

Affidavit for Witnesses.

STATE OF GEORGIA,

County of Banks

PERSONALLY appears before me, the undersigned Ordinary in and for said County,

S. D. Willbanks and John W. Brewer

and Charles C. Duncan each of whom, being duly sworn according to law,

severally say, under oath, that they are personally well acquainted with John M. Arvill

whose application is herewith presented for a pension,

and that they served with him in the army, and from our personal knowledge he was injured by

the service as follows: (Give full statement, and tell in your own language how badly applicant is

disabled from work. If he does any labor, or can do any, state what.) On the 3rd day of July, 1863

whilst charging a battery of at Gettysburg John M. Arvill was wounded by a bomb shell passing between his left arm and his body, it tore his clothing from his left side and his left arm it knocked him down we did not see the shell we heard it pass and saw J. M. Arvill fall we know that his left arm and his left side was badly bruised he never was able to bear arms after he was wounded his left elbow and shoulder joints became stiff and has remained so up to the present he cannot open nor shut his hand he got a furlow went home when his furlow was out he returned to his company was not able to use his gun with his left arm he assisted in waiting on the wounded at the field hospital in time of battle till the close of the war he never asked for a discharge that we no of each of us were present at Gettysburg when John M. Arvill was wounded since the close of the war he has lived on his farm doing such work as he can do with his right hand his left arm being permanently and totally disabled each of us have known John M. Arvill ever since 1860 up to the present his left arm was sound before he was wounded so far as we no never heard any complaint of his arm before he was wounded John M. Arvill is now not able to do manual or other labor with his left arm

We personally know above stated facts. We were with him in the army and have known

him ever since. Applicant is permanently disabled as stated and has been so to our certain

knowledge ever since 1863. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this

21st day of May 1892.

Thos. F. Hill

ORDINARY.

Simon L. Willbanks

John W. Brewer

Charles C. Duncan

Note.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.

2. Witnesses are asked to make their statements full and explicit.

PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA,

Jackson County.

PERSONALLY comes before me *H W Reel* Ordinary of said County,
~~W P Hurd~~ and *W J Ford*, both known to
me as reputable physicians of said County, who, being severally sworn, say on oath that they
have carefully examined *John M. Arriell* and after such personal examination,
say that the applicant has been injured as follows:

*Partial Paralysis of the
left arm and stiffness of the elbow and
Shoulder joints. He cannot open or shut the hand.
He states that this condition was caused by a
shell passing between the left arm and
throat. There is no scar. He cannot raise his
arm to a level with the body. There is total
and permanent disability of the left arm
which he believes was caused by the shell
passing as stated above.*

We have treated applicant professionally for _____ years.

Sworn to and subscribed before me, this

28th day of *May*, 1892,

H W Reel

ORDINARY.

~~W P Hurd~~
S. J. Smith M.D.
W J Ford M.D.

NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability result-
ing therefrom.

NOTE 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier.
Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

Jackson County.

Form 4.

I, *H W Reel* Ordinary of said County,

do certify that I am well acquainted with *John Arriell* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents
himself to be, and that he resides in this County. I also certify that the foregoing witnesses are
persons of respectability, and that their statements are worthy of full credit and belief.

Given under my official signature and seal, this *30th* day of *May*, 1892.

H W Reel

Ordinary *Jackson* County.



State of Georgia.

Executive Department.

Atlanta, Ga June 9 1892

John M Anail

The physicians who have examined the applicant J. Anail and W. J. Hood are asked following questions:

1. State the extent of the paralysis of the arm. ("partial" means anything less than total & may apply to very great or very little loss of movement or sensibility.)
2. As physicians and surgeons do you say under oath - that the injury to applicants arm could have been caused by a ball or bomb passing by it, which did not hit the arm or leave any scars? If so, explain how it could do so.
3. Can applicants move the arm? Is the elbow stiff? Is the wrist stiff? Is the shoulder stiff? Is there any diseased bone? and contraction of the muscles? if so explain effect of the contraction.
4. How long have you known Mr Anail? How long have you treated his arm, if at all?
5. Explain precisely what use he has of the crippled arm?

(Over) M. H. Heuserin Rec

