

(FORM B.)

STATE OF FLORIDA,

County of *Citrus*

We, the undersigned citizens of *Citrus* County, State of Florida, do hereby certify that we personally know *George W. Higgins*, who is an applicant for a pension under the laws of Florida, and that from our own personal knowledge, and from the best information available, we believe that the applicant does not own property (including the property of his wife) to exceed in value the sum of \$5,000, and that the statements made by him relative to the value of his property are true and correct.

(To be signed by two citizens.)

M. M. Smoot
J. T. Preddy

Sworn and subscribed before me, this *31* day of *July*, 190*7*.

(FORM C.)

Physician's Affidavit.

STATE OF FLORIDA,

County of *Citrus*

Before me personally came *J. F. Miller M.D.*, who

being duly sworn, deposes and says, that he is a physician; that he is a resident of the State and County aforesaid; that he personally knows *George W. Higgins* the applicant named in the foregoing application for a pension. This deponent further says that he has carefully examined the said applicant's physical condition and finds:

(Here state nature, character and extent of wounds, disease or disability. Please avoid technical terms.)

He had a gunshot wound in the left side of the head from front to back of ear and right leg below the knee and eye.

This deponent further says that the said *George W. Higgins* is permanently disabled by reason of such *age and deformities in leg* from earning a livelihood for himself by manual labor.

(Please note carefully resolution below before certifying to total disability.)

Sworn and subscribed before me, this *Second* day of *August*, A. D. 190*7*. *J. F. Miller M.D.* Physician.

At a meeting of the State Board of Pensions held July 10th, 1907, at which the Governor, Comptroller and Treasurer were present, the following resolution was adopted:

Resolved: That persons entitled to Pensions under the Laws of Florida, who apply for the amount allowed in cases of total disability, must submit the affidavit of a reputable physician stating specifically the personal ailment and conditions that render the applicant entirely helpless and incapacitated, physically or mentally, for any work or business.