

He has not been in the military, navy, marine or civil service of the United States since the

Since leaving the service he has resided at New Orleans in the County of Orleans State of Louisiana and his occupation has been that of Physician and Surgeon

when enrolled he was a Private And for the purpose of prosecuting his claim

he hereby appoints Edmond M. Nichols of Louisiana State of Louisiana his attorney in fact with power of substitution and with authority to receive his pension certificate. He requests that his pension be paid at

State of Louisiana His postoffice address is New Orleans County of Orleans and State of Louisiana

Egza Brad
Signature of Claimant

Two Witnesses who can write. } Wm. J. Clark
J. S. Dickerson

Also personally appeared Wm. J. Clark of New Orleans P. O. County of Orleans State of Louisiana and J. S. Dickerson of New Orleans P. O. County of Orleans State of Louisiana, persons whom I certify to be

respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw Egza Brad sign his name to the foregoing declaration and power of attorney, and they further swear that they have every reason to believe from the appearance of the applicant and their acquaintance with him, that he is the identical person he represents himself to be; that they have known him for 27 years last past; that ~~prior to enlistment he was a~~ Since leaving the service his habits have been uniformly good, and his occupation has been that of Physician and Surgeon

They further state that they have no interest in the prosecution of this claim.

When signed by mark, two persons must sign as witnesses to mark.

Signatures of two identifying witnesses. } J. S. Dickerson
Wm. J. Clark

Sworn to, acknowledged and subscribed before me this Eight day of June 1874 and I hereby certify that the contents of the foregoing declarations of claimant and affidavit of witnesses was made known to each of them before administering the oath; and that I have no interest, direct or indirect, in the prosecution of this claim.

Official Signature. Wm. Hollinger Clerk
Vice Circuit Court

- (1) State all the circumstances under which disabled, and just how you was wounded, or how disease was contracted, naming the disease, or wound, and then state just how your disability has affected you since first contracted.
- (2) Give the names, dates and localities of all hospitals in which you was treated and your full history from time you was wounded or diseased, to the date of your discharge.