has been acquainted with said soldier for about thirty years, and that he was robust and healthy prior to enlistment.

(Here state all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations are allowed unless the magistrate certifies in his jurat that they were made before the execution of the paper.)

That he saw said soldier, at Ft. Sumner, Ark, about the 15th of December 1863, and learned from him and other reliable evidence, that about the 12th of September 1863 in the line of duty as a soldier, in a skirmish with the enemy, he received gun shot wounds of left side and left arm, in the following manner:

That he and others were firing at the enemy from an eminence at ~~the~~ in a valley, at short range.

That while in the act of taking aim with his carbine to shoulder, left hand supporting gun barrel, he received wound of left side, ball entering three inches above anterior crest of ilium, passing between external oblique and latissimus dorsi muscles, upward and backward, and one at lower edge of tenth rib five inches from point of entrance, turning him half round with face to rear, at same instant, ball and buck shot entered anterior surface of forearm, near lower third, passing along Radius fracturing lower end of radius, destroying Scaploid, Trapezoid and Trapezium of the carpus, and the base of the first Metacarpal, and half of the second Metacarpal bones, and lodging at the skin, between second and third Phalanx.

That he has been intimately acquainted with said soldier and the condition of his wounds, during the last twenty-one years

That his wrist and hand discharged pus and bones eight years and has been subject to frequent abscess ever since the last year an abscess without discharge of bone. The wrist is completely ankylosed and frequently painful. Disability one half

and that he has no interest in said claim

J. D. Wood

Late Ass't Surg. U.S.A.

NOTES.

The physician, in order to cover the required points, should read carefully the following notes, and unless they are complied with the affidavit will be worthless and ineffective.

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him; how intimately and what opportunities he has had of observing his physical condition; whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unwell he would have known it.

2d. If he treated claimant while in the service, either as his regimental surgeon or while claimant was home on furlough that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.

3d. If he has treated soldier since discharge, he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates, as near as possible, of the prescriptions.

4th. A ffiant should take special care to state, to the best of his recollection and ability, to what fractional extent claimant has been disabled for performance of manual labor, whether $\frac{1}{2}$, $\frac{3}{4}$, or entirely during each year, from discharge to the present time, or such time as affiant's testimony covers.

That he has been the Family Physician of said Soldier during the last fifteen years. That he has frequently given professional advice as to treatment and care of the wounded arm.

He further declares that he has practiced medicine 52 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

B. D. Wood Late Asst. Surg. 83. U.S.C.
(Affiant's Signature. Give rank and service, if in the Army.)

Sworn to and subscribed before me this 7th day of May, A. D., 1888, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents

of the above declaration, etc., were fully made known to him before swearing, including the words "at the venue" and that he has no interest in said claim. *Erased*, and the words "aim" added, and that I have no interest, direct or indirect, in the prosecution of this claim.

A. P. Winter
(Official Signature.)
Probate Judge,
(Official Character.)

[L. S.]

I, Clerk of the County Court, in and for aforesaid County and State, do certify that who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of 1888

[L. S.]

Clerk of the

This affidavit should be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

MEDICAL EVIDENCE

CLAIM OF
Francis M. Hahn

State of *Ill.* in Co. *2* Reg't

of *Ill.* York

FOR
Martha C. Cason
No. *70-600*

AFFIDAVIT OF
[Signature]

FILED BY

J. B. CRALLE,
CRALLE BUILDING,
108 C Street, Northwest,
WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

Washington, D. C. May 23, 1916

Please answer, at your earliest convenience, the questions enumerated below. This information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

G. M. Saenger

Mr. Francis M. Stahl,
~~918 Kansas Avenue,~~ 1723 Lincoln St.
Topeka, Kansas.

Commissioner
Army and Navy Division

JAN 3 1917
RECEIVED

No. 1. Date and place of birth? Answer. May 23d, 1841 - New Harrison - Ohio.

The name of organizations in which you served? Answer. 2nd. Kansas Cavalry, Companies I & B

No. 2. What was your post office at enlistment? Answer. Auburn - Kansas.

No. 3. State your wife's full name and her maiden name. Answer. Jennie Isabel Dickson, Jennie Stahl

No. 4. When, where, and by whom were you married? Answer. Apr., 29th, 1869. Auburn Kansas. Squire Mitchell.

No. 5. Is there any official or church record of your marriage? Answer. Think not.

If so, where? Answer.

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. No.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. No.

No. 8. Are you living with your wife? Answer. Sure. If there has been a separation give date of same. Answer.

No. 9. State the names and dates of birth of all your children, living or dead. Answer.

Alexander Michael Stahl - July 4th, 1870

Mffie May Stahl - May 15th, 1872

Edgar Marion Stahl - Dec, 22nd, 1873

Lloyd Lincoln Stahl - June 16th, 1876) TWINS

Lewis Garfield Stahl - June 16th, 1876)

Clare William Stahl - Oct, 31st, 1878

Eva Irene Stahl - Mar, 31st, 1881

Francis Leon Stahl - May 31st, 1889

Date: May 23, 1916

(Signature) *Francis M. Stahl*

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